



Covid-19 response Real Time Assessment Report Volume 1 - Main Report

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Evaluation section
UNICEF EAPRO
April 2021

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Cover photo: Health workers demonstrate proper handwashing to a child patient at the Bayat Community Health Centre in Klaten, Indonesia. © UNICEF / UNI329153/Ljazah.

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Kong Rothsokchandy, 10, studying in a coffee shop in Banlung, Cambodia © UNICEF / UN0367755 / Antoine Raab

Preface and acknowledgements

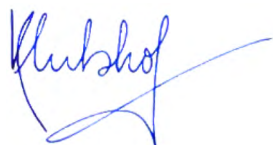
This Real-Time Assessment (RTA) of the UNICEF response to COVID-19 in the East Asia and Pacific region gives us sobering insights. In 2020, progress towards the Sustainable Development Goals was [slipping backwards](#), and children paid the steepest price. Without coordinated action to prevent, mitigate and respond to the effects of the pandemic, we will be facing severe consequences for children now, and thus for the future of our shared humanity. UNICEF is committed to ensure the negative impact of the pandemic on children is minimized.

The RTA was commissioned in order to determine the best path of recovery from the pandemic for children in our region. It was based on a concept note developed by the Evaluation Office in New York and adapted to suit the regional context. The RTA was carried out by an independent assessment team consisting of Ivan Scott (evaluation consultant), Hiroaki Yagami (evaluation officer), four multi-country evaluation specialists: Oscar Ernesto Huertas Diaz, Juanita Vasquez Escallon, Ali Safarnejad and Xin Xin Yang and managed by Koorosh Raffii (Regional Evaluation Adviser).

The support and contributions of senior management and staff from the Focus Country Offices were highly appreciated. The RTA process would have been impossible without the efforts of country office colleagues.

A draft report was presented to the EAPRO senior management team in November 2020. Thus, the 2021 UNICEF workplans of EAPRO could take advantage of the findings; conclusions and suggested paths emanating from the RTA work. This final report is intended to recognize progress made so far, and to underline the remaining issues that UNICEF will need to address in 2021 and beyond. The recommendations included in this report were co-created with staff in the Regional Office and Country Offices. The composition of the co-creation team is presented in the Recommendation section of this report. Our thanks are due to all colleagues, counterparts, and frontline workers who provided their feedback and for going the extra mile to bring the RTA to a successful conclusion.

The findings of this RTA will help UNICEF in East Asia Pacific to continue to drive for the best solutions to champion children's rights and ensure that we utilize our available resources in an efficient, effective and impactful manner. As ever, our commitments to the most vulnerable, marginalized and disadvantaged children is at the forefront of our ambition. We will do our utmost to ensure we deliver against our principle of "*Leave no Child Behind*".



Karin Hulshof

Regional Director UNICEF East Asia and Pacific Regional Office

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List of abbreviations

AAR	After-Action Review
C4D	Communication for Development
CCC	Core Commitments for Children in Humanitarian Action (UNICEF core document)
CO	Country Offices / Offices
COVID-19	Coronavirus 2019
EAP	East Asia and Pacific
EAPRO	East Asia Pacific Regional Office
EO – EO/HQ	Evaluation Office / New York
GRIP	Guidance on Risk Informed Programming (UNICEF core document)
HAC	Humanitarian Appeal for Children
HQ	Headquarters
IP	Implementing Partner
IRA	Initial Rapid Assessment of WHO
KII	Key Informant Interview
LTA	Long Term Agreement
MIRA	Multi Sectoral (Cluster) Initial Rapid Assessment
PICT	Pacific Island Countries and Territories
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement (RCCE)
RMT	Regional Management Team
RO	Regional Office
RTA	Real Time Assessment
SD	Supply Division
WASH	Water Sanitation & Hygiene
Q	Quarter

Map of the UNICEF East Asia and Pacific region



For latest COVID 19 updates:

UNICEF updates click [here](#)

World Health Organization updates click [here](#)

Executive Summary

Purpose and objectives

As part of a continuous learning evaluative approach, the **real-time assessment of the UNICEF ongoing response to the COVID-19 crisis at country level** was initiated by headquarters in July. It was designed to be a reasonably light process that regions could adapt to suit their own needs. Regional management team meetings occurring in late 2020 were identified as critical decision-making events where the real-time assessment findings, conclusions and emerging lessons could be presented. The process for engaging Country Offices and collecting data began in July and concluded in October.

The **purpose** of the real-time assessment was to inform a forward-looking reflection on implementation of country plans for the evolving COVID-19 response and the quality of related delivery. It was also intended to provide early insights on the lessons that have emerged, and outcomes achieved. In addition to feeding into regional management reflections, the East Asia and Pacific real-time assessment findings have fed into the global real-time assessment process, which consolidated insights from all regions to determine trends and generate cross-country and cross-regional learning to inform the ongoing response and possible future health pandemics of a similar nature.

The **objective** of the real-time assessment was to gather evidence and findings of the UNICEF EAPRO experience against the following **four overarching questions** defined by UNICEF headquarters:

1. To what extent are Country Offices plans in response to the COVID-19 crisis being **implemented as intended**? How is the **quality** of the response to the COVID-19 crisis affected by remote working modalities and management and the generally constrained operating environment?
2. How well is the Country Offices adapting to the needs of the population, including the **socioeconomic impact** of the pandemic? How have these **needs been determined** in each country?
3. What are the **early lessons** (for Country Offices, the regional office and headquarters) that are emerging from the implementation of the Country Offices plans? What are the emerging positives from the response? What have been the greatest challenges in responding to the COVID-19 crisis so far? Are there discernible trends that are applicable to **different settings** (urban or rural; low-resource or high-resource settings)?
4. What **more** should be done? What should be **done differently** to enhance the COVID-19 response programming for children and their communities?

Process and methods

The biggest challenge in this assessment was to find a balanced methodology that would: (a) be reasonably rapid; (b) use a simplified process that would be suitable for implementation for a small team; and (c) impose a minimal demand on Country Offices and external stakeholders. Yet, the methodology had to also provide a sufficient range of useful and relevant insights from a diverse range of stakeholders and be adequately triangulated to give reasonable confidence in the findings.

This is a real-time assessment, not a full evaluation process. Evaluative processes and approaches were adopted as far as feasible when framing the overall guiding questions and more focused evaluation questions. The methodology required mixing quantitative and qualitative data collection. An independent assessment team comprising UNICEF staff and consultants gathered the data through the desk reviews, surveys and interviews. The team members were independent of the COVID-19 response of the UNICEF Country Offices they engaged with. **All data gathering was conducted remotely.** Purposive sampling was used in all selection processes.

A **Country Offices survey** was completed by all **14 East Asia and Pacific Country Offices**. In addition, in five of six selected Focus Countries (for more in-depth RTA processes),¹ online surveys were distributed to **government and implementing partner** representatives, with **78** completed. Both versions of the survey included questions asking for quantitative scoring and open-ended qualitative responses. **Informant interviews** with front-line workers and affected community members were carried out remotely by phone or internet (Skype or Zoom) wherever possible. Country Offices provided translation facilities. A total of **41 informants** were interviewed. The data-gathering methods included desk reviews in the Focus Countries, the online surveys, the informant interviews and an after-action review in Thailand. The Thailand after-action review contained evaluative approaches, including a short survey completed by government and implementing partner representatives in advance of the after-action review workshop and a discussion session with implementing partners, donors and relevant stakeholders.

The survey responses from UNICEF Country Offices and government and implementing partner representatives were collated and compared. The Key Informant interview process gave opportunity (albeit with a small number of informants) to gain some insights and community-level perspectives on UNICEF-supported responses. There were significant limitations in the approach due to all processes having to be carried out through remote methods and a reasonably tight time frame.

Findings and Conclusions

Adapting to the unique contexts caused by COVID-19 to meet the critical needs through innovative approaches and identifying and addressing gaps as they evolved. The assessment by respondents (Country Offices, implementing partners, government and selected informants) was positive overall on UNICEF's ability to adapt its programming and ways of working. This was the most important factor in setting the platform for progress on a range of interventions highlighted in this report. The ability to adapt certainly impacted positively on coverage, and in endeavouring to ensure that the most vulnerable are reached as a central principle of UNICEF interventions. Innovative approaches were essential to the success of both programming options (for example, in Risk Communication and Community Engagement digital platforms) and in ways of working (with normal office practices and face to face meetings suspended) and in terms of effective processes for working remotely with partners and providing supervision, coordination and monitoring.

UNICEF's preparedness and contingency planning partially assisted in the development

of interventions to reach those most in need, protect basic services and ensure accountability to affected communities. There were mixed views on the extent preparedness informed and supported the COVID-19 responses. The ratings on the extent that interventions reached intended beneficiaries were more positive (from Country Offices and external stakeholders, although ratings on supplies were slightly more critical – possibly relating to delays and timeliness issues during the initial phases of the response). RCCE and training initiatives rated well as UNICEF interventions.

Due to the fluid situation after onset of the pandemic, target-setting and frequent revisions of the targets were considered challenges; a well-coordinated and coherent monitoring and evaluation framework for the response was needed. Indicators and targets often focused on numbers of beneficiaries assisted and did not adequately capture the breadth and quality of support provided, especially in country contexts in which much of the previous UNICEF work was upstream with central government institutions. There were multiple examples from Country Offices of successful initiatives to protect basic services that included provision of technical expertise, direct interventions and support to and advocacy with other actors. Failures in this area were also noted by Country Offices, however. According to informant interviews, some basic measures were undertaken on accountability to affected populations (AAP), but more remains to be done on important AAP measures.

Perceptions of UNICEF’s capability to support effective responses at scale, reaching the most vulnerable households with good-quality, timely interventions were mixed. In terms of equity and efforts to reach the most vulnerable children in the crisis, UNICEF managed to target and support specific groups that country teams cited as the most vulnerable. But much remains to be done, both through advocacy with decision makers and programming to ensure that neglected groups’ (existing and newly vulnerable) needs are addressed. The COVID-19 crisis has exacerbated the intersectionality of vulnerability, with multiple dimensions of vulnerability adding up for certain groups. These dimensions include gender, remoteness, online access, disabilities, ethnicity and legal status in a country. There are multiple examples of successful UNICEF work in protecting basic services; external informants singled out UNICEF’s evidence generation, policy support, technical advice in various sectors, its role in virtual and remote programming and its adapted ways of working as examples of such success. The timeliness of UNICEF’s contributions was viewed as largely positive, but respondents cited delays with supplies as a primary problem – linked to regional shortages of essential items and restrictions on movements. Disruption of essential health, nutrition and child protection services were experienced in many countries, some with severe consequences.

Pre-existing preparedness: The Country Offices survey demonstrated mixed views on how well pre-existing preparedness informed the response, with some low scores. “No one was prepared for this” was the kind of phrase (understandably) that appeared in some Country Offices responses and by external informants in their interviews. However, given the SARS and other outbreaks in the region in recent years, this may point to lack of implementing lessons learned from previous pandemics.

Cash assistance. Cash did not feature as much in the responses as one may have expected. Several KII informants (in Malaysia and Thailand mainly) noted that the choices and flexibility of cash assistance would be preferable, particularly after the initial lockdown phase.

Emerging marginalized populations: Analysis of multiple sources in the desk review suggest that households whose livelihood depended on the informal sectors, migrant households and female-headed households have a higher risk of impoverishment because they are often outside of national social protection systems. In turn, this impoverishment will negatively affect children's education and food security and ramp up the risk of abuses. However, the location, profile and needs of these 'new poor' families are not fully known due to the uncertainty of the situation.

Leaving No Child Behind: The pandemic brought into focus the household precarity of day-wage migrant workers and others in the margins of society, with their entitlements to government assistance determined to be extremely limited. Regaining lost ground should be a priority. As a first step, determining clarity on what the "new normal" will look like and how it will evolve in the coming years should be considered as UNICEF seeks to adapt its programmatic approaches to maximize the impact, effectiveness and efficiency of its pandemic response for the most marginalized and vulnerable children.

Balancing upstream and downstream partnership: The established modus operandi of *upstream* work with governments in upper-middle-income countries remained appropriate, and much was achieved in supporting government efforts and advocating for improvements. Switching to a twin track of maintaining this focus and adding greater effort on *downstream* work with partners at the subnational levels was challenging for some UNICEF Country Offices.

UNICEF staff had to move quickly outside of their comfort zones to **innovate, find new ways of working and establish COVID-19-focused partnerships** (particularly in information and remote communication technologies) and to develop initiatives to meet needs in such exceptional circumstances. Innovations were largely through the creative development of online 'ways of working', monitoring and establishing new platforms to engage young people, plus strengthening and adapting existing ones.

Given the large needs and the diversity of those needs, **the right choices appear to have been made by UNICEF at country level.** Investments in a creative range of RCCE interventions and assisting the set-up of remote education for school children in lockdown situations were key successes across the region. Cash transfers at scale in Thailand, Mongolia and Myanmar are examples of providing support to and advocating with government authorities to scale up social protection provision. In these cases, existing systems were built upon, disbursement amounts for targeted families were increased, and commitments on increased coverage were accelerated. Successes in water, sanitation and hygiene (WASH), adapted to the COVID-19 realities in the field, resulted in better infection prevention and control throughout the region.

Which groups are most in danger of being left behind? The most frequently mentioned groups were those not reached by state provision and support. These were cited by respondents as: migrant families, children and families living with disabilities (particularly if living in remote areas), those falling back into poverty (the new poor) and a diverse range of marginalized (those now in extreme poverty) and socially excluded groups.

Lessons from these experiences

The analysis of the experiences in responding to the COVID-19 crisis revealed many lessons from what worked well and what did not. These include:

- The most evident success in the COVID-19 responses by the UNICEF East Asia and Pacific Country Offices was the **expansion of Risk Communication and Community Engagement (RCCE) outreach**.
- Most of the six Focus Countries successfully expanded their **digitalization of implementation modalities**, with the use of online and information and communications technology (ICT) platforms.
- Under the constrained environment, the partnership with **downstream implementing partners expanded into new areas**.

The **challenges** encountered also provided useful lessons:

- **Lockdown measures** and travel restrictions (both domestic and international) posed logistical challenges to deliver essential supplies to remote locations in a timely manner.
- **Disruption to education** experienced in countries affected the increased childcare burdens on parents and caregivers, particularly for mothers. Inequitable access to education was exacerbated due to the stark digital divide disparities in accessing online schooling, with pronounced gendered aspects.
- The emerging studies and research related to the **socioeconomic impacts** of the COVID-19 crisis, suggest an enormous increase in people falling into poverty due to unemployment and income loss.
- Competing **demands for data generation from headquarters and the regional office to the Country Offices is an issue to be addressed**.
- Multiple analyses suggest that households with **informal sector workers, migrants, minorities and female-headed households** have higher risk of impoverishment within a pandemic situation because they are often left outside of national social protection systems.
- While Country Offices focused on 'known' marginalized populations (children with disabilities, migrant communities, ethnic minorities in remote areas), Country Offices need to be mindful that the **new poor** will emerge in both remote and urban locations.
- There is an emerging demand for **psychosocial and mental health support** for children and adolescents (including those with disabilities).
- RCCE efforts need to enhance direct **outreach to the most marginalized** and affected communities.

Recommendations

1a. UNICEF East Asia and Pacific Country Offices, supported by the regional office, should continue country-level rapid and systematic contextualization and adaptation of the response to the prevailing situations created by the COVID-19 health pandemic and related needs.

1b. Where needed, and in consultation with the regional office, integrated multiple-risk analysis can be undertaken in a manner that would feed into preparedness initiatives.

2a. UNICEF East Asia and the Pacific Country Offices, supported by the regional office and in consultation with partners, should continue investing in improving their understanding of the changing face of inequity 'brought on by' and 'exacerbated by' the COVID-19 crisis and ensure that this analysis actively feeds into country decision-making on programming priorities.

2b. The regional office should explore options and support development of multi-country or regional proposals to support the equity-focused work with donors with whom it has good relationships.

3. UNICEF East Asia and Pacific Regional Office should collate and communicate the feedback from Country Offices on issues arising from COVID-19 data generation and reporting demands, coordination of these and the use of requested data for clarification and commitment from headquarters on improved approaches for future major emergencies.

4. UNICEF East Asia and Pacific Regional Office should lead on an assessment of current communication for development capacity at the country level to meet forecasted needs in the event of another major emergency and determine associated priorities so that gaps (financial and human) can be identified and addressed.

5. UNICEF East Asia and the Pacific Country Offices should reflect on feedback from stakeholders (partners and affected communities) on the appropriateness of COVID-19 response supplies provided by UNICEF. This should inform decision-making on the supply dimension of ongoing pandemic-related programming and future major emergencies.



Stevanus Agus Rahardjo, emergency room nurse, shows the RapidPro application on his smartphone. © UNICEF / UN0421033 / Wilander

1. Introduction and methods

This report presents the findings of a real-time assessment that looked at progress on UNICEF's response to the COVID-19 crisis in its East Asia and Pacific region from January to October 2020. In addition to providing regional findings for management consideration, the assessment findings will be incorporated into UNICEF's global assessment of the organization's contribution to COVID-19 responses around the world. An independent assessment team consisting of the East Asia and the Pacific regional evaluation staff and consultants carried out the real-time assessment. The preliminary report of the independent assessment team informed the regional management team meeting that took place in late November 2020.

Terms used in this report.

'Implementing partners' is used in the broadest sense and includes stakeholders working with UNICEF on the COVID-19 response, such as national and international non-government organizations, community-based organizations, faith-based organizations, specialist organizations, research institutes, academia, private sector actors and other United Nations agencies.

Unless otherwise stated, 'migrant workers or migrant families' refers to those who have crossed international borders for employment opportunities (and in some cases fleeing conflict in their homelands), rather than those migrating internally. The main reason for this definition is that real-time assessment data gathered related to UNICEF's COVID-19 work with international migrants only.

1.1 Background and purpose of the Real-Time Assessment, audience and timeline

Since the start of the outbreak in December 2019, COVID-19 has spread to more than 215 countries and territories. As of November 2020, there were an estimated **52 million confirmed cases** and nearly **1.3 million** deaths [reported](#). As noted by the UNICEF executive director, children are "the hidden victims of the COVID-19 pandemic".² The lockdowns and school closures affected children's education, mental health and access to basic health services, raising the risks of exploitation and abuse. UNICEF revised its 2020 Humanitarian Action for Children appeal for COVID-19 to **\$1.9 billion**³ (\$162 million for East Asia and the Pacific) to meet the needs of children, communities, health systems, health structures, protect against spread of the coronavirus and address the pandemic's immediate health and socioeconomic impacts.

² See <https://www.UNICEF.org/press-releases/un-launches-global-humanitarian-response-plan-covid-19-pandemic>.

³ UNICEF Coronavirus Global Response, <https://www.UNICEF.org/appeals/covid-2019.html>.

Around seven months after the World Health Organization (WHO) declared COVID-19 a pandemic, it was important for UNICEF to take stock and assess the quality of its responses around the world. UNICEF Country Offices faced substantial challenges in designing and delivering responses, including having to implement activities through highly unusual remote working modalities and very fluid COVID-19 contexts. It was an environment that required continuous adaptation, and in every country, responses had to cope with particular unprecedented situations.

UNICEF headquarters acknowledged that while various evaluation processes will follow in 2021, there was urgent need for improved understanding of the ways in which countries are actually responding to this ongoing crisis. For the purpose of potentially adapting the response in 2021, the request entailed obtaining viewpoints from beneficiaries, front-line workers, government officials and implementing partners to provide data and analysis that extends beyond the monitoring data used in regular UNICEF situation reports.

The UNICEF evaluation function issued [two technical notes](#) in March and April 2020 to guide initiatives aimed at responding to the organization's evidence-generation needs as the response evolved. The Evaluation Office and the COVID-19 secretariat launched a continuous learning process on the global response, while some regional and Country Offices embarked on other initiatives to inform their response. As part of the continuous-learning evaluation approaches, the **real-time assessment of the UNICEF ongoing response to COVID-19 at country level** was initiated by headquarters in July. It was deliberately termed 'assessment' (not an evaluation) and designed to be a reasonably light process that regions could adapt to suit their own needs. The regional management team meeting in late 2020 was identified as critical decision-making event in which the independent assessment team could present the findings, conclusions and lessons.

The objective of the real-time assessment is to inform the implementation of country 2021 workplans for the COVID-19 response, thus was to be a forward-looking appraisal. The real-time tool was designed to assess the quality of the COVID-19 pandemic-related delivery while providing reasonably early insights on the intended outcomes achieved. The findings were to be consolidated across countries and regions to identify trends and generate cross-country learning and timely actions to strengthen the ongoing response. **This report sets out the findings from the East Asia and Pacific regional real-time assessment process.** With improved response implementation its purpose, the real-time assessment will contribute to annual reporting as well as the 2021 Humanitarian Action for Children appeal.

The **primary audience** for the East Asia and Pacific real-time assessment will be UNICEF senior managers across the region, including those from programme and operations sections of the regional office, Country Offices and COVID-19 focal points. **Secondary** audiences include UNICEF headquarters, other regions and external stakeholders, such as national partners, United Nations agencies and development partners. Donors and other agencies that would like to benefit from UNICEF's experience are also considered part of the audience. This report will be available on UNICEF external evaluation websites once completed and quality checked.

As noted, the findings of this assessment will contribute to the global [continuous learning initiative](#) focused on the COVID-19 response that the Evaluation Office is implementing with the UNICEF COVID-19 secretariat. The real-time assessment findings will be used as one of several information and evidence streams that will feed into the eventual **L3 summative evaluation** of the UNICEF response to the COVID-19 crisis. The Evaluation Office will conduct the COVID-19 L3 evaluation in 2021. See Annexes A and B for the concept notes of the real-time assessment.

Timeline and events of the East Asia and Pacific real-time assessment in 2020 and 2021:

- Design and development of the process at the regional level: July–August 2020.
- Data collection at regional and country levels: September–October 2020.
- Initial headline findings contribute to the global COVID-19 response paper for the February Executive Board: November 2020.
- Draft report submitted to regional advisors for comment: 8 November 2020.
- Contribution of East Asia and Pacific regional report to headquarters to feed into the global real-time assessment: November 2020.
- Draft report to country representatives for review and comments: 17 November 2020.
- Presentation to the regional management team and discussion on findings and recommendations: 24 November 2020.
- Co-creation of recommendations with a selected group from Country Offices: January to March 2021.
- Finalize the East Asia and Pacific regional report: April to May 2021.

1.2 Real-Time Assessment objective, questions and scope

The objective of the real-time assessment is to inform a forward-looking reflection on the country plans for the continuing COVID-19 response and the quality of related delivery. It is also intended to provide early insights on the outcomes achieved. For the global process, the findings will be further consolidated across regions to identify trends and generate cross-country and cross-regional learning to inform the ongoing response.

The global RTA is guided by the following **four overarching questions**:

1. To what extent are Country Offices plans in response to COVID-19 being **implemented as intended**? How is the **quality** of the response to COVID-19 affected by remote working modalities/management and the generally constrained operating environment?
2. How well is the Country Offices adapting to the needs of the population, including the **socio-economic impact** of the pandemic? How have these **needs been determined** in each country?
3. What are the **early lessons** (for Country Offices/RO/HQ) that are emerging from the implementation of the Country Offices plans? What are the emerging positives from the response? What have been the greatest challenges and achievements in responding to COVID-19 so far? Are there discernible trends that are applicable to **different settings** (i.e., urban/rural; low-resource/high-resource settings etc.)?
4. What **more** should be done? What should be **done differently** to enhance COVID response programming for children and their communities?

These questions were adapted for use in the regional data-gathering activity.

Scope

The scope of this East Asia and Pacific real-time assessment encompasses:

- Reference to activities from January through October 2020.
- The UNICEF-supported responses to the COVID-19 crisis, covering support to governments and partners; advocacy with governments and other stakeholders for policy and practice changes; and UNICEF's work in relevant sectors. In most cases, these focused heavily on Risk Communication and Community Engagement (RCCE); communication for development; water, sanitation and hygiene (WASH); public health interventions; and interventions designed to address the needs of populations particularly vulnerable to livelihood or income loss due to the lockdowns and the huge impact on economies.
- Cross-cutting interventions that have a major impact on the COVID-19 response.
- Interaction of Country Offices with the regional office and headquarters on evidence generation and response to the COVID-19 crisis.

Insights from 14 UNICEF Country Offices on the COVID-19 response were collected and analysed. However, there is a particular emphasis on the more varied and in-depth perspectives drawn from **six Focus Countries** (see methods below)

1.3 Methodology

The biggest challenge in this assessment was to find a balanced methodology that would: (a) be reasonably rapid; (b) use a simplified process that would be suitable for implementation of a team from the East Asia and Pacific Regional Office (EAPRO) Evaluation Section; and (c) have minimal burden on Country Offices and external stakeholders. Yet, the methodology had to also provide a sufficient range of useful and relevant insights and be adequately triangulated to give reasonable confidence in the findings.

The methodology of the real-time assessment involved gathering comparable data through qualitative and quantitative research. The methodology was used to understand and explain successful interventions, bottlenecks and what was learned through the many varied and challenging experiences. One point of this assessment was to assist in determining the degree that UNICEF's response as of October 2020 (a) had been influenced by context and (b) had responded to the needs of the beneficiary population. The formative nature of the real-time assessment facilitated adaptive learning, with the intention to rapidly inform decision-making. Through a utilization-focused approach, the assessment did inform the decision-making process of senior staff across the East Asia and Pacific region in terms of their ongoing COVID-19 interventions.

The data gathering was undertaken by an independent assessment team consisting of UNICEF staff and consultants. Each individual was independent of the COVID-19 response within each Country Offices they engaged with. **All data gathering was conducted remotely.** The data gathering utilized participatory approaches that supported mixed-method (qualitative and quantitative) analysis. Multiple data-collection methods with a range of stakeholders were used to facilitate triangulation of information, detailed further on. Provision of translation services was facilitated by the Country Offices. Purposive sampling was used in all selection processes.

For deeper review, **Focus Countries** were selected – **Indonesia, Malaysia, Mongolia, Philippines, Thailand and Viet Nam** – and government and implementing partner representatives were asked to complete an online survey; informant interviews were conducted with front-line workers and affected community members. A desk review for five of the six Focus Countries was carried out. An After-Action Review was conducted in Thailand on the COVID-19 response. See Annex E for the country-specific reports.

The Focus Countries were chosen to give a reasonably varied sample of UNICEF’s country-level contexts and the COVID-19 experiences, factoring in: feasibility for each Country Offices to commit to taking part in the assessment; large and small country populations; upper-middle-income status (Malaysia, Thailand) and lower-middle-income status (Mongolia); countries in which the health impact of COVID-19 had been most keenly felt (Indonesia and the Philippines) and where it had been successfully contained (Mongolia, Thailand and Viet Nam). As concerns on the health impact eased off in many countries in the region, the socioeconomic impact became more prominent. The vast majority of countries in the region are projected to experience negative economic growth for 2020,⁴ and the economic impact has varied from country to country for a range of reasons. In all countries, efforts to control the negative health impact have directly resulted in significant losses in the economy. Indonesia and the Philippines have suffered most from the twin impacts on the health situation and the economy. The size of the UNICEF pre-COVID-19 programmes was also considered as a rough capacity indicator that would contribute to facilitating a large-scale response by UNICEF.

Criteria	Indonesia	Malaysia	Mongolia	Philippines	Thailand	Viet Nam
Population (millions)	273	32	3	110	70	97
2019 GDP per capita	4,163	11,136	4,132	3,294	7,792	2,739
Impact of COVID-19: deaths per million (as of 31 Aug. 2020)	27	4	0	32	1	0
Impact of COVID-19: 2020 GDP projections	0.5%	-1.7%	- 1.0%	0.6%	- 6.7%	2.7%
Size of UNICEF pre-COVID-19 programme (US\$ millions 2019 utilization, 2020 allotment and percentage increase of budget largely due to COVID-19)	38.9 / 57.9 +49%	10.4 / 22.9 +120%	5.5 / 11.7 +113%	21.4 / 46.7 +118%	13.7 / 25.0 +82.5%	10.5 / 15.7 +48.6%
Health spend: percentage of GDP, 2017 figures	2.99	3.86	4	4.45	3.75	5.53

Source: International Monetary Fund database, https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/OEMDC/ADVEC/WEOORLD, and UNICEF data as of time of writing in fourth quarter 2020.

⁴ See IMF database: https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/OEMDC/ADVEC/WEOORLD and <https://coronavirus.jhu.edu/map.html>.

The coloured red–amber–green grading gives an at-a-glance view of the different contexts in the Focus Countries. These are rough judgements, done in consideration of regional ranges. According to the World Bank, the East Asia and Pacific countries averaged around 4 per cent growth in [recent years](#). All six countries are in excess of 6 per cent GDP growth projected for 2021.

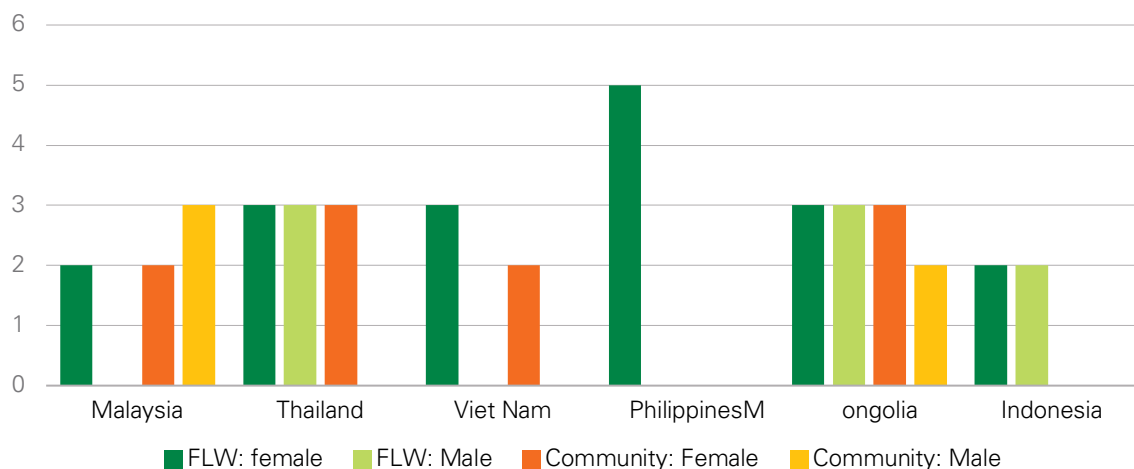
In this assessment, all **14 Country Offices** of the UNICEF East Asia and Pacific region completed a **survey** (table 1).⁵ As explained, the online surveys were additionally distributed to **government and implementing partner** representatives in five of the six countries: 78 respondents returned the survey. After data cleaning and quality assurance, 41 survey from government (20) and implementing partners (21) passed as useable for the real-time assessment. In addition to these full surveys, 37 shorter surveys were returned from government and implementing partners stakeholders in Thailand as part of the After-Action Review process. **Interviews** with front-line workers and affected community members were carried out remotely by phone or through the internet (Skype and Zoom) when it was possible. A total of 41 informants (26 front-line workers and 15 community members) were interviewed. The Thailand after-action review incorporated the findings from the shorter survey that was completed in advance of the after-action review workshop. See Annex C for the surveys and Key Informant Interview guidance.

Table 1: Data collection process used and stakeholders involved

Nature of data gathering	UNICEF Country Offices	Government	Partners	Front-line worker interviews	Affected-community member interviews
Desk reviews	Six Focus Countries Indonesia, Malaysia, Mongolia, Philippines, Thailand, Viet Nam				
Online surveys	14 Country Offices	Indonesia 3 Malaysia 2 Mongolia 4 Philippines 10 Thailand 1	Indonesia 6 Malaysia 3 Mongolia 4 Philippines 8		
Key Informant interviews				26 in 6 countries	15 in 4 countries
Thailand AAR short survey		9	28		
Thailand AAR with senior panel discussion (donor agencies, United Nations, implementing partners)	42 staff	2	4		

⁵ The Fiji office is a subregional office managing 14 states and territories in the Pacific.

Figure 1: Front-line workers (FLWs) and community member informants, by country and gender



In some countries, it was difficult to make contact with community members. Of those community members who were interviewed, three were adolescents younger than 18, and one was a parent of a child with a disability.

The Country Offices survey findings and the responses from the government and implementing partner informants are presented largely with scores averaged. This was done so that the results and the commentary from the open-ended questions and informant perspectives focused on the regional findings and learning rather than lapsing into a country-by-country assessment. As well, with the small number of government and implementing partner survey responses and informant interviews in each focus country, most country breakdowns have limited value. Still, commitments were made to present country-level reports to the selected Focus Countries to feed into their management and decision-making considerations. Particular insights from certain countries and good practice examples, particularly if confirmed by non-UNICEF stakeholders, are included in this analysis where useful.

Colour coding

To help ease understanding, the **graphs** throughout this document capturing different informant views are colour coded, with Country Offices responses in **blue**, government responses in **orange** and implementing partners in **green**. Other colours are used where graphs presented combined data from different informant sources.

Several graphs use a 1–10 scoring, with 1 = very poor and 10 = excellent. Scores are usually presented as the average of scores from a particular informant group, but in some cases, the graph presents the numbers of respondents choosing an option. Please see the graph titles on this.

Full ethical clearance was obtained for the real-time assessment based on the data collection instruments and methodology used (see Annex D). All staff conducting the Key Informant Interviews undertook Ethics in Evidence Generation training and signed required affidavits.

1.4 Limitations

Due to COVID-19 pandemic restrictions, specifically travel restrictions and quarantine procedures, field observations by members of the independent assessment team were not possible. The team had to remotely interview and gather data for this assessment, which necessitated purposive sampling, specifically a sampling that relied on UNICEF Country Offices to identify and nominate government staff, implementing partner staff, front-line workers and beneficiaries to be interviewed. These limitations may have resulted in a positive bias in the findings being presented. In sum, the sampling framework is non-representative, and selection was not done on a randomized basis. Findings and analysis within this report are **not** intended to be seen as representative of UNICEF's COVID-19 responses in any particular country. Limitations noted also apply to the aggregated results, although to a lesser extent.

As mentioned in the methodology section, self-assessment was a major component of the real-time assessment. This was particularly relevant to the Country Offices surveys and desk reviews. The sample of front-line workers and community members for interviews was small and drawn from the six Focus Countries, mostly they were selected by the country teams. In some cases, informants were randomly selected from a long list provided by the Country Offices. Although they were valuable in providing perspectives from a range of contexts, the informants were nonetheless all direct beneficiaries of UNICEF responses or were front-line workers with a close working relationship with UNICEF. The need to reach informants reasonably easily and rapidly through online or phone calls skewed the sample away from informants in more remote or less accessible locations (Viet Nam was an exception, where informants in remote locations were interviewed). This combination of factors likely brings a level of bias to the informants' responses.

The limitations on remote interviews and surveys have relevance to the real-time assessment. A non-exhaustive list of implications includes **not being able to**: (a) probe as required, (b) be able to interpret body language or nuances in responses and (c) build relationships with interviewees that could result in the disclosure of important or sensitive information.

The financial frameworks of the response and the efficiency criteria were not considered in this assessment. This decision to not undertake data collection or analysis on the efficiency of the response was based on the nature of the global real-time assessment and the overarching questions cited in the previous section of this report.

As noted, this is a real-time assessment and not a full evaluation process. Evaluative processes and approaches were adopted as far as feasible within the methodology when framing the overall guiding questions and more focused evaluation questions. The methodology required the mixing of quantitative and qualitative data collection through the surveys, interviews, desk reviews and the other efforts to reach a range of perspectives beyond UNICEF teams.

While the Country Offices and government and implementing partner surveys contain many similar lines of inquiry, adjusting questions for those respondents to make them resonate as much as possible with their perspectives resulted in a divergence between the Country Offices and external stakeholder questions in certain areas. The Country Offices and government and implementing partner surveys mixed quantitative and scored questions and open-ended questions for qualitative responses. Most Country Offices gave detailed responses in the open-ended questions, but the government and implementing partners responses tended to be brief and did not have the same level of detail. This negatively affected the depth of insight coming from external stakeholders. In our analysis and as far as possible, responses on the same or similar questions are presented together to help compare UNICEF and external stakeholder views.

There are two outliers in the East Asia and the Pacific region: (a) China, given its massive population size, significantly different economic context and the fact that it was moving into the second phase of its COVID-19 response at a time when most other countries in the region were engaged in early responses, and (b) the Democratic People's Republic of Korea, with its significant restrictions, data and information deficits and extremely limited UNICEF programme operating space due to government restrictions.



Nurse Rina Widyaningsih makes a home visit to check up on Sudarmini and her baby Putri, 11 months, in Sidorejo village, Central Java, Indonesia. © UNICEF / UNI350153 / Ljazah

2. Findings

The information in this section is largely based on the compilation of responses from the data-gathering activity. The information from the desk reviews was woven into the findings when deemed appropriate by the independent assessment team.

2.1 Adaptation

To what extent has UNICEF successfully adapted to the unique contexts caused by COVID-19 in order to meet critical needs through adoption of innovative approaches and being able to identify and address gaps as these evolved?

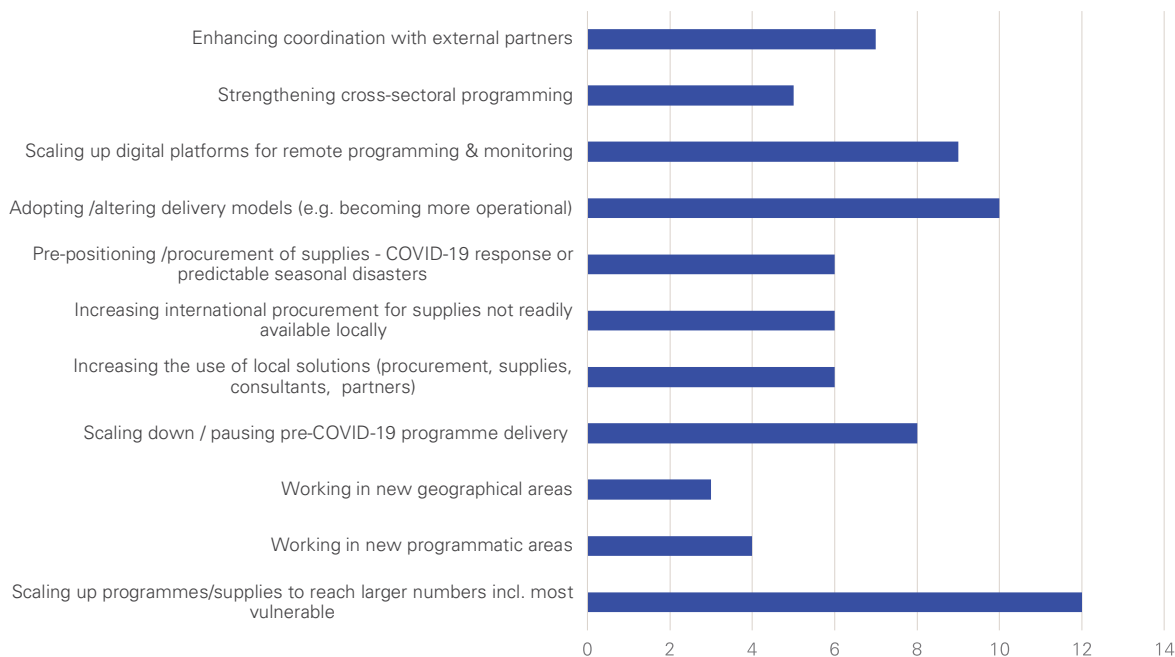
The assessment by respondents (Country Offices, implementing partners, government partners and selected informants) was positive overall on UNICEF's ability to adapt programming and ways of working. This was the most important factor in setting the platform for progress on a range of interventions highlighted in the following sections. The ability to adapt certainly impacted positively on coverage, and changing ways of working appears to have placed targeting the most vulnerable groups as a central principle. Innovative approaches were essential to this in both programming options (for example, in Risk Communication and Community Engagement (RCCE) through digital platforms), in ways of working (with normal working conditions and face-to-face meetings suspended) and for finding effective ways of working remotely with partners to provide supervision, coordination and monitoring.

2.1.1 What were the most significant ways in which UNICEF Country Offices adapted their work within the COVID-19 crisis?

The most significant measures reported included:

- 12 of 14 Country Offices scaled up programmes to increase coverage, including reaching the most vulnerable households.
- 10 of 14 Country Offices changed delivery modes – and related to this, switched to digital platforms for programming and monitoring.
- More than half of the Country Offices scaled down or paused (pre-COVID-19) programmes – in some cases due to the inability to continue during lockdowns or to accommodate the COVID-19-work.
- Only a few Country Offices (3 of 14) worked in new geographical areas. This appears related to difficulties in establishing new presence and partnerships amid lockdowns.

Figure 2: What have been the most significant ways in which the Country Offices adapted its work during the COVID-19 crisis?*

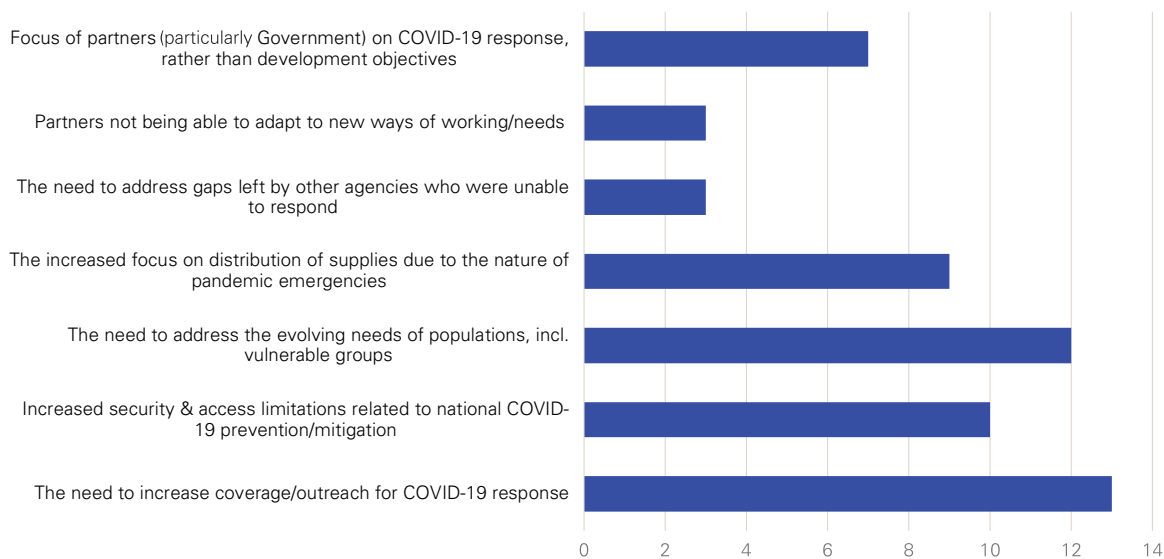


Note: *=Out of 14 Country Offices in the region.

2.1.2 What external factors drove Country Offices adaptations?

As illustrated in *figure 3*, the majority of Country Offices cited many of the drivers increasing coverage to meet needs and ensure that the most vulnerable groups were assisted. One Country Offices response added another factor – responding to the needs of ‘non-citizens’ (populations outside government assistance coverage). This is part of a broader theme (picked up in other sections of this document) in countries where significant numbers of migrant workers, special needs groups such as people with disabilities, marginalized and ethnic groups, and a range of others who faced significant limitations in the recognition of their rights and entitlements to government assistance.

Figures 3: What have been the external drivers for Country Offices adaptation?*

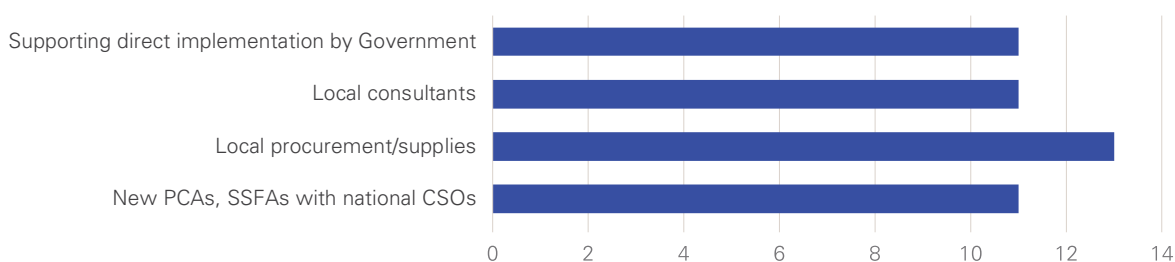


Note: *=Out of 14 Country Offices in the region.

2.1.3 What types of local solutions were adopted by the Country Offices in response to the COVID-19 crisis?

The desk review findings emphasized that Country Offices increasingly relied on local implementing partners to reach targeted populations at the subnational level. The increased reliance on local partners tended to include delivery of responses, needs assessment, data collection, monitoring and reporting. The most available options were taken up by Country Offices according to their survey feedback (see figure 2). Other options stated included rotating office schedules to balance staff safety while maintaining commitments, setting up a platform for local groups and young people to speak up on their concerns and needs and re-tasking the work of contracted consultants.

Figure 4: What local solutions has the Country Offices adopted in the COVID-19 response?



Note: *=Out of 14 Country Offices in the region.

2.1.4 What do you think have been the key internal barriers to the Country Offices’s ability to adapt to the changing context?

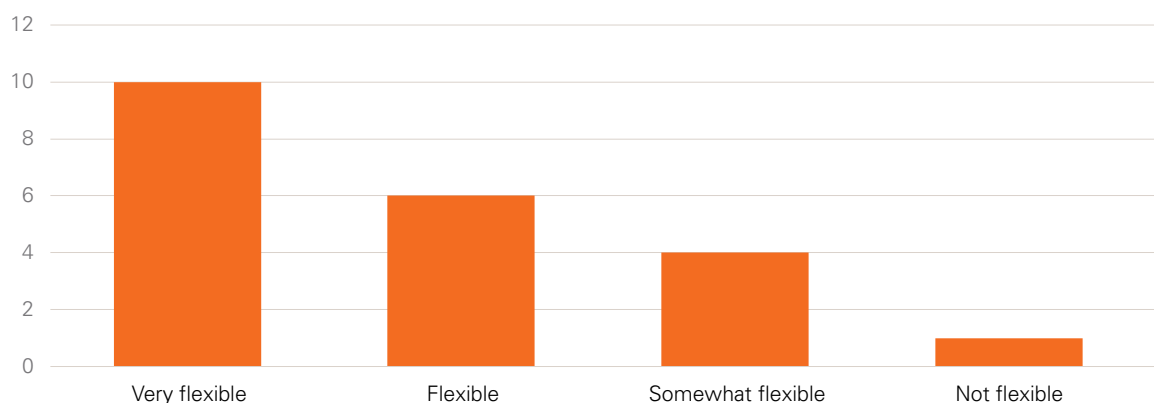
Issues raised in response to this question in the Country Offices surveys included:

- Around half of the Country Offices commented on internal procedures negatively affecting performance, with issues such as frequent communications on indicators and reporting requirements from headquarters and the regional office taking up a tremendous amount of staff time; frequent coordination calls; some sections receiving multiple requests and a lot of cross-posting; heavy information processes and reporting requirements compounded by the sheer increase in the amount of work; and complexities of procurement.
- The other main issues raised (by almost half of the Country Offices) were shortages of staff with experience in emergencies or specific in-demand skill set areas, such as Risk Communication and Community Engagement (RCCE) or communication for development. Some responses noted drawing on (virtually) regional office for help with these gaps.

2.1.5 How flexible was UNICEF in your partnership in order for you to implement the activities you wanted to put in place to meet new or different community needs?

This question was asked of implementing partner and government informants. Stakeholder views on the level of flexibility from UNICEF were largely positive (76 per cent said ‘very flexible’ or ‘flexible’), with some less-positive comments coming from Indonesia, Mongolia and the Philippines (four or five from international agencies).

Figure 5: How flexible has UNICEF been for you to implement the activities you wanted to put in place to meet new or different community needs? (No. of combined government and implementing partner responses)



There were mixed views from the front-line worker interviews on the degree of flexibility from UNICEF. The most common positive aspects related to UNICEF’s support that enabled expanded coverage of COVID-19 responses and work targeting vulnerable groups who would otherwise have likely been neglected. However, there were comments that more flexibility would have helped in situations in which needs evolved and the flexibility to switch interventions would have been valued.

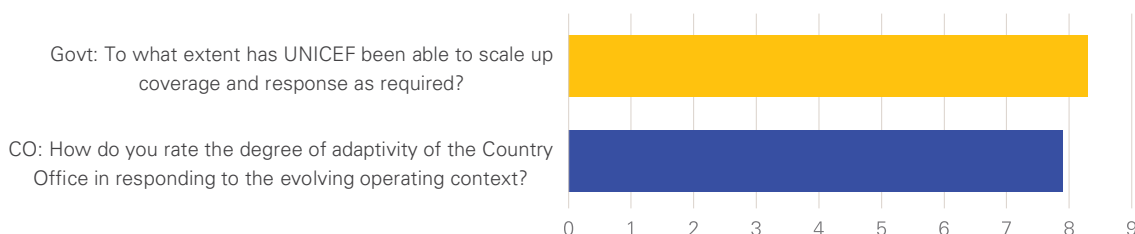
Implementing partners were asked **if their organization was working differently or in a new sector to respond to the COVID-19 crisis**. Nine implementing partners stated that they were working differently and gave examples mostly concerning having to switch to remote or online ways of working. They also said there was some engagement in sectors that they had not been working in previously (such as child protection and education).

Perhaps surprising, 11 implementing partner informants stated that they were *not* working differently. Note that this question was intended to be broad to allow responses on sectors, ways of working, different geographical areas and so on but may have been interpreted by some informants more narrowly.

2.1.6 How well did UNICEF adapt to meet needs?

This question was asked of the Country Offices and government survey informants slightly differently, as noted in *figure 6*. Government informants were asked to focus on UNICEF's ability to scale up to meet needs, while Country Offices received a broader question on how they would rate UNICEF's adaptability in the evolving context. Government informants (all answered this question) were consistently positive (average score of 8.5). Country Offices were also positive, none rated this as lower than a 7 on the scale of 1–10. See sections 2 and 3 for further insights from Country Offices and external stakeholders on how interventions were adapted to suit evolving needs.

Figure 6: Country Offices and government scoring on ability to adapt to needs (averaged scores, scale 1–10)



The government survey respondents were asked, 'How supportive has UNICEF been to considerations of new programmes, approaches or initiatives made by the government?' The majority of respondents (14 of 16) judged this as 'very supportive', with the other two saying 'supportive'. The government survey also asked, 'To what extent do you consider UNICEF support received during COVID-19 relevant to the government response and government priorities?' In response, 16 of 20 people judged UNICEF's support as 'very relevant', with two opting for 'relevant'. Two did not answer this question.

The desk review findings for the Focus Countries indicate that the majority of those Country Offices **swiftly adapted and expanded the direction** of the COVID-19 response interventions from infection prevention to addressing the socioeconomic impacts, reflecting the changing needs of the targeted populations. This agile adaptation was frequently **informed by real-time surveys, assessments and studies** using SMS, U-Report and other online platforms.

Finally, a comment from one Country Offices survey highlighted a serious oversight: “There aren’t any questions about staff well-being or how they and Country Offices have adapted and performed exceptionally under these unprecedented circumstances. This is unfortunate.” This was a critical omission in the survey and rightly raised here. The findings of this report show that without staff commitment and, perhaps above all, the ability and willingness to think outside the box and work in highly unusual ways, it would not have been possible for UNICEF to deliver its responses for children as described in the following sections.

2.2 Implementation

To what extent did UNICEF preparedness and contingency planning and timely revision of response plans help develop interventions that successfully reached those most in need, protected basic services and ensured accountability to affected communities?

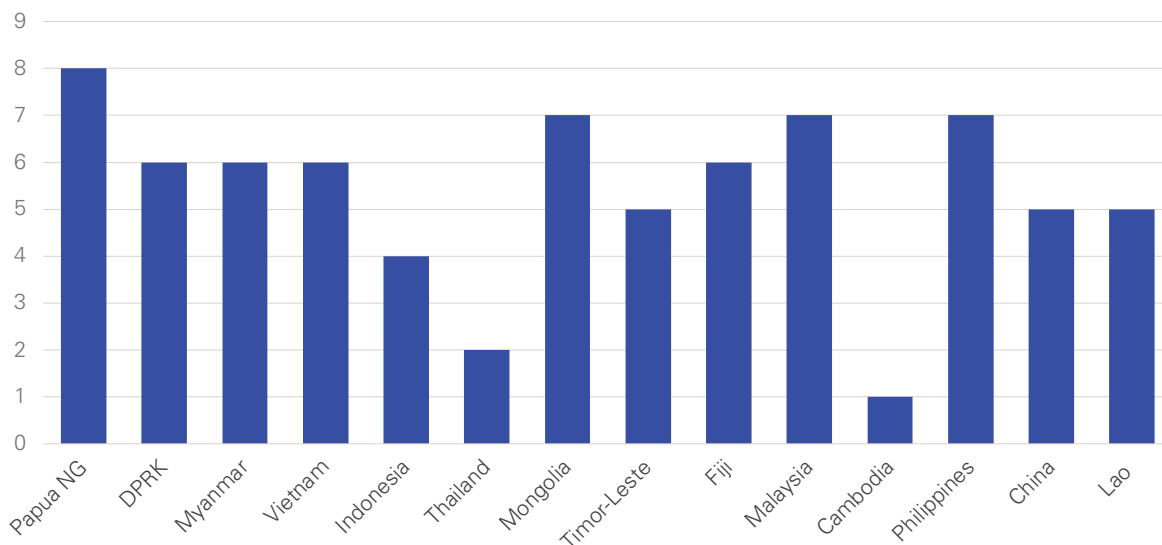
There were mixed views on the extent that preparedness informed and supported the COVID-19 responses. Ratings on the extent that interventions reached intended beneficiaries were more positive from Country Offices and external stakeholders, while ratings on supplies were slightly more critical (possibly relating to delays and timeliness issues). Risk Communication and Community Engagement (RCCE) and training initiatives rated best on UNICEF interventions. Target setting and frequent revisions of those targets in very fluid situations were challenges, and it was noted that a well-coordinated and coherent M&E framework for the response was needed. Indicators and targets often focused on assistance to beneficiaries and did not adequately capture the breadth of support provided in country contexts, where much of the work is upstream with governments. There were multiple examples from Country Offices of successful initiatives to protect basic services that included provision of technical expertise, direct interventions and support to or advocacy with other actors. Country Offices responses also noted failures in this. According to the informant interviews, some basic measures were undertaken on accountability to affected populations but more remains to be done on important Accountability to Affected Populations measures.

2.2.1 To what extent did the Country Offices’ pre-existing preparedness and contingency planning effectively inform and support the response to the COVID-19 crisis?

The Country Offices scores for this question averaged 5.4 on the 1–10 scale. As shown in *figure 7*, there was considerable variation among Country Offices (the survey did not have follow-up questions on this). There does not appear to be consistent connections between countries that experience frequent disasters (Indonesia, the Philippines and Viet Nam) or other countries where disasters are experienced rarely and their self-assessment on preparedness. The variation may stem from how the question was interpreted differently by country teams. The Thailand team discussed preparedness challenges at length in their after-action review, and this reflection may have prompted their low scoring. It is not surprising that preparedness was among the most negative findings, given the highly unusual nature of COVID-19 and the speed and scale of its impact within a few months. “No one was expecting this” was a fairly frequent comment from both UNICEF and external informants.

Someone in the Thailand team remarked: “We thought this was going to be like SARS” – a relatively short-lived and limited impact. These responses may indicate an organizational blind spot in terms of preparedness for a major pandemic (for UNICEF *and* others). It would be interesting to compare this situation with findings from regions such as West Africa, which has experienced Ebola outbreaks. It also would be useful to delve deeper with some of the country teams to understand more about this variation of views on preparedness.

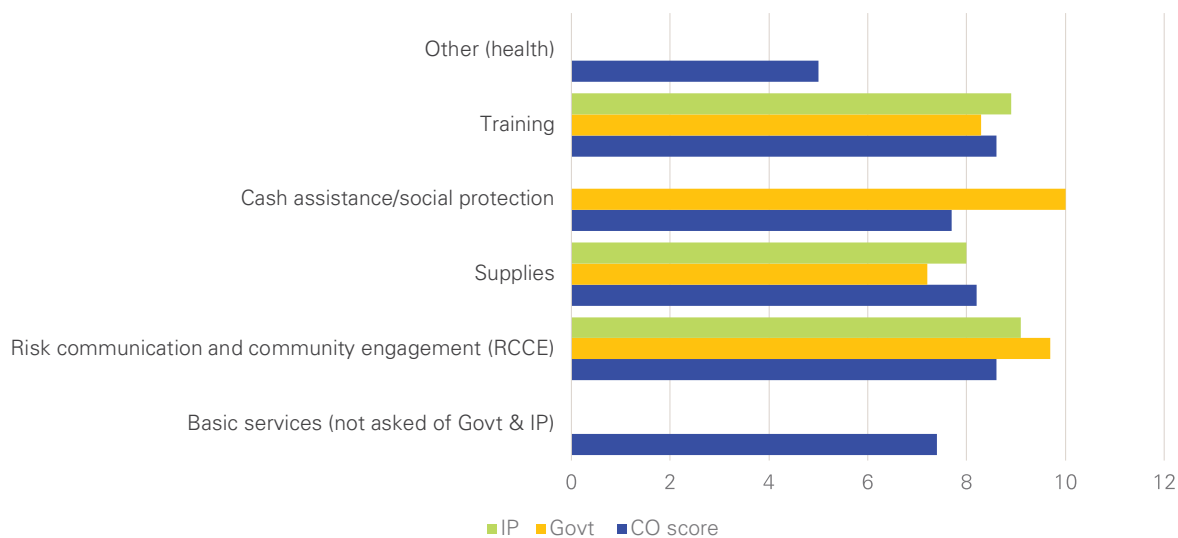
Figure 7: To what extent did the Country Offices’s pre-existing preparedness and contingency planning effectively inform and support the response to the COVID-19 crisis? (averaged Country Offices score, scale 1–10)



2.2.2 To what extent have interventions reached intended beneficiaries?

Questions were asked of both the UNICEF Country Offices and partners in the surveys (although the basic services question was mistakenly omitted in the government and implementing partners survey). Largely, scores from the Country Offices and government and implementing partners were reasonably consistent (*see figure 8*).

Figure 8: To what extent have the following Country Offices interventions reached the intended beneficiaries? (averaged scores, scale 1–10)



Not every government or implementing partner informant received support under all the categories, and scores were averaged from those choosing these options. All Country Offices gave a score for supplies; 13 offices scored Risk Communication and Community Engagement (RCCE); 12 offices scored training; 9 offices scored cash or social protection; and 11 offices scored basic service provision. Only one Country Offices included an ‘other’ intervention, which was in health. Only one government informant included cash or social protection support – from Mongolia, where joint UNICEF and World Bank support to scale up a major government cash transfer programme was viewed as ‘very successful’. The desk review findings underline the importance of both Risk Communication and Community Engagement (RCCE) delivery and social protection advocacy.

It is unclear why the government informants gave a lower score to supplies⁶ reaching beneficiaries (in most cases, these were hygiene and personal protective items). This *may* relate to delays in supply procurement (see timeliness issues further on). In the informant interviews, training and Risk Communication and Community Engagement (RCCE) interventions ranked consistently high, with supplies slightly lower: Comments on supplies were that they were generally appreciated but household provisions did not last long, masks were unsuitable for children to manage, and reusable (washable) masks would have been better than the single-use masks often distributed.

The Key Informants were consistently positive on responses meeting intended beneficiaries (the timelines of these were more problematic – see section 3). It is interesting to see that several **community members** noted that in the initial months of the crisis and lockdown periods that there were more sources of support available, including ‘good-Samaritan’ contributions from local people and businesses, but it had tailed off towards the end of the assessment period.

⁶ There are many aspects to consider with supplies: In many cases, countries depended on supplies from elsewhere. At the beginning of the pandemic, sanitizer, masks, etc. were unavailable, and importing was a huge challenge. Also, some countries were not usually involved in supply delivery, especially those that are more upstream. This suddenly required unprecedented work for the Supply Section as well as programme sections.

2.2.3 In what ways have targets originally set by UNICEF in the COVID-19 response plans been adapted over time, and why?

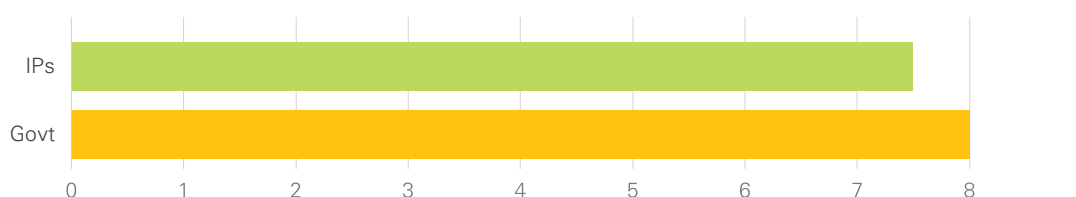
The majority of Country Offices reported that targets originally set were changed and mostly increased because the original targets were met. Or, as in China, targets were adjusted upwards considerably because digital campaigns were more successful than had been originally planned. Some changes in the COVID-19 context and the needs required changes in plans and targeting; for instance, in the Philippines and Viet Nam, Country Offices expanded geographic coverage to cover hotspots of COVID-19 outbreaks. In Thailand, target populations became clearer after discussions with the Government on the gaps that were emerging; other areas that needed changed plans as the COVID-19 crisis lengthened were mental health support for young people and economic support for vulnerable families.

A small number of countries commented on issues arising in indicators and reporting requirements associated with response plans, stating that there did not seem to be a well-coordinated and coherent M&E framework for the response. For example, one Country Offices remarked: "...too often it was if the indicators were driving programme rather than the reverse...guidance from headquarters was often conflicting and frequently changed which caused a lot of confusion." Another Country Offices noted that indicators and targets were often focused on assistance to beneficiaries and did not adequately capture the breadth of support provided in the upper-middle-income contexts, where much of the work is upstream with governments. This makes it hard to report on and difficult to assess UNICEF's value addition.

2.2.4 How well has UNICEF addressed the challenges faced at the beginning of the crisis?

This question was asked of government and implementing partner informants for external perspectives on how UNICEF coped in the early stages of this unusual crisis.

Figure 9: How well did UNICEF address challenges at the beginning of the crisis? (averaged scores, scale 1–10)



This facet was explored in more depth through open-ended questions for government and implementing partners, as the following sections elaborate.

2.2.5 What were the main challenges at the beginning of the response and what were they at the time of the surveys?

These two questions were asked of government and implementing partners for their perspectives on implementation challenges at the onset of the crisis and to what extent they changed over 10 months (the assessment period). As could be expected given the longevity of the crisis and the COVID-19-prevention measures still widespread, several issues raised were felt at the onset of the crisis and some were still felt just as keenly at the time of the assessment interview. But there are also nuances in the feedback – some issues changed or evolved to some extent in levels of emphasis and/or adjustments as time passed and actors grew accustomed to the situation and working around constraints. For instance, the need for timely and reliable data in the early days evolved to include finding evidence of outcomes of interventions. Yet, few of the early-days core issues raised appear to have been completely resolved after 10 months.

Table 2: Challenges at the onset of the pandemic and at the time of the assessment surveys

What were the main UNICEF implementation challenges in delivering results for children at the beginning of the response?	Presently, what are the main UNICEF implementation challenges in delivering results for children?
<p>Restrictions on movement (all aspects of life and work – group gatherings, travel, purchases, access to communities and especially children).</p> <p>Lack of availability of decision-makers from partner agencies.</p> <p>Determining which instrument is best in maximization of reach, online versus a physical response, finding a method of monitoring results.</p> <p>Huge logistics problems.</p>	<p>Continued limitation of movement, especially for children and those at high risk of exposure to COVID-19; access is still limited, especially to public schools.</p> <p>Even more strict restrictions in physical travel and still limited face-to-face interaction.</p> <p>UNICEF's partners' efforts to reach most disadvantaged beneficiaries (this is further compounded by the underdeveloped telecommunications infrastructure in the region).</p> <p>Continued logistics problems.</p>
<p>The uncertainty of the COVID-19 situation and how long the government would impose lockdown measures.</p>	<p>Continued uncertainty of the situation and how it is going to evolve has been a major challenge.</p>
<p>Engaging the government in planning the response actions and preparedness for the worst-case scenario was hard.</p>	<p>Because each local government has their own policy to overcome the pandemic situation, including policy on public health services, the results of nutrition delivery services are varied.</p>
<p>Timely, reliable data.</p>	<p>Timely and accurate data, finding out the outcomes of the interventions and assessing whether the interventions impacted the lives of the most vulnerable and other targeted groups.</p>
<p>Children's issues in the local context did not receive sufficient attention, including in the service provision requiring a specific standard or code of ethics. The biggest challenge was how to change perspective of the community, including customary institutions towards child protection.</p> <p>Many parents did not understand how to take care of children in this situation.</p>	<p>Some families and their children are still in temporary shelters. These have limited space, making it difficult for physical distancing. Also, children are not able to socialize, which affects their psychosocial well-being.</p>

What were the main UNICEF implementation challenges in delivering results for children at the beginning of the response?	Presently, what are the main UNICEF implementation challenges in delivering results for children?
Both government and partners, including UNICEF, were overwhelmed with the disruption of nutrition services at all levels due to the pandemic situation.	Human resources were repurposed to the COVID-19 response, limiting the provision of (restoring) routine health and nutrition services . UNICEF was deeply involved in the Education Forum and is a valued partner. By increasing its visibility through a proactive approach in partnering with agencies like the Department of Education, UNICEF was able to address the implementation challenge.
The COVID-19 pandemic disrupted the support given to children. “The priority of the government was to tackle the pandemic.”	Because many activities were postponed or cancelled due to quarantine, delays in financial reporting and consequent transactions are challenging.
Reprogramming for changing requirements of COVID-19, unplanned funding requirements and lack of child protection specialists were major challenges.	Capacity of human resources and specialist staff .
There were no clear coordination mechanisms and policies at the beginning of the pandemic. Therefore, UNICEF’s support could not effectively reach the intended beneficiaries .	

Note: Responses were only edited for clarity.

2.2.6. What initiatives or innovations have been effective with regard to remote programming and monitoring?

Ten government and 12 implementing partner informants responded to this question. The majority of them commented on the use of online methods to conduct programming and monitoring (matching the emphasis placed on this by the UNICEF Country Offices). Throughout the assessment period, this approach was largely light, easy-to-use platforms. Examples of measures taken include the following.

Managing and supporting programming and partners: Field supervisors set up online meetings, planning sessions and webinars and conducted training (child protection, WASH, nutrition education for mothers, fathers and carers, and teacher training) via telephone and WhatsApp.

Monitoring and reporting: “Not fully explored and implemented, but utilization of digital platforms and mediums have been instrumental in remote programming and monitoring,” noted a **Malaysia** implementing partner. Informants overall noted the setting up of virtual platforms and online forums, which proved useful and effective for M&E. One informant mentioned deeper analysis of available secondary data being conducted to help monitoring.

In **Mongolia**, UNICEF supported the Ministry of Education in developing an e-learning platform for school children and preparations for distance learning content and TV lessons (drawing on the findings from a study on the effects of the TV lessons). UNICEF in **Cambodia** and **Malaysia** also supported online learning platforms. Online training (most often focused on remote teaching skills) was continuing for teachers in remote areas in **Indonesia** and **Malaysia** at the time of the interviews.

Local NGO implementing partners in **Indonesia** gave examples of practical measures taken in the field that included: (a) signing of village regulations on child protein aired through community radio and publicized in the social media platform of the local Office of Information and Communication to build awareness among the greater community; and (b) social workers went to temporary shelters to disseminate information on psychosocial issues and where to access services, using strict COVID-19 protocols. One informant also noted the opportunities arising from these methods to focus their advocacy work with local governments.

The **Indonesian** Government informant noted their development of digital information and education communication materials that were published in social media. They also conducted virtual coordination meetings with nutrition sub-cluster partners and developed a chat bot for infant and young child feeding counselling and a web-based report system that can be used by communities to report inappropriate donations of breastmilk substitutes.

2.2.7 Protecting service delivery – what has worked well and what has not?

Country Offices were asked: Can you briefly describe one UNICEF-supported intervention that was successful in protecting the delivery of services?

In the survey, Country Offices noted their successes, many of which were echoed in the desk review findings. This produced a rich mix of examples from the 14 Country Offices and are summarized by country rather than under themes so that the country-specificities are not lost.

Cambodia: UNICEF worked with education sector partners to support remote learning through different channels. UNICEF developed assets and guidelines and provided technical support for distance learning. UNICEF also supported diversifying channels for delivery of remote learning to reach different populations through TV, radio and print materials as well as online outlets and in multiple languages. However, the digital divide was nonetheless magnified, and distance learning was not completely able to ensure reaching all children without access to distant learning alternatives.

China: To support the continuity of health services and social services, UNICEF procured personal protective equipment for health and social workers in selected sites. Medical equipment for health facilities in Hubei Province was also procured.

Democratic People's Republic of Korea: UNICEF managed to adapt its supply route to bring in vaccines, essential medicines and COVID-19 response supplies (personal protective equipment, including masks and surgical gloves) by road from China, after passage through ports was restricted due to anti-epidemic measures. (However, the land route eventually was also blocked, and no supplies could enter the country at the time of the assessment, which presented a big threat to basic services, especially for polio, with vaccine stocks nearly run out).

Indonesia: Service continuity to address child vulnerabilities, supported by coordinated cross-ministry engagement; rapid digital assessments to understand COVID-19-related effects on service delivery; national and subnational advocacy and communications efforts; generation and dissemination of adapted COVID-19 guidance documents; remote training; internal capacity to support real-time monitoring at national scale; and subnational partnerships to support safe service resumption.

Lao People's Democratic Republic: The Back-to-School campaign was characterized as “one of the most compelling” globally by UNICEF Headquarters. School closures in mid-March affected 1.4 million students. UNICEF worked closely with the Government to develop a COVID-19 Education Response Plan, support the production of education programmes for TV and online and prepare for the safe reopening of schools. A Back-to-School campaign was launched for the staggered reopening of schools in May, targeting parents, students and education staff with risk communication messages on COVID-19. Safe School Operation Guidelines were also prepared. A second Back-to-School campaign was launched in August for the new school year. For the first Back-to-School campaign, UNICEF messages alone reached 4.6 million people and gathered 282,943 engagements. The videos were viewed 1.2 million times. The second campaign reached more than 3.5 million people and gathered 117,640 engagements. The Back-to-School materials were also shared widely by development partners working in the country.

Malaysia: UNICEF provided technical support to the Ministry of Education to strengthen teachers' capacity in conducting online education through massively open online courses and the teacher digital learning community via the Ministry's Google Classroom platform. To date, 2,380 teachers from 1,570 schools utilized the platform, and 3 million students – while under school closure during the Movement Control Order period (March–June) – managed to access the Google Classroom platform.

Mongolia: Advocacy began in March for shock-responsive social protection to provide extra cash assistance to children by topping up the child cash transfer programme. The Government adopted a proposal resulting in an extra cash payment to all 1.3 million children in Mongolia from April till December 2020 (likely to be extended). By the end of the year, UNICEF will have leveraged \$330 million, mostly from the state budget, with contributions from the World Bank and the Asian Development Bank. Initial data from analysis done by the Asian Development Bank show that the cash transfers made a huge positive difference, avoiding many households falling into poverty because of the COVID-19 pandemic response. After UNICEF took the lead globally to advocate for flexible working arrangements for parents to enable them to take care of their children when schools were shut down, the Government and a number of private sector companies, for the first time, adopted such practices and learned from the initial experiences. UNICEF also took the lead to support the Government by developing its e-learning platform and online learning content, translating content into ethnic languages and sign language and increasing accessibility for children with disabilities.

Myanmar: UNICEF supported the adaptation of mental health and psychosocial support, the policy on sexual exploitation and abuse and gender-based violence and the case management for children, caregivers and front-line workers, particularly for cross-border migrants and people in quarantine.

Pacific: UNICEF ensured adequate personal protective equipment and medical and health-related supplies for the COVID-19 response for 14 countries through analysis of the needs, in coordination with the World Health Organization and its Joint Incident Management Team. This led to resource mobilization from the Government of Japan and the Asian Development Bank for procurement and logistic support worth \$9 million to supply the 14 countries.

Papua New Guinea: Advocacy on the need to maintain services. UNICEF and partners engaged in dialogue with the Government to ensure that essential non-government services were able to continue under the Pandemic Act regulations (such as child protection and social protection). Further, risk communications and training targeting service providers were an important UNICEF activities that helped reduce fears and common misconceptions of the coronavirus, especially in the health and education sectors.

Philippines: With limited capacity of health workers and quarantine restrictions affecting nutrition surveying, UNICEF supported the testing of simplified protocols, specifically the introduction of family mid-upper arm circumference checking in UNICEF project areas. Through this, mothers and caregivers of young children learned how to detect acute malnutrition using a provided tape and thus can refer children needing treatment. Based on available reports, 98 children were screened, and four of them with acute malnutrition were admitted into the Philippine Integrated Management of Acute Malnutrition programme. UNICEF was also procuring ready-to-use therapeutic food to augment Department of Health stocks and fill the supply gap to ensure that children identified with severe or moderate acute malnutrition (using the single-product approach) will have access to this life-saving nutrition commodity.

Thailand: As a result of sustained effort by UNICEF and its partners, the Government agreed to spend almost 40 billion Thai baht of its COVID-19 budget to top up a cash transfer programme for 13.14 million extremely vulnerable people, including 1.6 million poor children who were receiving a child-support grant and 120,000 children with disabilities.

Timor-Leste: When travel restrictions lifted, an immunization campaign along with maternal, newborn and child health outreach activities were immediately enacted. Data show a dip of about 30 per cent in access to services, with a rebound to near pre-COVID-19 levels. With outreach, it went higher than pre-COVID-19 levels for maternal, newborn and child health services, and data were regularly collected and analysed.

Viet Nam: UNICEF supported the Ministry of Education and Training to develop guidelines for distance learning and the safe return to school; worked with partners on outreach to students with disabilities who were unable to attend school due to social distancing; advocated for free internet connection for the most vulnerable communities without connectivity; supported the Ministry of Health with personal protective equipment; advocated for the rapid re-establishment of immunization and maternal and child health services immediately after the social distancing period ended and provided nutrition supplementation for the most vulnerable families in UNICEF-supported areas; trained social workers and child protection workers on case management in the time of COVID-19 and psychosocial support; and supported a rapid assessment of social protection in all 63 provinces to determine immediate needs and responses.

Country Offices were then asked: Can you briefly describe one UNICEF-supported intervention that was NOT successful in protecting the delivery of services and faced severe bottlenecks?

Cambodia: UNICEF-supported interventions, although of high relevance, remained of limited scale due to the intensity and scope of the problem. Similarly, in nutrition, the socioeconomic impacts of the pandemic were leading to deterioration in the child malnutrition situation, and the supported interventions were not of the required scale to respond to the increased needs.

Democratic People's Republic of Korea: Restrictions on the importation of supplies since June had become a severe bottleneck to protecting the delivery of supplies. UNICEF continued to advocate with the Government for life-saving supplies to be allowed across the border and secured additional warehouse storage space in Copenhagen to respond as fast as possible once permission was granted.

Malaysia: Due to the Movement Control Order, hygiene supply distribution and health education with the most vulnerable communities were disrupted and delayed. In addition, school closures put additional challenge on the distribution of hygiene supplies and on engaging students to learn about COVID-19 prevention. UNICEF quickly pivoted to engage with young people through online means.

Myanmar: Procurement and distribution of personal protective equipment and COVID-19 testing kits.

Pacific: Ten countries suffered from reduction in much-needed capacity in social welfare ministries after donor agencies asked Australian and New Zealand volunteers providing on-the-job coaching and mentoring to social welfare staff to leave. This reduced the capacity of the ministries to provide quality child protection services in most of the Pacific countries.

Thailand: During the height of the pandemic, the child and women shelter services in many areas were more difficult to access by children in need (for example, the shelters did not want to take in new cases out of fear of infection spread). UNICEF continued to discuss with the Government on this.

Timor-Leste: Identifying needs of children in residential care institutions was a challenge because activities were 'required' to be coordinated by the Government, which had, for the most part, shut down. This was eventually overcome but did mean a lack of critical information on vulnerable children during the most extreme lockdown periods. UNICEF at the time of the survey was better positioned to engage and support in the event of future lockdowns.

Viet Nam: The provision of soap proved to be extremely complicated, time-consuming and was delivered with significant delay.

2.2.8 To what extent did UNICEF and partners ensure engagement with affected communities?

Thirteen community informants responded to this question on how UNICEF engaged with affected communities, with two informants not answering. The informants were able to choose more than one option. As seen in *figure 10*, there were mixed experiences reported on levels of engagement by UNICEF and partners. The basic aspects of being asked about needs (at least at the beginning) and provision of information on what to expect and when and who would be eligible for support were reasonably well met. Community informants mentioned field workers' efforts and the creative use of Facebook and other social media channels to keep people informed and offer opportunities to ask questions.

Figure 10: Community perspectives on levels of engagement by UNICEF and partners



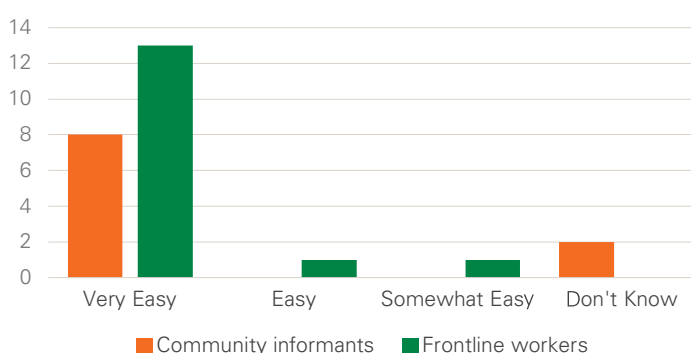
Other aspects of engagement did not feature much in this feedback. Data gathered indicates the need to strengthen feedback loops, increase the frequency of engagement and provide information on complaints. Of the informants who chose “No or limited engagement”, one person qualified it by saying that this referred mainly to the early stages of lockdown when communication was particularly difficult.

2.2.9 How easy it was for you to contact UNICEF or its partners to make suggestions, to complain, or to provide feedback?

Front-line workers and community informants were asked about contacting UNICEF or partners. The majority of the community informants stated that it had been ‘very easy’.

Most informants described examples of how regular contact had been made possible. For front-line workers, this tended to be through phone and online (Skype and Zoom) contact with UNICEF and partners to track progress. Community informants offered examples of how field staff maintained contact and ensured information was being circulated regularly and that a contact number was available for people to call if needed. From these perspectives, it is clear that additional efforts were made to ensure contact was maintained during the lockdowns through phone, online and social media channels.

Figure 11: How easy was it for you to contact UNICEF or partners to make suggestions, complain or provide feedback?



Finally, front-line workers were asked for their experience on whether UNICEF was willing to change its approach or programmes in response to their feedback. The majority of front-line workers were positive in citing the openness of communication and receptivity from UNICEF. There were some examples of action taken resulting from their feedback. In Mongolia, for instance, front-line workers had their suggestions taken up by UNICEF to add renovation of WASH facilities in a school and adjustments to the content of a parents’ handbook. In Thailand, front-line workers had suggestions accepted to expand the scope of interventions to include further vulnerable groups. And in Viet Nam, a front-line worker’s request for IT equipment to support Risk Communication and Community Engagement (RCCE) was approved.

Both front-line workers and migrant community informants in Thailand stated that they had requested consideration of cash transfers rather than supplies in the future. And both Malaysia and Thailand asked for switching to reusable face masks. These suggestions had not yet been taken up at the time of the assessment.

2.3 Quality

To what extent did UNICEF prove capable of supporting effective responses at scale to reach the most vulnerable populations with good-quality, timely interventions?

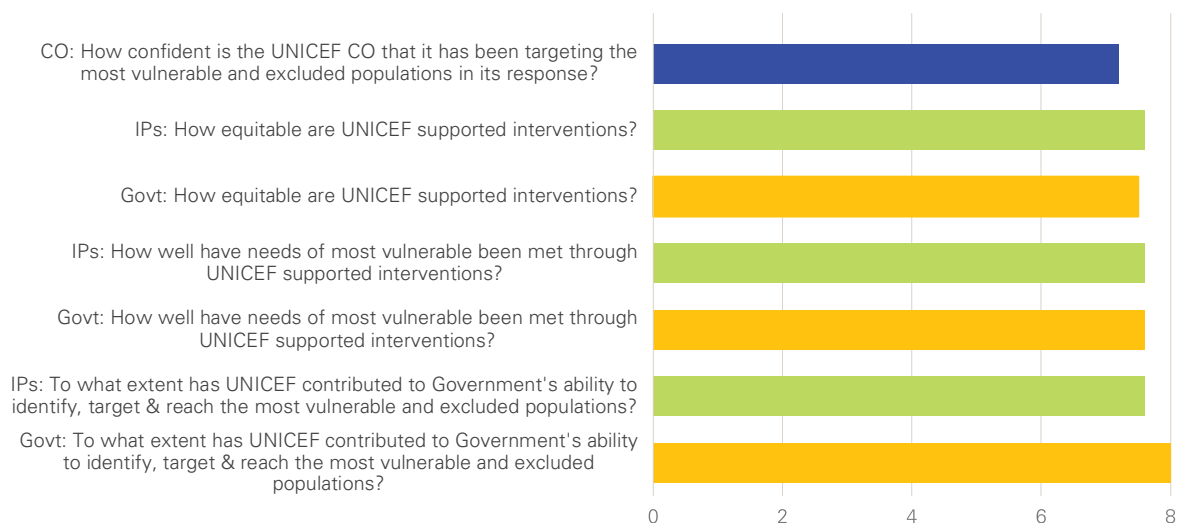
In terms of equity and efforts to reach the most vulnerable populations in the crisis, UNICEF managed to target and support specific groups that country teams considered as highly vulnerable. But much remains to be done, both through advocacy with others and programming to ensure that neglected groups' (both existing and newly vulnerable) needs were addressed. The COVID-19 crisis has exacerbated the intersectionality of vulnerability for certain groups for whom major factors of gender, remoteness, online access, disabilities, ethnicity and legal status in a country have layered their vulnerability. There are multiple examples of successful work by UNICEF in protecting basic services; external informants singled out UNICEF's evidence generation and policy support, technical advice in various sectors and its role in virtual or remote programming and ways of working. Timeliness of UNICEF's contributions was viewed as largely positive, but delays on supplies was the main problem, linked to regional shortages of essential items and severe problems brought on by the restrictions on movement.

The desk review findings emphasized the difficulties in assessing quality of interventions. It was not possible to determine the effect of lockdown and movement restrictions on the quality of UNICEF response interventions due to the limited evidence available. Even under the constrained environment, some assessments on effectiveness of Risk Communication and Community Engagement (RCCE) interventions (in Cambodia and Malaysia) suggested that UNICEF's interventions with partners positively influenced the increase in knowledge of targeted adolescent populations on COVID-19 prevention, and some behavioural changes were observed. This section draws on insights from Country Offices and external stakeholders on a range of issues relating to quality and summarizes their views on progress during the assessment period.

2.3.1 Equity: how well have the needs of the most vulnerable been identified and targeted?

Some overall questions were asked of Country Offices on this issue (*see figures 12 and 13*), and several questions were asked of implementing partners and government informants, as summarized in *figure 8*, alongside the Country Offices response. Averaged scores from external stakeholders were consistently positive on identification of vulnerable groups and working with others to meet their needs. See section 3 on groups identified in the surveys and informant interviews that remained vulnerable and in need of assistance.

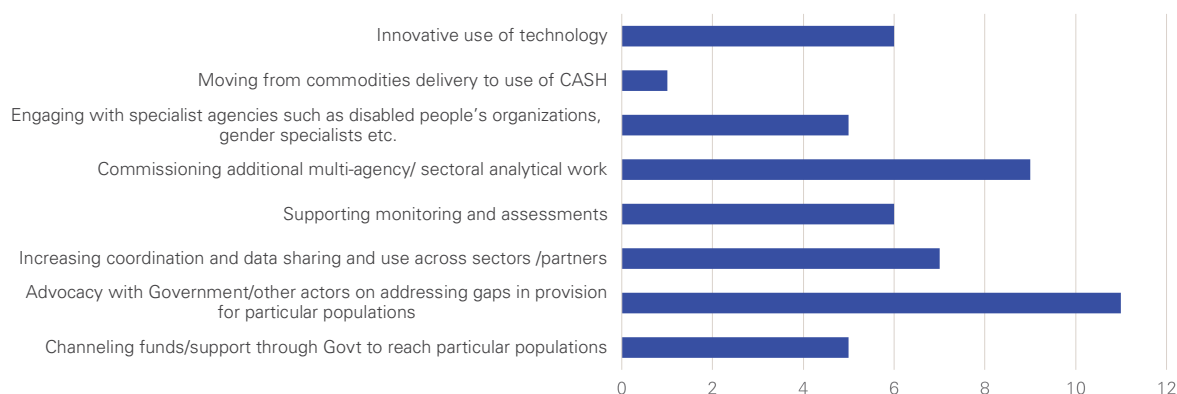
Figure 12: Identifying and meeting the needs of most vulnerable (averaged scores from Country Offices, government and implementing partners, scale 1–10)



2.3.2 What means has the Country Offices used to ensure targeting and reaching the most vulnerable and excluded populations, given increased access challenges?

Most UNICEF Country Offices emphasized a combination of data generation and analysis (necessary to inform policy and practice) and advocate for provisions for these groups. They cited successes that could be built upon, from advocacy with governments to expanding coverage. COs also cited the successes in the contributions of social protection initiatives in Indonesia, Mongolia, Myanmar and Thailand.

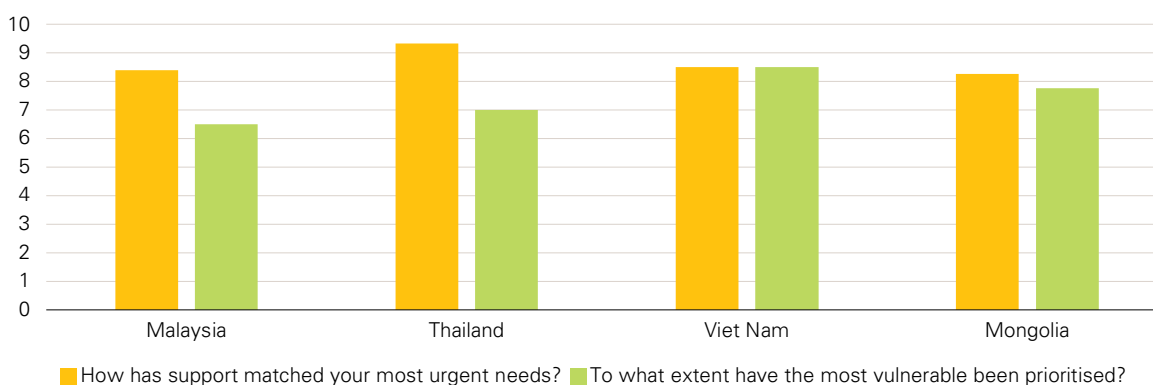
Figure 13: What means has the Country Offices used to ensure targeting and reaching the most vulnerable and excluded populations, given increased access challenges?*



Note: *=Out of 14 Country Offices in the region.

KII informants tended to be positive about the extent that the most vulnerable populations had been identified and assistance provided. Most front-line workers and community informants contacted were involved with UNICEF support to particular communities (for instance, migrant worker families and remote ethnic communities), and so one would expect that this would influence their responses towards more positive feedback.

Figure 14: Community perspectives on meeting needs and prioritizing the most vulnerable, by country (averaged scores, scale 1–10)



Community informants were consistently positive on the support they had received. As noted in the introduction, community members were selected from vulnerable groups assisted by UNICEF programmes. There was a strong sense of gratitude for the assistance (even though this was often quite modest support through items such as supplies and food packages), and this was in part because the UNICEF and partner provisions were one of the few or sole types of assistance that they received – particularly in the cases of those outside government assistance. There was less certainty on how successful action was in prioritizing the most vulnerable (note, this question was not phrased as limited to UNICEF contributions but observations on which vulnerable groups had not received assistance that they were aware of in their locality). Informants most often identified particular groups (or particular needs) who so far had not had much assistance. Community and front-line workers’ views on groups remaining vulnerable and underserved are detailed at the end of section 2.

2.3.3 How has equity been ensured especially if there have been access challenges?

The government and implementing partner surveys asked about how equity was achieved; 14 implementing partners and 13 government informants responded.

The **Philippine government** informants raised several points, starting with: “Equity is addressed by focusing most of the UNICEF interventions to children and families that need them most, through careful planning and prioritization of target beneficiaries using a set of criteria.” Other comments noted UNICEF’s consistency in its approach of emphasizing attention for and directing resources to the most urgent programmes for children; balancing this with investment for the future, such as support to the Department of Education in developing medium- and long-term plans for basic education; the targeting of beneficiaries in areas with difficult access; follow-through on targeted demographics (community visits, immersions and interventions); and efforts to deliver messages to marginalized communities (socioeconomic and ability limitations).

Implementing partners in the Philippines pointed to efforts and messaging that focused on “ALL children so that no one is left behind”. **Malaysian implementing partners** noted the selection of targeted at-risk communities had gone through a thorough process to ensure equity in programme design and delivery was achieved and the importance of financial support to help this kind of initiative. An **Indonesian implementing partner** noted UNICEF’s particular targeting of affected groups, such as pregnant women, lactating mothers and children younger than seven years. An informant with the **Mongolian Government** stated that the “systematic and frequent exchange of information at the education cluster and designing a complementary approach has been fundamental to address the equity concerns”.

There were various approaches to suit the needs of populations in particular contexts (such as remote locations or having no online access) in training initiatives, community consultation in remote areas and building skills for ‘virtual monitors’ and nutrition resources in **Indonesia** (according to a government informant). The Komuniti Guru Digital service helped teachers to strengthen education delivery remotely in **Malaysia**.

Specific practical initiatives were noted, such as ensuring TV lessons were accessible for children with a hearing impairment and ethnic minorities in **Mongolia**, exploring access to devices and content for children with disabilities in **Malaysia**, and the inclusion of Filipino sign language and audio resources in learning resources in the **Philippines**.

2.3.4 What have been some of the successes and opportunities that emerged during the response? How can the Country Offices build on these successes and opportunities?

The desk review findings emphasized the notable success in the COVID-19 responses of East Asia and Pacific countries in the expansion of Risk Communication and Community Engagement (RCCE) outreach. According to the Humanitarian Performance Monitoring, many of the focus Country Offices reached beyond the initially targeted population for RCCE, often with unprecedented scale nationwide. This was particularly evident for COVID-19 prevention information and education-related messaging (safe return to school or online learning).

In the surveys, several UNICEF Country Offices reported successful **innovative approaches, particularly in RCCE**, with both traditional and new media greatly expanding coverage, reaching vulnerable households and targeting specific needs. Mental health was noted as an important issue – and one that is so far underrecognized. **Malaysia** adapted existing online youth platforms to engage with young people (including young people with disabilities) and provide advice and support, which was said to also provide young people with a sense of purpose. The **Viet Nam** Country Office noted specific efforts to reach particularly vulnerable groups, such as ethnic minorities, children in residential institutions and children with disabilities, with translations of RCCE materials. They also ensured that versions were suitable for those with hearing or visual impairments. This was confirmed by informants.

These interventions often went hand-in-hand with the Country Offices developing new partnerships, for instance, with the hugely popular TikTok and Zalo social media channels in **Viet Nam** and leading telecom companies in **Cambodia**. In **China**, partnership with the Communist Youth League helped increase access to adolescent populations.

Ensuring support, coordination, programme delivery and training for partners in the field through remote online methods were noted as essential contributions in **Fiji, the Philippines** and **Viet Nam** (with the **Pacific** Country Offices pointing out that the cost-effectiveness of this approach will be an important consideration for post-COVID-19 work. This makes complete sense, with high costs and vast travel distances faced by those working in the Pacific and potentially is a practical contribution to exploring options for the 'new normal'.)

Several country teams noted significant gains in **advocacy** and support to **policy development, national strategies** and **government investment**. Some of these built on ongoing engagement with the government, while others were more opportunistic as the COVID-19 situation brought unplanned entry points that were exploited. Developing timely, quality data and analytics were found by **China, Indonesia** and **Viet Nam** to have been essential in building the platform for advocacy and leveraging support on particular issues. The **Papua New Guinea** country team noted considerable success in ensuring child protection, gender-based violence risk identification and mitigation, and strengthened emergency preparedness and that all were incorporated into the Government's national COVID-19 strategy, approved in May. The **Democratic People's Republic of Korea** Country Office supported the Government in preparedness for future pandemic threats, and this likely influenced the Sanctions Committee to expedite exemptions for WASH, nutrition and health supplies. The **Malaysia** Country Office noted, "The crisis also triggered very important and long-avoided discussions on quality of education in terms of income and geographic division of students as well as created new opportunities to expand decision to thousands of non-Malaysian children in the country [ie students with less rights than Malaysian citizens] . It also exposed weakness of child protection and social protection systems, thus, opening opportunity for further reforms." In **Myanmar**, long-term engagement and support for the Government's Social Protection Programme was built on to accelerate its scaling up, along with increased WASH in Schools programming as the COVID-19 needs helped drive and make the case for faster-than-planned increases in commitments and investment. The **Mongolia** country team noted the significant socioeconomic response initiative supported by United Nations agencies and that this would "guide UNICEF interventions for the next 12–18 months".

In **sectors** in which UNICEF normally has a leading role, Country Offices noted specific progress in WASH, and ICT in Education breakthroughs in **Timor-Leste**, RCCE in several countries and social protection in **Mongolia** and **Myanmar**. Child Protection is one sector in which the crisis seems to have opened up opportunities for Country Offices to identify needs and gaps and press for change in ways that were not open before, as noted in some countries in the **Pacific** as well as **Papua New Guinea, Thailand** and **Viet Nam**.

Finally, UNICEF **Cambodia** commissioned research to track progress on its RCCE initiatives. Highlights relating to the reach, successes, approaches taken and learning points (some relating to equity) for future work are summarized in the following box.

Review of RCCE initiative for COVID-19 prevention behaviour in Cambodia

UNICEF Cambodia worked with the Government and the World Health Organization on large-scale RCCE initiatives to provide people with reliable information on COVID-19 risks and preventive measures. These interventions worked through a variety of channels: posters, billboards, television and radio spots, and social media networks. Materials were produced in four indigenous languages as well as in sign language. As of April 2020, an estimated 10 million people were reached. The Cambodia team commissioned research on the progress of the RCCE initiative, beginning with online surveys launched in March and carried out on a regular basis with more than 500 people across the country. Recognizing that this was limited to certain populations, phone surveys were added, collecting responses from 250 beneficiaries of the landmine risk reduction and positive parenting programmes. And 41 per cent of the survey respondents were female, while 8 per cent of them identified as living with some sort of disability.

The research gives some initial indications on progress towards outcome achievements:

- **The top-five information channels** and sources people received information about COVID-19 were Facebook, television, village authorities, billboards or posters, and commune councils and chiefs.
- While 85 per cent of respondents received information on Facebook, **only 32 per cent of them felt that Facebook was a trustworthy source.** On the other hand, COVID-19 messages from **village authorities, council communes, chiefs, health workers, radio billboards and television were most likely to be trusted.**
- Respondents who received information through billboards, newspapers, Facebook and websites tended to be more educated. Conversely, those who received messages through commune chiefs tended to have lower levels of education and tend to be aged 50 or older.
- **As much as 99 per cent of respondents reported seeing messages** on disease prevention, and **87 per cent indicated that the messages were easy to understand.** Survey respondents noted their top-five actions arising from these messages – washing hands, social distancing, cover coughs and sneezes, avoid touching someone’s face and cooking food thoroughly. Given that these were the top-five recommended actions within the RCCE materials service, it is reasonable to say that the messages contributed to the increased knowledge on COVID-19 prevention. These results remained true cross gender and disability status of respondents.
- As much as 90 per cent of respondents agreed all the preventive actions were **‘somewhat effective’ or ‘very effective.’**
- As much as 80 per cent of respondents said they **practise preventive actions due to public messaging.**
- **Risk perception follows certain age patterns:** older populations tended to believe that risks were higher without precautions, with lower risk if precautions were taken.

- **There were different frequencies of which people practise individual actions.** In general, at least 50 per cent of respondents said they practised all the actions frequently, with the exception of avoiding touching one's face, which only 20 per cent practised frequently.
- The survey found that the more an individual believes an action to be effective, the more likely they are to perform the behaviour.
- The survey also noted possible **attrition in behaviour practices**: The original survey was carried out between April and June, and more recent data show a possible reduction in the practice of behaviours, perhaps due to the fact that Cambodia has had very few new imported cases reported and no community transmission. This tends to point towards reduction of protective behaviours as perceived risks decrease.
- Why do some people adopt preventive behaviours? Almost 60 per cent of people stated that they forgot to do it, while slightly more than **50 per cent said their livelihood depended on contact with other people**. Also, only 17 per cent of the respondents with primary school education or less stated that they stayed home when they were sick. But 40 per cent of those with a secondary level of education and 60 per cent of those with higher levels of education noted that they stayed home when they felt sick. **Taken together, these two points underline how certain groups (less educated and likely in less secure or daily wage employment, who cannot take days off when ill) are unable to exercise prevention measures in the way that financially better-off groups can.** Less well-off people were also more likely to be reliant on crowded public transport and live in crowded accommodation.
- The data also suggested that actions that are frequently performed to prevent COVID-19 also have three features: actions that are **easy to perform individually; do not depend on the characteristics of a persons' living context; and do not require social compliance to be effective for the individual.**

2.3.5 What was UNICEF's particular added value to the COVID-19 response?

When asked about UNICEF's added value, only a small number of government informants replied. Feedback was consistent around some areas.

Three government informants in the **Philippines** noted UNICEF's particular added value in its policy advice, evidence generation and analysis based on studies and research, capacity development and using this in advocacy and national policy development. Government informants also singled out UNICEF's technical advice and virtual platforms set up to reach policy-makers and decision-makers so that efforts were aligned with international and local standards for children's rights. Funding and technical support for child protection state actors was also acknowledged. This was echoed in **Malaysia**, where informants singled out funding and technical support as UNICEF's major added value.

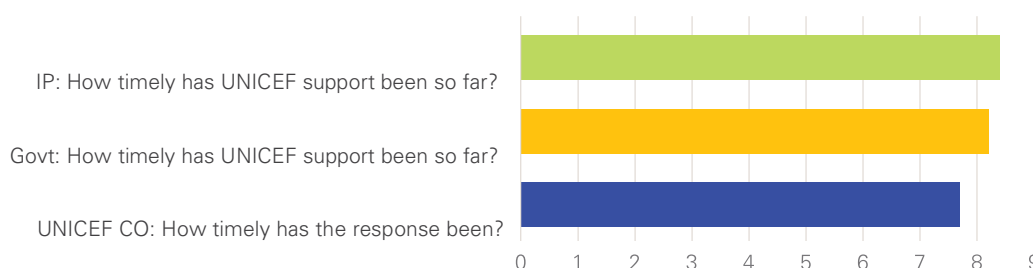
In **Indonesia**, UNICEF's work in assisting the Government to develop a COVID-19 response plan using existing data was noted. In **Mongolia**, a government informant stated that assessments done on distance learning and the psychosocial situation of children and parents served as a strong basis

to successfully start the academic year of 2020–2021 and that UNICEF’s rapid response with communication messages, online training on psychosocial support, capacity-building of public servants working with children and families and overall technical support were crucial.

2.3.6 How timely has UNICEF’s response been so far and what factors influenced this?

On timeliness, a similar question was included in the survey for UNICEF Country Offices and all partners. Country Offices responses noted difficulties due to supply delays, with external stakeholders scoring this question slightly more positively than the UNICEF Country Offices did. Informants were mainly positive about the timeliness of support received, with delays in the delivery of supplies noted as the most problematic area.

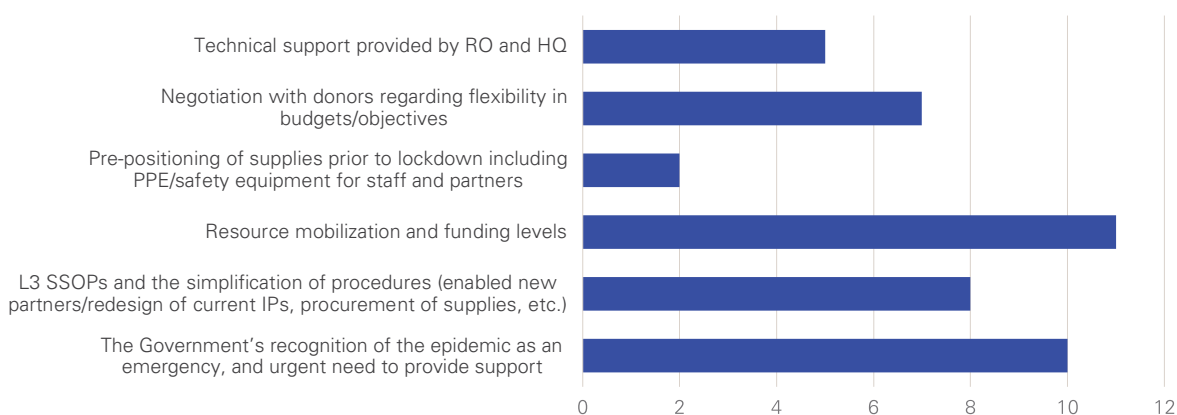
Figure 15: Timeliness, by averaged score from surveys (scale 1-10)



The Country Offices survey then asked for the main factors enabling timeliness (see figure 16) and those that hindered it (see figure 17). The availability of funding half of and the emergency declaration by governments were the two main factors identified. More than half of the Country Offices noted the simplification of procedures internally through the L3 measures as important. Only two Country Offices noted the prepositioning of supplies as important – this likely related to the highly unusual nature of the crisis, the relative speed of the pandemic spreading in the region in the early stages that did not allow time to preposition supplies and the acute shortages of supplies in the first few months of the crisis across the region.

Note: *=Out of 14 Country Offices in the region.

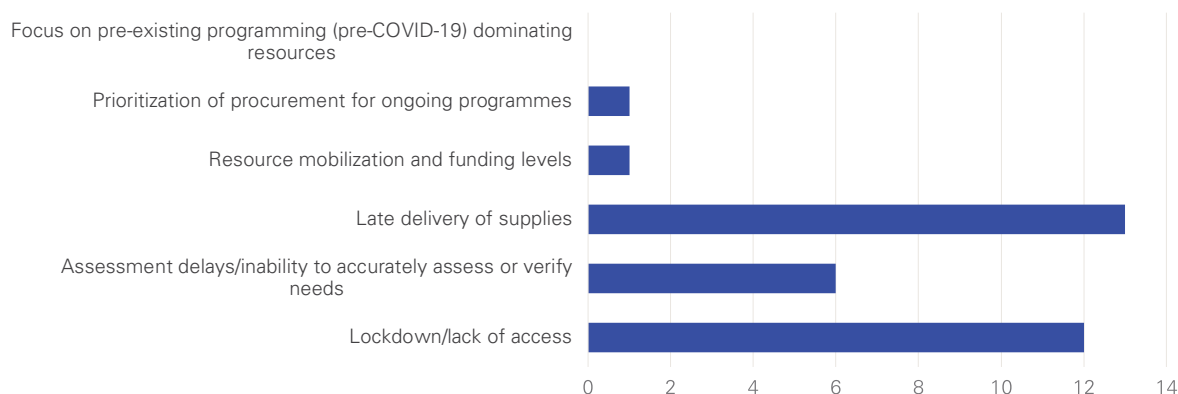
Figure 16: Main factors that enabled timeliness



2.3.7 Front-line workers' perspectives on timeliness, the importance of UNICEF's support and its ability to reach beneficiaries, in particular, the most vulnerable among them

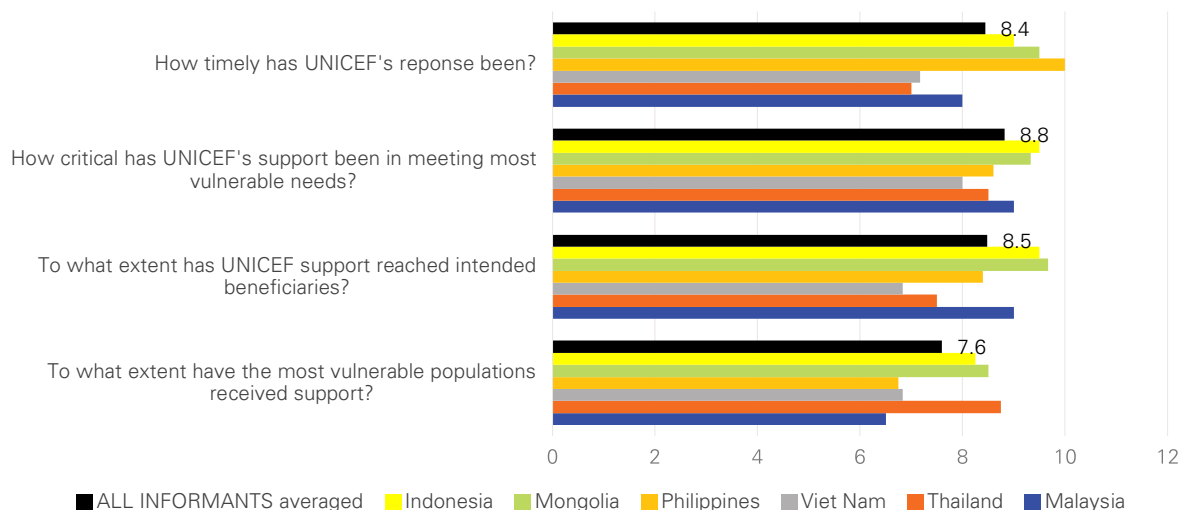
Overall, Mongolia and Indonesia informant ratings were higher than others, while Viet Nam tended to be lower. But not too much should be read into this due to the small unrepresentative samples. The front-line workers showed appreciation of efforts to ensure that the most vulnerable households were supported (citing examples of initiatives targeting particular groups), but additional comments pointed to particular groups that were still needing support.

Figure 17: What factors hindered most the timeliness of the response?



Note: *=Out of 14 Country Offices in the region.

Figure 18: Front-line workers' perspectives on timeliness, reaching beneficiaries and the most vulnerable (averaged by country, scale 1–10)



The question 'How critical was UNICEF's support in meeting the needs of the most vulnerable generally?' drew high scores. This was asking for front-line workers' and informants' views on funding and support to cover the needs of specific groups who were not getting assistance from other actors. Some informants mentioned both that UNICEF contributions allowed an expansion of coverage and the relative flexibility of UNICEF in being able to apply this funding to groups outside government provisions.

Ratings for meeting needs of the most vulnerable groups were least strong. However, overall ratings on how critical UNICEF's support was to meeting the needs of the most vulnerable groups was rated highly by the front-line workers. Comments made under this inquiry tended to speak to the funding and support enabling UNICEF to expand its coverage to reach populations that would otherwise have received little or no support (for instance, migrant groups in Malaysia and Thailand).

"The support did not come in March or April, when the early stages of lockdown started and were severe. Actual support was a little slow in getting to the people, and most needed it as it came towards the end of April. In the meantime, I was working to help identify those families most in need, so there were preparations going on for when the assistance did actually arrive. It was really difficult; people were hoarding food and supplies, but my family could not afford to do this. We started growing vegetables, and it was very much a day-to-day existence. My parents and myself [were] trying to find small jobs that would earn a little bit of money [each] day. My family rationed food, so usually [we ate less food] during the day or smaller portions." – Migrant female youth leader community informant, Thailand

2.3.8 What should UNICEF do more of, less of or differently, and what potential new areas of work should it consider?

Table 4 includes responses to the final questions for perspectives from Country Offices, government and implementing partners and informants (in the surveys and interviews) on what UNICEF should do more of, less of or differently. And what potential new areas of work should it pursue. A huge and diverse range of inputs were offered in these questions, which are presented essentially as contributed (with editing for clarity).

Please note that there was some overlap on commentary between the different questions. Where several informants made the same point, this is indicated with x2, x3, etc. to give a sense of the frequency this came up in the feedback.

Table 4: Responses to what UNICEF should do more of, less of or differently and what potential new areas of work UNICEF should consider

	UNICEF Country Offices survey	Government & implementing partners	Front-line workers & communities
What should UNICEF do more of?	<p>Strategy and planning Strategic global guidance and dissemination of best practices and cross-country learning. Broaden preparedness plans to cover pandemics and establish long-term agreements and stand-by arrangements. Continue to work on COVID-19 and other emergency preparedness.</p> <p>Data, research and evidence generation Needs assessments and expanded data collection to understand the situation of women and children. Socioeconomic assessment on impact of COVID-19 with the government (x2 comments). Increasingly understand and address the medium- to long-term consequences for children, such as the losses in education, mental health issues and increased domestic violence.</p> <p>Policy and influencing Leveraging prior investments in innovation, data and analytics. More aggressive advocacy to put children at the heart of the recovery plan, not only for the United Nations Central Emergency Response Fund but also the government response. Investing more in subnational support and mentoring from the national clusters to ensure that policy and programmatic developments translate into field-level implementation.</p> <p>Programme sectors, management and monitoring Increasingly integrate the COVID-19 response and recovery into the regular programme.</p>	<p>Child health referral financing. Policy influence. Technical assistance in terms of evidence generation and policy-making and provision of financial assistance for these activities. Technical support and training to local actors (local government units).</p> <p>Policies, research, developing models and advocacy materials. To have more scaled advocacy, bringing international expertise and building on good international practices, with good customization to the country context. Team up with the government in building the social work capacity to provide supervision to managing child protection cases.</p> <p>More advocacy to replicate the integrated service programme (PKSAI) by the local government. for prevention of child protection issues involving parents and community, there is a need to extend coverage to other villages that could be linked to PKSAI. Initial lesson learned indicated that the more a community is aware, there is an increase in reporting on child protection issues that results in more demand for services.</p> <p>Educational information on preventing COVID-19 'in an attractive way'. Assisting school-age children to do online study appropriately, especially to those who live in rural and remote area.</p>	<p>Cash transfer support is more flexible and useful than goods (rents to be paid, people are going into debt, etc.) and in some cases, food packages, etc. were being distributed by others (x3 comments).</p> <p>More opportunities for young people to get matched up with employers for jobs and practical training (x2 comments).</p> <p>More attention on child education.</p> <p>Support for migrant workers (x4 comments). Don't forget migrants <i>returning</i> because some had gone home before the lockdown and then wanted to come back (x2 comments).</p> <p>Urban families facing hardship (x3 comments).</p> <p>Ensure sufficient personnel for partners working in the field (they are overstretched), such as the front-line workers! They are burned out after working consistently through the crisis and for longer periods than anyone imagined would be the case (x2 comments).</p> <p>Online child protection risks and crimes and bad online activities were important to focus on (x2 comments).</p> <p>More soap supplies for school handwashing stations.</p>

UNICEF Country Offices survey	Government & implementing partners	Front-line workers & communities
<p>Support the socioeconomic situation, either through advocacy for government schemes or direct distribution of cash and relief supplies.</p> <p>Innovation: try new things, support and funds to actually do what we are reimagining.</p> <p>More support for real-time monitoring, strengthen the use of technology for data collection, real time needs assessments.</p> <p>Community engagement; procurement of COVID-19 vaccines; learning continuity.</p> <p>Increase scale for interventions on violence against children and nutrition, especially WASH in institutions, ensuring delivery of and generating demand for essential health and nutrition services.</p> <p>Equity and the most vulnerable Explore new partnerships to address children’s mental health and psychosocial support needs online and to address immediate supply needs among the most vulnerable groups that we do not directly provide services to during regular programme; identifying new channels to communicate with vulnerable communities with limited access to technology and social media.</p> <p>Ensure that areas without internet connectivity can benefit from traditional RCCE strategies.</p> <p>Partnership: Develop new partnerships for capacity and reach</p>	<p>Equal engagement with grass-roots and high-level stakeholders.</p> <p>Mental health support.</p> <p>Monitoring how the programme interventions are actually benefiting target groups.</p> <p>Consider the long-term sustainability of the programmes.</p> <p>Support development of a variety of digital learning and open learning sources so that learning processes will continue at any time in any circumstance.</p> <p>Support information and education communication activities for target groups.</p> <p>Capacity-building (training) on grass-roots level of partners (municipal and barangay).</p> <p>Advocacy and governance for sustainability.</p> <p>Programme monitoring and policy work.</p> <p>More capacity-building of civil society and non-government organizations (x2 comments).</p> <p>Communication materials and dissemination initiatives.</p> <p>Support for distance learning, such as the use of technology.</p> <p>Provide technical inputs into government programmes on health and nutrition, particularly in adapting policies and programmes to the COVID-19 context.</p>	<p>Include parents in health education issues (outside school hours) and include social awareness, but make sure suited for non-literate people.</p> <p>Face mask sizes suitable for children and easy for them to put on. Washable and reusable much better than single use surgical type masks (x3 comments).</p> <p>More initiatives like the Kindness Week of online activities, further building on digital platforms for engaging youth. Get young people more involved in advocacy – it can bring great changes in the community (x2 comments) – <i>see quotes in main report.</i></p> <p>Additional resources for children with special needs, closer to users in remote areas, increased support for different types of disability – children often grouped together in centres that are not equipped with adequate expertise to meet the specific needs of children with disabilities (x3 comments).</p> <p>More prevention activities for disease outbreaks.</p> <p>Develop options for education support so that it can meet needs of those in lockdown and who have no online access and those who have online access. Support and equipment for teachers on online teaching skills (x2 comments).</p>

	UNICEF Country Offices survey	Government & implementing partners	Front-line workers & communities
	<p>Staffing and capacity-building Mental health and psychosocial support; approaches to support and maintain health and well-being of staff. Leveraging existing human resources, including domestic and international expertise. Build up capacity of front-line workers through online platforms. Build internal and in-country surge capacity, and support local government units in the localization of national policies and guidelines.</p> <p>Procedures Simplify procedures.</p>		<p>Neglected children (x4 comments), such as children from families affected by violence and alcohol.</p> <p>Support for unemployed parents (x2 comments), single-parent households.</p>
What should UNICEF do less of?	<p>Given travel restrictions, put on hold government capacity development.</p> <p>Global and regional reporting frameworks (these changed frequently); reporting, emails, trying to figure out new processes, keeping up with existing requirements. “There seems to be a growing gap between headquarters and Country Offices on what is going to enhance programming for children and their communities.” Less multi-level reporting to avoid duplication.</p> <p>Fewer and better coordinated rapid assessments. Revisit approach to country monitoring and reporting Support the country’s testing capacity. Less involvement in procurement (except for COVAX-related procurement). Less stand-alone COVID-19 risk communications (instead, more integrated, such as COVID-19, flu and air pollution). Less overtime for UNICEF staff. Fewer meetings and reporting.</p>	<p>National policies. Direct intervention and delivery (x2 comments). Inflexibility. Duplication of programmes.</p> <p>Communication. Unrealistic planning. Paperwork (if that is possible, but the current process is not that bad at all).</p> <p>Webinars. Visual releases (especially online) that are text-heavy or wordy. Information and education communication materials.</p> <p>High level of training or capacity-building (regional, provincial) or head of offices or units in expensive location or venue.</p> <p>Micromanaging programmes and projects that are being implemented with partners that contribute to COVID-19 response.</p>	

	UNICEF Country Offices survey	Government & implementing partners	Front-line workers & communities
	<p>Fewer personal protective equipment supplies (x2 comments), fewer supplies and construction. Carefully consider who we will work with in humanitarian responses. Spreading too thinly.</p>		
What should UNICEF do differently?	<p>Focus and prioritize core mandate activities to enhance flexibility when needed. New and innovative ways for delivering for children.</p> <p>Expand nutrition and child protection services, strengthen institutional capacity to effectively respond to public health emergencies. Break down sector silos – COVID-19 highlighted criticality of mechanisms that support integrated programming, synergies and impact. Better ways to encourage cross-ministry coordination. Redefine how to monitor interventions through remote monitoring plan (temporary solutions given the DPR Korea’s unique operational environment). Proactively look for qualified human resources residing in countries to provide onsite technical assistance.</p> <p>Global procurement support was not optimized during the response. Business continuity guidance was late and insufficient, make sure all tools are ready and available to all staff globally + support and training for staff. Remain agile and flexible so that we switch quickly between working from home, remotely and office.</p> <p>Try to reach out to more and varied partners. Diversify NGO partnership to distribute hygiene supplies (multiple partnership or sub-contract). Different look at shared value partnerships with the private sector, build capacity of local suppliers, ensure strategic location of long-term agreement holders that could address supply need.</p>	<p>Monitoring the implementation of the national policies. Long-term programming implementation with consistent or improving activities and services. Ensure programmes are tailored for upper-middle-income nations.</p> <p>Cash support. Expansion of the education cluster, formalization of notes and strengthening the legislative framework for cluster operations.</p> <p>Reach out to parents and families to support learners, and interact directly with teachers and children (x3 comments).</p> <p>They should adjust their hiring procedure to be more responsive to emergency situations like this. Having a hiring procedure, for example, when it takes more than a month to hire consultants defeats the purpose of hiring them as an emergency measure.</p> <p>Support innovative processes with national and local partners. Engage international NGOs more in their interventions in the Ministry’s policy development and implementation.</p>	<p>Work with a bigger range of organizations on youth initiatives – “many organizations would like to team up with UNICEF”.</p> <p>More flexibility on budgets so that response to those that need it most can be made more quickly and effectively.</p>

	UNICEF Country Offices survey	Government & implementing partners	Front-line workers & communities
What possible new areas of work?	<p>Social protection. COVID-19 situation in the DPR Korea has narrowed down significantly the scope of the programme. Greater use of technology for training, programme delivery, etc. Evidence generation and documentation could be improved. Additional global, regional and national coordination around supply assistance will have to be strengthened in the context of the ACT-Accelerator. Communication on COVID-19 vaccine. Online learning platforms will be more developed, not only for COVID-19-related situations but also other situations that the country may be facing, for instance those linked to extreme weather. ICT in education, improved social protection systems, youth engagement in the recovery. Engagement and support countries in COVAX facilities on COVID-19 vaccine introduction. Explore support to strengthen the supply and logistics system; link with system-strengthening to vaccine and nutrition supplies. Plan for hybrid models of programming, both in-person and online concurrently. Scale up the child protection programme.</p>	<p>Family resilience and family livelihood through cash support (x2 comments). How to effectively reach more people virtually and other potential uses of the virtual platforms; assist in production of TV lectures; IT and community-based education of parents on health and safety (x3 comments). Initiatives to include carers of children. Further support the strengthening of the legislative framework, allowing open and collaborative operations of the government, NGOs, international organizations and private sector in stronger preparedness for risks and emergencies. Supply of drugs and medicines. Early childhood development. Mental health and resilience, in particular to violence and extremism.</p>	<p>Work with urban populations, especially those that have lost jobs. Specific support to carers (noting women carers often having considerable burdens and responsibilities).</p>

3. Conclusions

Based on the data gathered and our analysis, this section responds to the following questions:

- What are the emerging positive perspectives across the region on UNICEF's performance in the COVID-19 response?
- What are the challenges encountered across the region from UNICEF's implementation of the COVID-19 response?
- What are medium- to long-term implications for vulnerable children and their communities in the six Focus Countries and the implications for UNICEF's strategy and action in the medium to long terms?
- How should we refocus UNICEF's programming to reach vulnerable children in the medium to long terms (to include additional or new opportunities or because we need to act differently or transform)?

Pre-existing preparedness. The Country Offices survey findings reveal mixed views on how well pre-existing preparedness informed the response, with some low scores. "No one was prepared for this" was the kind of phrase (understandably) used by some Country Offices and external informants. However, given SARS and other outbreaks in the region in recent years, this may point to lack of implementing lessons learned from previous pandemics. This point was tempered somewhat by high scores on adaptability from the perspective of Country Offices and partners (although the front-line workers had a more mixed view of UNICEF flexibility during the pandemic in the assessment period), as the ability of the organization to switch focus was acknowledged and appreciated.

Cash assistance. Cash did not feature as much in the responses as one may have expected. Several informants (in Malaysia and Thailand) noted that the choices and flexibility of cash assistance would be preferable, particularly after the initial lockdown phase. Given that the negative economic impact continues to grow in the region, an obvious focus for the coming period may be cash assistance to the most vulnerable and marginalized households. Coupled with this was the late delivery of supplies that was cited by Country Offices and other stakeholders as the main hindering factor for timeliness, probably based on the fact that at the beginning of the crisis, regional supply shortages were felt most acutely.

Emerging marginalized populations. Analysis of multiple sources in the desk reviews suggests that households whose livelihood depended on the informal sector, migrant households and female-headed households have higher risk of impoverishment because they are often outside of national social protection systems. In turn, this impoverishment will negatively affect children's education, food security and abuses. However, the location, profile and needs of these new poor families are not fully known due to the uncertainty of the situation. While East Asia and Pacific Country Offices have been focusing on 'known' marginalized populations (children with disabilities, migrant communities, ethnic minorities in remote areas), staff need to be mindful that new poor households will emerge in both remote and urban locations. The EAPRO Social Policy Section expects the number of children living below the poverty line to increase by 22 million in the region due to the pandemic. Attention

needs to be paid to the geographic areas where a large number of informal sector workers reside and densely populated areas where longer lockdown measures and stricter containment measures have been imposed. Women are more likely to be in the informal sector or less secure employment. Evidence from the informant interviews also indicate that children of migrant workers are often cared for in their place of origin by foster parents (grandparents, relatives, etc.) and often reside in rural areas. This needs to be further assessed to draw conclusions on where to focus.

Leaving No Child Behind: The vision is there, but we are some way off achieving it, even in a region in which many countries are achieving middle- or upper-middle-income status. The pandemic has brought into focus the precarity of households of day-wage migrant workers and others in the margins of society, while their entitlements to government assistance were determined to be extremely limited. Regaining lost ground should be a priority. As a first step, determining clarity on what the new normal will look like and how it will evolve in the coming years should be considered as UNICEF seeks to adapt its programmatic approaches to maximize the impact, effectiveness and efficiency of its responses for the most marginalized and vulnerable children.

Balancing upstream and downstream partnerships. The established modus operandi of *upstream* work with governments in upper-middle-income countries remained appropriate, and much was achieved in supporting government efforts and advocating for improvements. Switching to a twin track of maintaining this focus and adding greater effort on *downstream* work with partners at the subnational levels has been challenging for some UNICEF Country Offices. This point is particularly relevant to countries like Malaysia and Thailand. To meet the needs of vulnerable populations that government assistance did not reach, Country Offices had to strengthen downstream emphasis and adapt partnerships or form new partnerships. This has become a new normal for these countries. The new normal will necessitate UNICEF to be open to **new forms of partnerships**. There are examples from this assessment in media, technology and mass communication specialist organizations to build on in the coming months.

UNICEF staff had to get outside their comfort zones to innovate, find new ways of working, establish COVID-19-focused partnerships (particularly in information and remote communication technologies) and develop initiatives to meet needs in such exceptional circumstances. Innovation has been largely through creative development of online 'ways of working', monitoring and establishing new platforms to engage young people, plus strengthening and adapting existing ones. There appears to be a question on the extent that downstream work will be essential for UNICEF in a post-COVID-19 pandemic world. If COVID-19 proves to be a highly unusual event that countries can quickly recover from, then that would suggest there is limited scope for downstream work in certain countries. But if COVID-19-induced change proves to be more fundamental, then a scenario in which UNICEF has to be more agile and focus on downstream work (including strengthening preparedness for future shocks at the community level) may become part of the new normal. How this would be possible within current skill sets and with reduced funding in the coming years will need careful consideration. Determining what the new normal is for each country in the region and how UNICEF can best respond to it will be UNICEF's challenge in the post-COVID-19 world.

Although staff well-being did not feature in this real-time assessment, the points highlighted here made unusual demands of staff. Being able to adapt and respond to the crisis has come at a cost in the workload of staff and overstretched capacity for offices. As the next phase of the crisis unfolds and decisions are made on how UNICEF can best contribute to addressing needs, these issues will need to be factored in.

Given the large needs and the diversity of those needs, **the right choices appear to have been made by UNICEF at country level.** Investments in a creative range of RCCE interventions and assisting the set-up of remote education for school children in lockdown situations were key successes across the region. Cash transfers at scale in Mongolia, Myanmar and Thailand are examples of providing support to and advocating with government authorities to scale up social protection provision. In these cases, existing systems were built up to scale up, disbursement amounts for targeted families were increased and commitments on increased coverage were accelerated. Successes in WASH, adapted to the COVID-19 realities in the field, resulted in better infection prevention and control throughout the region.

Which groups are most in danger of being left behind? As noted, the most frequently mentioned groups included those not reached by state provision and support. These were singled out by the respondents as: migrant families, children and families living with disabilities (particularly if living in remote areas), those falling back into poverty (the new poor) and a diverse range of marginalized groups (those now in extreme poverty) and socially excluded groups.

The assessment found examples of the involvement of youth in UNICEF-supported activities and the personal benefits they felt in becoming more active and having a sense of purpose during the crisis. In this time of tech-savvy youth and of increasingly technologically adept new generations, the right choices by UNICEF will lead to empowerment of the disenfranchised. The views of two youth informants in Malaysia stood out on this:

“UNICEF is taking big steps to bring in more youth involvement. It has gone from listening to what youth want to actually applying it and amplifying the voices of youth. This is exactly what it should be doing more of. To have adults listen to what you say and see it be applied, that’s a pretty big thing.”

“The Kindness Week and online challenge are really important to get teens more active in advocacy. We want to encourage them to speak up, use their voice and bring action. UNICEF can play this role to keep on activating teens. If this continues, then there will be great changes in the community. UNICEF is a trusted organization, so people are more willing to participate. Keep on having challenges, programmes, polls, to get teenagers thinking and getting to be more engaged and to take action.”

Intersectionality of multiple vulnerabilities. Some issues became more pronounced and more challenging to address when there was intersectionality of multiple vulnerabilities faced by families and their children. The dimensions of vulnerability mentioned by respondents included: children with disabilities, children living in particularly remote areas, children from poorer families who have lost various rights (education, immunization, protection, nutrition, etc.), children living in families facing extreme difficulties with respect to livelihoods and income, worsening inequity faced by girls – no matter the family’s income level and worsening inequity between wealth quintiles, just to name a few. Understanding the complexities, exclusion and inequities that the COVID-19 crisis has exacerbated is essential for defining UNICEF’s strategic positioning and programme designs and then determining the best interventions to meet the needs of children most at risk of being left behind.

A question was asked of government and implementing partner informants on who was most likely to be left behind (see figure 19). A related question was put to the Country Offices on what UNICEF should do to address these groups’ needs (see figure 20). Note that both these figures are brief summaries of points mentioned in the Country Offices feedback and do not capture the diversity and complexity of different country settings – for instance, groups such as migrants are important in Malaysia and Thailand and less so in the other countries.

Figure 19: Who is in most danger of being left behind? Government and implementing partner responses (No. of mentions to open-ended question)

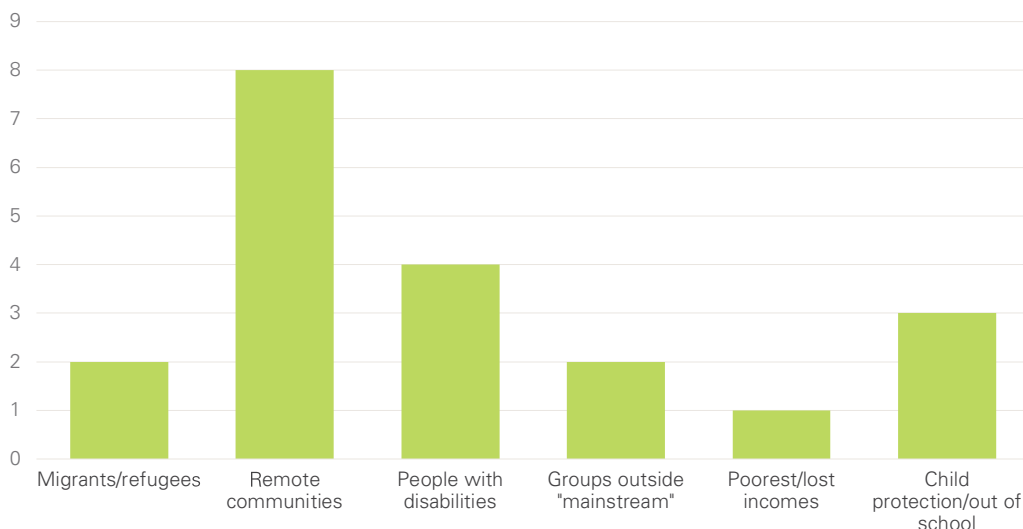
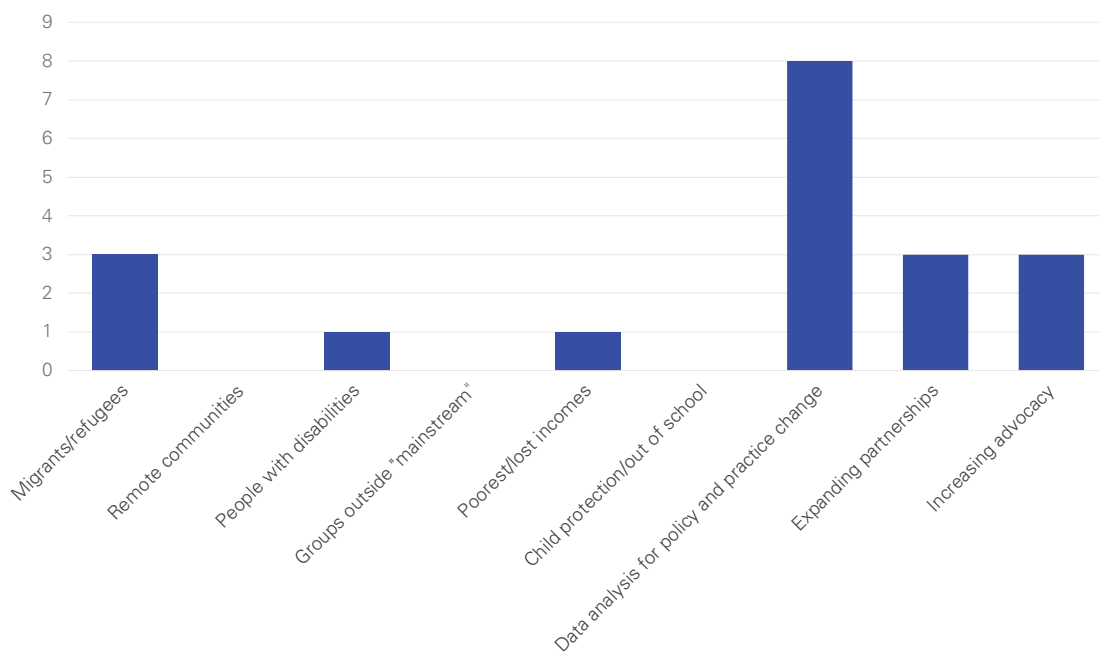


Figure 20: What should UNICEF do to meet No Child Left Behind commitments? (No. of Country Offices responses to open-ended question)



Note that the UNICEF Country Offices responses to this last question has mixed views on specific groups that were being left behind *and* approaches to meeting needs (most Country Offices responses focused on these). Addressing the needs of particularly remote communities features strongly in the government and implementing partners responses but *not* at all in Country Offices responses.

Front-line workers and community members also contributed their thoughts on populations that were in danger of being left behind and these responses are captured in section 2.3.8. Both front-line workers and community responses are more nuanced than those from the Country Offices, government and implementing partner responses and largely speak to particular issues observed in those locales and communities.

4. Lessons from these experiences

The following recaps useful insights and lessons that emerged through the real-time assessment findings and conclusions.

Many **positive learning experiences** emerged across the region through UNICEF's performance in the COVID-19 response.

- The notable success in the COVID-19 responses in the East Asia and Pacific countries was most evident in the **expansion of RCCE outreach**. According to the data collected, many of the focus Country Offices reached beyond the initially targeted populations for RCCE-related communications, often with unprecedented scale nationwide. This is particularly evident for COVID-19 prevention information and education-related messaging (safe return to school or online learning). In some cases, these efforts were further supported with assistance, such as water tanks to reduce congregating (and contact) around water collection points.
- Most of the Focus Countries expanded their **digitalization of implementation modalities**, with the use of online and ICT platforms, beyond engaging with target groups of U-Report and/or Rapid Pro. This success includes scaling up the engagement more widely across the country as well as reaching a wider variety of audiences, including mothers, fathers and caregivers as well as children with disabilities via online and SMS forums. The expanded use of ICT also transformed the way Country Offices and partners provide technical guidance and training to stakeholders in the field, notably to teachers, health workers, social workers and child protection workers as well as providing psychosocial, mental and well-being support to vulnerable children, with increased use of telephone and online support.
- Under the constrained environment, the partnership with **downstream implementing partners increased into new areas**. Through remote training, field workers (community health workers and social workers) were enabled to fill an important role in delivering COVID-19 response provisions to the most marginalized populations and to disseminate RCCE messaging, monitor the impact of COVID-19 on children and communities, identify the needs and engage in the rapid data collection and reporting.

The **challenges** encountered across the region from UNICEF's implementation of the COVID-19 response also provided instructive lessons.

- **Lockdown measures** and travel restrictions (both domestic and international) posed logistical challenges to deliver essential supplies to remote locations in a timely manner. Basic information flows were also seriously impaired in rural and remote locations, where vulnerable populations do not have access to media (TV, internet, radio) and norms around mass communication, such as rallies or door-to-door communication, were unsuitable under the COVID-19 constraints.

- **Disruption of the essential health, nutrition and child protection services**⁷ were experienced in many countries. This was due to lockdowns, movement restrictions, limited capacity for service providers and service users' reluctance to visit service providers out of fear of infection and/or due to discrimination. While resumption of these services was one of the priorities of the East Asia and Pacific Country Offices responses, particular challenges were expected in resuming immunization services because they were facing supply-side challenges (for vaccine logistics domestically and internationally, personal protective equipment, etc.).
- **Disruption to education** experienced in countries affected the increased childcare burdens on parents and caregivers, particularly for mothers. Furthermore, they increased the disparity in education, not only in terms of being able to access the online platforms but also the learning outcomes between children of families in higher-income brackets, compared with those in lower-income brackets. The **gendered aspect of the digital divide** and its impact on girls' access to education in some settings should be factored into this. For example, the Viet Nam Country Offices worked to ensure online learning was accessible to both girls and boys in ethnic minority communities.
- The emerging studies and research related to the **socioeconomic impacts** of the COVID-19 crisis suggest an enormous increase in people falling into poverty due to unemployment and income loss. In East Asia and the Pacific, the negative impact of the socioeconomic shocks were much larger than that of the health shocks. This was particularly so for women who were more likely to be in vulnerable employment or employed in sectors adversely impacted by the pandemic.
- Competing demands for data generation from headquarters and the regional office to Country Offices is an issue to be addressed. Related to this point, East Asia and the Pacific was the first region to be affected by the pandemic, and to a certain extent, the region would logically have felt this competing demand more acutely than other regions. The organization needed time to recognize the growing scale that COVID-19 was assuming worldwide to quickly build up strategies, plans and support based on experiences as they evolved. It would be useful to analyse the findings of the global real-time assessment to assess data generation demands and how different regions handled this necessity during the crisis. This could contribute to organizational learning on internal efficiencies and coherence with respect to data generation, especially if included in the 2021 global L3 evaluation.

The new and most **vulnerable children** and their communities who emerged in this crisis present several implications for **UNICEF's response**.

- Multiple analyses suggest that households with **informal sector workers, migrants, minorities and female-headed households** have higher risk of impoverishment because they are often left outside of national social protection systems. This will negatively affect their children's education, food security and risk of abuse. However, the location, profile and needs of these new poor families are not fully known.

⁷ Disruption was also due to child protection not being identified as 'essential', and social workers not being identified as essential workers and therefore not exempt from restrictions in some countries.

- While Country Offices have been able to focus on 'known' marginalized populations (children with disabilities, migrant communities and ethnic minorities in remote areas), Country Offices need to be mindful that the **new poor** will emerge in both remote and urban locations. Thus, it will be necessary to pay attention to the geographic areas where the large number of informal sector workers reside and densely populated areas where longer lockdown measures and stricter containment measures have been imposed. As noted, it will be important to assess the needs of children who live with their parents in these locations and those who are with carers and extended family in places of origin.
- There is an emerging demand for **psychosocial and mental health** support for children and adolescents (including those with disabilities). In addition, there is an increased demand on parenting and childcare as renewed school closures forced children to remain at home. There is a need for more communication and support for those impacted by gender-based violence or domestic violence during home isolation.
- RCCE efforts need to enhance direct **outreach to the most marginalized** and affected communities. Further investment in community feedback mechanisms, especially among the most marginalized, needs greater attention to ensure that UNICEF is more proactively seeking feedback and communities have platforms to voice their needs and concerns as well as providing feedback on the effectiveness of the response measures. Further, there is also a need to step up research, monitoring and evaluation to ensure that such initiatives are evidence-driven and that their impact on addressing knowledge, attitudes and practices can be demonstrated.
- While UNICEF continued supporting the vulnerable and marginalized children in existing areas of intervention during the pre-COVID-19 programmes, there was a gap in reaching the most vulnerable and marginalized children in non-intervention areas, including children and caregivers with disabilities excluded from assistance and the new poor who may be living in these areas.

For additional information on East Asia and Pacific sector achievements, please refer to following web pages: [here1](#) and [here2](#).



Students have a socially distanced lunch at Yixing School, Zhong County, China. © UNICEF / UNI336260 / Ma

5. Recommendations

For the majority of the recommendations, it is envisaged that the implementation time frame would be 12 months. Some of the recommendations may be relevant for as long as the COVID-19 pandemic remains a significant threat to the well-being of children in the region. At the time of writing, COVID-19 vaccination efforts were being significantly ramped up. For some Country Offices, this will have a major bearing on priorities in the coming years.

Although the recommendations reflect the priorities for adjustments in the coming period arising from the real-time assessment, they are presented as actions that were relevant at the time of writing of this report for the region. How these recommendations apply to the different country contexts and what specific actions should be taken at country level will have to be determined by each Country Office. This also extends to how UNICEF should proceed in addressing these recommendations in collaboration with other United Nations agencies because they vary considerably from country to country. Country-level variation and adaptation that may be needed for each recommendation can be addressed through the management response procedure of UNICEF.

The recommendations presented here are based on the findings and conclusions of the real-time assessment main report and feedback received during the regional management team meeting. They were finalized with input from a designated group of staff from the regional office and Country Offices. Please refer to the box at the end of this section for additional information on the co-creation of recommendations.

1a. UNICEF East Asia and the Pacific Country Offices, supported by EAPRO, should continue⁸ country-level rapid and systematic contextualization and adaptation of the response to prevailing situations created by the COVID-19 health pandemic and related needs.

1b. Where needed, and in consultation with the regional office, integrated multiple-risk analysis can be undertaken in a manner that would feed into preparedness initiatives.

There are several good practice examples from the region in rapid evidence generation to inform the COVID-19 response. The initial investments in evidence generation and rapid assessments should continue, and Country Offices are encouraged to find ways to extend support to such initiatives to the extent possible, ensuring that sound analysis of what is working well and what areas need to be improved is presented to senior management. There are multiple adaptive initiatives (completed or ongoing) at the country level commissioned by different teams and offices, and it will be important for Country Offices and the regional office to guide coordination efforts.

⁸ The November 2020 regional management team feedback was that such rapid analysis was already ongoing in several countries and feeding into adaptive decision-making. The emphasis here is on maintaining this work. It is envisioned that (a) the analysis and adaptive decision-making continues to mitigate COVID-19-related threats; (b) as future threats are identified and taken into consideration, they feed into risk informed programming; and (c) the effort is compliant with the Guidance on Risk Informed Programming guidelines of UNICEF.

In the regional office after-action review, regional advisors noted the weaknesses in preparedness planning and analysis for pandemics and the importance of adopting a multi-risk analysis to identify and plan for such risks. The regional office should support the Country Offices through provision of simplified child-focused tools and guidelines that will enable Country Offices to rapidly assess, adapt and readjust strategies and interventions. These tools can be a child-focused adaptation of the assessment tools used in humanitarian settings; for example, see the Multi-cluster Initial Rapid Assessment and the WHO Initial Rapid Assessment.

For responding to future large-scale pandemics, the regional office should continue development and testing of child-focused rapid assessment tools that are tailored to the health pandemic situation and each sector's needs. Once successful methods are identified, they can be disseminated for use in the region.

The regional office and Country Offices may incorporate the successful methods identified in the Global Knowledge Management sites, specifically highlighting and disseminating productive rapid analysis tools that are used in EAPRO. To the extent possible, the rapid assessment tools need to take into consideration risk mapping, preparedness activity, disaster risk reduction and climate change adaptation, with a priority on adaptation for use in future pandemics.

<u>Directed at:</u>	<u>Start date:</u>	<u>Priority:</u>
1a. Country Offices 1b. Regional office	Second quarter 2021	Medium

2a. UNICEF East Asia and Pacific Country Offices, supported by the regional office and in consultation with partners, should continue investing in improving their understanding of the changing face of inequity 'brought on by' and 'exacerbated by' the COVID-19 crisis, and ensure that this analysis actively feeds into country decision-making on programming priorities.

2b. The regional office should explore options and support development of multi-country or regional proposals to support the equity focused work with donors with whom it has good relationships.

The regional office should establish the methodology and structure for this analysis and subsequently promote Country Offices implementation. This analysis will be used to design immediate and longer-term programming commitments to reverse the trend of inequity created by or exacerbated by the pandemic. Necessary resource allocations may be sought to ensure that interventions have adequate coverage and quality to bring the inequality induced by the pandemic to pre-COVID-19 levels on a short-term basis and then to further improve equity in an accelerated manner in the long run to ensure that no child is left behind.

Where government capacity exists to implement equity-boosting interventions, country-level interventions should focus on identifying best practices through evidence generation and support for replication through advocacy. Where additional national capacity is needed, the distinctive contributions that UNICEF would make in the promotion of equity should be considered, articulated and contained within Country Offices strategies and implementation plans. This will facilitate the implementation of 'equity-improvement' interventions at appropriate levels (for instance, downstream support in cases required). The regional office should prioritize and provide sectoral technical support as demanded by Country Offices and collate information on successful equity improvement initiatives to foster cross-country and cross-region learning.

<u>Directed at:</u>	<u>Start date:</u>	<u>Priority:</u>
2a. Country Offices with regional office support and coordination 2b. Regional office	Second quarter 2021	High

3. UNICEF EAPRO should collate and communicate feedback from Country Offices on issues arising from COVID-19 data generation and reporting demands, coordination of these and the use of requested data to seek clarification and commitment from headquarters on improved approaches for evidence generation in future major emergencies.

UNICEF headquarters should reflect on the feedback from the Country Offices, the regional offices and the real-time assessment global process to establish, in consultation with regional offices, a clear process for designing, rationalizing and coordinating data and reporting demands made on Country Offices by various levels of the organization in times of major crisis. The EAPRO feedback to headquarters should be undertaken with close collaboration and consultation with respective Country Offices.

This should include clearer guidance for global responses, including, but not limited to, reporting requirements. This process may include processes for mapping demands and creating a central SharePoint calendar of crisis data and reporting requests from all headquarter divisions and EAPRO, with these prioritized as high, medium or low. A clear mechanism should be established for consulting regional offices to guide the timing, intensity and nature of requests. Regional office sections should liaise closely with country teams to understand country-level constraints, Country Offices data needs and priorities to thus inform headquarters' decision-making on data demands.

Consideration should be made on situations where data demands from various layers of the organization hinder delivery of results for children at the community level or an effective and efficient use of resources and where country representatives may ask for an emergency authority from the regional director to locally prioritize demand requests originating from regional office, headquarters or other United Nations agencies. The time limit of such authorization must be clearly agreed upon.

<u>Directed at:</u>	<u>Start date:</u>	<u>Priority:</u>
Headquarters and regional office	Third quarter 2021	Medium

4. UNICEF EAPRO should lead on an assessment of current communication for development capacity and respective needs within different scenarios at the country level to meet forecasted situations in the event of the next major emergency and determine associated priorities so that gaps (financial and human) can be identified and addressed.

UNICEF EAPRO should conduct a light assessment of current Country Offices communication for development capacity and the suitability of that capacity to meet country-specific priorities (including continued demand from COVID-19 issues) and those that may be demanded by a major future emergency. Cost-effective options should be described and considered, such as flexible regional-level long-term agreements; a consultant pool; communication for development multi-country posts; or training of staff at Country Offices level. These options should be explored and resource allocations sought to meet the most critical needs of Country Offices in an efficient manner.

Directed at: Regional office	Start date: Third quarter 2021	Priority: Medium
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5. UNICEF East Asia and Pacific Country Offices should reflect on feedback from stakeholders (partners and affected communities) on the appropriateness of the COVID-19 response supplies provided by UNICEF. This should inform decision-making on the supply dimension of ongoing pandemic-related programming and future major emergencies.

Country Offices should seek out and reflect on feedback from stakeholders (partners and affected communities) on the suitability of supplies provided in their COVID-19 responses. Feedback on specific needs of women and children were documented in the real-time assessment, such as appropriate masks for women and child-friendly masks; washable and reusable personal protective equipment materials; and the timeliness of supply provision. The feedback was sought to inform adjustments that can be made for procurements of ongoing operations, stockpiling and contingency stocks in light of possible future needs. The Supply Section of the regional office should consider compiling findings from the country-level feedback exercises and communicate this learning to the Supply Division in Copenhagen.

Directed at: Supply section of Country Offices and regional office and Supply Division.	Start date: Fourth quarter 2021	Priority: Medium
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Finally, we are conscious that the headlines from this real-time assessment process resonate with much of the Six-Point Plan to Protect our Children, which sets out the steps needed to respond to the COVID-19 crisis; recover in a way that protects and upholds children's rights; and reimagine a better future for every child. This was presented by the UNICEF executive director in November 2020. Further information can be found [here](#).

Please note recommendations presented here were co-created through the engagement of several UNICEF East Asia and the Pacific senior staff. The co-creation was undertaken through the following steps: (1) Preliminary draft of the report, with suggested paths forward, was presented to EAPRO advisers for feedback to the independent assessment team. (2) The updated suggested paths were presented to senior management in the regional management team meeting in November 2020 and through Menti-meter and online feedback, it was determined which suggested paths could be kept, which ones needed modifications and those that had to be discarded. (3) Based on the regional management team directive, a group of East Asia and Pacific Country Offices senior managers were engaged to reformulate the recommendations, which are now presented in this document. The group included the representative from Cambodia and the Lao PDR UNICEF offices; deputy representatives from the Mongolia, Papua New Guinea and Thailand Country Offices; and the deputy regional director of EAPRO.

This real-time assessment included the undertaking of after-action reviews of after-action review for the regional office and the Thailand Country Office, which had their own suggested paths. These suggested paths forward were co-created with the participants of the respective after-action review. These paths are being followed up by the senior management of EAPRO and the Thailand Country Office. Finally, country-specific reports were established for Malaysia and Mongolia that informed their COVID-19 response in 2021. The after-action review and the country specific reports can be found in Annex E of this report.

For further information on the East Asia and Pacific region's real-time assessment and this report please contact: asia.pacific.evaluate@UNICEF.org

Annexes – Volume II of the report

Annexes are presented within a separate documented, titled as Volume II.

Annex A: Concept Note for Global RTA

Annex B: Concept Note for EAP Regional RTA

Annex C: RTA EAP surveys and KII Guidelines

Annex D: Ethical Clearance for the EAPRO RTA

Annex E: EAP Country Specific Reports

- Malaysia Country Case Study
- Mongolia Country Case Study
- Thailand After Action Review
- Indonesia Desk Review
- Philippines Desk Review
- Viet Nam Desk Review



UNICEF staff gives bars of soap and hand-sanitizer to children and families in Bangkok's Klongtoey community © UNICEF / UNI336260 / Preechapanich

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