
Real-Time Assessment of UNICEF's Ongoing Response to COVID-19 in Europe and Central Asia

Phase 1 Round 2 Analytical Report

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Preface

The Europe and Central Asia Regional Office (ECARO) of UNICEF has commissioned OPM to carry out a Real-Time Assessment (RTA) of UNICEF's ongoing response to COVID-19 in the region. This report presents the findings from Phase 1 Round 2 of the analysis and in doing so builds on the preceding Phase 1 Round 1 report.

The RTA team includes the following members: Denis Nikitin (Team Leader), Dr Nicola Wiafe (Project Manager), Dr Nicholas Letchford (Data Analytics Lead), and Paul Jasper (Quality Assurance).

OPM appreciates the UNICEF ECARO team's continued support with the assessment. The contact point for the client is Nicola Wiafe (nicola.wiafe@opml.co.uk). The contact person at UNICEF is Saltanat Rasulova, Regional Evaluation Specialist, (rsarulova@unicef.org).

Executive summary

Introduction

UNICEF's Europe and Central Asia Regional Office (ECARO) has contracted OPM to undertake a Real-Time Assessment (RTA) of UNICEF's ongoing COVID-19 response across several countries in Europe and the Central Asia Region (ECAR). This RTA aims to generate, synthesise, and analyse information from different sources in order to take stock and inform a forward-looking reflection on UNICEF's ongoing response to, and response planning for, COVID-19 at the level of UNICEF country offices (COs). It includes an assessment of the effect of the COVID-19 pandemic on basic services, and of the quality of the related programme response, and early insights into the outcomes achieved. The RTA is being conducted in two phases, with Phase 1 further divided into two rounds. Both rounds look at the same six focus countries: Croatia, Georgia, Kyrgyzstan, Moldova, Tajikistan, and Ukraine. Round 1 of Phase 1, undertaken from November 2020 to January 2021, addressed a shorter list of first priority assessment questions, while Round 2, presented in this report, is extending the analysis to secondary priority questions.

Methodology

Questions the RTA seeks to answer

The RTA is being guided by questions focusing on the four themes of adaptation, implementation, quality, and lessons for the next phase.

- **The effectiveness and quality of UNICEF's response:** How effectively is each of the six focus COs implementing the response to COVID-19 so far? How is the quality of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?
- **UNICEF's ability to adapt its response to the evolving context:** How well is each of the focus COs adapting to the needs of the population, including those resulting from the socio-economic impact of the pandemic? How have these needs been determined in each country?
- **The lessons that can be learned from UNICEF's response to date:** What are the early lessons that are emerging from the implementation of the response? What are the emerging positives from the response? What have been the greatest challenges in responding to COVID-19 so far? Are there discernible trends that are applicable to different settings?
- **The implications that these lessons have for the way forward:** What more should be done? What should be done differently to enhance COVID-19 response programming for children and their communities?

Data sources

To answer these questions, we have reviewed the following data sources:

- **Surveys of the six focus COs**, eliciting responses on their experience with the COVID-19 crisis response, focusing on the effectiveness of the response and adaptability.
- **Two rounds of key partner surveys**, eliciting responses by 14 partners of the COs (including civil society organisations (CSOs) and private sector partners) on their experiences with the COVID-19 crisis response.
- **U-report polls** of a non-representative sample of youth (for Moldova and Ukraine only).
- **Humanitarian Performance Monitoring (HPM) data** provided by UNICEF on a wide range of output indicators in key response areas, such as water, sanitation, and hygiene (WASH)/infection prevention and control (IPC), child protection (CP), and social protection (SP).
- **Harmonised Approach for Cash Transfers (HACT) data** on UNICEF's implementing partners, provided by UNICEF, covering the last three quarters of 2020 and the first two quarters of 2021.
- **Response plans** for each focus country.
- **Recent regional and CO situation reports ('sitreps')** detailing the evolution of the COVID-19 situation and UNICEF's response, including the delivery of activities and the achievement of results.
- **Socio-economic assessments** at country, regional, and global level, and diagnostic reports on the COVID-19 context and response.
- **Reports by the United States Agency for International Development** for Ukraine, Georgia, and Moldova, focusing on the situation in the country and the results achieved for specific projects.

Analytical approach

The RTA uses a process evaluation approach: we examined COs' processes, procedures, and activities to determine to what extent they contributed to or hindered achievement of the COVID-19 response results (outputs and outcomes) that are expected based on the COVID-19 response Theory of Change (ToC) that was developed by the RTA team in the inception phase.

We also analysed the qualitative data (such as response plans, sitreps, etc.), using a framework analysis technique, in order to identify key stylised facts emerging from these data; we also analysed the quantitative data (such as CO and key partner surveys, the U-report polls, etc.) using descriptive analysis.

Findings

The adaptation of UNICEF COs' COVID-19 response to country needs

UNICEF COs' responses have adapted to countries' dynamic needs, including by updating their business processes and practices to meet new demands. The allocation of funding across different response areas has been attuned to the evolving needs of the population in each country. In the face of a lack of reliable data for COs, UNICEF has adapted by increasing its investment in data collection and analysis, with the budget at regional level

doubling from USD 1.5 million to 3.4 million. Nevertheless, data availability has remained a key constraint on the response.

The effectiveness of UNICEF's COVID-19 response

The response to the COVID-19 pandemic in the six study countries has been impressive in its scale, expediency, readiness to pursue novel solutions, and overall response quality. UNICEF's presence and competitive advantage in many of the sectors most heavily affected by the pandemic have been central to its ability to respond effectively. Resources mobilisation, through global appeal efforts and individual COs' mobilisation efforts at the level of embassies and donor representatives in their respective countries, has been effective. However, a regional funding gap remained during the period under review, declining from about 66% in October 2020 to 46% by the end of 2020. Output, as measured by key indicators reported in the HPM data, rose dramatically in the period, including in programmatic areas where new solutions were required. More detailed findings include the following:

The budget for CO response has not been sufficient: Despite a rapid funds mobilisation campaign (an 11-fold increase from March to October 2020), available funds have not kept up with the expanding country needs. While the overall target achievement rates are high across the broad range of indicators, the Ukraine and Tajikistan COs in particular are experiencing difficulties in meeting country needs. With support from relevant ECARO teams, COs should consider framing the case with donors for data/evidence generation on Humanitarian Action and supporting knowledge sharing and applying lessons learnt for future emergencies.

Greater alignment is needed between country needs and CO targets: While CO response plan actions are clearly defined, there is a need for greater clarity in specifying how targets correspond to country needs. Clear guidance is needed to adjust the plan and targets to reflect the level of need of the country.

COs have not generally experienced challenges in sustaining their support to basic services during the pandemic, with the allocated support reaching its intended beneficiaries in most cases. However, Tajikistan and Moldova COs scored their ability to reach their intended beneficiaries in the area of SP as low.

COs' response has been timely: On average, the timeliness of the COVID-19 response was rated at 8 out of 10 by the COs, and at 9 out of 10 by UNICEF's partners. The timeliness of the response remained consistently high from September of 2020 to April 2021, even though in half of the countries the government did not take an active emergency response posture.

COs have mostly mainstreamed gender in their programming, with only Georgia reporting limited gender-focused activities.¹ The focus has been on gender-based violence

¹ The term 'gender-focused' is used in a general sense to include all types of activities or design elements that take into consideration gender in some shape or form. These include gender-sensitive, gender-responsive, gender-positive (or gender-transformative) activities and design elements. Following the guidance from UNICEF, we define gender-sensitive activities and design elements as those that recognize gender differences or

(GBV), psycho-social services, pregnancy and antenatal care (ANC), and gender-appropriate messaging. There is a need to strengthen the gender focus in education, SP, and skills training programmes. Specific design elements what would help achieve this objective need to be developed keeping in mind the specific country context. A greater emphasis on gender-positive – rather than gender-sensitive or gender-appropriate² – messaging may be needed in some cases (e.g. Tajikistan and Ukraine).

All six COs have addressed the safeguarding issue of GBV: Three (Georgia, Moldova, and Ukraine) have done so through adopting GBV-linked Humanitarian Action for Children (HAC) targets, while the other three have addressed GBV risk but without setting formal targets. Systematic inclusion of gender-positive targets across all COs would strengthen the quality of the gender dimension of UNICEF's COVID-19 response.

A focus on youth: COs have paid extensive attention to the situation and needs of youth and the way the COVID-19 pandemic has affected them.

Some focus on vulnerable groups but room for improvement: Response plans have included activities to support economically vulnerable households and there has been a focus on addressing the challenges children with disabilities (CWD) are likely to face in accessing education opportunities. The Croatia and Moldova COs have targeted vulnerable Roma households with support related to access to distance learning and WASH, while the Georgia, Kyrgyzstan, and Ukraine COs have accounted for the needs of linguistic minorities in their education and risk communication and community engagement (RCCE) programming. However, UNICEF partners identified some groups as receiving insufficient support: the elderly, households in conflict-affected areas, the elderly, minority groups (e.g. Roma), poor households, single parent families, and families of migrant workers.

Monitoring and evaluation (M&E) procedures have been maintained, with all COs adhering to UNICEF's standards for monitoring, and none reporting significant M&E failures.

While COs have sought to address new staff needs arising from the pandemic, difficulties have not been entirely avoided: COs have brought in new technical staff and general services/human resources (HR) staff, sometimes resorting to temporary stop-gap measures to do so. Several COs have faced significant changes in leadership during the pandemic, which has further complicated response coordination. While the COs have taken measures to protect staff from the direct impact of the pandemic, in some cases these have not fully prevented exposure to COVID-19. The pandemic response has put CO staff under significant stress.

COs have increased their engagement with implementing/development partners, who have a positive view of UNICEF's response: Increased engagement with implementing partners has been a key component of the response, with the funding to partners and the total number of contract/engagements with implementing partners doubling in 2020.

inequalities but do not necessarily take robust measures to change them; gender-responsive activities or design features address the differential needs of men, women, boys, and girls to promote equitable outcomes; gender-transformative (or gender-positive) activities are those that take active steps in redressing gender inequities and empowering disadvantaged gender categories.

² "Gender-appropriate" is a term used in some CO documents and was not explicitly defined in them. The context in which it is used suggests that it is roughly equivalent to gender-sensitive.

UNICEF's implementing partners view UNICEF as a partner that is easy to collaborate with, and most feel that the remote working practices and constrained operational environment have had only a minor or no effect at all on UNICEF's performance.

The crisis has impacted all UNICEF CO business processes, with the most heavily affected being target setting, fund mobilisation, procurement, and internal coordination and staff management.

The effectiveness of the CO response has increased over time, in terms of business process implementation and improving target achievement. Qualitative evidence also points to the fact that UNICEF staff have successfully and rapidly learned to operate in an emergency environment.

Adaptation to implementation challenges

COs' key adaptations in the COVID-19 response have been in the following areas:

- the deployment of innovative data collection practices; remote service delivery in education, health, and social services;
- mainstreaming youth;
- attention to psycho-social services; and
- remote monitoring of supplies and services.

UNICEF's COVID-19 has relied on local solutions in the following areas:

- the use of local procurement opportunities to expedite the delivery of supplies and services;
- the use of development partners' procurement procedures;
- coordinated and shared use of the data collection and analytical capacity of various development agencies;
- harmonised advocacy efforts to encourage government actions;
- the use of existing government SP systems to increase support to vulnerable groups; and
- leveraging existing non-COVID-19 emergency operations experience in scaling up the COVID-19 response.

Key findings on the COVID-19 response at CO level

Croatia: The CO's adaptation to country needs has included: extensive use of online platforms for service delivery; supporting access to the vulnerable, through the distribution of internet-enabled devices; and budget reallocation (which implied reduced funding for some regular programmes related to youth and the purchase of personal protective equipment (PPE) supplies). The RTA finds that the CO's self-funding model undermines its fiscal sustainability.

Georgia: The CO's adaptation to country needs has included the use of online services, but these may not be reaching everyone, especially the most vulnerable and people in remote

locales. The CO supports the provision of devices to those who lack them but mainly in the Abkhazia region. In terms of effectiveness, there have been delays in achieving targets because much of the attention has been given to developing new platforms for services delivery. A sizeable funding gap is also limiting the CO's response, even though this gap has decreased over time (from 92% to around 40%).

Kyrgyzstan: The CO's adaptation has included using local procurement/supplies to purchase PPE materials for staff (though the quantities are insufficient for programme response). Challenges have included a lack of government coordination of international partners' response efforts, a lack of needs assessments and forecasting in the health sector, and a lack of comprehensive risk assessments to identify areas of special vulnerability in the government provision of services.

Moldova: Financing activities has been less of a challenge in Moldova than elsewhere, but other challenges to the effectiveness of the response have arisen, including: conflicting information from multiple government sources; a steep learning curve in unfamiliar activities (the digital provision of services); and the fact that the level of support for vulnerable groups may not match the need (especially in providing vulnerable families who lack internet access with devices and internet connectivity).

Tajikistan: The CO's adaptation has included using regional procurement for expedited delivery of supplies (which has achieved significant savings), and re-programming and using regular resources funds in the context of COVID-19 (which has faced challenges). The effectiveness of the CO response has been aided by success in mobilising funds (with the lowest funding gap of the six countries), but has been hindered by a lack of capacity (e.g. in HR and WASH), a lack of sufficient knowledge of how to work in an emergency context, government red tape, and a lack of active government coordination of the COVID-19 response.

Ukraine: The effectiveness of the CO response has been challenged by the very high funding gap at the time of drafting the response plan, which limited the CO's fiscal space, coupled with inequitable availability of funds to different regions (most of the funds are earmarked for eastern Ukraine). On the positive side, the CO has established effective cooperation with the government and has raised its own visibility. The CO has also invested heavily in diagnostic work, although the extent to which this has been carried out needs to be confirmed.

Ideas for the way forward

General

Improve the definition of output targets by refining targets. For example, focusing on linking targets to outcomes observed in the vulnerable populations would further improve the equitability of the response (though it would run up against the issue of limited data availability).

Improve data collection, especially collection of disaggregated data for vulnerable groups, which should be seen as a core element of shock-responsiveness among both government and humanitarian/development partners. This will involve evaluating the

different methodological solutions, in terms of the quality of insights they can produce, and the ease and simplicity of data collection. This will also involve assessing whether the budgets allocated to data collection and analysis are adequate. ECARO established a monitoring platform which calls for and supports the use of disaggregated data; nevertheless, the country offices should continue supporting data collection practices that would enable setting and monitoring of disaggregated targets and need levels. To this end, strengthening the capacity of partners in collecting relevant disaggregated data would be advisable.

Further explore the use of the self-funding approach for COs: This approach works well for sustaining a CO's standard operations, but involves significant risks of dramatically reduced fiscal capacity and cash flow in the short to medium term. It also has the advantage of building linkages to local governments and the private sector. Consideration should be given to fiscal safeguards that would ensure the availability of funds during emergencies.

Further explore the remote and innovative services developed in response to the COVID-19 crisis, such as e-learning and telemedicine platforms. Many of these digital solutions were rolled out in record time, and their strengths and weaknesses need to be better understood. Specifically, assessments need to consider issues of inequitable access to remote online learning and health services; potential biases in U-reports and social media listening; and the fiduciary implications of relying on remote monitoring and using modified procurement procedures. Furthermore, these platforms' functional and technical parameters need to be rigorously assessed since certain gaps or design features may have been under-emphasised during the rapid roll-out and scale-up. Ways of integrating these platforms into the regular non-crisis modes and practices of service delivery of UNICEF should also be explored.

Assess the lessons (including positive ones) from UNICEF employees' experience of remote working, to inform post-COVID-19 work practices and determine whether UNICEF will normalise remote working post-crisis.

Reassess procurement guidelines, to see whether simplified procedures could be adopted as regular operating procedures (in light of the shortened delivery times and cost savings from the greater flexibility in procurement arrangements during the COVID-19 period).

Give priority to obtaining and assessing grievance data in subsequent phases of the RTA, as there has been little information on grievance redress mechanisms so far in the RTA.

Leverage the experience offered by the COVID-19 crisis to strengthen systems for future public health and other crises: This will involve discussing what preparedness for an unpredictable emergency will look like in the future, and re-evaluating the trade-off between wasting resources on costly preparedness measures versus the potentially catastrophic costs of pandemics and similar threats. There is a need to explore the introduction of scalable and flexible systems that lie 'dormant' when there is no crisis, or that are used in non-emergency operations and service delivery, but that can be scaled up and pivoted towards crisis response (such as data collection and communication systems), along with some elements of SP systems (such as unified social registries, which lend themselves

to scalability at a relatively small cost – after the initial investment). In particular, the role of relevant, accurate, and unbiased data on the impact of the crisis for different subsets of the population cannot be overstated.

Country-specific suggested actions

Croatia: Explore ways of mitigating the risk of the self-funding model. Make clearer the relationship between targets and needs in response plans by indicating how much of the total need achieving the target would cover. Strengthen the focus on SP and the socio-economic effects of the crisis.

Georgia: In response plans, define the 'population in need' for targets more clearly. Strengthen programming in WASH. Assess whether long-term agreements (LTAs) at the field office level would be a useful way to streamline procurement. Continue addressing disparities in access to remote service delivery platforms, by enhancing internet-capable devices and SIM cards, or access to the internet. Explore ways of strengthening the gender dimension of programming by expanding beyond ANC and psycho-social support to include such areas as education and SP. More realistic assessment of the level of needs related to GBV is advisable.

Kyrgyzstan: Continue strengthening the WASH/IPC interventions in preparation for the opening of schools. Continue supporting data collection while shortening the cycle of data collection systems. Produce lessons learned from the intervention that uses 'social pedagogues' to ensure girls are protected when studying remotely to mainstream gender in an education project. Strengthen personal protection measures for staff, especially when the office re-opens.

Moldova: Explore ways of strengthening the focus on gender in education, SP, and RCCE. Increase the level of support for vulnerable groups, including by providing vulnerable families who lack internet access with devices and internet connectivity. Explore whether Roma families should be given support in areas other than WASH and IPC.

Tajikistan: Amend the response plan to make activities more concrete. Pay greater attention to disparities associated with access to remote services due to variations in access to the internet and internet-enabled devices. Expand the focus on CWD in CO programming, engaging experts as necessary. Explore the possibility for continued use of regional procurement. Assess the needs in the WASH programming and expand capacity in that area as needed.

Ukraine: Ensure that ambitious diagnostic work is carried out and the results are disseminated. Rebalance the resource allocation between technical assistance and procurement. Pay greater attention to mitigating disparities in access to online learning. Consider expanding the gender focus in programming beyond GBV interventions and gender-sensitive RCCE messaging to include such sectors as SP and education. Specific gender focused elements should be determined by COs based on the country context. Consider assessing the effectiveness of the remote monitoring approach and the fiduciary risks associated with it. Build on current progress and build more robust data-sharing arrangements with the government.

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List of abbreviations

ANC	Antenatal care
CO	Country Office
CP	Child Protection
CSO	Civil Society Organisation
CWD	Children with Disabilities
ECAR	Europe and Central Asia Region
ECARO	Europe and Central Asia Regional Office
ECD	Early Childhood Development
GBV	Gender-Based Violence
GRM	Grievance Redress Mechanism
HAC	Humanitarian Action for Children
HACT	Harmonized Approach for Cash Transfers
HPM	Humanitarian Performance Monitoring
HR	Human Resources
IFI	International Financial Institution
IP	Implementing Partner
IPC	Infection Prevention and Control
LTA	Long-term Agreement
M&E	Monitoring & Evaluation
MICS	Multiple Indicator Cluster Survey
NLP	Natural Language Processing
OPM	Oxford Policy Management
PCA	Program Cooperation Agreement
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
RO	Regional Office

RTA	Real-Time Assessment
SGBV	Sexual and Gender-Based Violence
Sitrep	Situation Report
SP	Social Protection
SSOP	Simplified Standard Operating Procedure
ToC	Theory of Change
TPM	Third-Party Monitoring
VAC	Violence Against Children
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

1 Introduction

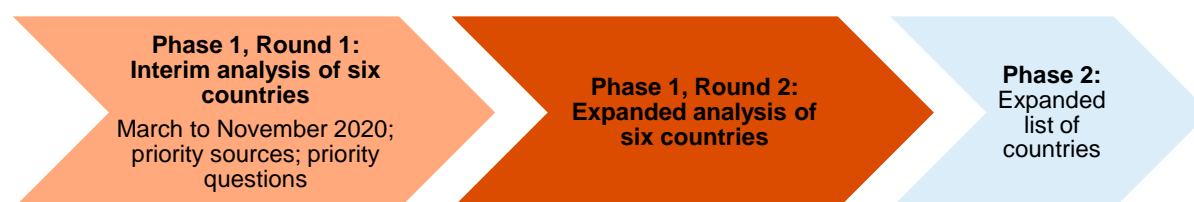
UNICEF ECARO has contracted OPM to undertake an RTA of UNICEF's ongoing COVID-19 response across several countries in ECAR. This RTA aims to take stock and inform a forward-looking reflection on UNICEF's ongoing response and response planning to COVID-19 at the country level. It includes an assessment of the effect of the COVID-19 pandemic on basic services, and of the quality of the related programme response, while also providing early insights into the outcomes achieved.³

Across the world, UNICEF has actively responded to the needs of children and their families due to the COVID-19 pandemic. The scale and impact of the pandemic, the fast pace with which it unfolded, and the required speed of UNICEF's response have challenged the usual evaluation and assessment cycle that underpins its programming and brought to the fore the need to: (a) take stock of its response: and (b) establish an approach for a rapid – if not truly real-time – assessment of the response. With this in mind, UNICEF Evaluation Office has proposed 'a real-time assessment (RTA) of UNICEF's ongoing response and response planning to COVID-19'.

In line with this, UNICEF ECARO has initiated this RTA to generate, synthesise, and analyse information from different sources to allow a forward-looking reflection on the implementation of UNICEF CO response to COVID-19 in the ECAR. The intention is for the analysis to be guided by four overarching questions focusing on the four themes of adaptation, implementation, quality, and lessons for the next phase.

The structure of this RTA is shown in Figure 1 below. The RTA is conducted in two phases. OPM has currently been contracted to carry out Phase 1 of the RTA. UNICEF ECARO identified the following six focus countries for which data would be collected and analysed in Phase 1: Croatia, Georgia, Kyrgyzstan, Moldova, Tajikistan, and Ukraine. The intention is to expand this to the remaining 16 countries in the region in Phase 2. Phase 1 of the analysis is organised in two rounds. This report presents the results of Round 2 of the analysis for the first phase of the RTA, highlighted in dark red in Figure 1 below. As such, this report builds on and expands the findings of the earlier Round 1 interim report.

Figure 1: Structure of the RTA



The remainder of this report is structured as follows. Section 2 summarises the assessment methodology. Section 3 presents our findings: this section is structured into a description of the COVID-19 context in the ECAR (Section 3.1); a presentation of findings related to RTA

³ A consultancy for data mining, collection, and analysis as part of the real-time assessment of the UNICEF ongoing response to COVID-19 for the ECAR, Terms of Reference.

questions on adapting to needs emerging from the COVID-19 context (Section 3.2); an assessment of the effectiveness of UNICEF's response (Section 3.3); and an assessment of the adaptation to the challenges (Section **Error! Reference source not found.**). We draw conclusions and identify key lessons learned and the way forward in sections 4 and 5.

2 Methodology

The inception report to this assessment includes a detailed description of the intended methodological approach for this RTA. Therefore, this section aims to summarise the key characteristics of this approach; this includes highlights and a description of where the implementation might have varied from what was originally intended.

2.1 Assessment questions

This RTA overall is intended to answer key questions related to four main themes: the effectiveness of UNICEF's response; its ability to adapt its response to the evolving context; the lessons that can be learned from UNICEF's response to date; and the implications that these lessons have for the way forward. Each of these themes has associated 'key questions' (provided in the Terms of Reference) and 'assessment questions' that unpack the key questions. Before analysis began, the RTA team, together with UNICEF ECARO, defined the priority level of the specific assessment questions. Priority 1 questions were included in Round 1 of the analysis, while Priority 2 questions have been addressed in Round 2 of the analysis. At the end of Round 2, a consolidated report was intended to present the analysis referring to all evaluation questions. Hence, this Round 2 report aims to respond to Priority 1 and 2 assessment questions presented in Table 1. Note questions were grouped into clustered according to the themes that emerged during qualitative analysis and to present overlapping themes more efficiently; Table 1 also shows where each specific assessment question is answered in this report.

Table 1: Assessment questions

Key evaluation questions	Priority level of assessment questions	Assessment questions	Section in this report
Theme 1: Effectiveness			
How effectively is CO implementing the response to COVID-19 so far?	Priority 1 (Round 1)	Are CO response plan actions and targets clearly defined?	3.3.2
		To what degree is the CO's response consistent with country needs?	3.3.1
		To what extent have the COVID-19 response activities undertaken by the CO targeted girls and women?	3.3.5
		How gender-focused are the design and implementation modalities of the COVID-19 CO response projects (including targeting of girls and women)?	3.3.5
		To what extent has the CO COVID-19 response taken into account the needs of youth?	3.3.7

Key evaluation questions	Priority level of assessment questions	Assessment questions	Section in this report
		Has the CO experienced challenges in sustaining support to basic services during the COVID-19 crisis? How successful has the CO been in addressing these challenges?	3.3.3
	Priority 2 (Round 2)	To what extent do CO response plan activities and modalities contribute to the achievement of planned objectives?	3.3.1
		To what extent has the CO's preparedness contributed to the implementation of the COVID-19 response?	3.3.4
		How adequate was the budget for CO response?	3.2.1
		Did COVID-19 result in social safeguards issues (GBV, social accountability)? If so, how successfully did the CO address these challenges?	3.3.6
		Has the response been timely? Has the timeliness of the response improved over time?	3.3.4
		Has the effectiveness of the CO response changed over time and how?	3.3.13
		To what extent has the CO COVID-19 response taken into account vulnerable groups and segments of the country's population of special interest (other than women and youth)?	3.3.8
How is the quality of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?	Priority 1 (Round 1)	What are the key ways in which COVID-19 is constraining and/or enabling the CO's operations?	3.3.12
		Which UNICEF business processes are most affected by the COVID-19 crisis, including changes to M&E procedures/ mechanisms?	3.3.12
	Priority 2 (Round 2)	To what extent has the COVID-19 crisis resulted in significant changes in the number of UNICEF CO staff and their productivity?	3.3.10
		How has the remote working modality affected the quality of UNICEF management/leadership?	3.3.10

Key evaluation questions	Priority level of assessment questions	Assessment questions	Section in this report
		To what extent has the remote working modality had an impact on communication and relations with government counterparts?	3.3.11
Theme 2: Adaptability			
How well is the CO adapting to the needs of the population, including needs relating to the socio-economic impact of the pandemic?	Priority 1 (Round 1)	How have the needs of the population changed as a result of COVID-19 crisis (focusing on needs that are related to UNICEF's mandate)?	3.2.1
		In what ways has the CO responded to the changing needs of the population due to COVID-19?	3.2.1
		Which of the CO's adaptations – including gender-focused adaptations – have proved most effective and why?	3.4.1
		Has the CO adopted new M&E procedures/solutions or evolved existing ones to respond to possible oversight/M&E challenges posed by the COVID-19 crisis?	3.3.9
	Priority 2 (Round 2)	How well is the CO keeping track of the evolving needs? Through what means?	3.2.2
		What role has cooperation with the government, donors, CSOs, the private sector, and international financial institutions (IFIs) played in formulating and carrying out the CO's COVID-19 response?	3.3.11
		To what extent has the CO's COVID-19 response relied on local solutions?	3.4.2
How have these needs been determined in each country (considering target setting, required capacity, and early insights on results achieved so far and where the most value is added)?	Priority 2 (Round 2)	How do the COs set COVID-19 response targets? To what extent does the CO consult with government counterparts, CSOs, etc., to inform target setting?	3.3.2
		What are the key sources of information that the CO uses when deciding on the nature and scope of response?	3.3.2

Key evaluation questions	Priority level of assessment questions	Assessment questions	Section in this report
		How constrained is the CO by data availability to make informed adaptations?	3.2.2
Theme 3: Lessons			
What are the early lessons that are emerging from the implementation of the response? What are the emerging positives from the response? What have been the greatest challenges in responding to COVID-19 so far? Are there discernible trends that are applicable to different settings?			5
Next steps			
What more should be done? What should be done differently to enhance COVID-19 response programming for children and their communities?			5

2.2 Data sources and analytical approach

The results presented in this report are based on a review of the data sources, which is presented in Table 2 below. Note that surveys here are generally listed under 'quantitative sources' even though some of the data included in these surveys (i.e. the information received) can be characterised as qualitative in nature, in that they are not standardised and structured for quantitative analysis.

Table 2: RTA data sources

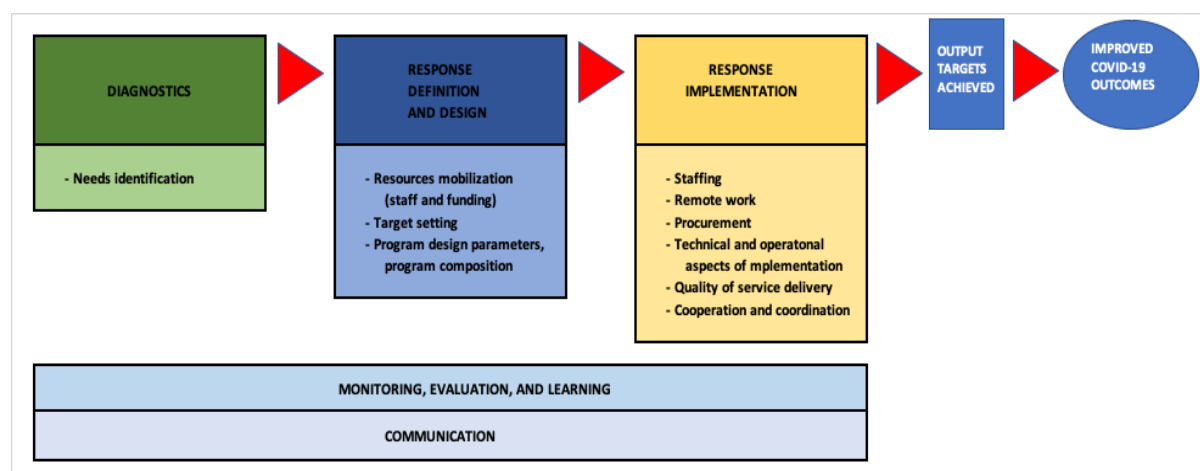
Source	Description
Quantitative sources	
CO surveys	A mix of quantitative and qualitative responses provided by the six focus COs on their experience with the COVID-19 crisis response, focusing on topics around the effectiveness of response and adaptability. These surveys serve as the primary source of information on business processes and operations related to the COVID-19 response. The survey submission deadline for the COs was 21 September 2020. The sample included six COs, with each CO providing one set of responses reflecting a consensus reached by multiple members of that CO.
Two rounds of key partners surveys	A mix of quantitative and qualitative responses on COs' partners' experiences with the COVID-19 crisis response, including CSOs and private sector partners. The submission deadline for the first round of the key partner survey covering 20 partner organisations (15 CSOs and five private firms) in six RTA focus countries was 21 September 2020. The second round of key partner survey was collected in April

Source	Description
	2021 and included data from 74 partners (private, CSO, and government entities) in 20 out of 22 ECARO countries and territories (there were no response for Bosnia and Herzegovina, and North Macedonia). All six RTA focus countries were covered, where the sample included 14 partners in the six RTA focus countries.
U-report polls	Quantitative data collected from a non-representative sample of youth who chose to participate in online questionnaires on the U-report platform. These data cover two of the six study countries: Moldova and Ukraine. Administered over a period of three weeks, the poll contained three modules on: internet access and remote learning; the psychological impact of the crisis; and career prospects.
HPM data	Quantitative data on a wide range of output indicators in key response areas: Water, Sanitation and Hygiene (WASH)/ IPC, RCCE, Health, Nutrition, Education, GBV, CP, and SP. Indicators cover targeted and achieved output levels for rounds 1 through 12 of the sitreps (i.e. March 2020–September 2020). The HPM dataset was provided by UNICEF.
HACT data	The HACT dataset provided by UNICEF in April 2021 and covering the last three quarters of 2020 and first two quarters of 2021 contains information on UNICEF's implementing partners, including the type of partner, engagements which the partner has with UNICEF in a given quarter, and the budget allocated to that engagement.
Qualitative sources	
Response plans	Six response plan documents, one for each focus country.
Recent regional and CO sitreps	Semi-structured narrative reports detailing the evolution of the COVID-19 situation in the country and UNICEF's responses. Sitreps focus on reporting the delivery of activities and the achievement of results rather than business processes. We included five regional sitreps for this analysis and the available sitreps for the six study countries.
Socio-economic assessments	Country-level, regional, and global assessments and diagnostic reports on the COVID-19 context and response.
Donor reports	United States Agency for International Development reports for Ukraine, Georgia, and Moldova. These are similar to response plans in reporting, focusing on the situation in the country and the results achieved for specific donor-funded projects.

When addressing questions on the effectiveness of the COs' COVID-19 responses, we have used a process evaluation approach with contribution analysis components for our analysis. As part of this approach, we examined CO processes, procedures, and activities to determine to what extent they contributed to achieving COVID-19 response results (outputs and outcomes) that are expected based on the COVID-19 response ToC, which was

developed by the RTA team in the inception phase based on an initial review of UNICEF documents (see Figure 2).

Figure 2: Process-centred ToC for UNICEF COs' COVID-19 response



The ToC defines three sequential processes involved in the COVID-19 response: (a) diagnostics; (b) response definition; and (c) response implementation. It also affects two ongoing processes: (d) monitoring, evaluation, and learning; and (e) communication. To successfully deliver outputs that could improve COVID-19 outcomes, any CO would need to act on all five components successfully. Conversely, gaps or weaknesses in any of the components would detract from the effectiveness of the overall COVID-19 response. The detailed assessment questions for this RTA presented in Table 1 jointly cover all of the five core processes in the ToC and target achievement. By answering these questions, this assessment has been able to identify gaps, weaknesses, and strengths in the COVID-19 response process.

The point of this analysis is not to rigorously quantify and attribute the change in outcomes to a specific implementation of the business process, but rather to find qualitative evidence of how business processes are implemented or promoted, or how they interfere with the achievement of results.

We have analysed the qualitative data using a framework analysis technique.⁴ Our framework analysis involved the following key steps: (a) an overview of the data, and familiarisation with it; and (b) developing and populating an initial framework matrix. The framework matrix can be depicted as a table in which the rows are specific evaluation questions, and the columns are countries. As we reviewed the qualitative data sources, we identified and extracted key insights/findings related to specific evaluation questions and countries, and entered these into the relevant cells of the matrix. This approach helped us to identify key stylised facts emerging from the qualitative data.

Quantitative data from CO and key partner surveys, U-report polls, and HPM data were analysed using descriptive analysis. Insights from the quantitative data analysis that could be linked to one or more specific evaluation questions were also included in the framework

⁴ Srivastava, A. and Thomson, S. B. (2009) 'A Qualitative Methodology for Applied Research Note Policy Research'. *JOAAG*, Vol. 4. No. 2

matrix. We also identified data on country context, including on COVID-19 impact, country capacity gaps, and needs, from non-UNICEF sources.

Several important caveats apply to the data we use:

- The data were analysed for the period of March - December of 2020, with some variation across countries depending on availability of data sources. This necessarily limits our analysis and findings to a relatively early period of COVID-19 response and some of the challenges we identify were addressed in subsequent stages of COVID-19 response. It also means that some interventions that became central to UNICEF's COVID-19 response in later stages are not reflected in our analysis. For instance, during the period we analyse, the primary focus in education was on maintaining the continuity of learning, while in the later stages the focus naturally shifted to ensuring safe learning environments in schools.
- While in most cases it was not feasible to incorporate more recent COVID-19 response data and document in our analysis, we do use two rounds of partner survey data, with the second round collected in April 2021. We use these data in order to capture the time dimension of COVID-19 response and to compare trends for the six case study countries against the broader sample of ECARO countries, albeit in a limited way. We integrate the data from the second round of partner survey data into several sections for which the information from the partner survey proves most relevant: 3.3.2 (question "To what extent does the CO consult with government counterparts, CSOs, etc., to inform target setting?"), 3.3.8 (sub-section "Vulnerable groups that received insufficient support"), and 3.3.11 (question "Cooperation with development partners: What role has cooperation with the government, donors, CSOs, private sector, and IFIs played in formulating and carrying out the CO's COVID-19 response?"). Additionally, Annex D includes a summary of responses to the second round of the partner survey. The results are presented separately for government partners, non-government partners, six RTA focus countries, non-RTA focus countries.
- There are gaps in data due to limitations of the sources we used and the "light touch" approach to assessment. For instance, our analysis relies heavily on sitreps and response plans, which tend to report the facts but do not explain why certain results occur.

2.3 Natural Language Processing

The RTA's value proposition revolves around producing operationally relevant insights about the pandemic response quickly. This objective is made more difficult to achieve by the need to process large amounts of unstructured and qualitative data that is presented in text form in the documentation that UNICEF uses to report on its pandemic response. To address this issue, UNICEF has asked the RTA team to explore computational methods that can be used to analyse large amounts of text data in the context of this assessment. Hence, as part of the assessment, we have used Natural Language Processing (NLP) techniques to explore the possibility to quantitatively identify and extract meaningful information from the documents provided to us by UNICEF.

During Round 1, we developed the functionality to do the following using NLP: evaluating the frequency of specific words in selected documents; identifying categories of documents where specific words are used most often and then labelling these documents accordingly; and tracking the frequency of use of key words over time. This functionality includes the incipient development of an interactive dashboard to complement and support qualitative the research of this RTA using NLP techniques. In Round 2, the NLP advanced further in the direction of extracting meaning from the textual data by examining the co-occurrence of terms, incipient topic modelling, and sentiment analysis, and by continuing the development of the interactive dashboard. The findings of the NLP analysis are presented in a separate report.

3 Findings

As mentioned in Section 1, the presentation of RTA's findings is organised around the assessment questions presented in Table 1. The second theme presented in that table relates to the 'adaptability' of UNICEF's response to COVID-19. It is important to distinguish between two specific meanings of the term 'adaptation': the assessment questions mention both adaptation to needs, as in the needs of the populations that UNICEF is serving, and adaptation to the challenges faced in implementing interventions or activities. In this section, therefore, the order of presentation of findings related to the different evaluation questions is as follows: first, we discuss the evolution of the COVID-19 pandemic as it relates to the six focus countries (Section 3.1); second, we proceed to discuss UNICEF's response and adaptation to the needs of the population arising as a result of the pandemic (Section 3.2); third, we discuss the effectiveness of the response implementation (Section 3.3); finally, we touch on adaptation to challenges (Section 3.4).

3.1 COVID-19 context: regional and country trends, socio-economic effects of the pandemic. How have the needs of the population changed as a result of COVID-19?

Key messages:

- The evolution of the COVID-19 pandemic varied considerably across the six focus countries: Tajikistan reported a very low incidence of cases and case fatality rates, while Croatia and Georgia contended with a very fast upswing in COVID-19 cases in September–October 2020.
- Mortality rates dropped in most countries after October 2020, except for Croatia and Georgia, where mortality rates rose continuously during the 2020 European autumn and winter months.
- Other events – political rallies in Kyrgyzstan and an earthquake in Croatia – compounded the difficult public health situation.
- Mobility restrictions and social distancing protocols had a dramatic negative impact in all countries.
- Based on the available hospital beds and medical staff, Tajikistan, Kyrgyzstan, and Georgia faced the greatest risk of a public health crisis if the spread of the virus could not be stemmed.
- In Croatia, Georgia, Moldova, and Ukraine, gross domestic product declined by 12–16% from the first to the second quarter of 2020.
- Lockdowns and an economic slowdown in the European Union and Russia resulted in a dramatic loss of remittance income for Tajikistan, Kyrgyzstan, and Moldova, where migrant workers account for large shares of the population. A large proportion of households faced income reductions and increased costs of living due to additional COVID-19 related expenses.
- The lives of children and youth were disrupted due to school closures, leading them to fall behind in their studies.

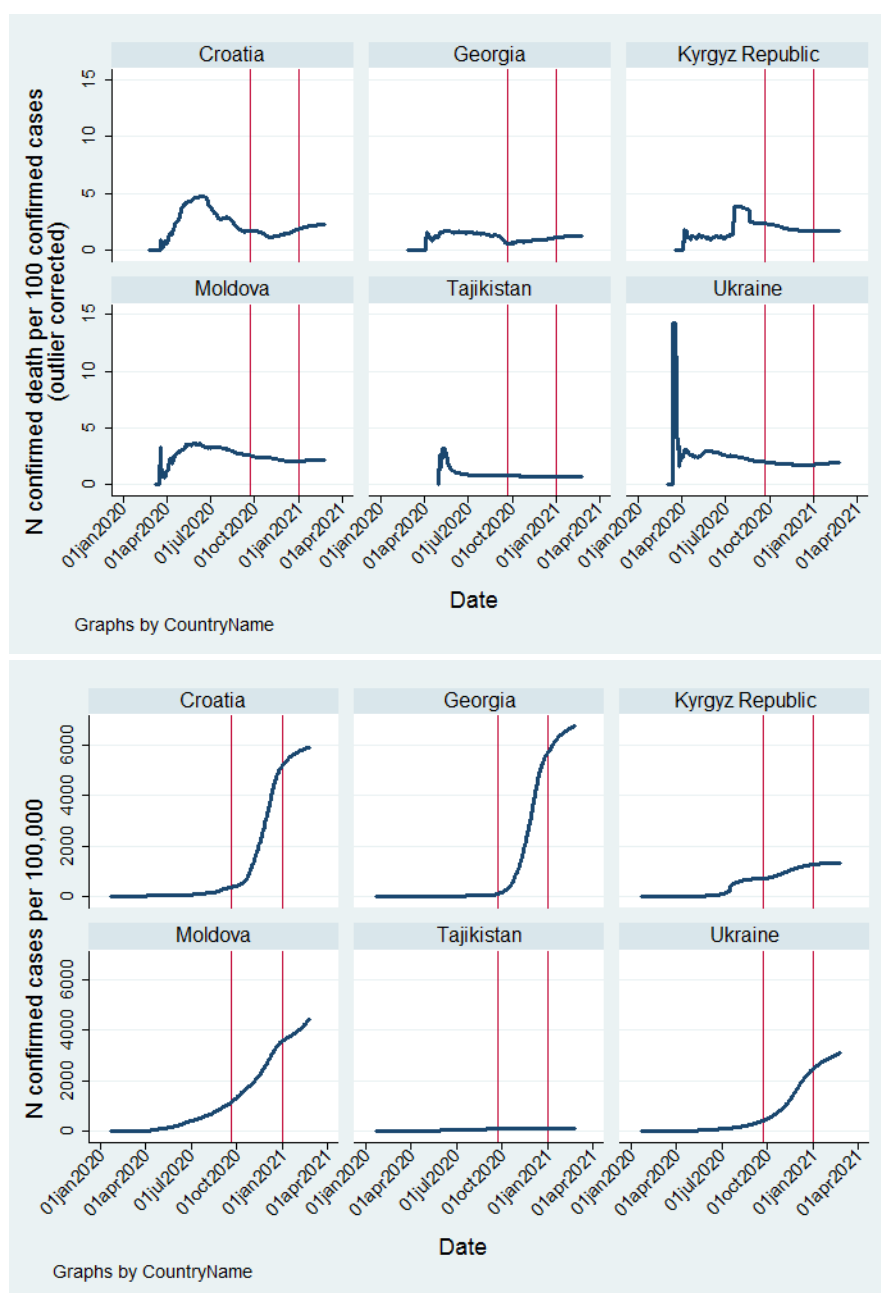
The COVID-19 pandemic affected the six focus countries to different degrees, and its dynamic varied considerably across them. Moldova, Kyrgyzstan, and, to some extent,

Ukraine were early movers and saw a significant increase in the number of cases in July–August (see Figure 3). Tajikistan reported a very low incidence of cases. Croatia and Georgia, in contrast, contending with an extremely fast upswing in COVID-19 cases in September–October 2020, reached the most cases per 100,000 persons by the end of 2020 relative to other countries in the region.⁵ In all countries, case fatality rates due to COVID-19 – measured as the number of confirmed deaths per 100 confirmed cases – were considerably higher during the early months of the pandemic due to a lack of supplies, a lack of consensus regarding treatment, and the high impact of COVID-19 on medical personnel⁶ (although some of the variation in the figures could be due to relatively low numbers of cases and failures of diagnosis and attribution of deaths to COVID-19 in the earlier stages). After October 2020, the mortality fell and stayed relatively constant at around two to three deaths per 100 cases in most countries. The exceptions are Croatia and Georgia, where mortality rates rose continuously during the 2020 European autumn and winter months.

⁵ The Georgia country sitrep from October 2020 reports that the number of COVID-19 cases had dramatically risen from over 250 cases per day in the previous month, to 1,000 cases per day by the third week of October 2020, putting a significant strain on the health system.

⁶ Here is how the July 2020 response plan for the Kyrgyzstan CO describes the situation: 'Number of cases jumping significantly now over 550/day. Official figures give case fatality of 1% (data not reliable). Health system under significant stress, unable to cope (both Bishkek + Osh). Weak IPC, lack of PPE for health workers. Health personnel significantly impacted (at least 20% of cases, with consequent possibility to rapidly multiply). Testing not widely available/timely as laboratories are overwhelmed and reagents and supplies are insufficient, challenging testing capacity Hospitals overloaded, turning away people not yet showing high temperatures for whom self-medication is often the only available option. Not enough beds/gaps in critical equipment for which delivery is delayed/constrained. Rising cases and fatalities from pneumonia – adding addition stress to system. Ventilators, oxygen tanks and drugs not readily available on local market.'

Figure 3: The evolution of the COVID-19 pandemic in the study countries



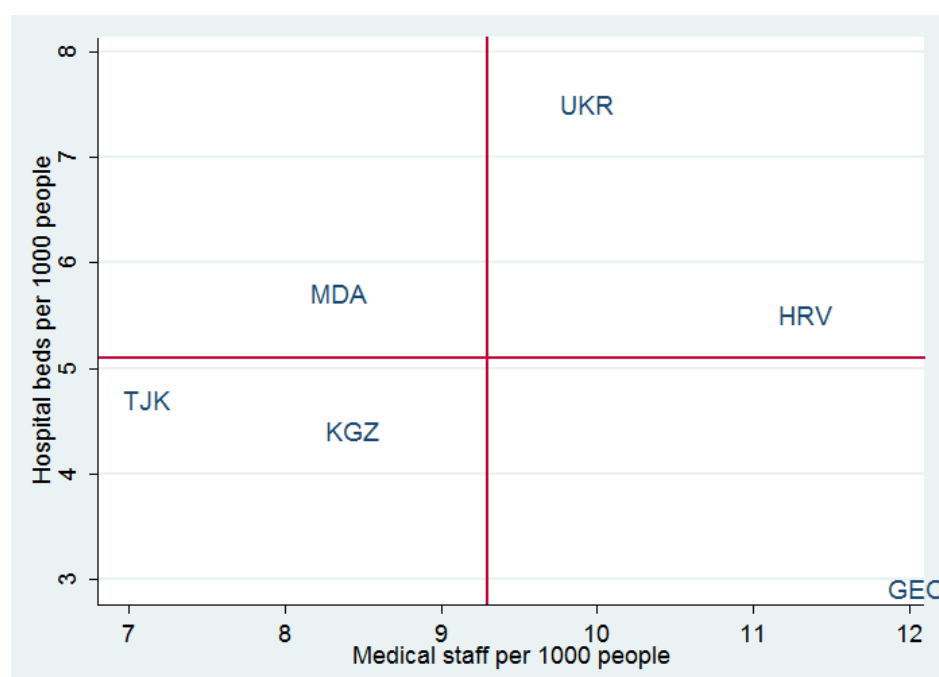
Source: Author calculations based on the COVID-19 tracker dataset maintained by the Blavatnik School of Government, University of Oxford. Note: The two vertical red lines mark 21 September 2020, i.e. the time of the CO survey conducted in the six countries, and 31 December 2020, the end of the year.

The healthcare sector's capacity to handle an influx of COVID-19 cases varies considerably across the six countries. In Figure 4, we present estimates for two indicators by country to exemplify this: the number of hospital beds available in a country per 1,000 people and the number of medical staff per 1,000 people. According to this data, Tajikistan and Kyrgyzstan have the lowest capacity in terms both of the number of hospital beds and of the number of medical staff (physicians, nurses, midwives, etc.) per 1,000 persons. Ukraine and Croatia have a higher capacity (by these two measures); Georgia is an outlier since it has a high number of medical staff but few hospital beds. Based on these data, Tajikistan, Kyrgyzstan, and Georgia faced the greatest risk of a public health crisis if the spread of the virus could

not be stemmed. In the case of Georgia, there was potential for the situation to become critical due to overloading of physical facilities. However, other factors not included here – such as the quality of facilities and staff (e.g. hospital intensive care unit capacity), and the availability of specialised equipment and supplies for use in the treatment of COVID-19 (e.g. ventilators, supplies of oxygen, or PPE available for medical staff) – play a significant role.

In several countries, the spread of the pandemic coincided with other events that compounded the public health situation. For instance, Croatia experienced an earthquake that damaged some healthcare facilities, including a maternity hospital, thus affecting the country's ability to provide services to COVID-19-affected individuals. In Kyrgyzstan, mass political rallies took place, increasing the risk of COVID-19 transmission.

Figure 4: Capacity in the healthcare sector



Source: Author calculation based on the World Bank Open Data (<https://data.worldbank.org/>). Note: The year for which the data are reported varies from 2014 to 2018. Red lines represent mean values.

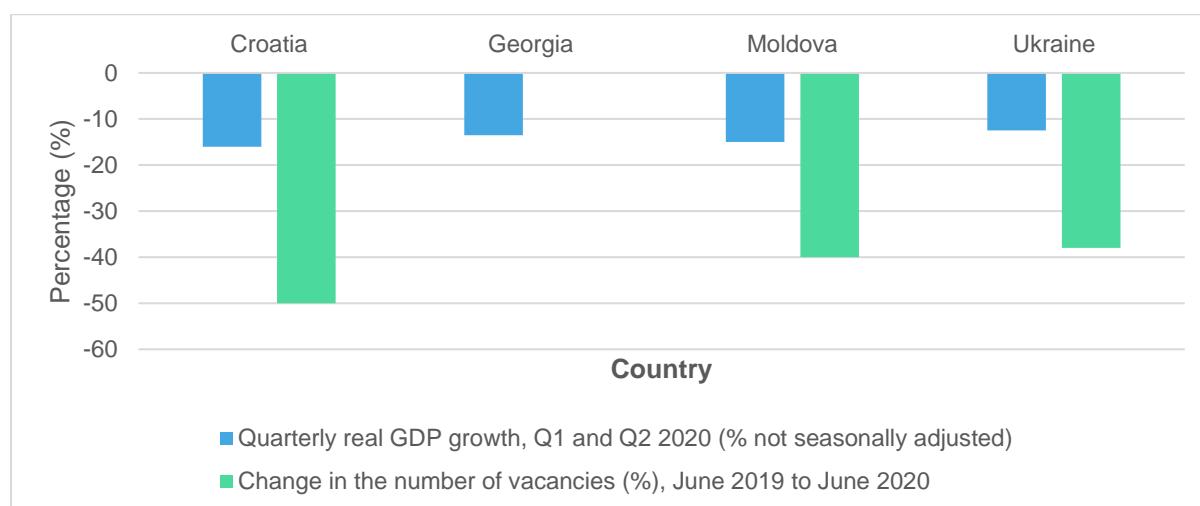
In the six focus countries, as across the world, governments responded with a series of restrictions aimed at curbing the spread of COVID-19 and 'flattening the curve' of infection rates to gain more time to marshal resources to address the crisis and avoid overloading healthcare systems. Annex A summarises government response measures for the six study countries and maps them against the daily trends in COVID-19 case incidence and fatalities. Country response approaches included containment measures, economic policies to mitigate the economic consequences of the pandemic, and public health measures. While the menu of containment measures is to a large extent similar across the six RTA countries, the timing of their implementation, their severity, and the consistency of their application have varied. Of the six countries, Croatia and Tajikistan had the least restrictive containment regimes, combined with less sustained economic relief measures in the form of income support or debt/contract relief. Tajikistan had by far the least restrictive workplace closures policy with restrictions in place only for three months in May to July 2020 and virtually no

stay-at-home orders. On the public health side, there is no information on Tajikistan's implementation of special measures to protect the elderly.

The restrictions imposed by the government as a way to control the spread of the COVID-19 virus disrupted the countries' social and economic activities, leading to significant socio-economic impacts. Furthermore, lockdowns and an economic slowdown in the European Union and Russia resulted in a dramatic loss of remittance income for Tajikistan, Kyrgyzstan, and Moldova, where migrant workers account for 8, 10, and 11% of the total population,⁷ respectively, as well as creating an influx of returnees.⁸

Predictably, economic activity declined dramatically due to COVID-19 containment measures, including in the six RTA focus countries. In Croatia, Georgia, Moldova, and Ukraine, gross domestic product declined by 12–16% from the first to the second quarter of 2020 (Figure 5). The number of job vacancies dropped in June 2020 by 38–50% in Croatia, Moldova, and Ukraine (data for the remaining two of the six focus countries is not available).

Figure 5: Economic impact of COVID-19 restrictions



Source: European Training Foundation, UNICEF (2020).⁹

A rapid assessment of the impact of COVID-19 on Kyrgyzstan's youth¹⁰ points to the significant economic and social toll exerted by the crisis on this group: in just one year, 18% of youth experienced a significant drop in household income; 15% reported having fallen behind in school; and 6.4% reported putting their studies on hold. Rates of self-reported anxiety were also high, especially among young women. In Croatia, a UNICEF survey of 1500 households with children found that 51.2% of them are challenged with income reduction, and 33% experienced unexpected costs, mostly related to the purchase of hygiene items.¹¹ U-report data point to increased stress levels associated with COVID-19

⁷ Based on the International Labour Organization's migrant labour force reports (www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_613508.pdf) and Office of the United Nations High Commissioner for Human Rights reporting.

⁸ <https://rovienna.iom.int/story/moldova-braces-large-numbers-returning-migrants>.

⁹ European Training Foundation, UNICEF (2020) 'Preventing a "Lockdown Generation" in Europe and Central Asia': Building resilient societies with young people in the era of COVID-19'.

¹⁰ 'Report on the results of a survey on the impact of COVID-19 on youth in Kyrgyzstan' (<https://kyrgyzstan.un.org/en/52958-report-results-survey-impact-covid-19-youth-kyrgyzstan>).

¹¹ Croatia Situation Report #12.

among youth.¹² However, as discussed below, U-report data should be treated with a considerable degree of caution due to potential biases built into its design.

3.2 Adaptation of UNICEF COs' COVID-19 response to country needs

In this section, we look at adaptation to needs from several angles: resource allocation; changes in the pattern of resource allocation in accordance with evolving needs; expansion of key outputs; and the adequacy of the expansion of outputs, as measured by the gap between the targeted level of output and the actual one. We look at outputs as a proxy for need, in this case, because the process of target setting takes into account the best available information on needs. However, as we will discuss later, lack of information is a key constraint on target definition in this context.

3.2.1 In what ways have the COs responded to the changing needs of the population due to COVID-19? How adequate was the budget for CO response?

Key messages:

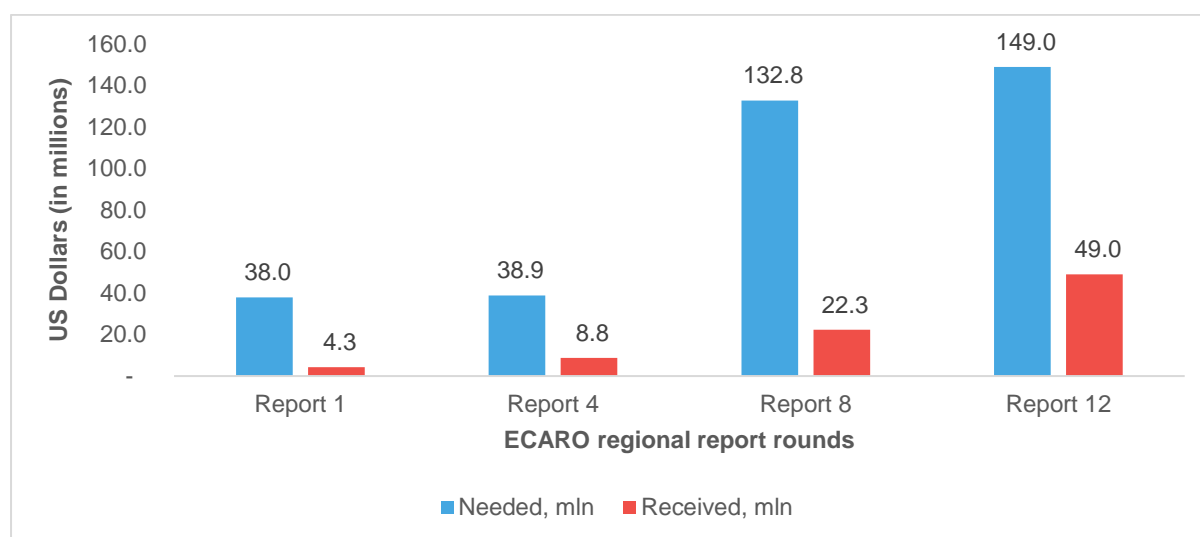
- Despite a rapid funds mobilisation campaign in response to the COVID-19 pandemic (an 11-fold increase from March to October 2020), available funds did not keep up with the expanding assessed country needs.
- UNICEF's output in all core areas of UNICEF's engagement expanded dramatically; the composition of UNICEF's evolved over time as the nature of population's needs changed from prevention and containment to mitigation and coping (e.g. the relative weight of WASH, IPC, and RCCE in the total budget declined in favour of education and social services).
- While the overall target achievement rates are high across the broad range of indicators, Ukraine and Tajikistan COs may be experiencing difficulties in meeting country needs, although the initial overestimation of needs may have played a role.

UNICEF has responded to the pandemic with a campaign to mobilise funds for COVID-19 response in the region under the Global HAC appeal. Figure 6 below summarises the required and received funding as described in the ECARO regional sitreps. Between March and October 2020, the funds raised have expanded from US\$ 4.3 million to US\$ 49 million.

Despite the rapid and sizeable mobilisation of COVID-19 response funding, available funds did not keep up with the expanding assessed country needs. The estimated level of need has nearly quadrupled, from US\$ 38 to US\$ 149 million, outpacing mobilisation efforts and resulting in a growing financing gap, which reached US\$ 100 million for ECARO. WASH, IPC, and Education+ (education, SP, CP, and GBV) dominate the budget (albeit the required, rather than received budget in the graphs below).

¹² UNICEF (2020). U-report summary statistics files.

Figure 6: Funding required and received, US\$ million



Source: ECARO Regional Situation Reports 1, 4, 8, and 12.

Note: Sitrep #1 refers to 1-31 March 2020, sitrep #4 refers to 15-21 April 2020, sitrep #8 refers to 16-29 May 2020, sitrep 12 refers to 23 July - 26 August 2020.

UNICEF's operations have meant a dramatic increase in the output in all core areas of UNICEF's engagement. We summarise key output indicators for the six focus countries, estimated using HPM data, in Table 3 below. Across the six focus countries, UNICEF estimates that, by October 2020, it had reached 6.3 million persons with messages on prevention and access; the number of persons that had received WASH supplies and services exceeded 480,000; over 6,000 health providers had been given training in COVID-19 protocols; over 768,000 children had been supported with access to distance or home-based learning; and almost 185,000 persons had received psycho-social support. In addition, 57 UNICEF and implementing partner (IP) staff members had received GBV training.

Table 3: Achievement of output by COs in study countries

Output indicator	Sitrep 1	Sitrep 4	Sitrep 8	Sitrep 12
N reached by messages on prevent and access	1,000,008	5,353,840	5,688,146	6,319,354
N reached with WASH supplies and services	1,625	4,204	45,725	483,142
N health providers trained in COVID-19 protocols	33	2,447	5,225	6,023
N caregivers reached with messages on breastfeeding	25,000	83,000	126,478	134,806
N children supported with distance/home-based learning	5,000	808,013	748,973	768,107
N recipients of community psycho-social support	-	12,612	167,023	184,633
N UNICEF staff and IPs completed GBV training	7	24	38	57

Source: HPM data.

Note: Sitrep #1 refers to 1-31 March 2020, sitrep #4 refers to 15-21 April 2020, sitrep #8 refers to 16-29 May 2020, sitrep 12 refers to 23 July - 26 August 2020.

As the pandemic expanded and ran its course, the population's needs changed from prevention and containment to mitigation and coping – and resource allocations have kept pace with this changing needs profile. Table 4 presents an approximate evolution of different response needs in schematic form through the pandemic cycle, elaborated by the authors of this report. By September 2020, given the advanced stage of the pandemic (see Section 3.1), the study countries were shifting from Stage A (prevention and containment; e.g. the procurement of IPC supplies) to Stage B (continued containment, mitigation, and coping; e.g. investing in education, health, and social services).

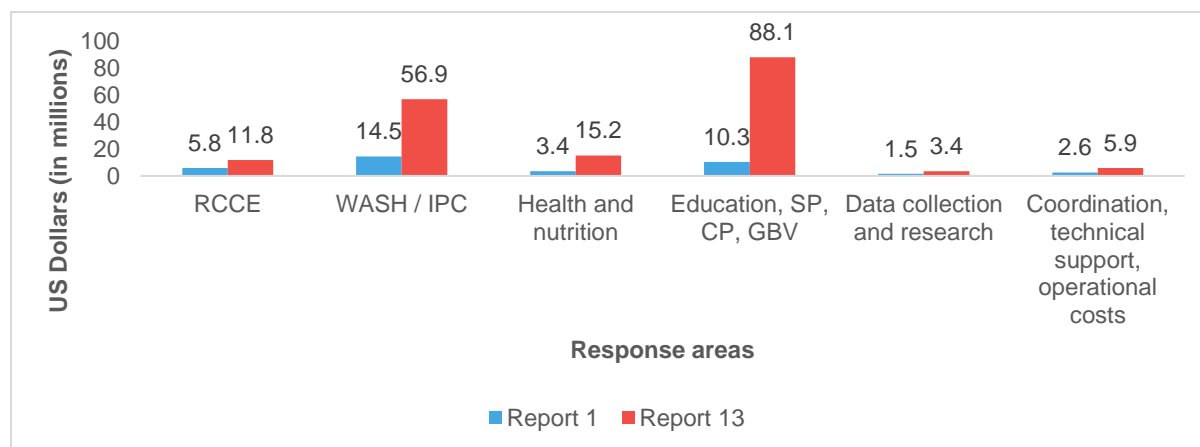
Table 4: Schematic evolution of response needs through the pandemic cycle

Key needs and areas of focus	Stage A	Stage B	Stage C	Stage D
	Prevention and containment	Continued containment, mitigation, and coping	Control and initial recovery	Sustained recovery
Understanding the virus	Red	Orange	Yellow	Green
Protection and PPE	Red	Red	Orange	Green
Building up supplies and institutional capacity to treat COVID-19 cases	Red	Orange	Yellow	Green
Informing the public of risks and behaviours	Red	Orange	Yellow	Yellow
Containment through sanitation, behavioural change, and restrictions	Red	Red	Orange	Yellow
Caring for the sick	Orange	Red	Orange	Yellow
Provision of services under restrictions (health, education)	Orange	Red	Orange	Yellow
Employment under restrictions	Yellow	Red	Orange	Yellow
Mitigation of economic impacts	Yellow	Red	Red	Orange
Mitigation of psycho-social impacts	Yellow	Red	Red	Orange
Preparing the public for vaccination, vaccine procurement arrangements	Yellow	Red	Red	Yellow
Control of epidemic through vaccinations	Green	Orange	Red	Orange
Transition to post-pandemic recovery and resumption of regular activities	Green	Orange	Red	Red
Reforming institutions for future pandemic response	Green	Green	Orange	Red

Source: Author visualisation; colours represent priority level of various activities, with red corresponding to highest priority and green corresponding to lowest priority.

Indeed, the distribution of required funding has followed this trend, suggesting that UNICEF is adapting its response to the changing needs of the populations in the six countries. In Figure 7 and Figure 8, we compare the distribution of required funding reported by UNICEF ECARO in its regional reports between the first and 13th round, both in absolute and relative (percentage) terms. These figures show that the relative weight of WASH/IPC in the total budget declined in favour of education and social services. The share allocated to RCCE also declined, which makes sense given that most of the communication is needed in the early stages of the pandemic (see 'informing the public' in Table 4).

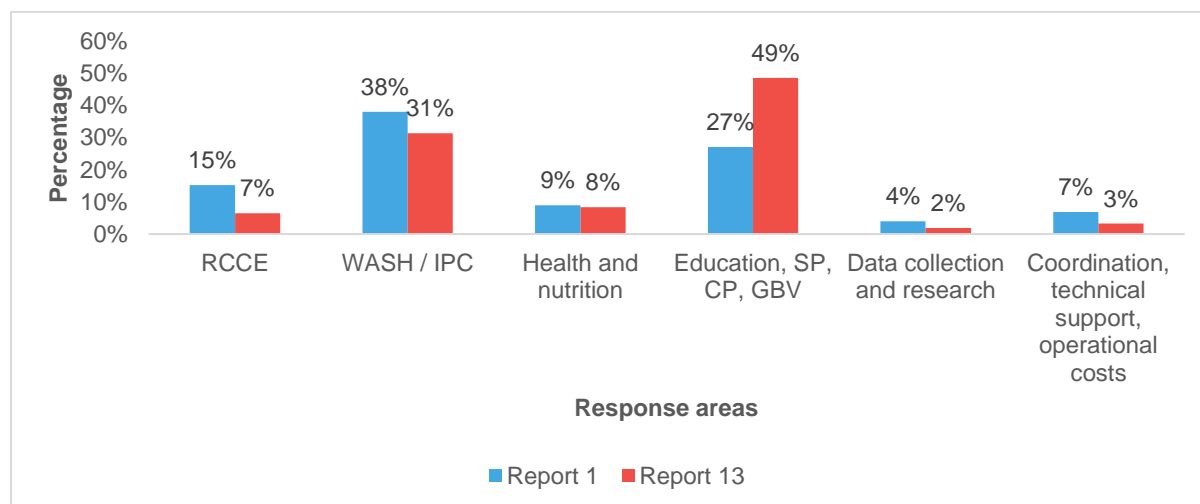
Figure 7: Composition of response funding requirements, US\$ million



Source: ECARO regional situation reports 1, 13.

Note: Sitrep #1 refers to 1-31 March 2020 and sitrep #13 refers to 27 August - 24 September 2020.

Figure 8: Distribution of response funding requirements, % of total funds required



Source: ECARO Regional Situation Reports 1 and 13.

Note: Sitrep #1 refers to 1-31 March 2020 and sitrep #13 refers to 27 August - 24 September 2020.

Overall, for the six COs, target achievement rates are high across the broad range of indicators; however, Ukraine and Tajikistan COs may be experiencing difficulties in meeting country needs, although initial overestimation of needs may play a role. Output targets can be seen as approximations of needs (when developed in cooperation

with governments and other stakeholders). In the HPM database, UNICEF tracks its COVID-19 response across five broad pillars – RCCE, WASH/IPC, health and nutrition, education/CP/GBV, and SP – using a range of indicators. As of October 2020, target achievement rates were high, with the majority of them fully achieved or exceeded. Table 5 shows those indicators for which the percentage of the target achieved is low or very low (corresponding to a significant and very significant gap); target indicators that were achieved by more than 75% are not reported. Thus, Tajikistan and Ukraine fare worse in terms of target achievement rates than the other four countries, with six indicators significantly off-target in each of them. However, the CO survey of the Ukraine office indicates that the targets overestimated the needs. In Tajikistan the low progress against the education indicator “N children supported with distance/home-based learning” is due to the fact that the lockdown school closure scenario foreseen in the education response plan did not materialize and all schools were operating as normal, making the target about distant learning irrelevant.

Table 5: Target indicators with a significant or very significant gap between targeted and achieved levels

Country	Response area	Significant gap (percentage of the target achieved = 75% to 51%)	Response area	Very significant gap (percentage of the target achieved = 0% to 50%)
Croatia			WASH / IPC	N health workers provided with PPE
			CP	N recipients of community psycho-social support
			GBV	N completed GBV training
Georgia	EDU	N parents receiving Early Childhood Development (ECD) counselling	EDU	N children supported with distance/home-based learning
Kyrgyzstan			RCCE	N engaged through RCCE actions
			HEALTH	N receiving essential healthcare through UNICEF
Moldova	RCCE	N reached by messages on prevent and access	HEALTH	N health providers trained in COVID-19 protocols
Tajikistan	RCCE	N engaged through RCCE actions	RCCE	N contacted through feedback mechanisms
			HEALTH	N caregivers reached with messages on breastfeeding
			HEALTH	N children admitted for Severe Acute Malnutrition (6–59 months)
			EDU	N children supported with distance/home-based learning
			EDU	N parents receiving ECD counselling
			EDU	N teachers trained in distance learning
Ukraine		N health workers trained in IPC	HEALTH	N health workers provided with PPE
			HEALTH	N health providers trained in COVID-19 protocols
			EDU	N children supported with distance/home-based learning
			CP	N children without alternative care arrangements

Country	Response area	Significant gap (percentage of the target achieved = 75% to 51%)	Response area	Very significant gap (percentage of the target achieved = 0% to 50%)
			GBV	N completed GBV training
			EDU	N parents receiving ECD counselling

Source: HPM data.

3.2.2 How well is the CO keeping track of the evolving needs and through what means? How constrained is the CO by data availability to make informed adaptations?

Key messages:

- COs faced a lack of reliable data, especially disaggregated data on vulnerable groups and data on the socio-economic impacts of COVID-19.
- COs have responded to the lack of diagnostic capacity by increasing their investment in data collection and analytical activities.
- The total budget requirement for data collection and research at the regional level has more than doubled, from US\$ 1.5 million to US\$ 3.4 million.
- Data availability remains a key constraint, with budgets for data collection and analyses not keeping pace with the expansion of the scale of activities implemented as a response to the pandemic.
- There are significant disparities in support for data collection and research across COs.
- On the positive side, the COVID-19 crisis gave governments incentives to collaborate with humanitarian and development partners on data collection and sharing.

Due to the fast-evolving epidemiological situation and responses to it, all COs faced a lack of reliable data, especially disaggregated data on vulnerable groups and data on socio-economic impacts of COVID-19. COs have responded to the lack of diagnostic capacity, which was threatening to undermine the effectiveness of response early on, by significantly scaling up data collection and research efforts. The scale-up of the diagnostic work filled important knowledge gaps and was overall successful despite limitations (such as some potentially unmet need for additional diagnostic work, non-critical delays in conducting diagnostic work and producing results, and a degree of vagueness in the definition of some of the diagnostic tasks).

The total budget requirement for data collection and research at the regional level has more than doubled, from US\$ 1.5 million to US\$ 3.4 million and all six study countries included meaningful diagnostic activities in their research plans. Georgia's and Ukraine's response plans included especially extensive lists of diagnostic activities.¹³

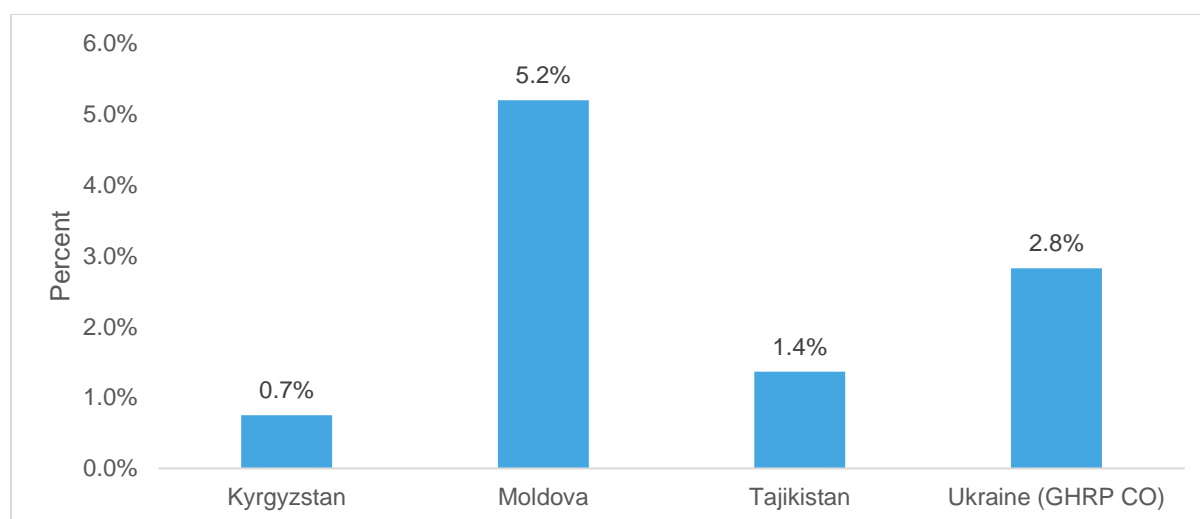
However, the increase in the data collection and analysis budgets did not keep pace with the expansion of the scale of activities. Figure 7 and Figure 8 show that data collection and research needs may be underfunded since resource allocation towards them has not kept pace with the expansion of general activities. Even though the funds allocated

¹³ The detailed lists of diagnostic activities are included under the 'diagnostics' heading in individual country summary sections in Annex C.

to the purpose increased more than two-fold, this may not be sufficient considering the overall many-fold expansion in the scale and scope of activities undertaken by the COs. It is possible that the bulk of the data collection was done in the earlier stages. However, continuous research funding may be needed to support (a) learning from the pandemic experience and response, and (b) building up data collection systems to take advantage of the appreciation for the importance of good data by governments and development and humanitarian partners. With support from relevant ECARO teams, COs should consider framing the case with donors for data/evidence generation on Humanitarian Action and supporting knowledge sharing and applying lessons learnt for future emergencies.

There are significant disparities in support for data collection and research across COs. Figure 9 shows that in four out of the six study countries, the share of data collection and research in the total required budget for 2021 ranges from 0.7% in Kyrgyzstan to 5.2% in Moldova. These disparities reflect a variety of factors facing COs, such as the ability to leverage analytical work conducted by the government or other development and humanitarian partners, as well as the mix of programmes conducted by the COs (some activities do not require additional data). Further, a relatively minor allocation (in percentage terms) may in fact correspond to a dramatic increase over time from a very low starting position. For instance, the modest share of 1.4% going to data collection and research in Tajikistan represents a six-fold increase compared to the previous year (from US\$ 50,000 to US\$ 300,000).

Figure 9: Spending on data collection and research for FY 2021, % of total required budget



Source: HAC data, 15 June 2020.

Despite the strong diagnostic response, in a rapidly unfolding emergency, these diagnostic data are sometimes slow to arrive. For instance, in Kyrgyzstan, the findings of the 'Assessment of COVID-19 Experience and Perception' report appeared only in December 2020. Shortening the data collection cycle would be crucial and requires putting in place crisis-focused data collection systems.

Another challenge related to the diagnostic work is relative vagueness in the way some of the diagnostic activities are defined. For instance, a review of the Tajikistan CO's response plans shows that that diagnostic activities are formulated sometimes as goals rather than

concrete and well-defined analytical projects.¹⁴ Vague formulations of activities in response plans may signal that COs could face potential challenges in undertaking them.

The COVID-19 crisis gave governments incentives to collaborate with humanitarian and development partners on data collection, to share their data and access their systems, and modernise data collection. Georgia CO's response plan supports the development and strengthening of information and data exchange, particularly for SP programmes/beneficiaries operated by central government and local municipalities. It would be advisable for UNICEF to capitalise on this momentum of increased government interest in collaboration on data collection, analysis, and data-sharing by developing more robust and regular data sharing arrangements.

3.3 The effectiveness of UNICEF's response implementation

This section focuses on UNICEF's COVID-19 response from a process perspective. Emphasis is put on understanding what factors interfere with effectiveness and how and through what means they could be overcome. Since the primary source of detailed information on processes involved in COVID-19 response is the open-ended responses included in the CO and partner survey data, this discussion is based primarily on the CO survey and partner surveys, with occasional references to the regional and CO sitreps.

3.3.1 To what degree are the COs' responses consistent with country needs? To what extent do CO response plan activities and modalities contribute to the achievement of planned objectives?

Key messages:

- The degree of correspondence between needs and targets suggests room for improving the alignment between the two. Ukraine CO's low rating reflects the sense that the needs were initially overestimated.
- Reaching the vulnerable populations has been a key objective for UNICEF and COs have been relatively successful in reaching these groups, although there is scope for reaching the vulnerable better by using a wider range of strategies (Tajikistan and Croatia).
- To reach the most vulnerable, COs often rely on the government (for instance, line ministries) and CSOs to identify the more vulnerable groups.
- Another common means of reaching the excluded is the innovative use of technology, such as remote instruction or telemedicine, although IT solutions may not reach vulnerable populations, who often lack access to the infrastructure on which the delivery of these solutions depends.

In line with WHO's COVID-19 Strategic Response Plan, UNICEF has focused on the objectives of limiting human-to-human transmission and mitigating the impact of the outbreak on the health system and communities. The achievement of these objectives in an

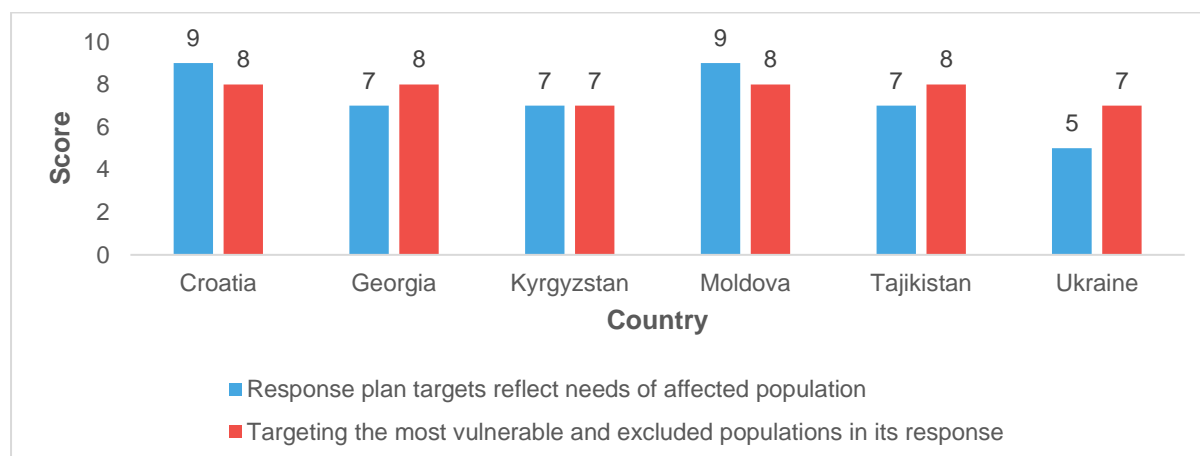
¹⁴ Examples are response plan activities such as 'Support the integration of COVID-19 surveillance with other surveillance systems and seek synergies with existing surveillance networks (incl. disaggregated data)', 'Support the national early warning and alert systems and outbreak investigations in country', 'Support implementation and monitoring of infection prevention and control enhancements in schools, health facilities, markets, etc.' All of these state what goals the CO would like to achieve but do not specify a concrete means of achieving them.

inclusive way that reaches vulnerable households has also been an important goal for UNICEF.

Except for Ukraine, CO survey responses point to a moderate perceived correspondence between needs and targets, suggesting that there is room for improving the alignment between the two. The extent to which the targets reflect the needs of the populations affected by COVID-19 average 7.3 on a 1 to 10 scale, as perceived by respondents to the CO surveys (Figure 10). The correspondence between the targets and the needs is lowest in Ukraine, at 5 out of 10, and is ranked highest in Croatia and Moldova. Ukraine CO’s low rating reflects the sense that the needs were initially overestimated.

Targeting of the vulnerable populations is also at moderate levels and could also be further improved. Another aspect of meeting the needs involves targeting groups that need assistance the most. On this definition, all countries score similarly in the 7–8-point range. Given the combination of limited resources and the lack of data, the discrepancy between the needs and the targets is understandable, especially in countries where the general level of need is high and social services provision is low.

Figure 10: Response plan and targeting according to needs, according to UNICEF staff



Source: CO survey data.

To analyse what strategies different COs use to reach vulnerable groups, we compiled information on this in Table 6. Information on the use of these approaches is derived from CO survey responses. We count the number of times a certain approach is reported as being used both across countries and by approach.

To reach the most vulnerable, COs often rely on the government (for instance, line ministries) and CSOs to identify the more vulnerable groups. The top three approaches in Table 6 below jointly cover the various cooperation mechanisms used to reach the vulnerable populations. Reliance on the government may consist of using government systems or ‘advocating’ for greater focus on the most vulnerable populations. Both are used in Georgia, Kyrgyzstan, Moldova, Ukraine, and Tajikistan, while in Croatia, only advocacy is reported as being used. For example, in Tajikistan, on the “advocacy” side, the CO supports the Ministry of Health and Social Protection in updating the definition of vulnerability used by the Ministry. At the same time, the UNICEF CO channelled emergency cash assistance to

households with children under 3 years of age (with the support of the WB) through the government SP system; further, UNICEF CO provided list of 3,000 women and children affected by migration to receive additional government one-time cash assistance.

Most countries use four to six methods of reaching the vulnerable. Across the six countries, the most common means of reaching the excluded are advocacy with government and/or other actors on addressing gaps in provision for particular populations, coordination and data-sharing and use across sectors/partners, and the innovative use of technology, which mostly means digital solutions, such as remote instruction or telemedicine (applied in four countries out of six, according to the CO survey). Caution should be exercised in relying heavily on IT solutions to reach the vulnerable populations because they often lack access to the infrastructure on which the delivery of these solutions depends. There is a distinct possibility that innovative solutions may widen disparities unless equally innovative approaches to bridge the digital divide between potential beneficiaries are pursued. The potential for such disparities in access to digital learning solutions has prompted the Georgia CO to incorporate remote learning modalities that use physical communication materials and greater use of television. Enabling a more equitable access to digital communication equipment and services could also be another possible solution.¹⁵

Moving from the distribution of commodities to the distribution of cash has not been an approach UNICEF has used widely to increase the effectiveness in reaching the vulnerable. Only Moldova reports it as an important means of reaching the vulnerable. One reason for this finding is the fact that respondents to the CO survey interpreted this question narrowly to refer to cases when UNICEF rolled out or expanded its own cash transfer programs in response to the COVID-19 crisis. Given that UNICEF's strategy in the region has been to support expansion of government cash transfer programs rather than instituting its own CT program, the infrequent mentions of incidence of moving from commodities delivery to use of cash are understandable. In this regard, it is telling that "channelling funds/support through government/local government to reach particular populations" and "advocacy with government and/or other actors on addressing gaps in provision for particular populations" are commonly reported as means of reaching the vulnerable, because UNICEF's efforts to scale up cash transfers in response to COVID-19 would fall under these headings. Further, distribution of cash may not be a commonly reported approach for UNICEF to reach the vulnerable more effectively due to the nature of the COVID-19 crisis: in the early stages, UNICEF focused more on ensuring the supply of PPE, IPC, and other medical supplies (see Section 3.2) than coping with economic consequences of the crisis.

¹⁵ Situation Report for Georgia CO 11.

Table 6: Approaches used to reach vulnerable groups

	Croatia	Georgia	Kyrgyzstan	Moldova	Tajikistan	Ukraine	Total number of countries using approach ¹⁶
Channelling funds/support through government/local government to reach particular populations	No	Yes	Yes	Yes	Yes* ¹⁷	Yes	5(4)
Advocacy with government and/or other actors on addressing gaps in provision for particular populations	Yes	Yes	Yes	Yes	Yes	Yes	6
Increasing coordination and data-sharing and use across sectors/partners	Yes	Yes	Yes	Yes	Yes* ¹⁸	Yes	6(5)
Commissioning additional multi-agency, multi-sectoral analytical work	No	Yes	Yes	No	Yes* ¹⁹	No	3(2)
Engaging with specialist agencies, such as disabled people's organisations, gender specialists, etc.	Yes	Yes	No	No	Yes* ²⁰	No	3(2)
Innovative use of technology	Yes	Yes	No	No	Yes	Yes	4

¹⁶ Figures in parentheses represent total counts without including revised Tajikistan data.

¹⁷ Initial CO response was "No". Revised to Yes based on correction provided by the CO at the report review stage with the following explanation: "In addition to the emergency cash assistance that households with children under 3 years of age received (with the support of the WB), UNICEF CO provided list of 3,000 women and children affected by migration to receive additional one-time cash assistance."

¹⁸ Initial CO response was "No". Revised to Yes based on correction provided by the CO at the report review stage with the following explanation: "UNICEF was the agency that called and facilitated discussion among DCC member on Social Protection to prepare Social Protection preparedness and response plan. The plan clearly identified the needs, vulnerable groups, allocation of available resources and division of support between all stakeholders to avoid duplication/overlaps and address the possible gaps to cover all people in need of support."

¹⁹ Initial CO response was "No". Revised to Yes based on correction provided by the CO at the report review stage with the following explanation: "UNICEF called several meetings and facilitated the development of the Social protection Preparedness and Response Plane with identification of the three possible scenarios to prevent and mitigate spread of the pandemic"

²⁰ Initial CO response was "No". Revised to Yes based on correction provided by the CO at the report review stage with the following explanation: "UNICEF engaged with various state and non-state institutions to advocate and provide in-kind support to specific vulnerable groups, e.g. 1) provision of the PPEs in closed and semi-closed institutions for children, 2) launch of the national campaign "child is a child" reaching to over 62,000 people with specific focus put on issues around positive parenting and prevention of violence against children, 3) provision of in-kind support to children and families through INGOs, 4) advocacy to return children without parental care from institutions back home during the pandemic and provision of support to parents with children with disabilities who are at risk of being placed at residential childcare institutions, 5) engagement with celebrities. Influencers and children/adolescents to highlight issues around challenges and protection of children during pandemic and lockdown."

	Croatia	Georgia	Kyrgyzstan	Moldova	Tajikistan	Ukraine	Total number of countries using approach ¹⁶
Moving from commodities delivery to use of cash	No	No	No	Yes	No	No	1
Total number of methods used	4	6	4	4	6(2) ²¹	4	

Source: CO survey, September 2020.

²¹ Figures in parentheses represent total counts without including revised Tajikistan data.

3.3.2 Are COs' response plan actions and targets clearly defined? How do the COs set COVID-19 response targets? To what extent does the CO consult with government counterparts, CSOs, etc., to inform target setting? What are the key sources of information that the CO uses when deciding on the nature and scope of the response?

Key messages:

- COs generally reported that targets and response plan actions were clearly defined, although changes in methodology meant that these had to be revised repeatedly.
- However, greater clarity in specifying how targets correspond to needs for a country is needed.
- The biggest challenge to accurate target setting has been a significant lack of reliable data.
- COs consulted extensively with government counterparts to inform target setting given that these were often the only sources of information, especially in the early stages of the pandemic, when there were few alternatives to the data collected by government agencies.
- COs rapidly ramped up data collection and analysis activities to inform response planning.

Lack of clarity in defining targets and response actions did not figure prominently as areas of concern in CO surveys. Global efforts to systematise the global COVID-19 response have ensured a consistent approach to target setting. One downside to the target setting process that the Georgia CO has reported is frequent changes in the methodology and the guidelines (developed by the New York office) in the calculation of indicators for targets, which resulted in multiple rounds of revisions of the targets.²²

However, our review of the COs' response plans indicates that they would benefit from greater clarity in specifying the relationship between the targets and the level of need for the country. Two issues have been observed. First, it is not always clear to what extent targets reflect the actual level of need at the country level and to what extent they reflect the capacity of the CO (i.e. are they already adjusted for UNICEF's capacity to address the need?) – and this makes it difficult to understand whether meeting targets would go far in meeting the aggregate need. Second, the definition of the population in need at times seemed incompatible with the population that could be reasonably targeted by COs' activities (for instance, in Georgia the population in need for indicator 'number women, girls and boys accessing GBV risk mitigation, prevention or response interventions' was all children, while only a portion of all children face the risk of GBV and could be meaningfully considered the population needing access to GBV services).

In some cases, COs would benefit from defining activities in more concrete terms. For instance, the definition of activities in the response plans of Tajikistan was vague.²³ The

²² The population targets remained the same; but the number of school (APC standards) increased dramatically from 0 to 2000, i.e. 2,000 schools needed to be covered to ensure safe reopening.

²³ Examples are such response plan activities as "Support the integration of COVID-19 surveillance with other surveillance systems and seek synergies with existing surveillance networks (incl. disaggregated data)", "Support the national early warning and alert systems and outbreak investigations in country", "Support implementation and monitoring of infection prevention and control enhancements in schools, health facilities, markets, etc.". All of these state what the CO would like to achieve but do not specify concrete means of achieving these goals.

activities were defined as more akin to goals, which raises questions about the implementability of these activities and the likelihood that the plans will be carried out.

A more significant issue with target setting is the lack of reliable data. Data on the socio-economic impacts of the COVID-19 crisis is especially limited, which makes setting targets related to socio-economic outcomes challenging. In effect, UNICEF COs faced a lack of data on the crisis's social and economic effect, especially early on. Many of the health indicators relevant for immediate pandemic response are collected administratively by various government agencies and can be generated relatively quickly, even if there is an initial shortage of data. However, some data on the socio-economic aspects of the pandemic cannot be collected through administrative systems (for instance, data on household welfare in highly informal economies, where many workers do not appear in the tax authority or social security databases). Even in countries with robust data collection practices, such as Croatia, the CO faced a lack of socio-economic data, especially for specific demographic groups such as children.²⁴

To address the need for data, COs collaborate extensively with government agencies and take into consideration their inputs in setting targets. The second round of the partner survey indicates that 42% of government entities that engaged with UNICEF provided the latter with knowledge inputs across the 20 countries covered by the second round of the key partner survey. At the early stages of the pandemic, governments were often the only available sources of data for target setting, despite concerns about their quality. For example, it was common for COs to base their targets on support requests from various government branches, which are often based on inaccurate data. The Kyrgyzstan CO was especially hampered by the lack of needs assessments and forecasting in the health sector, and the government's lack of comprehensive risk assessments.

COs also sought inputs from CSOs to better understand the situation on the ground.

Based on partner survey (Round 2), 28% of non-government partners provided knowledge inputs to UNICEF across the 20 countries included in the second round of the key partner survey. Inputs from specialised agencies that deal with CWD, children in institutional and alternative care, children in contact with the law, and sexual and gender-based violence (SGBV) are especially relevant since they may have a perspective that significantly differs from that of government agencies. The vast majority of CSO partners felt that their advice mattered and was seriously considered by COs. Out of 15 CSOs surveyed in the first round of the partner survey, 13 indicated that UNICEF staff genuinely seek their advice and take it into account in their decision-making.²⁵

COs rapidly scaled up data collection efforts (see Section 3.2 above), helping to address data shortages, insufficient data quality, and lack of disaggregated data. The Croatia CO implemented a survey of 1,500 households with children 0–17 years of age, oversampling for CWD. The Kyrgyzstan CO conducted rapid assessments on COVID-19 experience and perception,²⁶ an assessment of COVID-19 impact on youth mental health, an assessment of access to distance learning, WASH assessments of education and health

²⁴ Croatia Situation Report no. 12.

²⁵ The exact question CSOs answered was: 'Is it your experience that when UNICEF asks for your opinions on UNICEF approach or operations that UNICEF will change approach or programmes in line with your advice?'

²⁶ 'Assessment of COVID-19 Experience and Perception' at www.unicef.org/kyrgyzstan/reports/assessment-covid-19-experience-and-perception-population-kyrgyzstan.

facilities, a mini Multiple Indicator Cluster Survey (MICS) survey, etc. Similarly, UNICEF Georgia collaborated with its partners to conduct a national Real-Time Monitoring (MICS+) survey to understand the socio-economic trends better. The Tajikistan CO undertook an Education Rapid Needs Assessment. Country summary chapters in Annex C list the various undertaken and planned diagnostic and monitoring activities. However, the available data sources do not clearly document the extent of the use and the exact ways in which these diagnostics are used to set targets are not clear.

The COVID-19 pandemic indicated that robust and data systems are central to crisis response and preparedness, especially from the point of view of needs assessment and target setting. Data collection systems may be thought of as analogous to social registries²⁷ if designed in a shock-responsive way. Investing and maintaining shock-responsive data collection systems would be a meaningful approach to crisis preparedness in countries that are not usually subject to frequent and recurrent shocks (such as nationwide natural disasters or climatic shocks).

3.3.3 Have the COs experienced challenges in sustaining support to basic services during the COVID-19 pandemic? How successful have the COs been in addressing them?

Key messages:

- The impact of the pandemic on all services has been very dramatic, but of the six countries under assessment, the COVID-19 pandemic has impacted the greatest number of services in Moldova and Tajikistan.
- COs responded well to the needs in terms of the overall budgets, delivery of output, and emphasising needs consistent with the stage in the evolution of the COVID-19 crisis.
- The allocated support reached its intended beneficiaries in most cases; however, Tajikistan and Moldova COs score the ability to reach the intended beneficiaries with SP support as low.

According to the CO survey, the COVID-19 pandemic had an overall effect on basic services: health, education, nutrition, WASH, CP, and SP. The most commonly affected sectors were health, education, and CP (in all six countries), followed by SP (five countries). Of the six countries under assessment, the COVID-19 pandemic has impacted the greatest number of services in Moldova and Tajikistan (see Table 7).

Overall, the COs responded well to the needs in terms of the overall budgets, delivery of output, and emphasising needs consistent with the stage in the evolution of the COVID-19 crisis. As discussed above, UNICEF COs dramatically scaled up support for all basic services areas (see Section 3.2). Between March and October 2020 (Situation Report

²⁷ Social registries are unified and comprehensive lists of people who might be in need of social assistance. In non-crisis periods, these are used to target individuals for regular social programs (education, health, social protection, subsidies, etc.), but these registries also function as mechanisms of shock response because they already contain information about the location of the people who are likely to be most affected by a crisis and who can promptly be reached by an emergency humanitarian transfer because the data, institutional arrangements, and technical capacity for scale-up is already in place. The same argument can be made for data collection: it may be wise for government to invest in building regular data collection systems (with adequate institutional arrangements, IT infrastructure, trained staff, well-developed methodology, etc.) with shock-responsiveness and rapid scalability in mind.

Rounds 1 and 13), support for WASH/IPC was expanded from US\$ 14.5 to US\$ 56.9 million (a four-fold increase), support for health and nutrition from US\$ 3.4 to US\$ 15.2 million (a four-and-a-half-fold increase), and support for education/SP, CP, and GBV from US\$ 10.3 to US\$ 88.1 million (an eight-and-a-half-fold increase), while the distribution of funds has shifted from WASH/IPC towards education, SP, CP, and GBV – showing that the Regional Offices (RO) and COs are remaining attuned to the changing needs of the population with respect to basic services.

For the most part, the allocated support reached its intended beneficiaries, as perceived by the CO staff and CSO partners completing the surveys. CO staff rate the ability of interventions to reach their intended beneficiaries at 7 out of 10 for cash transfers and SP, and 9 out of 10 for basic services. However, COs in Tajikistan and Moldova rank the extent to which SP beneficiaries are reached as low, at 3 and 5 out of 10, respectively (see Table 7). The primary reason for the low ranking in the case of Tajikistan has much to do with the fact that the CO provided technical assistance and advocated for improvements in the government's approach to reaching the most vulnerable but ultimately could not control or monitor the final distribution of SP benefits.²⁸ CSOs also give UNICEF a high overall score, of 8 out of 10, for its ability to reach the intended beneficiaries, although one Kyrgyzstan CSO is an outlier with a score of 2 out of 10.

²⁸ Tajikistan CO survey.

Table 7: Effect of COVID-19 on basic services and the extent to which UNICEF's interventions reached the intended beneficiaries

Sector	Croatia	Georgia	Kyrgyzstan	Moldova	Tajikistan	Ukraine	Total number of countries reporting / Average ranking of reaching beneficiaries
Whether services in a given sector were affected by COVID-19							
Health	Yes	Yes	Yes	Yes	Yes	Yes	6
Education	Yes	Yes	Yes	Yes	Yes	Yes	6
Nutrition	Yes	No	Yes	Yes	Yes	No	4
WASH	No	No	Yes	Yes	Yes	No	3
CP	Yes	Yes	Yes	Yes	Yes	Yes	6
SP	Yes	Yes	No	Yes	Yes	Yes	5
Number of services negatively affected (of a maximum of six)	5	4	5	6	6	4	
Degree to which CO interventions reached the intended beneficiaries, ranked from 1 (very low) to 10 (very high)							
Basic services	10	8	9	8.5	8	10	8.9
Cash Transfers/Social Protection	--	9	10	5	3	8	7

Source: CO survey, September 2020.

3.3.4 To what extent has the CO's preparedness contributed to the implementation of the COVID-19 response? Has the response been timely? Has the timeliness of the response improved over time?

Key messages:

- Preparedness played a very limited role in COs' responses.
- Weak preparedness did not translate into significant delays in delivering results. On average, the timeliness of the response was rated by the COs at 8 points out of 10, and by UNICEF's partners at 9 point out of 10.
- The timeliness of response remained consistently high from September of 2020 to April 2021.
- Resource mobilisation and funding levels was the single most common factor affecting timeliness, followed by the adoption of Level 3 SSOPs and the simplification of procedures for new/redesigned partnerships.
- In half the countries, COs had to operate in an environment where the government did not take an active emergency response posture.

Preparedness played a very limited role in COs' responses mainly because (a) epidemics and pandemics are a relatively rare occurrence in the ECAR and (b) the vast scale of the COVID-19 pandemic could not have been anticipated. In fact, experience with any kind of emergency operations is limited in the six countries reviewed as part of this RTA exercise, except in Ukraine and Tajikistan. Thus, the preparedness ratings of the six COs are rather low, ranging from 6 to 7 points on a 10-point scale, based on a CO survey. Two exceptions are, again, Tajikistan and Ukraine. However, while the Tajikistan CO reported the lowest level of preparedness (5 points), the Ukraine CO reported the highest (8 points). The Tajikistan CO's contingency planning and preparedness centred on natural disasters such as earthquakes and were ill-suited to support the crisis response to a pandemic. In Ukraine pandemics were not part of contingency planning either; however, the CO was able to leverage the expertise of an ongoing conflict-related emergency response in the Donbass region, specifically use of existing warehousing capacity and familiarity with emergency operations procedures.

CSOs have commented on the role played by UNICEF's preparedness and contingency planning and their assessment is positive, but their comments point to UNICEF's ability to adapt rather than functional contingency plans or preparedness levels, which is understandable given that many partners are not familiar with UNICEF's internal planning and preparedness arrangements.²⁹

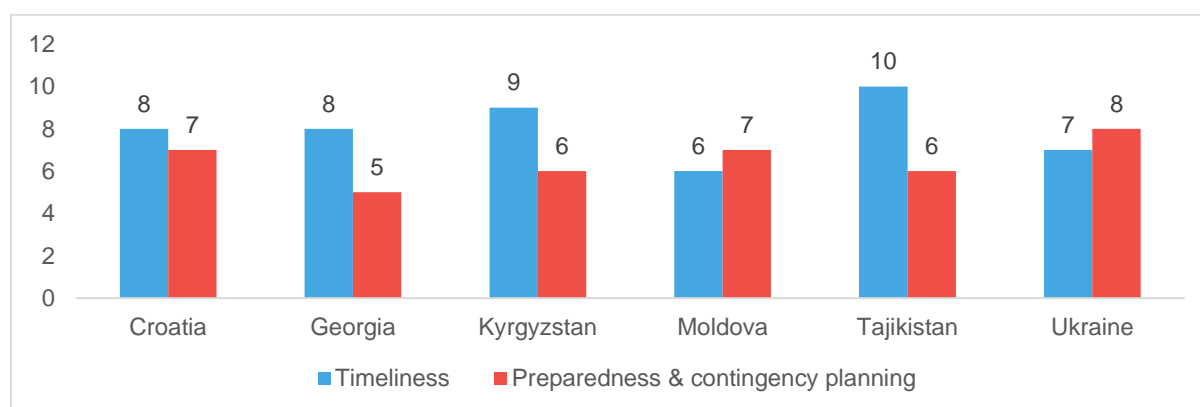
Although preparedness was rather weak, this did not translate into significant delays in delivering results. On average, timeliness of response was rated by the COs at 8 points out of 10 and at 9 point out of 10 by UNICEF's partners.³⁰ Timeliness was rated at 1 to 4 points higher than preparedness, with the exception of Ukraine and Moldova, where

²⁹ For instance, in the first round of partner survey, CSOs point to the role of UNICEF in mobilising and coordinating various stakeholders (Georgia, Tajikistan), the rapid provision of PPE (Moldova, Ukraine), and diagnostic work (Kyrgyzstan). These are not necessarily reflections of preparedness and contingency planning.

³⁰ The average timeliness rating for the implementing partners is calculated for 20 entities (16 CSOs and four private firms) in the six study countries in the first round of the partner survey.

timeliness was rated lower than preparedness. The contrast is especially stark for the Tajikistan CO, which rated preparedness at 6 points but gave timeliness the maximum score of 10 points. Essentially, in spite of the challenges, COs managed to mitigate their impact on the delivery timelines by mobilising quickly to respond to the high volume of demand, especially for the procurement of supplies and technical assistance services, and the recruitment of additional staff, particularly in new areas of expertise such as WASH, and successfully scaling the steep learning curve associated with shifting to emergency operations.

Figure 11: CO survey ratings of timeliness of response, preparedness, and contingency planning effectiveness



Source: CO Survey, September 2020.

COs faced a variety of factors that affected the timeliness of their response, but UNICEF managed to navigate them well to provide a largely timely COVID-19 response. Figure 12 details these for each of the countries, focusing on 10 factors included in the September 2020 CO survey.³¹ The salience of these ten factors is captured systematically for all six countries. Extensions of the radar graph line to the outer diameter indicates that that particular factor played an important role. Several observations are worth making. First, in most cases three to five³² factors affected the timeliness of the response; only in Georgia did only one of the 10 listed factors (resource mobilisation and funding levels) play a role.³³ Second, resource mobilisation and funding levels was the single most common factor affecting timeliness (only the Kyrgyzstan CO did not list it as relevant), while the next most common factor was the adoption of Level 3 SSOPs and the simplification of procedures for new/redesigned partnerships. Third, government recognition of the COVID-19 epidemic as

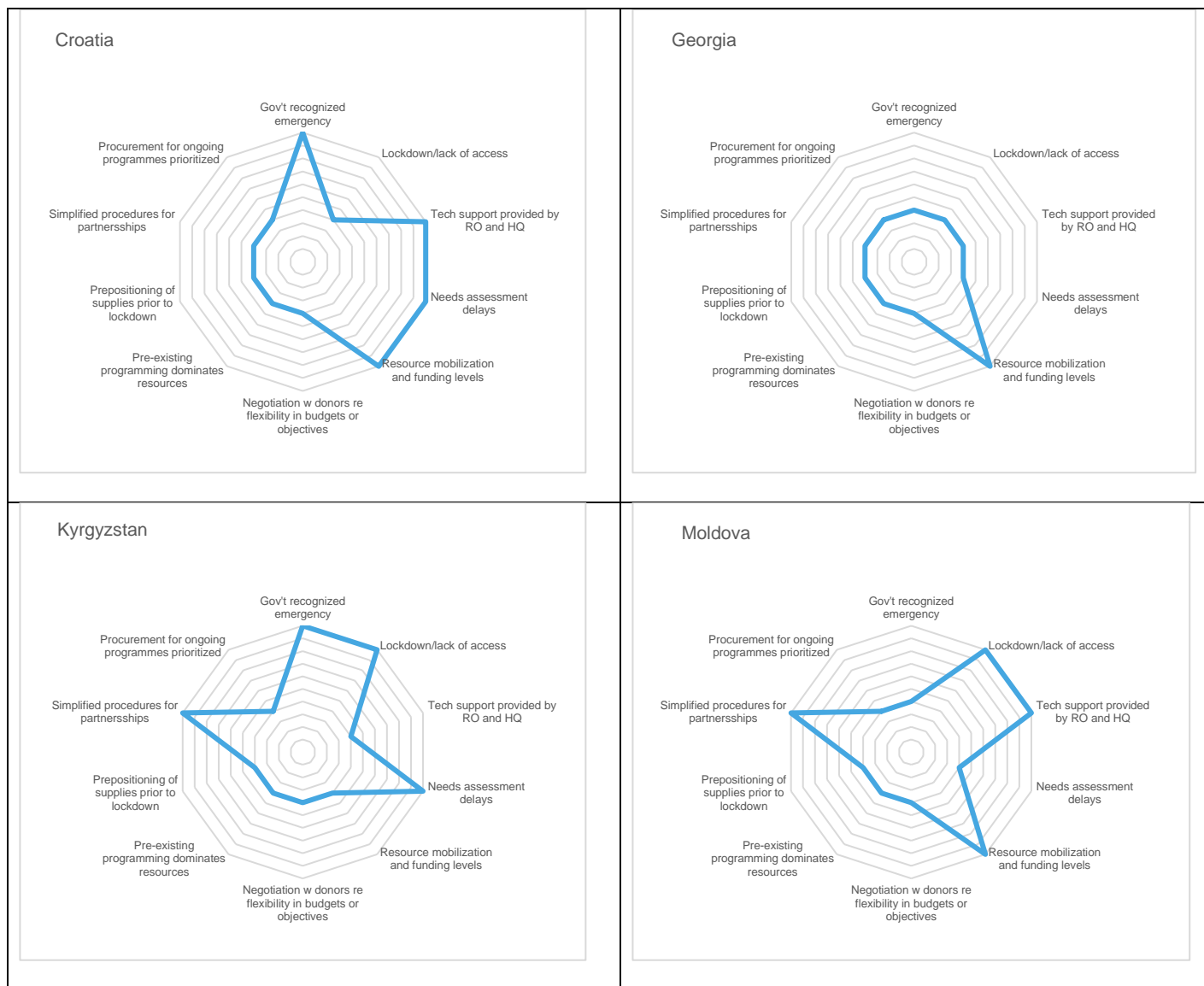
³¹ The CO survey asked the following question: 'What factors contributed most to explain the timeliness (or lack of thereof) of the response? [please select up to 5 most significant factors from the following list].' The response options were as follows: (1) the government recognised the epidemic as an emergency and there was an urgent need to provide support; (2) lockdown/lack of access; (3) technical support provided by RO and headquarters; (4) assessment delays/inability to accurately assess or verify needs; (5) resource mobilisation and funding levels; (6) negotiation with donors regarding flexibility in budgets/objectives; (7) focus on pre-existing programming dominating resources; (8) prepositioning of supplies prior to lockdown (PPE/safety equipment for staff and partners, etc.); (9) Level 3 SSOPs and the simplification of procedures for new/redesigned partnerships; and (10) prioritisation of procurement for ongoing programmes.

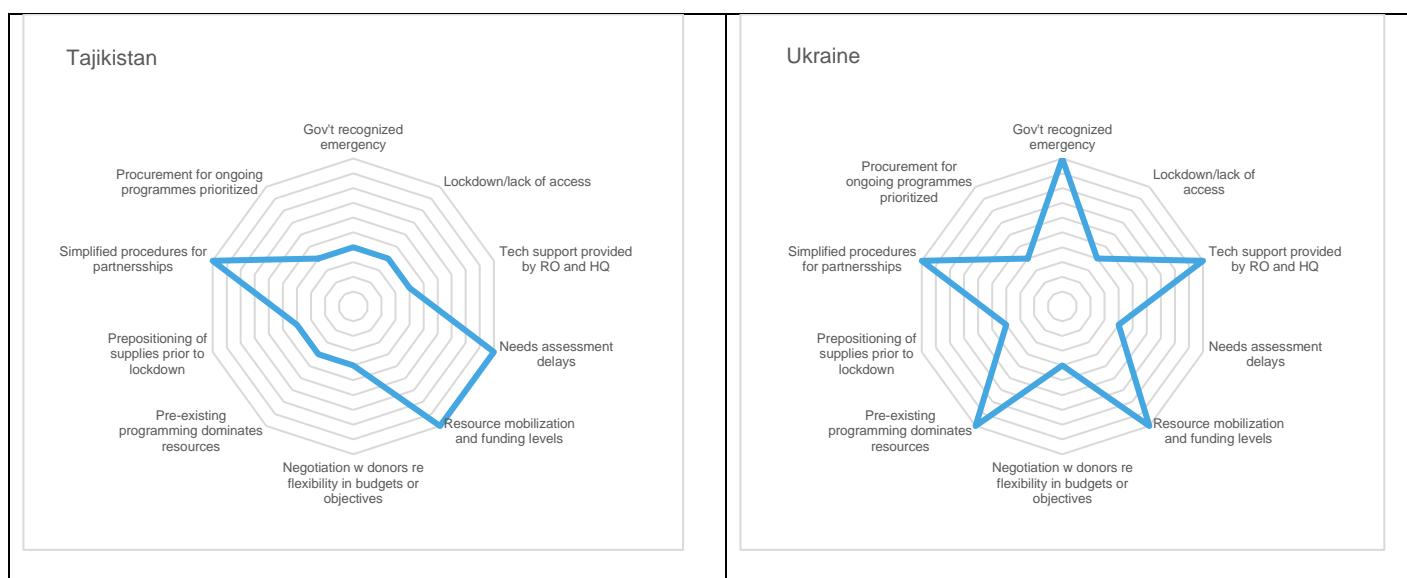
³² The survey allowed for the reporting of a maximum of five key factors affecting timeliness. In reality, more than five factors could have been in play, but that would apply only to Ukraine, where five factors were mentioned; other COs reported three or four key factors.

³³ The Georgia CO did mention other factors (not included in the list of 10, which were examined systematically across all countries): limited availability of supplies in early months of the pandemic and the lengthy process of developing new solutions, such as learning platforms.

an emergency and of the urgent need to provide support was only a facilitating factor in half of the countries; in the other three countries, COs had to operate in an environment where the government did not take an active emergency response posture. Fourth, similarly, lockdowns and access restrictions impacted timelines only in three out of six study countries.

Figure 12: Combinations of factors affecting timeliness of response





Source: CO Survey, September 2020.

The fact that COs learned to operate in the emergency environment allowed them to continued delivering timely support throughout multiple waves of the pandemic. Comparison of the two rounds of IP survey (in September–October 2020 and April 2020) indicates that partners ranked UNICEF's timeliness of response similarly over the two rounds of partner survey at 9 points out of 10. Deployment of simplified, more efficient, and sometimes more cost-effective procurement solutions – documented in qualitative responses – was especially crucial to this improvement. These included: (a) local procurement (for instance in Kyrgyzstan, Tajikistan, and Georgia); (b) the adoption of Level 3 SSOPs and simplified procedures (Tajikistan); and (c) preparation of four contingency programme cooperation agreements (PCAs) with IPs as part of the general Emergency and Response Plan (Croatia), and activation of two PCAs and small-scale funding agreements (Croatia).

3.3.5 To what extent have the COVID-19 response activities undertaken by the COs targeted girls and women? How gender-focused are the design and implementation modalities of the COVID-19 COs' response projects (including targeting of girls and women)?

Key messages:

- The COVID-19 pandemic has a distinct gender dimension and UNICEF mainstreamed gender in its COVID-19 response in its programming.
- Across the six countries, only Georgia had limited gender-focused activities, at least as far as could be understood from response plans, sitreps, and the CO survey.
- UNICEF programming has focused on GBV, psycho-social services, pregnancy and ANC, and gender-positive messaging.
- There are considerable opportunities to strengthen gender-focused design elements in education, SP, or skills training programmes.
- One exception is Kyrgyzstan, where an education programme involves 'social pedagogues' to ensure girls are protected when studying remotely.

The COVID-19 pandemic has a distinct gender dimension. A UN Women report documents some of the disparities faced by women in Ukraine.³⁴ Women account for 83% of the frontline workers involved in the pandemic response, yet few are represented in COVID-19 response decision-making bodies; they more often report having to reduce food consumption, struggle paying utilities and rent, experienced a roughly 55% increase in domestic work (against 37% for men); and have faced additional challenges as a result of the closure of educational institutions (74% of women arrange their children's education, versus 32% of men).

UNICEF mainstreamed gender in its COVID-19 response in its programming. Table 8 presents a mapping of gender-focused³⁵ programming components based on countries' response plans and information in sitreps. A typical gender-focused response of the COs – based on document review – has focused on four components: (a) a diagnostic of the differential impact of COVID-19 on women and girls (vis-à-vis men and boys); (b) provision of psycho-social services aimed at victims or of domestic abuse by expanding existing hotlines or creating new ones, and in some cases linking them to legal services;³⁶ (c) communication related to pregnancy, childbirth, and neo-natal care, remote monitoring and advice to pregnant and breastfeeding women, and gender-positive messaging;³⁷ and (d) additional GBV training for CO staff and IP staff.³⁸

Across the six countries, only Georgia reported limited gender-focused activities, at least as far as could be understood from response plans, sitreps, and the CO survey. However, the CO has made plans to pay increased attention to the GBV-related elements of programming and has set formal GBV-linked HAC targets, as discussed in the following section.

³⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/Infographics_UN%20Women_ENG.pdf.

³⁵ The term 'gender-focused' is used in a general sense to include all types of activities or design elements that take into consideration gender in some shape or form. These include gender-sensitive, gender-responsive, gender-positive (or gender-transformative) activities and design elements. Following the guidance from UNICEF, we define gender-sensitive activities and design elements as those that recognize gender differences or inequalities but do not necessarily take robust measures to change them; gender-responsive activities or design features address the differential needs of men, women, boys, and girls to promote equitable outcomes; gender-transformative (or gender-positive) activities are those that take active steps in redressing gender inequities and empowering disadvantaged gender categories.

³⁶ For instance, the Moldova CO strengthened the national helpline service on domestic violence with a focus on maintaining the system and capacity of staff so that people could report cases of violence. The Tajikistan CO conducted messaging and training on child protection/domestic violence and linked victims of domestic violence to services (psycho-social support and mental health services to adolescents). In Ukraine, UNICEF-supported 12 mobile GBV teams provided 2,412 online consultations by telephone and Skype to the population living along the contact line in the Donetsk and Luhansk regions.

³⁷ The Georgia CO supported remote services related to ANC delivery which addressed the specific needs of pregnant women to consult health workers. In Croatia, communication directly addressed issues related to pregnancy and breastfeeding during the COVID-19 pandemic.

³⁸ For instance, 31 Croatia CO personnel and 169 partner staff completed training on GBV risk mitigation and referrals for survivors, including for prevention of sexual exploitation and abuse (PSEA).

Table 8: Mapping of gender-focused programme design elements

Country	Education	CP	WASH / IPC	Health and nutrition	SP	RCCE
Georgia				Remote ANC service		
Croatia	Gender-positive messages in education	GBV awareness, referrals		Involvement of fathers in ANC		
Kyrgyzstan	Protecting girls, especially when not in school through 'social pedagogues' and reporting programmes	GBV and domestic violence issues integrated into online platforms; capacity building to Ministry of Labour and Social Development staff on addressing SGBV in emergencies		Supporting adoption of breastfeeding and complementary feeding recommendations in the COVID-19 context	Rapid assessment to measure impact of COVID-19 on women	Addressing stereotypes related to COVID-19 and minorities, ensuring gender-positive language
Tajikistan		Gender-sensitive ³⁹ rapid assessment to examine the situation in residential care institutions for children, including closed and semi-closed facilities		Targeting messages to pregnant women		Developing new and amplifying already available risk communication through accurate cultural and gender-appropriate ⁴⁰ messaging
Moldova		Strengthening national helpline service on domestic violence. Response services for survivors of GBV, sexual exploitation and abuse	Procurement of WASH supplies for maternity wards	Continuation of basic maternal and child health services including immunisation. Support to the Ministry of Health, Labour and Social Protection to put in place infection prevention protocols in maternity centres		
Ukraine		Provision of psycho-social support to survivors and witnesses of GBV/violence				Build capacity of women's groups for awareness raising and promoting healthy

³⁹ The term "gender-sensitive" is used in "UNICEF Tajikistan COVID-19 Preparedness and Response Plan Date: 12 May 2020".

⁴⁰ "Gender-appropriate" is a term used in some CO documents and was not explicitly defined in them. The context in which it is used suggests that it is roughly equivalent to gender-sensitive.

		against children (VAC) (online and direct support, where critical)				practices through participatory interventions
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While UNICEF programming has focused on GBV, psycho-social services, pregnancy, ANC, and gender-positive messaging, there are considerable opportunities to strengthen gender-focused design elements in education, SP, and skills training programmes in ways that address disparities between men and women and boys and girls. One example of gender-positive design features is a program supported by the Kyrgyzstan CO, where an education programme involves 'social pedagogues' to ensure girls are protected when studying remotely. It is possible, however, that this study did not fully take stock of all existing gender-focused activities and design elements; one possible reason is their low visibility because some such projects were already running or in the pipeline, and the COVID-19 response only required a scale-up of those projects. The question whether gender-focused design features can be better integrated into programme design in education, SP, and (non-maternal) health should be further explored with close attention to the specific country contexts.

3.3.6 Did COVID-19 result in social safeguards issues (GBV, social accountability)? If so, how successfully did the CO address these challenges?

Key messages:

- The discussion of social safeguards issues in this section centres on addressing GBV risks because the data sources reviewed for this RTA provide very limited information on the social accountability aspects of the COVID-19 response.
- A more in-depth look at the way the COVID-19 affected social safeguards would benefit from looking at Grievance Redress Mechanism (GRM) data (not available for this RTA).
- UNICEF has anticipated an increase in GBV caseload due to COVID-19, and COs have established relevant targets. In three of the six countries (Georgia, Moldova, and Ukraine), COs adopted GBV-linked HAC targets, which implies a formal commitment to addressing GBV issues. In other countries, COs address GBV risk, but without setting formal targets.
- Based on the comparison of the level of need and the targets COs aim to achieve in Table 9, UNICEF's contribution to addressing the total scope of the GBV risk is modest, although in some cases the assessment is complicated by unrealistic definitions of need.

The data sources reviewed for this RTA provide very limited information on the social accountability aspects of COVID-19 response; therefore, the discussion of social safeguards issues in this section centres on addressing GBV risks. A better understanding of social safeguards issues could come from GRM data, yet this is not included in the sources covered by this assessment. A more in-depth look at the way the COVID-19 affected social safeguards would benefit from looking at GRM data.

Based on the mapping of gender-focused programmes included in response plans (see the mapping for the CP response in Table 8 above), GBV programming is present in Croatia, Moldova, Kyrgyzstan, and Ukraine. The interventions range from GBV awareness, to referrals and psycho-social services for survivors and witnesses of GBV and VAC, to capacity building for government social workers on addressing SGBV in emergencies, to support for national hotlines on domestic violence. In many cases, these activities are delivered in an online format, while reserving in-person support for critical cases.

UNICEF has anticipated an increase in GBV caseload due to COVID-19, and COs have established relevant targets. In three of the six countries (Georgia, Moldova, and Ukraine), COs adopted GBV-linked HAC targets, which implies a formal commitment to addressing GBV issues. In other countries, COs have addressed GBV risk, but without setting formal targets. For instance, in Croatia, UNICEF personnel (31 persons) and partners (169 persons) completed training on GBV risk mitigation and referrals for survivors, including for prevention of sexual abuse and exploitation. Inclusion of GBV-related targets for COVID-19 response in HACs across all COs would strengthen the gender dimension of UNICEF's COVID-19 response.

Based on the comparison of the level of need and the targets COs aim to achieve in Table 9, UNICEF's contribution to addressing the total scope of the GBV risk is modest, although in some cases the assessment is complicated by unrealistic definitions of need. For instance, in the case of Georgia, the estimate of the number of children in need for the GBV 1 target is set at the total number of children, which would make UNICEF's contribution negligible (the target would account for 0.5% of need) – yet this hardly represents the level of need for GBV 1-type support adequately since only a fraction of the general population of children require support in mitigation, prevention, or response to GBV risk. More realistic assessment of the level of needs related to GBV is advisable in the case of Georgia. In the case of Moldova, where the estimate of the level of estimated need is more conservative, we see that UNICEF addresses about 10% of GBV-related need for the indicators that are being measured. More realistic assessment of needs related to GBV is advisable in the case of Georgia.

Table 9: GBV-related HAC indicators, level of need, and targets (targets for 2021 as defined in June 2020)

Country	Indicator	Number of children in need	Target
Georgia	GBV1: Number of women, girls, and boys accessing GBV risk mitigation, prevention, or response interventions	839,76941	4,000
Moldova	GBV1: Number of women, girls, and boys accessing GBV risk mitigation, prevention, or response interventions	10,000	1,000
	GBV2: Number of survivors accessing GBV response services	1,000	100
Ukraine	ACE5: Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors, including for preventing sexual exploitation and abuse*	N.A.	200

Source: HAC data from 15 June 2020.

⁴¹ This children in need figure represents the number of all children in Georgia. Although listed as an estimate of need, it misrepresents the level of need for GBV1 type support since only a fraction of the general population of children require support in mitigation, prevention, or response to GBV risk.

3.3.7 To what extent have the COs' COVID-19 responses taken into account the needs of the youth?

Key messages:

- UNICEF COs have paid extensive attention to the situation and needs of youth and the way that the COVID-19 pandemic has affected them.
- Youth programming focuses on the following types of activity: diagnostic work of the situation experienced by youth; establishing platforms for monitoring youth's perceptions and experience of the COVID-19 pandemic, while at the same time collecting feedback and giving voice to young people, digital education, and hotlines for psycho-social support.
- In Croatia, Kyrgyzstan, and Tajikistan, youth-related programmes have included elements of skills-building. However, potentially this can be done on a greater scale, especially for young people who are not enrolled in full-time education.
- Communication with youth has been heavily centred on digital media for reasons of personal safety and social distancing, and can be affected by inequities in access to means of digital communication.
- Decision makers should be cognisant of the limitations of U-report's sampling approach and the biases it can introduce against the poorer, male (who participate in U-report at much lower rates), and rural youth.

UNICEF COs have paid extensive attention to the situation experienced by youths and the way the COVID-19 pandemic has affected them. The degree of attention youth have received during the COVID-19 crisis is likely to be comparable with the emphasis on youth in post-conflict reconstruction. Youth-centred interventions fall into several key categories (see Table 10 for a cross-country overview):

- **Diagnostic work of the situation among youth:** For instance, in Croatia, polls focused on young people's mental health during the pandemic, and key findings will be used to create a youth digital hub on positive adolescent development.
- **Establishing platforms for monitoring youth's perceptions and experience of the COVID-19 pandemic,** while at the same time collecting feedback and giving voice to young people. U-report is one example of such a platform. These aim to leverage the high use of social media by young people as a primary means of communicating with them on COVID-19.⁴²
- **Digital education,** which benefits youth disproportionately since a large share of them are students.⁴³
- **Hotlines for psycho-social support,** focusing on mental health issues anxiety, alienation, fear, and domestic violence and abuse.⁴⁴

⁴² In Croatia, all UNICEF Junior Ambassadors produced engaging vlogs, blogs, and media articles on different aspects of life in the time of COVID-19, including mental health, learning, free time, and ecology; the Croatia CO developed specific platforms and communication tools for the engagement with adolescents and young people who have sent questions and requests for clarification. In Tajikistan, the digital platform for adolescents provides peer-to-peer support.

⁴³ The Tajikistan CO supported the development of a learning platform for youth.

⁴⁴ In Tajikistan, adolescents who are victims of domestic violence were linked to psycho-social support and mental health services. Similarly, in Ukraine, UNICEF is supporting a national toll-free helpline on violence for children and linking victims of violence to free legal aid services.

Other, more niche youth-related interventions have been implemented locally. For instance, Moldova CO's development of capacity building modules for social workers to work with street children, or ensuing continued access to services and psycho-social support by youth in contact with the law and CWD.

In Croatia, Kyrgyzstan, and Tajikistan, youth-related programmes have included elements of skills-building. However, potentially this can be done on a greater scale, especially for young people who are not enrolled in full-time education. The Moldova CO invested in soft skills related to stress and anxiety management, which is in line with the emphasis on psycho-social services for youth, but investment in harder skills may be advisable.

Table 10: Mapping of youth-focused activities and programme design elements

Country	Education	CP	WASH / IPC	Health and nutrition	SP	RCCE
Georgia		Support for youth in contact with the law	Procure and distribute PPE for frontline social juvenile justice workers			Mobilise young people to provide accurate information on COVID-19 using primarily digital platforms
Croatia	<p>Develop online training materials, webinars, and resources on strengthening adolescents' competencies/life skills to keep them engaged and build their resilience in response to COVID-19</p> <p>Set up digital tools and platforms for online education and resources for skills-building of young people</p>	Support Ombudsperson's Office in monitoring role and outreach to youth in isolation in residential care institutions				<p>Develop new specific platforms and communication tools for engagement with adolescents and youth (U-report, Youth Digital Hub); adapt key messages and content to youth-friendly language and format</p>
Kyrgyzstan		Youth engaged in building skills (social, digital) through online platforms, with GBV and domestic violence issues integrated				Youth is engaged in information campaign
Tajikistan	Youth skills	Provision of information on psychological support among trained school				Provision of a digital platform for virtual adolescent/youth

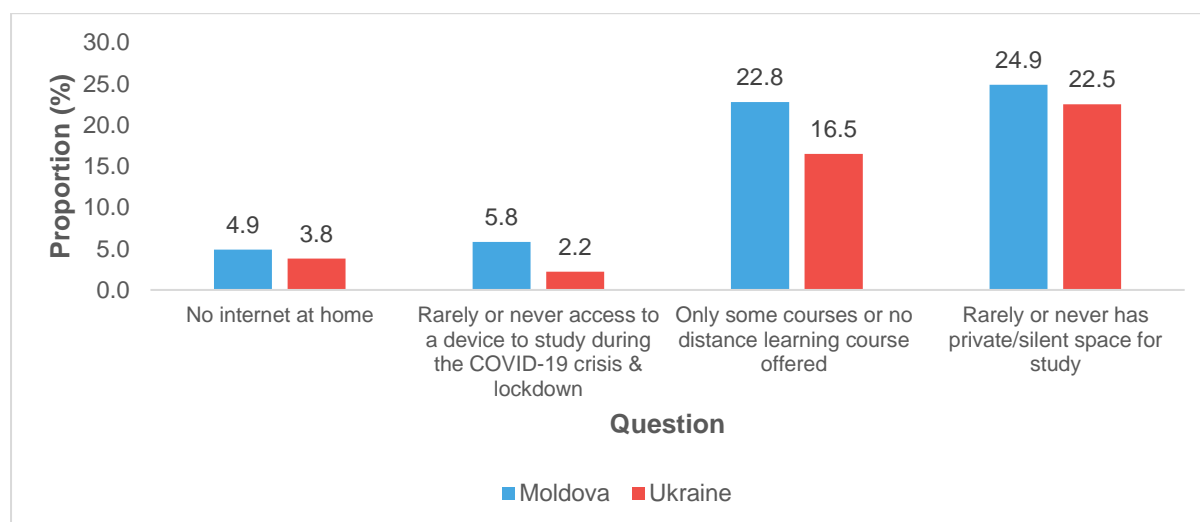
		psychologists and staff of 21 Youth-Friendly Health Clinics through e-tools to the greatest extent possible				support to ensure reporting, information sharing on COVID-19; provision of online training on critical thinking and reporting on COVID-19 for adolescents/young volunteers
Moldova		Development of capacity building modules for social workers to work with street children	Procurement of WASH supplies for Youth-Friendly Health Services	Provide communication information on breastfeeding, infant and young child feeding practice, and on balanced nutrition for adolescent boys and girls		Build coping skills of young people to deal with COVID-19; engaging young people in volunteering. U-Report.
Ukraine		National toll-free helpline on violence for children, where adolescents and youth can receive psychological counselling or can be referred to other service providers, with linkages to legal aid				Building adolescents and young people skills and knowledge to become agents of change in the COVID-19 response

Source: CO response plans.

Communication with youth has been heavily centred on digital media for reasons of personal safety and social distancing. Also, this solution involves minimum participation costs for the audience since it is presumed that they have communication devices and are connected to the relevant infrastructure and services. However, the question of inequity in access to the internet and communication devices, which has already been touched upon in section 3.3.1, is worth stressing here again. Since services to youth (remote learning, remote psycho-social support, and RCCE) would be disproportionately affected by this disparity, it is crucial to pay attention to this source of potential exclusion and inequality. If the response to the COVID-19 pandemic hinges on access to digital communication – especially when it comes to engaging and addressing youth needs – advocacy for equitable access to the internet and removing the barriers would make sense.

U-report data points to some disparities in accessing the internet but likely understates their extent. UNICEF has collected some data on youth’s experience with distance learning during the COVID-19 pandemic and on their access to internet service and devices. Figure 13 shows that, for Moldova and Ukraine, some proportion of students (secondary and university) report having no internet at home during the COVID-19 pandemic, and rare or no access to internet-enabled devices (computers, mobile phones, or tablets). Furthermore, younger respondents reported significantly lower rates of access to devices and the internet.⁴⁵ Note, however, that the U-report sample is biased in favour of those youth who do have some access to the internet and devices (enabling them to participate in the U-report); the actual nationwide rates of access are likely to be significantly lower. U-report also points to other potential inequities affecting remote learning: a lack of schools offering distance courses; and a lack of private or silent space for study. These two are likely correlated with poverty status, rural location, and other similar characteristics.

Figure 13: Youth’s access to facilities that support remote learning in Moldova and Ukraine



Source: U-report data, UNICEF 2020.

Decision makers should be cognisant of the limitations of U-report’s sampling approach and the biases it can introduce against the poorer, male (who participate in U-

⁴⁵ U-report data file.

report at much lower rates), and rural youth. It is important to look at representative surveys that mitigate respondents potential bias when fine-tuning the use of digital platforms.

3.3.8 To what extent has the CO COVID-19 response taken into account vulnerable groups and segments of the country's population of special interest (other than women and youth)?

Key messages:

- While COs believe that they have made efforts in good faith to attend to the needs of vulnerable groups (giving themselves scores of 7–8 out of 10), there is room for improvement.
- **Economic vulnerability:** All six countries included in their response plans activities designed to support economically vulnerable households in three to four (out of six) response areas.
- **CWD:** The COVID-19 response has focused on addressing the challenges CWD are likely to face in accessing education opportunities. Moving forward, it would be worthwhile to assess the need to expand support for CWD in programmes outside of the education sector.
- **Vulnerable minorities:** The Croatia and Moldova COs have targeted vulnerable Roma households with support related to access to distance learning and WASH. Georgia, Kyrgyzstan, and Ukraine COs accounted for the needs of linguistic minorities in their education and RCCE programming by making remote learning and communications platforms and materials accessible in multiple languages.
- Several groups were identified by UNICEF partners as receiving insufficient support: the elderly, households in conflict-affected areas, minority groups (e.g. Roma), poor households, single parent families, and families of migrant workers.

CO programming has aimed to take into account the needs of various vulnerable groups: economically vulnerable households (and their members), CWD, and ethnic and linguistic minorities.

Overall, COs rate their ability to reach vulnerable populations at moderate to high levels (7–8 points out of 10). Thus, while COs believe that they have made efforts in good faith to attend to the needs of these populations, there is room for improvement.

Economic vulnerability

In many cases, COs use 'vulnerable households' to mean households facing economic deprivation, although the nature or underlying causes of their vulnerability varied from country to country. In Kyrgyzstan, for instance, the children of migrants were identified as a vulnerable group who suffered disproportionate economic effects of the pandemic. In Croatia, households impacted by COVID-19 were treated as vulnerable and were targeted for support.

All six countries included in their response plans activities designed to support economically vulnerable households in three to four (out of six) response areas. Table 11 summarises these activities. Attention to economic vulnerability was most common in the education programmes, focusing on mitigating possible exclusion from access to remote learning opportunities. Nevertheless, the magnitude of interventions was modest, especially early on,

with hundreds of families receiving assistance, while the population in need included tens or potentially hundreds of thousands. Notably, Kyrgyzstan and Ukraine lacked attention to vulnerable households in their education programming during the period covered by the study.

In CP, the emphasis on vulnerable households manifested in targeting psycho-social services to households affected by COVID-19 (Croatia and Ukraine) and children of migrants (Kyrgyzstan). Notably, however, three countries out of six did not target children in economically vulnerable households for CP activities. This may be a gap that requires addressing, especially considering that COVID-19 will continue to affect the psycho-social wellbeing of children in the near to medium term.

In WASH/IPC, three of six countries provide targeted support to vulnerable families and locations. While the Croatia CO distributed hygiene supplies to poor families, the Tajikistan CO focused on supporting WASH facilities in less developed areas, and the Moldova CO procured hygiene supplies to schools and children in need. Notably, the WASH/IPC activities of the Ukraine CO were not specially targeted towards vulnerable groups, which could be in part due to the significant slant in its IPC programming towards the Donbass region.⁴⁶

In the health and nutrition sector, programmes targeted at vulnerable groups are reported in Georgia, Kyrgyzstan, and Ukraine, with Ukraine CO providing the more comprehensive list of services to vulnerable populations: access to medico-social facilities (outreach, catering, and medico-social support), and case management and continuity of essential services, including through supporting provision of adequate healthcare for women, children, and vulnerable communities.

In the SP sector, activities focused on vulnerable household tended to centre on advocating for increased coverage of vulnerable households (or increased benefits size) by efforts designed to mitigate against economic shocks associated with COVID-19 and by supporting diagnostic/analytical work that provides motivation for such expansion of benefit. This holds for all five countries where SP programming addresses the needs of vulnerable populations. The actual benefits are (or would be) paid by the existing government cash transfer programmes. This approach avoids the duplication of benefits and allows for the efforts of multiple humanitarian and development actors to be harmonised. However, most of the cash transfer programs are geared toward paying regular benefits and shock-responsive elements these programs may need further developed to enable adjustments in coverage and benefit levels in response to crises.

⁴⁶ Based on CO survey responses (September–October 2020).

Table 11: Mapping of activities linked to support for economically vulnerable households and individuals

Country	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Georgia	Laptop tablet provision; nutritional and hygienic humanitarian assistance to vulnerable families (Abkhazia)		Essential hygiene and food supplies for vulnerable 380 families	Provide nutritional and hygienic humanitarian assistance to vulnerable families (Abkhazia)	Shock-Responsive Social Protection Feasibility Assessment; rapid analysis on the impacts to SP systems, based on national preconditions and exposure to COVID-19; Microsimulations and advocacy leading to one-time universal child grant to over 800,000 children	
Croatia	Distribution of tablets to vulnerable households; corporate donations of SIM cards; Early Learning Kits	Provision of mental health and psycho-social support to various groups of children and families impacted by COVID-19	Procurement of four tons of priority PPE to ensure adequate protection of critical health staff and most vulnerable groups that are affected by COVID-19			
Kyrgyzstan		Children left behind by migrating parents provided with support in accessing services and psycho-social support		Provision of essential medicines for children in need; support for the continuation of existing essential nutrition services, including supplies to vulnerable children and pregnant women	Diagnostic to improve coverage of the poor through SP benefits; rapid assessment to measure impact of COVID-19 on vulnerable	

Tajikistan	Expanding e-learning opportunities, building on UPSHIFT digital solutions for online learning among marginalised children		Support for WASH facilities will benefit households in less developed areas		Expansion (horizontal and/or vertical) of government cash transfers to increase coverage of the most vulnerable	Targeted outreach to urban poor and other potentially high-risk communities, including utilisation of existing SP systems, to ensure the delivery of accurate information on COVID-19 risk prevention
Moldova	IT equipment for teachers and students with no access to distance learning; packages of educational materials and supply for pre-primary and primary school age children with no access to distance learning		Procurement of hygiene and sanitation supplies for schools and children in need		Increased coverage of social assistance for households with children; ensuring continuity of unconditional cash benefits for the poorest and most vulnerable affected households in remote areas (without bank access)	Engaging young people in volunteering initiatives targeting the most vulnerable populations

<p>Ukraine</p>		<p>Training in foster care and other alternative care, including emergency foster care in selected regions to ensure placement of children whose parents were hospitalised due to COVID-19 and/or lost their parents (upon normalisation of the situation); provision of temporary cash assistance, basic supplies, and other necessary support to families and alternative care providers of children who returned from boarding schools</p>		<p>Support of most vulnerable populations, including medico-social facilities (outreach, catering, medico-social support); case management and continuity of essential services, including through supporting provision of adequate healthcare for women, children, and vulnerable communities</p>	<p>Monitoring of the situation of children across child rights with a focus on the most affected by COVID-19 areas; advocacy for expanding coverage of government poverty-targeted cash transfers</p>	
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Source: CO response plans

The Kyrgyzstan CO targets some of its vulnerability-focused programming on the families of migrants. In light of the special effect of the COVID-19 crisis on cross-border mobility, it makes intuitive sense that migrant workers and their families would be disproportionately affected. However, it is important to understand whether this group experiences unique deprivations relative to other poor households. If this is indeed the case, there may be an argument for targeting migrants and their family members in Tajikistan, Moldova, and Ukraine, all of which have sizeable shares of migrant workers.

Geographic location has been used as a basis for reaching vulnerable households. For instance, in Moldova, expanded cash transfer coverage is targeted at the poorest and most vulnerable affected households in remote areas (without bank access), while in Tajikistan WASH/IPC interventions are expected to benefit less developed areas disproportionately. However, regional disparities may require more attention, especially when it comes to mitigating the socio-economic impact of COVID-19.

CWD

The COVID-19 response has focused on addressing the challenges CWD are likely to face in accessing education opportunities, with five out of six COs providing support to families with CWD by developing specialised learning resources (e.g. translation of learning materials into sign language), informal learning opportunities, capacity building for teachers, and assistive technologies. One country where educational support for CWD is not reported in the response plans was Tajikistan.

In other HAC areas, the number of interventions tailored to CWD was limited. Georgia and Kyrgyzstan embedded a focus on CWD into their response plans in CP by providing CWD-specific rehabilitation and psycho-social support programmes, while Tajikistan and Ukraine supported families with CWD in the SP sector through advocating the expansion of essential social services (Tajikistan) and better targeting of CWD through government cash transfer programmes (Ukraine).

Targeted support for CWD in other HAC areas (WASH/IPC, Health and Nutrition, and RCCE) was less frequent. In Moldova, the CO procured PPE, hygiene, and sanitation supplies for CWD, while Croatia provided health and nutrition support through ECD tele-interventions for children with developmental delays. Georgia's support for the development of CWD-specific resources for parents and caregivers had an RCCE component.

Overall, COs' responses related to CWD include programmes in one to three areas and are heavily skewed towards education. This may reflect the fact that the needs for UNICEF support for each of the COs are concentrated only in these areas. Yet, conversely, this may point to gaps in programming. Moving forward, it would be worthwhile to assess the need to expand support for CWD in programmes outside the education sector. To this end, it may be necessary to expand engagements with disability specialists; as discussed earlier, most of the COs (four out of six) do not adequately engage relevant experts in their attempts to reach the most vulnerable groups (see Table 6).

Table 12: Mapping of activities linked to support for CWD

Country	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Georgia	(1) Develop specific resources to support parents and caregivers in providing informal learning opportunities for CWD (2) Developmental activities for children and young people with disabilities (through UNICEF partners)	Support for parents of CWD, including for the continuation of rehabilitation exercises				Develop specific resources to support parents and caregivers in providing informal learning opportunities for CWD
Croatia	Additional capacity building for teachers of CWD			ECD tele-interventions for children with developmental delays		
Kyrgyzstan	Learning platforms and TV programmes to take into account the needs of CWD	CWD and their families are provided with remote and/or on-site additional psycho-social support				

Country	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Tajikistan					Expand essential social services to CWD	
Moldova	Assistive technologies for CWD		Procurement of PPE, hygiene, and sanitation supplies for CWD			
Ukraine	Translation of 'online school' courses into sign language				Advocacy for expanding coverage of government poverty-targeted cash transfers to better support families with CWD	

Source: CO response plans

Vulnerable minorities

In a number of countries, COs have implemented programming aimed at providing targeted support towards ethnic and linguistic minorities. The Croatia and Moldova COs have targeted vulnerable Roma households. The Croatia CO provided tablets and early learning kits to poor Roma children as a means of reducing inequalities in learning opportunities. The Moldova CO targeted vulnerable Roma families in distributing WASH supplies.

The Georgia, Kyrgyzstan, and Ukraine COs accounted for the needs of linguistic minorities in their education and RCCE programming by making remote learning and communications platforms and materials accessible in multiple languages. RCCE interventions in Kyrgyzstan also addressed the possible stereotypes associated with minority groups. In Moldova, WASH training for staff of educational institutions was conducted in multiple languages.

Table 13 Mapping of activities linked to support for vulnerable minorities

Country	Education	WASH/IPC	RCCE
Georgia			Communications materials targeted towards minority groups
Croatia	Tablets for Roma children who lack devices to log into and participate in online education Provision of Early Learning Kits to Roma children who are most at risk to have been affected by lack of pre-school due to school and kindergarten closures		
Kyrgyzstan	Learning platform in multiple languages		Addressing possible stereotypes against children with COVID-19 and minorities, ensuring gender-positive language
Tajikistan			
Moldova		WASH training for staff of residential educational institutions conducted in multiple languages; delivery of WASH supplies to vulnerable Roma families	
Ukraine			Development of social media communications materials in local language to address basic information, social distancing, hygiene information, rumours and

Country	Education	WASH/IPC	RCCE
			myths, and physical distancing

Source: CO response plans

Vulnerable groups that received insufficient support

Based on Round 2 of the UNICEF partner survey, several groups were identified as receiving insufficient support: the elderly, households in conflict-affected areas, minority groups (e.g. Roma), and poor households across the 20 countries surveyed (see Table 14 below). These have been singled out by government and non-government partners. Single parent families and families of migrant workers are two additional group seen as under-served by COVID-19 responses by government partners. Going forward, increased support for these groups in UNICEF activities may be considered.

Table 14: Vulnerable groups that received no support at all or limited support in the course of COVID-19 response, as reported by UNICEF's partners

	Government	Non-government	Total
a. CWD	0.0%	5.0%	4.0%
b. Families with many children	6.0%	6.0%	6.0%
c. Single parent families	14.0%	3.0%	7.0%
d. Families where parents are migrant workers	17.0%	4.0%	8.0%
e. Families who are minority groups, e.g. Roma	15.0%	9.0%	11.0%
f. Migrants, refugees	8.0%	6.0%	7.0%
g. Elderly	22.0%	25.0%	24.0%
h. Poor households	8.0%	13.0%	11.0%
i. Households living in rural areas	10.0%	7.0%	8.0%
j. Households living in urban areas	0.0%	3.0%	3.0%
k. Households in conflict-affected zones	17.0%	26.0%	24.0%
l. Other	0.0%	9.0%	8.0%

Source: Partner survey, Round 2

3.3.9 Were M&E procedures/mechanisms affected by the COVID-19 crisis? Have COs adopted new M&E procedures/solutions or evolved existing ones to respond to possible oversight and M&E challenges posed by the COVID-19 crisis?

Key messages:

- Social distancing protocols constrained face-to-face monitoring, but all COs report adhering to UNICEF's standards for monitoring and no instances of significant M&E failures have been reported.
- COs expanded remote monitoring, complementing this with additional third-party monitoring (TPM), greater reliance on partners for monitoring, and the practice of participatory monitoring.
- Difficulty of monitoring the quality of supplies and services was one of the challenges of remote monitoring.
- Greater reliance on TPM and on governments – while potentially cost-effective and safe – may involve a degree of potential fiduciary risk.

Social distancing protocols constrained the face-to-face monitoring of the implementation and distribution of supplies. Nevertheless, all COs report that they have adhered⁴⁷ to UNICEF's standards for monitoring, and no instances of significant M&E failures have been reported.

To adjust to social distancing and mobility restrictions, all COs adopted a range of approaches:

- All COs expanded their remote monitoring while supplementing it – to various degrees – with face-to-face monitoring by staff (this was the case for the Georgia CO). In Ukraine, IP verification and monitoring through site visits occurred whenever possible.
- COs also increased TPM capacity to strengthen face-to-face monitoring and deployed additional TA staff to strengthen procurement-linked monitoring (Moldova and Ukraine COs).⁴⁸
- Some COs transitioned to a greater reliance on partners to undertake monitoring. The Tajikistan CO implemented robust quality checks on supplies in cooperation with the government. For instance, communication materials (messages, posters, animation, etc.) all had to be pre-tested and cleared by the Ministry of Health and the Ministry of Education.⁴⁹
- The Croatia CO implemented participatory monitoring to involve final beneficiaries in providing feedback.

Among the key M&E-related challenges, COs mentioned the difficulties of monitoring the quality of supplies and services due to a lack of contact with beneficiaries (Ukraine). The

⁴⁷ Based on the CO survey from September 2020.

⁴⁸ TPM arrangements were being put into place by the Ukraine CO as of September 2020.

⁴⁹ The Tajikistan CO also conducted checks on the distribution of material and collected feedback on them. These were conducted remotely through IPs and phone polls by a Third-party Monitoring company as well as through the UNICEF staff child rights monitors in the field (also by phone), who ensured that the materials and supplies were reaching the recipients and established whether additional materials were needed (based on the CO survey data).

Tajikistan CO implemented a range of measures⁵⁰ to monitor the quality of supplies, but still cited the lack of ability to monitor fully the quality of the supplies delivered as a reason for scaling back the targets.

Greater reliance on TPM and on governments – while potentially cost-effective and safe – may involve a degree of potential fiduciary risk. There is, therefore, a need to assess fully the strengths and weaknesses of the remote modalities of monitoring.

3.3.10 Quality of COVID-19 response: To what extent has the COVID-19 crisis resulted in significant changes in the number of CO staff and their productivity? How has the remote working modality affected the quality of UNICEF management/leadership?

Key messages:

- To address the increased staff needs, COs brought in new technical staff and general services/HR staff.
- In some cases, however, the on-boarding of additional staff was lengthy, especially given the compressed timeline of crisis response, and COs resorted to temporary stop-gap measures.
- The pandemic response put CO staff under significant stress due to the overlap between work and domestic duties, and the lack of motivation.
- Several COs faced significant changes in leadership during the pandemic, which further complicated response coordination.
- The pandemic posed health risks to CO staff and the COs took measures to protect their staff from the direct impact of the epidemic, although in some cases the adopted measures were not enough to fully prevent exposure to COVID-19.

The response to the COVID-19 crisis demanded the scaling up of HR to handle the increased volume of activities, especially in the general support staff (such as procurement and HR) and in new areas of expertise that were not present in the COs prior to the pandemic (such as WASH in Kyrgyzstan and Tajikistan).

To address the increased staff needs, COs brought in new technical staff and general services/HR staff (the demand for the latter was especially high due to the need to process the high volume of procurement and other changes in the operational procedures). For instance, the Kyrgyzstan CO brought in a WASH specialist. The Tajikistan CO asked for a stand-by partner, a communications person, and a WASH person as a mitigating strategy.

In some cases, however, the on-boarding of additional staff was lengthy, especially given the compressed timeline of crisis response, and COs resorted to temporary stop-gap measures. For instance, the Kyrgyzstan CO experienced delays with the appointments of the Climate Change and Disaster Risk Reduction/Emergency Focal Point and the WASH specialist. To mitigate the impact of the delayed on-boarding of the WASH specialist, the Kyrgyzstan CO assigned the management of the WASH function to the Chief

⁵⁰ Based on the Tajikistan CO survey, before buying PPE, all items were tested by the Ministry of Health and cleared by the government as meeting the relevant national standards. The CO also engaged doctors to check the quality of the ventilators. These checks identified several issues with the quality of the units, and the CO worked with the vendors to successfully resolve them.

of Field Office in Osh on a temporary basis. In Tajikistan, the stop-gap measures for WASH response involved the use of remote WASH support by the emergency rapid response team. The Tajikistan CO also leaned on the remote support from the RO advisers.

The pandemic response put CO staff under significant stress due to the overlap between work and domestic duties and the lack of motivation. To protect work–life balance, the Georgia CO staff amended office hours based on personal circumstances. The Moldova CO took a number of steps to improve motivation. For example, the CO management supported staff in taking leave, while the CO staff set up a matrix model to empower staff to deliver as a team where a chair is a member of another group.

CO management faced the twin challenges of ensuring the coordination of staff and activities, and maintaining productivity in a remote working setting. The Tajikistan CO undertook reviews of work plans, identified tasks that could be completed through teleworking, and updated a Business Continuity Plan. Work-from-home drills were also conducted. The Ukraine CO activated a Business Continuity Plan. The Croatia CO management monitored staff to detect the unbalanced distribution of the workload; based on staff monitoring, the management made adjustments to the distribution of tasks and included a standing agenda item on staff wellbeing in the pandemic and teleworking context into the regular all-team meetings.

Several COs faced significant changes in leadership during the pandemic, which further complicated response coordination. For instance, the Moldova CO had a new Resident Representative, Deputy Representative, and Operations Manager. In the Kyrgyzstan office, the new Deputy Representative assumed the position remotely.

The pandemic posed health risks to CO staff, and the COs took measures to protect staff from the direct impact of the epidemic, although in some cases the measures adopted were not enough to fully prevent exposure to COVID-19. The Ukraine CO distributed COVID-19 safety information (based on guidance from WHO and RO/headquarters), and information on hygiene measures and duty of care, and procured and distributed PPE to CO staff. Despite the precautions, 25% of the Kyrgyzstan CO staff were directly affected by COVID-19: it is important to take stock of the reasons for such significant COVID-19 exposure to ensure more effective preventive measures in the future.⁵¹

⁵¹ The Kyrgyzstan CO is the only UNICEF office that commented on the exposure of its staff to COVID-19.

3.3.11 Cooperation with development partners: What role has cooperation with the government, donors, CSOs, private sector, and IFIs played in formulating and carrying out the CO's COVID-19 response? To what extent has the remote working modality had an impact on communication and relations with the government counterparts?

Key messages:

- Increased engagement with IPs was a key component of the pandemic response, with the funding to partners and the total number of contract/engagements with IPs doubling in 2020.
- UNICEF's IPs – CSOs, private companies, and government agencies – view UNICEF as a partner that is easy to collaborate with.
- Most partners (84%), government and non-government, feel that remote working and generally constrained operational environment had only a minor or no effect at all on UNICEF's performance.
- The vast majority find that UNICEF offices adapted to the pandemic well or very well in almost all aspects, 16% of partners find that UNICEF's provision of IT equipment and support lacked adaptability.

As discussed earlier, increased engagement with IPs was a key component of the pandemic response in the situation where UNICEF's own staff resources were stretched, the volume of work expanded dramatically and continued growing, and direct administration and monitoring of activities became difficult due to social distancing restrictions and the remote working modality. HACT data indicates that the total number of contract/engagements with IPs doubled, from 26 to 53, between the second and the third quarters of 2020. Of these, 24 engagements were with government entities and 91 with non-government ones (the vast majority of which were CSOs). The number of new partners involved in these engagements from quarter to quarter did not grow significantly in most countries (the one exception is Kyrgyzstan); instead, COs expanded their portfolios of engagement with existing partners.

Funding to partners expanded two-fold, from US\$ 800,000 in the six RTA countries to US\$ 1.6 million, although country-wise, the dynamic varied dramatically. In relative terms, Croatia reported the fastest expansion of partner funding, from US\$ 0 to US\$ 38000, while the Georgia CO expanded financing from US\$ 65,000 to US\$ 305,000.

Table 15: Engagement with government and non-government partners in quarters 2, 3, and 4 of 2020 (HACT data)

	Quarter 2	Quarter 3	Quarter 4	Total	CSO	Government	Total
Number of contracts/engagements⁵² partners by quarter, 2020							
Croatia	0	2	3	5	5	0	5
Georgia	6	10	13	29	23	6	29
Moldova	4	3	5	12	5	14	19
Kyrgyzstan	2	7	10	19	12	0	12
Tajikistan	1	3	1	5	1	4	5
Ukraine	13	11	21	45	45	0	45
Total	26	36	53	115	91	24	115
Number of unique partners as they are added by quarter, 2020							
Croatia	0	2	1	3	3	0	3
Georgia	6	5	5	16	12	4	16
Moldova	4	2	2	8	4	10	14
Kyrgyzstan	2	6	6	14	8	0	8
Tajikistan	1	3	0	4	1	3	4
Ukraine	13	5	10	28	28	0	28
Total	26	23	24	73	56	17	73
Total transfers to partners by quarter ('000 US\$), 2020							
Croatia	0	42	38	80	80	0	80
Georgia	65	223	305	592	410	182	592
Moldova	35	76	135	246	66	179	246
Kyrgyzstan	81	43	142	266	266	0	266
Tajikistan	50	50	21	121	50	71	121

⁵² There are partners with multiple engagements or contracts in a given quarter with separate budgets.

	Quarter 2	Quarter 3	Quarter 4	Total	CSO	Government	Total
Ukraine	573	1,139	966	2,678	2,678	0	2678
Total	803	1,572	1,608	3,983	3,550	433	3983

Source: HACT data provided by UNICEF in April 2021

UNICEF's IPs – CSOs, private companies, and government agencies – view UNICEF as a partner who is easy to collaborate with. Based on the partner survey of 20 countries fielded in April 2021, only 2–5% of partners report significant or very significant challenges in any aspect of collaboration with UNICEF (see Table 16) and the vast majority, 70 to 82%, depending on the aspect of collaboration, experience no challenges at all. Of the aspects considered, delays or gaps in communication, delivery of services, and decision-making or approval process are more likely to present a minor challenge. The pattern is the same for government and non-government entities.

Table 16: Rating of challenges experienced during collaboration with UNICEF/UNICEF's IPs

	Not challenging	Minor challenges (2–3)	Moderate challenges (4–6)	Significant challenges (7–8)	Very significant challenges (9–10)
Delays in payments	82%	7%	7%	2%	2%
Delays or gaps in communication	70%	19%	6%	5%	0%
Delays in delivery or lack of services	75%	17%	5%	3%	0%
Delays in decision-making or approval process	71%	14%	14%	2%	0%
Remote working modalities of UNICEF staff	77%	10%	10%	2%	2%
Other	79%	4%	14%	0%	4%

Source: Round 2 of partner survey, April 2021

Most partners (84%), government and non-government, feel that remote working and the generally constrained operational environment had only a minor or no effect at all on UNICEF's performance; 90% believed that UNICEF's response to the challenges posed by remote working and the operating environment was mostly successful or very successful. The same proportion found UNICEF's response timely or very timely.

Table 17: Quality of UNICEF's response

	No effect	Minor effect	Moderate effect	Significant effect	Very significant
Effect of remote working and constrained operating environment					
Non-government	52%	32%	4%	8%	4%
Government	67%	17%	8%	8%	0%
Total	57%	27%	5%	8%	3%
	Unsuccessful	Little success	Moderately success	Mostly successful	Very successful
UNICEF's performance in response to these challenges					
Non-government	0%	2%	9%	26%	64%
Government	0%	0%	8%	33%	58%
Total	0%	1%	8%	28%	62%
	Not timely at all	Somewhat untimely	Moderately timely	Timely	Very timely
Timeliness of response					
Non-government	0%	0%	6%	28%	66%
Government	0%	0%	13%	33%	54%
Total	0%	0%	8%	30%	62%

Source: Round 2 of partner survey, April 2021

Partners gave high ranking to UNICEF's ability to respond to the changing situation along eight various dimensions (see Table 18). While the vast majority find UNICEF offices well or extremely well adapted, a slightly greater share of partners finds that UNICEF's provision of IT equipment and support lacks adaptability (16% report 'not adapted at all' or only 'somewhat adapted').

Table 18: Adaptability of UNICEF's response

	Not adapted at all	Somewhat adapted	Moderately adapted	Well adapted	Extremely well adapted
a. Hygiene supplies	2%	6%	4%	13%	75%
b. Medical supplies and equipment	7%	0%	9%	19%	65%
c. Guidelines (e.g. on opening early childhood institutions after lockdown, on remote teaching, etc.)	2%	7%	9%	23%	60%
d. Technology, equipment, IT support	2%	14%	8%	29%	47%
e. Technical advice	2%	9%	9%	33%	48%
f. Communication materials on pandemic-related risks and prevention measures	0%	6%	3%	16%	75%

	Not adapted at all	Somewhat adapted	Moderately adapted	Well adapted	Extremely well adapted
g. Advocacy (data and evidence on families and children affected by the pandemic)	3%	7%	7%	24%	59%
h. Institutional capacity development (e.g. training, system development, etc.)	5%	2%	8%	32%	53%

Source: Round 2 of partner survey, April 2021

Government

Collaboration with government agencies was necessary to develop and execute COVID-19 response plans. As discussed above in section 3.3.2, at the start of the pandemic COs relied heavily on government-provided data to measure the level of need in PPE, IPC, medical supplies, and remote services support. For example, cooperation between the Moldova CO line ministries and CSOs has been central to target setting.

At a more fundamental level, UNICEF's ability to respond to the COVID-19 crisis depended on government service delivery systems. The provision of medical supplies (e.g. oxygenators) would be effective only if there is a functioning healthcare system that can utilise these supplies. Another fruitful area of collaboration between UNICEF and governments in many countries (Moldova, Georgia, Tajikistan, Kyrgyzstan, and Ukraine) involved the use of government SP system (especially social registries) to reach vulnerable groups with targeted cash transfers. Sitreps and the CO survey indicate that UNICEF tended to focused on advocacy for scaled-up transfers and on the analytical work needed to determine the design parameters of these transfers (the exact targeting approach, benefit levels, duration of benefits, etc.), while governments provided functional cash transfer delivery systems and additional financing (often with support from IFIs).

Another area of UNICEF's engagement with governments has been the strategic coordination of the overall COVID-19 response across the entire humanitarian and development landscape to ensure coordinated and harmonised actions by multiple players. CO surveys indicate that governments' performance of such a strategic coordination function has often been lacking. For instance, in Kyrgyzstan, COVID-19 response coordination by the government was ineffective, and the lack of government coordination of international partners' activities complicated the COVID-19 response (based on Kyrgyzstan CO survey responses). The Tajikistan CO also reports that government red tape proved problematic and that government coordination efforts were insufficiently proactive; in CO's opinion, the WHO's Emergency Operation Centre in Tajikistan could mitigate bureaucratic bottlenecks and provide a solution to the lack of government leadership in COVID-19 response coordination.

One of the reasons for difficulties in governments' coordination of the COVID-19 response is differences in the perception – by government and non-government partners – of the seriousness of the challenges faced by the governments during the pandemic (see Table 19). In effect, government partners assess the gravity of the pandemic-related challenges as lower than non-government ones. These discrepancies point to the need to continue to

invest in communication with government counterparts to reach a better synchronised assessment of the challenges posed by the COVID-19 crisis. In this regard, the Ukraine CO's call to improve communications with partners through more frequent exchanges and faster reporting (without waiting for the final report) are particularly relevant.

Table 19: Assessment of the seriousness of COVID-19 related challenges faced by the government

	Type	Not challenging	Minor challenges (2–3)	Moderate challenges (4–6)	Significant challenges (7–8)	Very significant challenges (9–10)
State Services (e.g. health, education, pre-school)	Non-government	2%	12%	26%	30%	30%
	Government	0%	9%	48%	22%	22%
	Total	1%	11%	33%	27%	27%
Logistics (e.g. transport, coordination)	Non-government	4%	18%	30%	34%	14%
	Government	0%	26%	39%	17%	17%
	Total	3%	21%	33%	29%	15%
Funding for providing services during the pandemic	Non-government	4%	14%	27%	22%	33%
	Government	0%	30%	35%	13%	22%
	Total	3%	19%	29%	19%	29%
Equipment for providing services during the pandemic (e.g. for health services, and education)	Non-government	4%	20%	12%	26%	38%
	Government	4%	26%	35%	13%	22%
	Total	4%	22%	19%	22%	33%
Technical capacity of staff to provide services during the pandemic (e.g. health, education, and pre-school related services)	Non-government	4%	24%	16%	28%	28%
	Government	4%	22%	35%	26%	13%
	Total	4%	23%	22%	27%	23%
Human resource capacity (e.g. health workers, and teachers)	Non-government	4%	16%	26%	24%	30%
	Government	0%	27%	45%	9%	18%
	Total	3%	19%	32%	19%	26%
	Non-government	6%	22%	32%	26%	14%
	Government	14%	18%	32%	27%	9%

	Type	Not challenging	Minor challenges (2–3)	Moderate challenges (4–6)	Significant challenges (7–8)	Very significant challenges (9–10)
Communication about pandemic-related risks and prevention measures	Total	8%	21%	32%	26%	13%
Other	Non-government	7%	17%	31%	28%	17%
	Government	0%	38%	38%	0%	25%
	Total	5%	22%	32%	22%	19%

Source: Round 2 of Partner Survey

Lastly, the procurement and monitoring of supplies and services have been two other important areas of cooperation. Governments were often able to take advantage of UNICEF's more streamlined procurement procedures and connections in order to procure critical supplies and services. UNICEF, in turn, has been able to rely on governments to monitor the quality of the procured supply (Tajikistan), although the use of non-government TPM was more common.

CSOs, private sector

UNICEF's business model relies heavily on COs and the private sector for the delivery of a wide range of outputs, from dissemination of information to service provision, advocacy campaigns, M&E, etc. Faced with an increased demand for UNICEF support, COs increased the engagement of CSOs and private sector firms (documented in Table 15). Longstanding collaborative relationships with CSOs enabled a more expeditious crisis response. For instance, the Tajikistan CO benefited from a 15-year-long close relationship with the Red Crescent, allowing the use of the Red Cross Society of Tajikistan/International Federation of the Red Cross network of branches and a staff of volunteers in regions and districts of Tajikistan for the COVID-19 response (UNICEF supported the training of 300 volunteers to undertake COVID-19-related work in communities, the development of printed and video information materials, and the dissemination of public communications materials). As discussed in section 3.3.9 on monitoring, the collaboration with CSOs and private sector partners enabled UNICEF to better adhere to social distancing protocols while meeting its monitoring and quality control standards.

IFIs and donors

The key area of cooperation between donors and IFIs and UNICEF is the mobilisation of funds for COVID-19 response. For instance, both donors and IFIs displayed flexibility in increasing financial support for the COVID-19 response, allowing COs in Moldova and Tajikistan to make significant progress in reducing the funding gap during the assessment period. The Tajikistan CO reported a funding gap of only 16% (in comparison, the Croatia CO reported a 92% funding gap when submitting its response plan). In Moldova, donors reprogrammed their existing funding, which resulted in increased opportunity to make adjustments to the programme design and composition to better align them to the needs the CO faced. However, in Ukraine, the legacy of linking programming and budgets to the eastern regions hampered the CO's ability to adequately respond to a nationwide crisis and reach vulnerable populations outside the Donbass region.

Collaboration between IFIs, UNICEF, and the government in the SP sector has been successful, with IFIs providing financial support and technical assistance, UNICEF contributing to analytical and operational support to emergency cash transfers, and governments deploying their delivery systems for scaled-up cash transfers. In Tajikistan, the WB used the UNICEF humanitarian cash transfer model and implementation arrangement⁵³ to deliver cash to vulnerable families with children under 3.

⁵³ Cooperation agreements between UNICEF, a government bank, the government's Committee on Emergency Situations (CoES), and the Red Crescent.

3.3.12 Which UNICEF business processes are most affected by the COVID-19 crisis? What are the key ways in which COVID-19 is constraining or enabling COs' operations?

Key messages:

- The COVID-19 crisis impacted all business processes, but those most heavily affected are target setting, fund mobilisation, procurement, and internal coordination and staff management.

The objective of this section is to highlight operational constraints and enabling factors related to each of the business processes and to set the stage for the discussion of key adaptations in Section 3.4, since adaptations represent an innovative response to important constraints.

This section is organised around the core processes in our ToC: diagnostics; response design and planning; and all aspects of implementation (see Figure 1). Note, however, that preceding sections have already addressed diagnostics (sections 3.2 and 3.3.1), response planning and design (Section 3.3.2 discussed target setting; sections 3.3.3 and 3.3.5 through 3.3.8 covered programme design topics), and several aspects of implementation (preparedness and timeliness were discussed in Section 3.3.4, while remote work, staffing, and management issues were discussed in Section 3.3.10). M&E, and cooperation and communication with partners, were the subjects of sections 3.3.9 and 3.3.11, respectively. To avoid redundancy, we highlight only the main operational constraints and enabling factors related to each of the business processes. This section draws heavily on previous sections and on the country-wise analysis presented in Annex C, which in turn represents a synthesis of data collected from response plans, CO surveys, RO sitreps, and CO sitreps from August to November 2020.

Diagnostics

The key **constraint** regarding the diagnostics is the rapid change in the situation, the failure of conventional data collection processes to respond to the new data needs, and the resulting lack of reliable data, especially disaggregated data, on the support needs of vulnerable groups and response planning.

The key **enabling** factor related to diagnostics stems from the fact that governments have come under tremendous pressure to respond to the COVID-19 crisis, which creates incentives to collaborate with humanitarian and development partners on data collection, share their data and access to its systems, and modernise data collection.

Target setting and planning

UNICEF's procedures involved in target setting were **constrained** or disrupted by:

1. limited and often conflicting information coming from various data sources (e.g. data from different levels of government conflicted with each other or the government data did not align with CSO data);

2. the need to adjust target setting methodology to the COVID-19 response context, including defining new targets and a means of tracking them;
3. unclear information on availability and the quantity of supplies, either in the local or global market;
4. the limited ability to monitor the delivery of supplies, resulting in reduction of targets for supplies (it is crucial to be able to monitor the supplies adequately for fiduciary reasons); and
5. the increased level of difficulty in aligning targets and plans across multiple humanitarian and development partners.

As a reaction to these constraints and a second-order effect, the COVID-19 pandemic motivated – if not enabled – the establishment of closer and more formal cooperation arrangements between the CO, the government, CSOs, and the private sector. The most salient example of cooperation on a new level is the direct meeting of the Ukraine UNICEF office management with President Zelenskyy. The Georgia CO expanded the Memorandum of Cooperation with the Parliament and the State Care Agency. Where such arrangements already existed, they served as important mitigating factors enabling the triangulation of information on needs and targets.

Programme design

The key operational **constraints** affecting programme design were a large-scale shift in programmatic priorities, the compressed timeline for rolling out new interventions and delivering results, and the need to provide services in a qualitatively different way, which required COs to develop or bring in new expertise (especially WASH, digital technology, and SP) and rapidly scale up service delivery in these new areas. Limitations on access to internet and internet-enabled devices among the disadvantaged groups and in remote locations represented yet another constraint on the digital solutions to social distancing and raised the risk of perpetuating or expanding inequities.

Taking a longer-term perspective, COVID-19 has enabled UNICEF to assume a leadership role in health, education, and psycho-social digital technology services, which may not otherwise have been assumed. Since there are good reasons to expect that remote service provision in health, education, and psycho-social services (including the GBV-related support and support for CWD) will continue after the pandemic is over, developing expertise in these areas represents a strategic gain for UNICEF.

Procurement

Procurement has borne the brunt of the most direct and significant impact of the COVID-19 pandemic on UNICEF as an institution. The effect was due to multiple constraining factors: the dramatic rise in the demand for procurement of good and services, and the consequent supply problems; urgency of need; shortages of PPE, IPC, and medical supplies; rapidly rising prices; and social distancing, lockdowns, and mobility restrictions. The global scale of the pandemic and the sudden demand for the same products across the globe made it difficult to redistribute procurement tasks across regions. The strain on procurement resulted in overloading the procurement department capacity, leading to longer delivery and hiring

times, which were sometimes compounded by difficulties with the verification of delivery of supplies due to lockdown and restrictions on mobility. To expedite procurement and manage rising prices, some COs were authorised to undertake local procurement, which led to significant savings. However, some COs argued for the further decentralisation of procurement (allowing for field office LTAs, as suggested by the Georgia CO). There are no obvious aspects of the COVID-19 pandemic that could be seen as enabling procurement.

A shift towards the procurement of goods (albeit necessary ones) involved an opportunity cost due to the pulling of resources away from technical assistance, which may not constitute an optimal use of UNICEF's capacity.

Implementation of activities

The COVID-19 pandemic constrained the implementation of regular activities by reallocating the budget towards new components of programming, introducing new types of interventions, which implied steep learning curves and unfamiliar activities (digital provision of services, etc.). In some countries (e.g. in Ukraine), the geography of interventions shifted considerably from a nearly exclusive focus on eastern Ukraine to extending coverage nationwide; this required finding new IPs with capacities outside eastern Ukraine and building new connections with regional and local governments. Further, the high demand for basic support overwhelmed the CO's ability to attend to the most vulnerable groups in its interventions.

Prepositioning and existing contingency plans were largely non-existent or ineffective since most of the study countries are not regularly exposed to large scale public health emergencies. In two locations where emergencies are a factor, their impact on preparedness for COVID-response was limited. For instance, the contingency planning in Tajikistan was built around natural disasters and conventional diseases (e.g. measles) and was not suitable for responding to the COVID-19 pandemic, although general familiarity with emergency protocols, in-house expertise in crisis response, and linkages with such entities as the Red Crescent Society of Tajikistan helped quickly mobilise relevant staff and partners for pandemic response. In Ukraine, emergency operations in the eastern regions, too, did offer some benefits in terms of existing warehousing capacities. However, these were of limited relevance for expanding operations to the rest of the country unaffected by the current emergency. But in most assessment countries, regular emergencies do not occur, and emergency response protocols are largely not needed; maintaining a high preparedness level therefore would be costly and wasteful. However, there are strong reasons to consider developing low-intensity preparedness arrangements, and putting in place dormant response systems and protocols that could be called on and scaled up as needed.

3.3.13 Has the effectiveness of the CO response changed over time and how?

Key messages:

- The overall picture emerging from the multiple data source is that of increasing effectiveness in terms of business process implementation and improving target achievement, notwithstanding a few caveats and areas of concern.
- Effectiveness improved when measured in terms of the delivery of planned output levels (although the significant funding gap presents a potential barrier to delivering outputs).
- In terms of timeliness of support, COs managed to achieve and sustain timely service delivery.
- Qualitative evidence also points to the fact that UNICEF staff successfully and rapidly learned to operate in an emergency environment.

Consistent with the overall approach taken in this report, in this section we look at the overall effectiveness as constituted by the effective implementation of various processes and bring together multiple sources of data to consider the evolution of the CO response over time: trends in funding gap reduction, target achievement, timeliness of response, and engagement with partners.

Quantitative data suggest that:

- The most direct measure of effectiveness available to us is delivery of planned output targets. Between March and November 2020, target achievement rate has been improving in the six RTA countries.
- Although UNICEF has been successful in mobilising funds for the COVID-19 response budget, the budget failed to keep pace with the expanding need, resulting in a growing funding gap. Funding limitations present a potential barrier to delivering outputs. The quality of output presents an especially relevant area of concern since it is more difficult to measure.
- Overall, for the six COs, target achievement rates are high across the broad range of indicators and were improving between March and November 2020; however, Ukraine and Tajikistan COs may be experiencing difficulties in meeting country needs, although the initial overestimation of needs may play a role.
- Based on timeliness rankings reported in UNICEF's partner surveys, the COs managed to achieve timely service delivery earlier on despite weak preparedness and the lack of contingency planning appropriate for a pandemic response. Further, the COs maintained timeliness of service delivery between September 2020 and April 2021 despite an increase in the scale of the pandemic (measured in terms of cases and fatalities).
- Further, UNICEF staff members have received high ratings from their partners in terms of adaptability, which also indicates the COs' effectiveness in adjusting to the changing operating environment.

Qualitative data indicate that:

- COs underwent a steep learning process in relation to emergency operations and made vast improvements over time in the handling of the emergency response, including the procurement of supplies, the use of simplified procurement procedures, and the

development of sustainable coordination, communication, and management arrangements. This learning process resulted in a more efficient staff, although the remote working may have exerted a significant toll on the staff in terms of burn-out. The recovery of supply chains will further increase effectiveness of procurement.

- A significant improvement in data collection and an extensive set of diagnostic activities in the pipeline can potentially contribute to effectiveness through adjustments in the implementations and efficiency gains; it could also continue improving the relevance of UNICEF's interventions and thus result in a more effective achievement of development outcomes. However, the declining share of analytical activities in the required budget may reduce potential efficiency gains from improved data collection and learning.

The overall picture emerging from the multiple data source is that of increasing effectiveness in terms of business process implementation and improving target achievement, notwithstanding some caveats and areas of concern.

3.4 Adaptation to implementation challenges

Key messages:

- UNICEF's key COVID-19 adaptations are: (1) the deployment of innovative data collection practices; (2) remote service delivery in education, health, and social services; (3) mainstreaming youth in the COVID-19 response; (4) the attention to psycho-social services, including the provision of psycho-social services remotely and with attention to the special needs of some special groups (CWD, children in alternative care arrangements, youths, and persons experiencing GBV); (5) the emphasis on providing GBV response services; and (6) the remote monitoring of supplies and services.
- Local solutions include: (1) the use of local procurement opportunities to expedite the delivery of supplies and services; (2) the coordinated and shared use of data collection and the analytical capacity of various development agencies; (3) harmonised advocacy efforts to encourage government actions; (4) the use of existing government SP systems to increase support to vulnerable groups; and (5) the leveraging of existing non-COVID-19 emergency operations experience in scaling up the COVID-19 response.

We define adaptation as a qualitatively new modality of addressing COVID-19 related constraints or challenges that involves a significant medium- to long-term change in how an institution – in our case, a CO – acts or 'does business'. COs regularly face challenges related to various aspects of their operations. However, not all changes, reactions to problems, and adjustments in procedures count as adaptations, even if they address a particular challenge effectively. In addition to solving a problem at hand, adaptations offer a new approach for delivering humanitarian and development support or services. It is important to draw these distinctions and consider what such adaptations are since they could be integral – or could become integral – to UNICEF's strategic plans in the future.

3.4.1 Key adaptations: Which of the CO's adaptations – including gender-focused adaptations – proved most effective and why?

Based on our review, the following new ways of providing a humanitarian response during the COVID-19 crisis could be considered adaptations:

Deployment of innovative data collection practices applies to a range of efforts to collect data on the necessary indicators within a rapid timeframe. This is an adaptation whose success still needs to be judged. The judgement will depend on which data collection technique has been used, the type of information furnished, and the level of error and type of biases they include. U-report, which has been cited extensively as an important data source on the situation of youth, has potentially serious bias issues related to self-selection, the exclusion of non-internet users, and not being representative of the totality of young people. It does not mean that it cannot be improved and evolved into a useful policy tool, but this will require further investment. Social listening (applied by different stakeholders in all six countries)⁵⁴ as a data collection practice is a much more promising approach since it does not have as strong a self-selection bias. However, it is still biased towards people who have access to and regularly use social media.

Remote service delivery in education, health, and social services has been the most important adaptation and has potentially far-reaching implications. The use of these platforms can be viewed as a success on many levels: (1) speed of deployment; (2) collaborative development with government and private sector counterparts; and (3) rapid scaling up of the user base (according to the HPM data). Another positive aspect of these platforms is that they are scalable and can be integrated into the normal learning and healthcare provision services after the crisis is over – for instance, as a means of offering remedial education, or as means of teaching children and youth who are unable to be in the traditional schooling environment. In addition, as they have entered this field early on through their crisis response, UNICEF and its local offices can use these platforms as a foundation for expanding a portfolio of digital services. From this point of view, these programmes' full potential to modernise UNICEF's interventions is still to be appreciated.

There are caveats, too. It will be important for UNICEF to sustain and institutionally commit to these interventions to move them from interim, short-term solutions to permanent functional systems for service delivery. To achieve this, it will be crucial to continue evolving these systems by conducting rigorous assessments from an operational, functional, IT, and institutional perspective.

Mainstreaming youth in the COVID-19 response has been another adaptation characteristic of the COVID-19 response, which was done by paying special attention to their needs, emphasising their voice, soliciting their feedback, and designing data collection architecture to capture their pandemic experience and needs through the use of dedicated platforms. Additional work on the effectiveness of these interventions is needed. For

⁵⁴ Social media listening refers to monitoring and analysis of the content of social media (search engine entries, messages shared publicly on key social media platforms, such as Facebook, Twitter, VKontakte, Instagram, etc.) with the objective of identifying the key themes discussed on social media platforms. Social media listening reports implemented jointly by the Vaccine Confidence Project, UNICEF, and the London School of Hygiene and Tropical Medicine cover Georgia, Kyrgyzstan, Moldova, and Tajikistan. Sitreps mention social media listening in Ukraine and Croatia.

instance, it is not clear how representative the data collected on youth through the use of these platforms are, and how the profiles of the youth using them compare to the total population of this age group overall (some of the available data shows that young women are by far more represented in the U-report sample than young men). As discussed above, an analysis of the platform's potential to exclude disadvantaged youth is needed, along with designing ways to boost participation.

In several countries (Croatia, Kyrgyzstan, and Tajikistan), interventions that involve skills-building for young people have been implemented. These are especially relevant for those who are not enrolled in full-time education and are unemployed. They also represent a way of building human capital during the pandemic and would support the post-pandemic recovery.

Attention to psycho-social services, including the provision of psycho-social services remotely and with attention to special needs of some special groups (CWD, children in alternative care arrangements, youths, and persons experiencing GBV), has been an important adaptation. Several COs developed remote learning modalities with these demographic groups in mind from the start (e.g. tele-interventions for families with children with developmental delays supported by the Croatia CO; learning programmes factoring in the needs of CWD offered by the Kyrgyzstan CO). This adaptive response was in many ways rooted in early diagnostic work that anticipated and paid close attention to the psychological and social dimensions of the pandemic's impact. GBV-related adaptations consisted also in the proactive expansion of relevant training to UNICEF staff and the staff of partner organisations.

Programming related to gender has been an important element of UNICEF's COVID-19 response, especially with an emphasis on providing GBV response services, which have been rapidly scaled up. The COVID-19 pandemic exacerbated gender disparities along various dimensions – from the differential impact on employment to GBV, participation in domestic work, and the impact on post-COVID-19 job prospects. The gender focus of UNICEF's programming consisted primarily of GBV interventions, psycho-social services, and remote support for pregnancy and perinatal care. Yet given how prominent the gender dimension has been in this particular crisis, additional programming to support women may be advisable. Potentially, UNICEF might look at expanding the range of psycho-social services and the format in which they are offered. Mentions of existing programmes offering psycho-social services seem to have been built around the hotline model, whereby women that experience abuse or depression can call in to seek help. A complementary programme would involve outreach by social workers to women who could be expected to face hardship. Potential candidates for counselling could be identified based on a list of people who had previous contacts with social services or based on social registries (e.g. working mothers with large numbers of dependents employed in informal work or in sectors that are especially affected by COVID-19), while being mindful of the fact that even the best social registries do not necessarily cover all people in need.

Another area for additional gender-focused programming, which could be expanded, is represented by programmes that address the differential impact of COVID-19 on women's labour market participation and employment. Up-skilling, re-training, or continuing education programmes might be an excellent option to consider, as well as programmes that involve income-generation opportunities for women that are appropriate in the COVID-19 context.

Remote monitoring has been another important adaptation; this needs to be further elaborated to address possible fiduciary risks. For instance, the Tajikistan CO cited a lack of ability to adequately monitor the quality of the supplies delivered as a reason for scaling back targets. One potential avenue to explore would be an integration of remote monitoring and TPM. Further, additional revisions to PCAs may be necessary to adequately handle the risks associated with the provision of goods and services of unacceptable quality (e.g. through more comprehensive service provider insurance policies).

3.4.2 To what extent has the CO's COVID-19 response relied on local solutions for the COVID-19 response?

We define 'local solutions' as practices and implementation arrangements that leverage unique means, resources, approaches, ways of doing things, relationships, etc., characteristic of, or available in, a particular country or regional setting, or that respond to the unique COVID-19-related challenges facing COs in a given country or region. The salient local solutions implemented by UNICEF's COs in study countries have been:

- **The use of local procurement opportunities to expedite the delivery of supplies and services:** The Tajikistan CO successfully used the regional procurement of PPE supplies from Turkey and Uzbekistan to ensure timely response and achieve cost savings. The Georgia CO also relied on local procurement to simplify response logistics, although the CO advocated the further localisation of procurement in the form of field-level (rather than CO-level) LTAs. The Kyrgyzstan CO used local procurement/supplies to purchase PPE materials for the needs of the CO. At the same time, its experience also points to the limitations of local procurement: the quantities of PPE supplies available locally were sufficient for the needs of UN CO staff, but not for programme response.
- **The coordinated and shared use of data collection and analytical capacity of various development agencies:** For instance, the Croatia CO successfully cooperated with the World Bank on producing analytical output based on the COVID-19 economic impact survey. Similarly, the Kyrgyzstan CO cooperated with the World Bank on the COVID-19 impact assessment and producing simulations to inform government cash transfer coverage.
- **Harmonised advocacy efforts to encourage government actions:** In the case of Kyrgyzstan, the joint efforts of UNICEF and the World Bank on COVID-19 impact simulations paved the way to yet another local solution: these findings later served as a basis for joint advocacy efforts by development partners to encourage the government to increase cash transfers for vulnerable households as a means of mitigating the economic impact of COVID-19.
- **The use of existing government SP systems to increase support to vulnerable groups:** The fact that countries such as Georgia, Tajikistan, Moldova, and Kyrgyzstan had functional national registries – notwithstanding their usual limitations such as incomplete coverage and data that are not always up to date - and cash transfer programmes presented an opportunity for the streamlined targeted delivery of COVID-19-linked cash assistance.
- **Leveraging the existing non-COVID-19 emergency operations experience in scaling up the COVID-19 response:** In Ukraine, emergency operations in the eastern

regions did offer some benefits in terms of having staff familiar with emergency procurement procedures and in terms of having existing warehousing capacities in the Donbass regional which could be used for COVID-19 response in eastern Ukraine (the latter, however, was of limited relevance for expanding operations to the rest of the country).

4 Conclusion

ECARO's response to the COVID-19 pandemic in the six study countries has been impressive in its scale, expediency, readiness to pursue novel solutions, and overall response quality. UNICEF's presence and competitive advantage in many of the sectors most heavily affected by the pandemic were central to its ability to respond effectively.

Resources mobilisation through global appeal efforts and individual COs mobilisation efforts at the level of embassies and donor representatives in their respective countries have been effective. However, a regional funding gap remained, at about 66% in October 2020 and 46% by the end of 2020.⁵⁵ Output measured by key indicators reported in the HPM data also rose dramatically, including in programmatic areas where new solutions were required.

UNICEF's response has also been adaptive, both in terms of responding to countries' dynamic needs and in terms of updating its business processes and practices to meet new demands. The pattern of the allocation of funding across different response areas further shows that the response was attuned to the evolving needs of the population throughout the COVID-19 cycle.

The following are the key observations regarding COVID-19 response at CO level:

4.1 Croatia

- The CO made extensive use of online platforms for service delivery, combined with support to provide access to the vulnerable through the distribution of internet-enabled devices.
- The self-funding model for the CO presented a problem in terms of fiscal sustainability. Partnerships should be further expanded since the CO's reliance on local support from the public and private sector may not provide sufficient financial resources in a crisis.
- Budget reallocation implied reductions in funding of some regular programmes related to youth, in order to prioritise the purchasing of PPE supplies.
- Response plans would benefit from making the relationship between targets and needs clearer.
- Going forward, the focus on SP, socio-economic effects of the crisis, and relevant policies can be strengthened to enhance shock-responsive element of SP systems.
- Remote working and social distancing protocols disrupted communications with government counterparts and negatively impacted fundraising.

4.2 Georgia

- At the level of the CO response plans, the targets are mostly well defined, with a few vague areas, but it is not always obvious to which 'population in need' the targets

⁵⁵ December 2020 ECARO Situation Report (<https://www.unicef.org/media/93756/file/ECAR%20COVID-19%20Situation%20Report%20No.%2016%20End%20of%20year%202020.pdf>).

correspond and whether these are nationwide needs or only for areas where the CO is actively providing support through existing interventions.

- A sizeable funding gap (92%) is limiting the CO's response, even though it decreased over time (to around 40%).
- A lack of experience in WASH and more attention in this area is needed, based on the CO survey.
- LTAs at the field office level may be useful to streamline procurement.
- Online service delivery (e.g. in education and health – for instance, in relation to consultations to pregnant women) may not reach everyone, especially the most vulnerable groups and people in remote locales. Therefore, distance service delivery using physical materials for education (textbooks, study guides) or health (brochures), and using TV programming may be useful to ensure equitable access to services. The CO does support the provision of devices to those who lack them but this applies mainly to the Abkhazia region.
- Gender-focused programmes apply mainly in ANC. Across the six countries, Georgia reports limited gender-focused activities.
- The CO reports delays in achieving targets because much attention was given to developing new platforms for services delivery.

4.3 Kyrgyzstan

- Continued strengthening the WASH/IPC interventions in preparation for the opening of schools is needed. Improving WASH design to the mainstream specific needs of vulnerable/disadvantaged groups would also be important.
- The CO staff points out that needs assessments and forecasting in the health sector, and comprehensive risk assessments to identify areas of special vulnerability in the government provision of services, are still lacking.
- Shortening the cycle of data collection would be crucial for the crisis response and would require putting in place crisis-focused data collection systems.
- The CO used local procurement/supplies to purchase PPE materials in limited quantities that were procured for the UN staff, but the quantities are insufficient for programme response.
- Using 'social pedagogues' to ensure girls are protected when studying remotely is an excellent example of mainstreaming gender in an education project.
- Overall, 25% of CO staff were directly affected by COVID-19.
- There was an ineffective response coordination by government and a lack of government coordination of international partners' response efforts.

4.4 Moldova

- The CO reported difficulty in setting targets due to conflicting information from multiple government sources.
- The fact that the funding gap was only moderate in size made financing activities less of a challenge than in countries such as Georgia.

- Based on the activities mapping exercise, gender-focused interventions are in GBV, healthy pregnancies, and maternal health. Therefore, the CO may want to consider expanding focus on gender in education, SP, and RCCE to address gender-related disparities in these areas.
- The focus on vulnerable groups is present, but the level of support for vulnerable groups may not match the need (especially in providing vulnerable families who lack internet access with devices and internet connectivity). The CO paid attention to the specific needs of Roma children, but support in areas other than WASH and IPC might be required.
- Youth programming pays little attention to skills-building, except for the soft psychological skills involved in handling stress and anxiety.
- A steep learning curve in unfamiliar activities (digital provision of services, etc.) made implementation challenging.
- The remote working modality undermined internal communication.

4.5 Tajikistan

- The Tajikistan CO was successful in mobilising funds for its operations and has the lowest funding gap of the six countries reviewed.
- The response plan does not make clear enough the distinction between goals and concrete activities. For instance, if an activity is to 'ensure monitoring', it is not clear to what degree this is linked to concrete activities.
- There needs to be greater attention to the disparities associated with access to remote services due to variations in access to the internet and internet-enabled devices.
- The CO's programming gives limited attention to CWD, apart from social protection and education.
- Greater engagement of specialist agencies such as disabled people's organisations, gender specialists etc., would also help reach the more vulnerable, including through established government systems. Gender-focused activities tend to be gender-sensitive (e.g. gender-sensitive assessments) and gender-appropriate (gender-appropriate messaging) rather than gender-positive.
- The CO used regional procurement expedited delivery of supplies and achieved significant savings.
- The re-programming and use of regular resources funds in the context of COVID-19 were not straightforward. CO was initially reluctant to use regular resources for COVID-19 response.
- The CO lacked HR capacity and sufficient knowledge of how to work in an emergency context.
- The CO needed support on WASH due to the lack of capacity in that area.
- Governmental red tape and lack of active government coordination complicated the coordination of the COVID-19 response.

4.6 Ukraine

- The office invested heavily in diagnostic work, although the extent to which it was carried out needs to be confirmed.
- The funding gap at the time of drafting the response plan was very high and significantly limited the CO's fiscal space.
- The inequitable availability of funds to different regions (with most of the funds earmarked for eastern Ukraine) undermined – at least initially – the CO's ability to undertake nationwide activities.
- Meeting procurement demands monopolised CO's attention and distracted it from the technical assistance which would enhance the response effectiveness.
- Greater attention to mitigating disparities in access to online learning is needed.
- The gender-sensitivity of the programme mix and programme design elements is limited (except for GBV interventions).
- The monitoring process may have been impacted by mobility restrictions and social distancing; it may be important to strengthen auditing in addition to TPM and to assess fiduciary risks associated with remote monitoring.
- The COVID-19 crisis offers opportunities to build more robust data-sharing arrangements with the government.
- The CO established effective cooperation with the government and raised its visibility.

5 Lessons and ideas for the way forward

Output targets were defined clearly and were largely relevant for tracking response impact, but the availability of reliable data constrained target setting. There is scope for improving target definition by making targets more refined, e.g. focusing on linking targets to outcomes observed in the vulnerable populations would further improve the equitability of response but run up against limited data availability. The ECARO emergency team, with support of HQ and in consultation with COs and RO sections, has established a 2021 HAC result monitoring platform in to facilitate the use of disaggregated data for target setting and reporting against 19 COVID-19 HPM indicators and provided guidance, tools at planning and reporting stage. Nevertheless, the country offices should continue supporting data collection practices that would enable setting and monitoring of disaggregated targets and need levels. To this end, strengthening the capacity of partners in collecting relevant disaggregated data would be advisable.

Improving data collection, both in the short term and long term, will be important. Data collection should be seen as a core element of a government's current and future shock-responsiveness, to be taken forward in partnership with humanitarian/development partners. There is also a considerable range of methodological solutions, which need to be evaluated in terms of the quality of insights they can produce and the ease and simplicity of data collection. For instance, a systematic comparison the advantages and disadvantages of social media and U-report data collection activities would be a valuable exercise.

It may be useful to assess whether the budgets allocated to data collection and analysis are adequate. There is a downwards trend for the proportion of the budget allocated to data collection and analytical activities; further, CO-level variations in the share of the budget allocated to data collection and analysis are very sizeable. Continuous research support may be needed for: (a) learning from the pandemic experience and response; and (b) building up data collection systems to take advantage of the sense of appreciation for the importance of good data by governments and development/humanitarian partners. With support from relevant ECARO teams, COs should consider framing the case with donors for data/evidence generation on Humanitarian Action and supporting knowledge sharing and applying lessons learnt for future emergencies.

The self-funding approach, which works well for sustaining a CO's standard operations, involves significant risks of dramatically reduced fiscal capacity and cash flow in the short to medium term. Only used in Croatia in our six-country sample, the self-funding modality has clear strengths in terms of sustainability and building links to local governments and the private sector. However, it might require modification by building in fiscal safeguards that would ensure the availability of funds during emergencies. This could be accomplished within a self-funding model by instituting (or increasing the size of) an emergency fund at the CO level.

The rapid expansion of remote services such as e-learning and telemedicine platforms with rich sets of features (e.g. two-way communication and feedback loops), and high-quality content is a crucial adaptation in programming. However, closer attention should be paid to possible equity concerns due to the lack of access to the

internet and internet-enabled devices by underprivileged groups. It is also crucial that UNICEF proceeds with rigorous assessments of the platforms' functional and technical parameters since certain gaps or design features may have been under-emphasised during the rapid roll-out and scale-up. Remote monitoring has been another important adaptation, and needs to be further elaborated to address possible fiduciary risks.

As a next step in the evolution of these remote service delivery platforms (e-learning, telemedicine, and psycho-social support), it will be important to think through their sustainability, equity of access, and maximising utility. Perhaps even more important is to develop ways of integrating these platforms in the regular non-crisis modes and practices of service delivery of UNICEF.

The remote working experience has been disruptive to the personnel management and communication processes because it has been deployed as a long-term operating modality rather than a stop-gap measure (which it usually is). The transition to the remote working model happened against the background of dramatically increased demand on staff time to support expanded operations and other changes associated with working in an emergency mode, further compounding the stress experienced by UNICEF employees. Over time, staff evolved coping techniques to deal with disrupted lines of communication and accountability. However, it is unclear whether there are any positive lessons from the remote working experience that carries over into post-COVID-19 work practices; these will depend on whether UNICEF chooses to normalise remote working post-crisis.

The flexibility in procurement arrangements, such as the use of SSOP-3, and clearances to undertake the local rather than international procurement of some supplies and services, have paid off and resulted in shortened delivery times and cost savings. It may be useful to reassess procurement guidelines to see whether simplified procedures could be adopted as regular operating procedures.

One important area of implementation for which there has been little information is GRMs and the data collected through them. In subsequent phases of RTA, grievance data, where available, should be given priority.

It would be important to conduct rigorous and comprehensive assessments of the innovative solutions to online learning, and medical and psycho-social services that have been developed in response to the COVID-19 crisis to take stock of any gaps in them, and of the functional limitations, sustainability, and scalability of their design, and to assess their value for money relative to other options. Many of these digital solutions were rolled out in record time, and their strengths and weaknesses need to be better understood. Specifically, assessments need to consider issues of inequitable access to remote online learning and health services, potential biases of U-reports and social media listening, and the fiduciary implications of relying on remote monitoring and using modified procurement procedures.

Strategic gains are made to leverage the experience provided by the COVID-19 crisis to strengthen systems with an eye to potential future public health and other crises. There needs to be a discussion between UNICEF, humanitarian/development counterparts, and governments regarding what preparedness for an unpredictable emergency would look

like in the future. The trade-off calculation between wasting resources on costly preparedness measures for a crisis that may never materialise, and the potentially catastrophic costs of pandemics and similar threats needs to be re-evaluated and informed by the available technology. One potential approach is to explore the introduction of scalable and flexible systems that lie 'dormant' when there is no crisis, or are used in non-emergency operations and service delivery but can be scaled up and pivoted towards crisis response.

Which systems would meet such requirements is an open question. However, data collection and communication systems are the primary contenders for this role, along with some elements of SP systems, such as (unified) social registries,⁵⁶ because they lend themselves to scalability at a relatively small cost (after the initial investment), and because they can be useful in non-crisis times.⁵⁷ The current COVID-19 experience shows that potential gains from simply being able to know what effect the crisis has on the population or some subset of it dramatically impacts the effectiveness of the response because the effects of poor understanding of needs trickle down through the entire response delivery chain. The role of relevant, accurate, and unbiased data on the impact of the crisis for different subsets of the population cannot be overstated. In their absence, potentially very costly and resource-intensive efforts can miss their intended targets.

A series of country-specific suggested actions follow:

Croatia

- Explore ways of mitigating the risk of the self-funding model.
- Make clearer the relationship between targets and needs in response plans by indicating how much of the total need achieving the target would cover.
- Strengthen the focus on SP and the socio-economic effects of the crisis by extending technical assistance in the SP sector related to (a) analysis of possible gaps in the current SP system from the crisis response point of view and (b) advocacy to bring the potential recommendations to the attention of the government.

Georgia

- In response plans, define 'population in need' for the targets more clearly (whether this is a nationwide need or only for areas where the CO is actively providing support through existing interventions).
- More realistic assessment of the level of needs related to GBV is advisable in the case of Georgia.
- Strengthen programming in WASH.
- Assess whether LTAs at the field office level would be a useful way to streamline procurement.

⁵⁶ We define social registries as follows: "Social Registries are information systems that support outreach, intake, registration, and determination of potential eligibility for one or more social programs." *Leite, Phillippe; George, Tina; Sun, Changqing; Jones, Theresa; Lindert, Kathy. 2017. Social Registries for Social Assistance and Beyond : A Guidance Note and Assessment Tool. Social Protection & Labor Discussion Paper; No. 1704. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/28284>.*

⁵⁷ Georgia has an integrated social registry which underpins its social protection system. Tajikistan also maintains a social registry, which is linked to the Targeted Social Assistance database.

- Continue to address disparities in access to remote service delivery platforms, enhancing internet-capable devices and SIM cards, or access to the internet.
- Strengthen the gender dimension of programming beyond ANC and psycho-social support.

Kyrgyzstan

- Continue to strengthen WASH/IPC interventions in preparation for the opening of schools.
- Continue to support data collection while shortening the cycle of data collection systems.
- The CO used local procurement/supplies to purchase PPE materials in limited quantities for the UN staff, but the quantities were insufficient for wider programme response.
- Produce lessons learned from the intervention that use 'social pedagogues' to ensure girls are protected when studying remotely to mainstream gender in an education project.
- Strengthen personal protection measures for staff, especially when the office re-opens.

Moldova

- Explore ways of strengthening gender focus in education, SP, and RCCE to complement interventions in GBV, healthy pregnancies, and maternal health.
- Increase the level of support for vulnerable groups in providing vulnerable families who lack internet access with devices and internet connectivity. Explore whether Roma families should be given support in areas other than WASH and IPC.

Tajikistan

- The response plan should make activities more concrete.
- Pay greater attention to disparities associated with access to remote services due to variations in access to the internet and internet-enabled devices.
- Emphasize gender-positive elements in programming in addition to gender-sensitive ones.
- Explore the possibility of expanding the focus on CWD in CO programming beyond the existing interventions in the SP and development of CWD-sensitive education materials, engaging experts as necessary.
- Explore the possibility for the continued use of regional procurement.
- Assess the needs in the WASH programming and expand capacity in that area as needed.

Ukraine

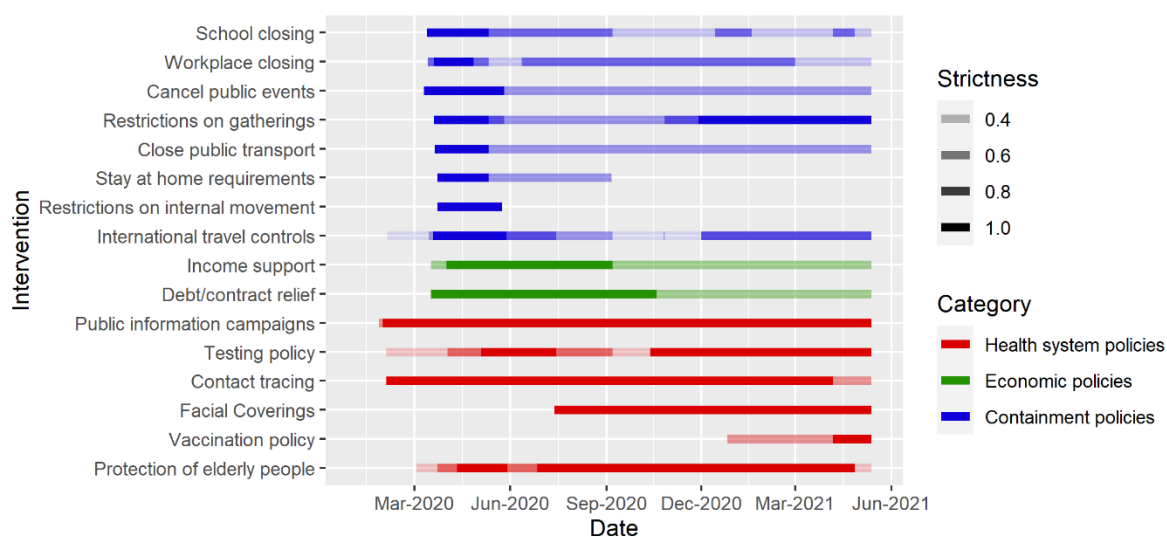
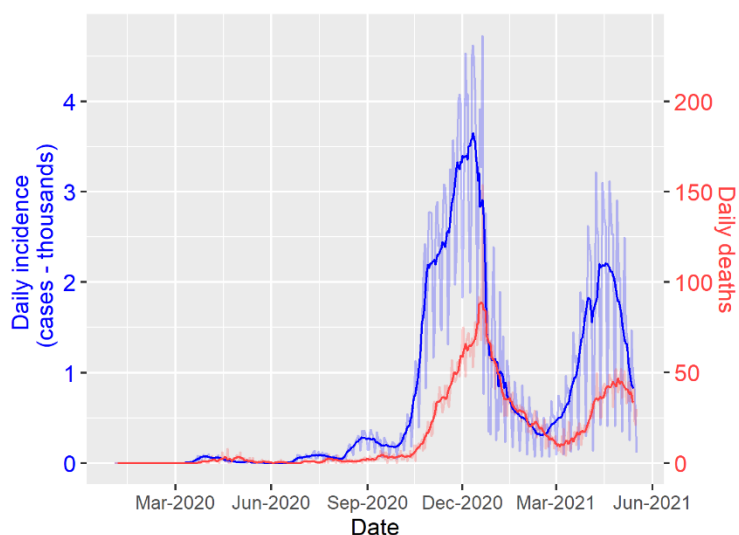
- Ensure that ambitious diagnostic work is carried out and the results are disseminated.
- Re-assess the relevance and effectiveness of the current geographically-focused approach to the allocation of funding and consider moving toward a needs-based funding

allocation approach to be able to better address the urgent needs of Ukrainians who reside outside of eastern Ukraine.

- Rebalance resource allocation between technical assistance and procurement.
- Pay greater attention to mitigating disparities in access to online learning.
- Explore ways of expanding gender focus in programming beyond GBV interventions to include interventions that are explicitly designed to address disparities in the economic hardships experienced by women and men.
- Consider assessing the effectiveness of the remote monitoring approach and the fiduciary risks associated with it.
- Build on current progress and build more robust data-sharing arrangements with the government.

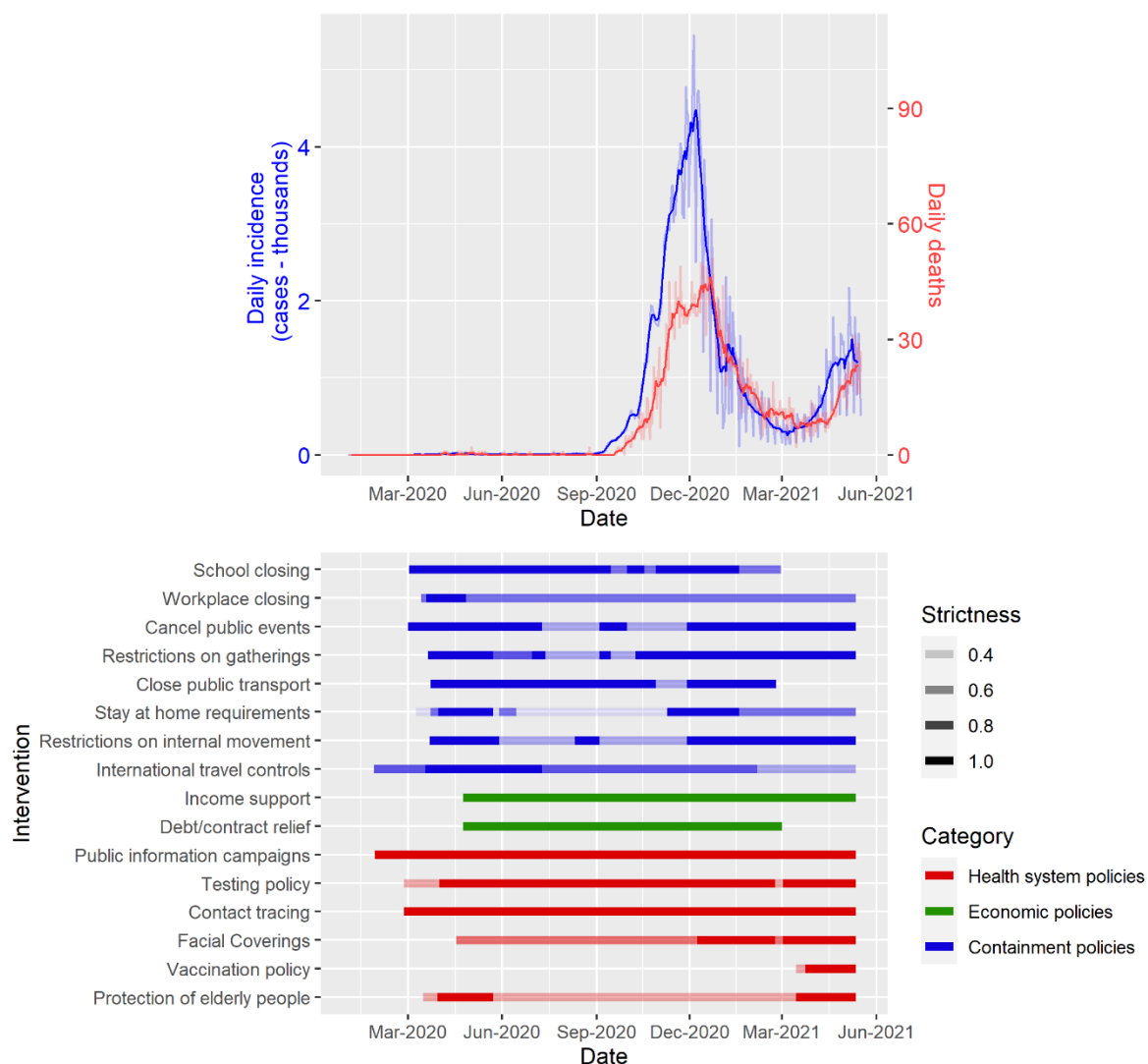
Annex A Trends in COVID-19 caseload, fatalities, and government response

Croatia



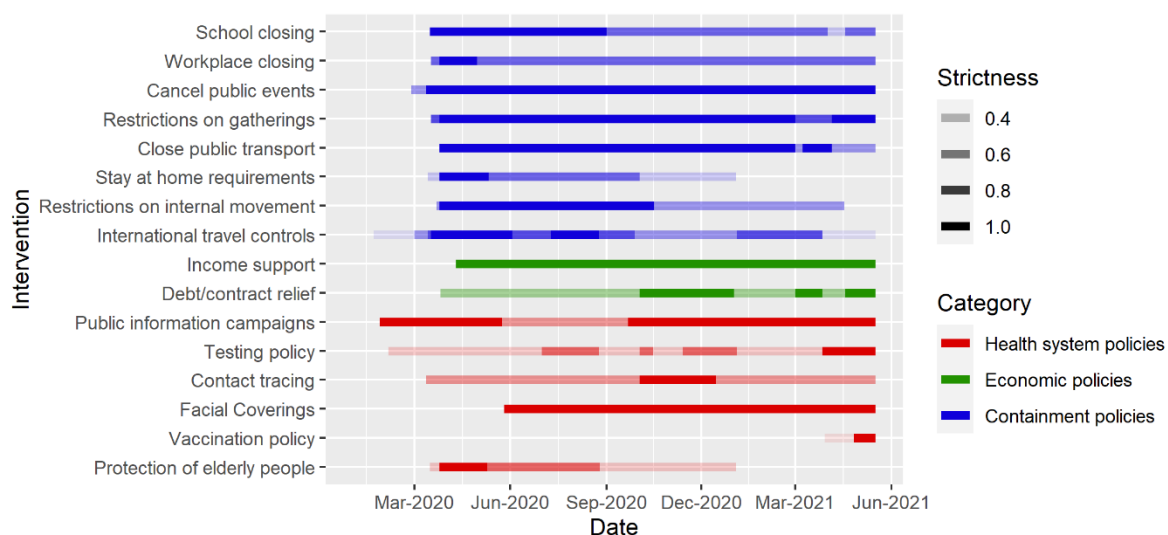
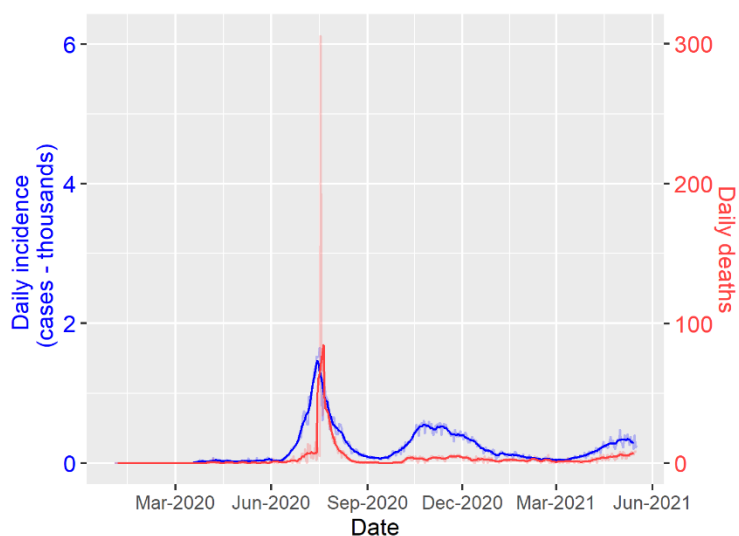
Government response data was downloaded from Oxford University's Balavatnik School of Government, COVID-19 Government Response Tracker, https://raw.githubusercontent.com/OxCGRT/covid-policy-tracker/master/data/OxCGRT_latest.csv. The methodology used to classify each intervention is described in the link: <https://github.com/OxCGRT/covid-policy-tracker/blob/master/documentation/codebook.md>

Georgia



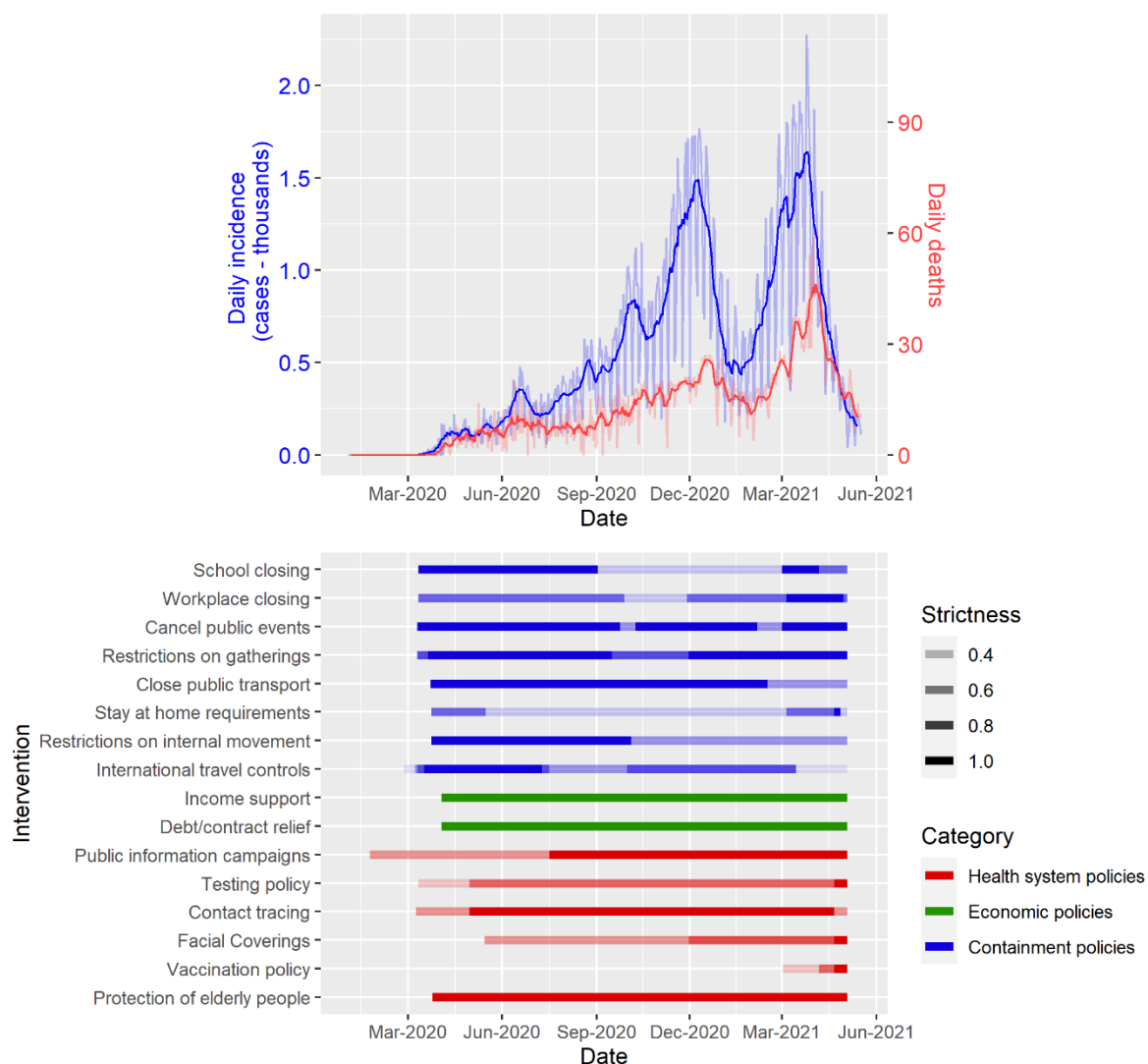
Government response data was downloaded from Oxford University's Balavatnik School of Government, COVID-19 Government Response Tracker, https://raw.githubusercontent.com/OxCGRT/covid-policy-tracker/master/data/OxCGRT_latest.csv. The methodology used to classify each intervention is described in the link: <https://github.com/OxCGRT/covid-policy-tracker/blob/master/documentation/codebook.md>

Kyrgyzstan



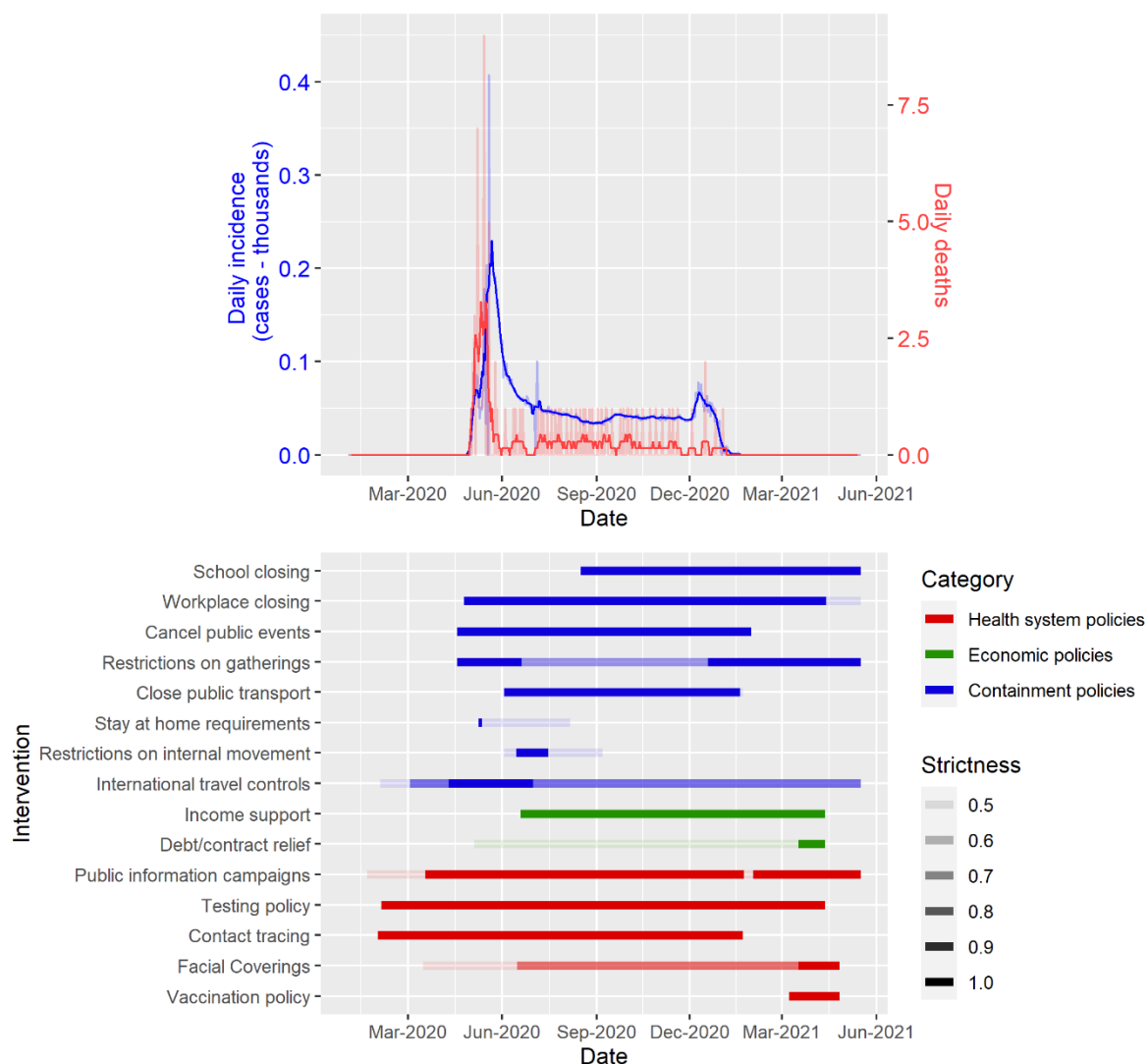
Government response data was downloaded from Oxford University's Balavatnik School of Government, COVID-19 Government Response Tracker, https://raw.githubusercontent.com/OxCGRT/covid-policy-tracker/master/data/OxCGRT_latest.csv. The methodology used to classify each intervention is described in the link: <https://github.com/OxCGRT/covid-policy-tracker/blob/master/documentation/codebook.md>

Moldova



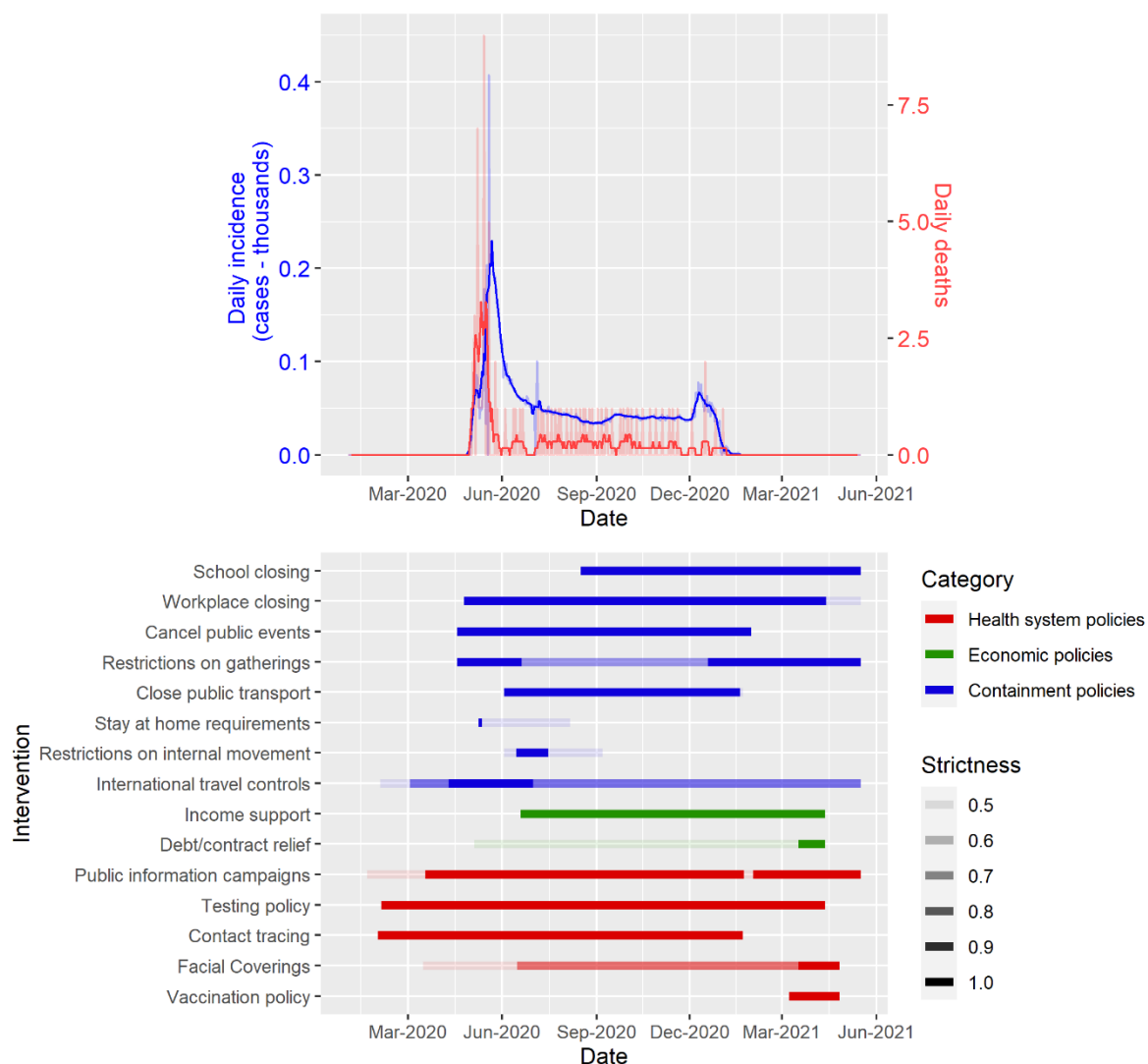
Government response data was downloaded from Oxford University's Balvatnik School of Government, COVID-19 Government Response Tracker, https://raw.githubusercontent.com/OxCGRT/covid-policy-tracker/master/data/OxCGRT_latest.csv. The methodology used to classify each intervention is described in the link: <https://github.com/OxCGRT/covid-policy-tracker/blob/master/documentation/codebook.md>

Tajikistan



Government response data was downloaded from Oxford University's Balavatnik School of Government, COVID-19 Government Response Tracker, https://raw.githubusercontent.com/OxCGRT/covid-policy-tracker/master/data/OxCGRT_latest.csv. The methodology used to classify each intervention is described in the link: <https://github.com/OxCGRT/covid-policy-tracker/blob/master/documentation/codebook.md>

Ukraine



Government response data was downloaded from Oxford University's Balvatnik School of Government, COVID-19 Government Response Tracker, https://raw.githubusercontent.com/OxCGRT/covid-policy-tracker/master/data/OxCGRT_latest.csv. The methodology used to classify each intervention is described in the link: <https://github.com/OxCGRT/covid-policy-tracker/blob/master/documentation/codebook.md>

Annex B Target completion rate at Situation Report Round 12 (September 2020)

	Croatia	Georgia	Kyrgyzstan	Moldova	Tajikistan	Ukraine	Total number of countries using
RCCE							
N reached by messages on prevent and access	100%	99%	100%	67%	100%	108%	96%
N engaged through RCCE actions	107%	101%	47%	100%	53%	107%	86%
N contacting through feedback mechanisms	292%	126%	.	111%	6%	85%	124%
WASH/IPC							
N reached with WASH supplies and services	91%	97%	83%	98%	232%	146%	125%
Number of healthcare workers provided with PPE	48%	131%	100%	99%	129%	50%	93%
Number healthcare workers trained in IPC	.	90%	.	88%	.	1%	60%
HEALTH AND NUTRITION							
Number of healthcare providers trained in COVID-19 protocols	.	103%	282%	33%	100%	73%	118%
N receiving essential healthcare through UNICEF	114%	104%	48%	.	104%	.	92%
N caregivers reached with messages on breastfeeding	114%	.	87%	100%	34%	.	84%
Number of children admitted for Severe Acute Malnutrition (6–59 months)	.	.	.	.	21%	.	21%
EDUCATION/CP/GBV							
Number of children supported with distance/home-based learning	100%	70%	88%	100%	26%	34%	70%
Number of schools with Safe Schools Protocols	100%	100%	.	100%	100%	97%	99%
Number of children without alternative care arrangements	666%	96%	89%	.	105%	16%	195%
Number recipients of community psycho-social support	43%	136%	103%	.	84%	107%	94%
Number of people who completed GBV training	31%	103%	94%	151%	112%	25%	86%
N with access to channels to report sexual exploitation	.	100%	.	.	.	.	100%
Number of parents receiving ECD counselling	105%	74%	.	88%	31%	31%	66%
EDU: Number of teachers trained in distance learning	.	.	.	95%	32%	.	64%
SP							

	Croatia	Georgia	Kyrgyzstan	Moldova	Tajikistan	Ukraine	Total number of countries using
Number of households receiving CT under the UNICEF COVID-19 response	.	.	.	.	.	.	.
Number of households benefiting from additional government SA provided with UNICEF support	.	98%	.	.	84%	.	91%
Median target completion rate	100%	100%	89%	99%	84%	73%	92%

Annex C Country-level review of COVID-19 response

As shown in Section 2.2, our ToC views the COVID-19 response as consisting of several processes: (1) diagnostics; (2) response definition and design; (3) implementation of response. These can be thought of as occurring sequentially (e.g. diagnostics preceding design of response). Two other processes – (4) communications, and (5) monitoring and learning – run concurrently with the other processes. We looked to qualitative data – CO and partner surveys, narrative reports, and diagnostic studies – to identify potential challenges faced for each of the processes, strengths, and weaknesses in how the response is carried out, and solutions adopted.

C.1 Georgia

C.1.1 COVID-19 context and government response

The first COVID-19 case was diagnosed on 26 February in Georgia. On 2 March, the government imposed restrictions on land and air movement and closed schools. Hospitals confirmed COVID-19 cases, and quarantine spaces for suspected cases were identified in different parts of Georgia.

Despite the restrictions, the number of cases continued rising, prompting the government to declare a state of emergency on 21 March and close its borders. Movement inside the country was restricted, and mass gatherings banned. On March 22, community spread was detected in two regions, Bolnisi and Dmanisi, then designated quarantine zones. Following additional community transmission across the country, the government introduced a curfew, halted public transport, and established checkpoints at city crossings administered by police and military units. In Abkhazia, Georgia, the first case of COVID-19 was identified on 30 March. A state of emergency was in place from 28 March, but it was lifted on 21 April since no additional cases were identified. However, all schools remained closed, and the border with Russia remained closed, too. In September 2020, schools reopened for the beginning of the new academic year.

The pace of the spread of COVID-19 epidemic remained low in Georgia until it began accelerating in September. The daily number of diagnosed cases went from an average of 250 in September to 1,000 cases per day towards mid-October.

UNICEF's COVID-19 response plan was prepared by 1 May 2020, when the pandemic outlook was positive for Georgia. In line with the WHO's COVID-19 Strategic Response Plan, UNICEF is focusing on limiting human-to-human transmission and mitigating the impact of the outbreak on the health system and communities. UNICEF is focusing on a mix of preparedness and response activities, including:

1. facilitating risk communication as well as learning, play, and positive parenting communications;
2. the provision of critical hygiene and medical equipment and supplies for healthcare, CP services, and other frontline workers;

3. ensuring children, and pregnant and lactating women are supported with adequate healthcare despite the outbreak; and
4. mitigating the secondary effects of the outbreak by facilitating continued access to education, CP needs, including the prevention of VAC, and advocating for continued access to SP programmes.

The nature of activities included in the CO's response plan is consistent with these objectives.

C.1.2 Diagnostics

Needs identification

The Georgia CO has undertaken, or plans to undertake, an array of diagnostic activities. However, the CO survey suggests that much more needs to be done to better understand the needs of the population, and especially those of the vulnerable groups.

As of May 1 2020, the following diagnostics have been undertaken:

- In Health, Nutrition, and WASH: technical assistance was provided to several agencies to estimate PPE and mechanical ventilation needs; there was support for a WHO rapid assessment on hospital preparedness and laboratory capacity in Abkhazia, Georgia, which will guide the development of a humanitarian response strategy; a Multi-Scenario Interactive Projection Tool, which allows the government to project COVID-19 spread, needs for hospitalisation, and artificial ventilation, was put in place, thus informing emergency preparedness and response; and there was a behavioural study on the understanding of COVID-19, which showed that there is a high understanding of the disease.⁵⁸
- In CP, a rapid needs assessment to identify the most vulnerable groups of children and government and other organisations' measures was completed.

CO's response included the following diagnostics:⁵⁹

- Support to government agencies and non-governmental organisations on needs assessment and planning, the joint planning and monitoring of children's situation in alternative care, the justice system, and CWD;
- Shock-Responsive Social Protection Feasibility Assessment;
- Rapid analysis on the impacts to SP systems, based on national preconditions and exposure to COVID-19;
- Microsimulation and advocacy leading to one-time universal child grant to over 800,000 children;
- Poverty and social impact analysis;
- Post-crisis assessment of family and child wellbeing and coping mechanisms;
- Monitoring of the existing SP programme (central and local) coverage; and

⁵⁸ September 2020 sitrep.

⁵⁹ Response plan 1 May 2020.

- A Representative Real-Time Monitoring (MICS+) exercise to understand what is changing for the population, better informing the CO in the future: disaggregated data is needed to better understand and address the needs of various segments of the population (CO Sitrep for September 2020).

However, the CO survey responses indicate that a lack of data on needs is a significant constraint on the CO's response, especially when it comes to an understanding of the needs of vulnerable groups and the impact of COVID-19 on them.

The CO's response plan supports the development and strengthening of information and data exchange, particularly for SP programmes/beneficiaries operated by central government and local municipalities.

C.1.3 Design and planning

Resources mobilisation (staff and funding mobilisation)

At the start of the response, the CO had a funding gap of 90% (US\$ 3.966 million, out of 4.415 million needed) in April 2020, but reduced the gap to 42% by September 2020 (equivalent to US\$ 1.8 million, out of US\$ 4.415 million needed). The CO secured a fair amount of funding to ensure the safe reopening of schools, which was reflected in the targets.

Lack of a full-time WASH specialist was a constraint. The CO could raise funds and hire one through the Swiss donors, but this took time.

Target setting

Targets for HPM are clearly defined, in part thanks to global efforts to systematise the global COVID-19 response.

At the CO response plans level, the targets are mostly well defined, with a few vague areas. However, it is not always obvious to which 'population in need' the targets correspond and whether this is a nationwide need or only for areas where the CO is actively providing support through existing interventions. For instance, the target of 800 frontline health workers is indicated, but what is the population in need? There is a mention of 1,200 health professionals – but are these frontline workers? Do these 1,200 health workers represent the totality of health workers nationwide, or only in some regions?

The New York office set the methodology and guidelines for targets, which were constantly evolving based on the guidelines. The population targets remained the same, but the number of targeted schools (APC standards) increased dramatically from 0 to 2,000, i.e. 2,000 schools needed to be covered to ensure safe reopening.

Programme design parameters, programme composition

The Georgia CO reports that four out of six basic services were negatively affected by the COVID-19 crisis: health, education, CP, and SP. Nutrition and WASH were not negatively affected, according to the CO survey. However, the CO still planned WASH activities and

experienced a lack of expertise in this subject area until funds were raised from Swiss donors to hire one WASH specialist, but this took time.

Several programme design features are worth highlighting:

- The CO supported the use of digital platforms for information dissemination, telemedicine, and education. A helpline to provide information on COVID-19 and referral to psycho-social support was established as another instance of remote service provision.
- Gender-focused programming is limited to remote ANC, and greater attention to women's needs would also be appropriate.
- Youth-focused activities were primarily linked to the communication and dissemination of accurate COVID-19 information and CP (youth in contact with the justice system).
- Several activities address the needs of CWD and children in institutions. However, greater attention to these children's needs might be needed considering that they face greater barriers and unique sets of need when it comes to remote learning.
- More attention to vulnerable groups is needed. Specifically, greater attention is needed to include online service delivery due to disparate access to the internet and digital technology.
- The CO survey also indicates that a greater focus on remote learning for older children would be advisable.
- Many interventions focus on Abkhazia, although it is not entirely clear to what extent this is driven by the fact that there were already programmes there before the pandemic and to what extent this reflects a greater level of need in that region. For instance, five out of eight activities in access to continuous education, three out of nine in continuous CP, and two out of eight in health and WASH were located in Abkhazia, according to the 1 May 2020 response plan.

Table 20: Georgia CO: Classification of COVID-19 response activities in terms of select design features

Design element	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Online platform	Adapt, contextualise, and integrate an online teaching and learning platform with national educational resources	Helpline		Telemedicine		Digital information platform to provide information on COVID-19
Gender-focused				Remote ANC service		
Youth-focused		Support for youth in contact with the law	Procure and distribute PPE for frontline social juvenile justice workers			Mobilise community and civil society groups, young people, and religious leaders in selected regions to provide accurate information to increase knowledge and understanding, and to address myths and misconceptions related to COVID-19, using primarily digital platforms
Focus on the vulnerable	Laptop tablet provision, nutritional and hygienic humanitarian assistance to vulnerable families (Abkhazia)			Essential hygiene and food supplies for vulnerable 380 families Provide nutritional and hygienic humanitarian assistance to vulnerable families (Abkhazia)	Shock-Responsive Social Protection Feasibility Assessment; rapid analysis on the impacts to SP systems, based on national preconditions and exposure to COVID-19; Microsimulation and advocacy leading to one-	

Design element	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
					time universal child grant to over 800,000 children	
Minority groups						Communications materials targeted to minority groups
CWD	Develop specific resources to support parents and caregivers in providing informal learning opportunities for CWD Developmental activities for children and young people with disabilities (through UNICEF partners)	Support for parents of CWD including for the continuation of rehabilitation exercises				Develop specific resources to support parents and caregivers in providing informal learning opportunities for CWD
Children in institutions		Provision of psychological support to children and caregivers in alternative care				Develop specific resources to support parents and caregivers in providing informal learning opportunities for children living in small group homes
Regional focus (distressed regions)	Provision of laptops and tablets to students and teachers in need so they can participate in the online distance learning platform (Abkhazia)		Provide medical equipment and supplies including PPE for use in healthcare facilities (Abkhazia); expand IPC and infrastructure to address WASH issues in schools, including hygiene awareness (Abkhazia)		Provide nutritional and hygienic humanitarian assistance to vulnerable families (Abkhazia)	

Source: Response plans, CO survey data, RO and CO sitreps for August–November 2020

C.1.4 Implementation

Staffing

The CO required additional HR in emergency coordination, communications and communications for development, and programme assistance. A dedicated WASH person was needed.

Remote work

100% of UNICEF staff are teleworking and practising physical distancing. Staff amended office hours depending on personal circumstances. The flexibility of the CO staff was central to CO's operational response to the crisis.

Procurement

Procurement faced challenges – a global crisis scenario in which a pandemic disrupts the supplies and makes procurement difficult had not been anticipated. Procurement was a challenge both because of the centralised approach and the fixed allotment given to the CO. However, the main problem was disrupted supply rather than UNICEF's procurement procedures. New and existing LTAs were instrumental to the CO's response, especially to meet the new supply targets. However, the CO-level LTAs are not as effective for field offices. Lack of LTAs at the field office level creates administrative hurdles and presents a barrier to COVID-19 response. The procurement of a WASH expert was delayed due to a lack of funds, which affected programmatic work on WASH.

Specific project implementation issues and quality of service delivery

The implementation of WASH activities was delayed due to a lack of WASH expertise at the CO level.

The CO experienced delays in achieving targets because introducing new platforms for service delivery involves a steep learning curve and longer start-up time.

C.1.5 M&E and learning

Interventions are evaluated per United Nations Evaluation Group norms and UNICEF's Evaluation Policy. Verification of implementation relied on a hybrid approach that included both an online verification and a face-to-face modality. CO staff were physically present to observe the distribution of supplies to both the government and final beneficiaries on a sample basis. Despite COVID-19, the CO is planning to conduct a study to assess the progress of the online teaching and learning platform with national educational resources and initiatives provided by the Ministry of Education, Science, Culture and Sport of Georgia in response to the COVID-19 emergency and to measure the quality of teaching and learning.⁶⁰

⁶⁰ Response plan, 1 May 2020.

C.1.6 Communication and coordination

No major issues. UNICEF's communication activities improved its visibility.

C.1.7 Takeaways

- At the level of the CO response plans, the targets are mostly well defined, with a few vague areas, but it is not always obvious to which 'population in need' the targets correspond and whether this is a nationwide need, or only for areas where the CO is actively providing support through existing interventions.
- A sizeable funding gap (92%) is limiting CO's response, even though it decreased over time (to around 40%).
- A lack of experience in WASH and more attention to this area is needed based on the CO survey.
- LTAs at the field office level may be useful to streamline procurement.
- Online service delivery (e.g. in education and health – for instance, with consultations to pregnant women) may not reach everyone, especially the most vulnerable groups and people in remote locales. Therefore, distance service delivery using physical education of health materials and using TV programming may be useful to ensure equitable access to services. The CO does support the provision of devices to those who lack them but this applies mostly in the Abkhazia region.
- Gender-focused programmes apply mainly to ANC. Across the six countries, Georgia reports limited gender-focused activities.
- CO reports delays in achieving targets because significant attention was given to developing new platforms for services delivery.

C.2 Croatia

C.2.1 COVID-19 context and government response

UNICEF's response had to contend with a rapid increase in the COVID-19 cases in the wake of the early lifting of social distancing restrictions. It was compounded by the reduced government spending in the social sector, which put the provision of key social services at risk. The country was not seriously affected by the 'first wave' of COVID-19 and moved to relax restrictive measures in April–May 2020. In retrospect, this decision was premature as it paved the way for the upswing in COVID-19 cases in the summer months. The government reacted to the risk of the pandemic by pursuing savings at all levels, including cuts in the public sector to prop up the economy during the COVID-19 pandemic and generate funds to purchase PPE and medical supplies and equipment.⁶¹ Reduced public spending in the social sector threatened key interventions and programmes for children, especially CWD. For instance, children with developmental delays and disabilities did not have access to Early Childhood Intervention services due to COVID-19-related closure of institutions.

⁶¹ In April, 90,000 companies applied for government support to prevent or slow down the layoffs of employees (Croatia CO Response Play, May 2020).

The situation in Croatia further deteriorated due to an earthquake on 22 March 2020, which damaged schools, hospitals, and maternity hospitals, and limited the country's ability to respond to the COVID-19 crisis.

The COVID-19 pandemic has also been associated with increased levels of criminal violence (an 8% increase observed from Q1 2019 to Q1 2020), which is likely to affect children's safety disproportionately since they are least protected in the face of violence.

C.2.2 Diagnostics

Needs identification

The CO has conducted a range of assessments:

- a rapid assessment of the needs of the social workforce and frontline workers;
- a rapid assessment of the situation related to women and child victims of GBV;
- an initial assessment of virtual Early Childhood Intervention capacity for institutions involved in serving children with developmental delays and disabilities;
- an innovative virtual assessment of the Baby-Friendly Hospital Initiative standards in all maternities;
- a needs assessment of employees and directors of centres for social welfare, children's homes, and community service centres; and
- a COVID-19 economic impact survey in cooperation with the World Bank.

The response plan and CO survey point to a considerable level of awareness of significant disparities in the vulnerable population's needs. But a more disaggregated analysis would be useful to better document, understand, and track those needs.

C.2.3 Design and planning

Resources mobilisation (staff and funding mobilisation)

The CO faced a high level of economic uncertainty in the immediate and post-COVID-19 period and struggled with budget limitations, perhaps more than other COs for a number of reasons. One reason is that the Croatia CO is self-funded and receives no regular resources funds or funding from international donors, given Croatia's status as an EU country. Another reason is that the CO's ability to secure resources from the private and public sector to finance its activities was limited by: (a) social distancing protocols that disrupted its usual fundraising channels; (b) the economic and fiscal impact the COVID-19 crisis had on its corporate partners, who could no longer meet previous commitments and support agreements (especially partners in the tourism sector); and (c) the fall in individual contributions due to the economic impact of COVID-19.

At the time of developing the CO response plan, the funding gap was US\$ 2.47 million (out of 2.70 million, or 92%). Budget reallocations were necessary and difficult, i.e. they required the redistribution of funds away from regular programming (youth programming) to procure emergency supplies of PPE. Nevertheless, overall, the CO maintained a strong focus on youth in its activities.

Target setting

Targets for HPM are clearly defined, in part thanks to the global efforts to systematise the global COVID-19 response. At the CO response plan level, the targets are mostly well defined, but the linkages between the targets and the needs are not obvious. For instance, it is not clear whether targets represent 100% of the needs or less.

Programme design parameters, programme composition

Several features of Croatia CO's programming stand out:

- Active use of social media for outreach and expanding the reach of CO's messaging beyond what can be achieved with a UNICEF website. For instance, the CO engaged 18 influencers with a cumulative reach of 1.2 million followers, who published more than 20 posts supporting UNICEF CO actions.
- Active use of digital platforms while demonstrating an awareness of the inequalities in access to internet and internet-enabled devices.
- The emphasis on youth has been strong in RCCE and involved introducing dedicated platforms for this purpose (Zabum, U-report). However, it is not entirely clear how much value-added these dedicated platforms create compared to other modalities of engagement.
- Distance learning and support for platforms that support it have been central to the CO's activities, but, according to the CO survey responses, the CO staff see the need for additional attention to older children's learning needs.
- The inclusion of skills-building interventions for youth is a welcome addition to the portfolio of activities aimed at that age group. It would be important to learn from this experience.
- The CO survey indicates that online research and data collection involving vulnerable groups in the COVID-19 context raised new ethical considerations that need to be addressed. This topic should be further explored.
- Dedicated GBV activities are included in the response plan and involve updating guidelines related to GBV and social safeguards (referral protocols and support) and including GBV issues in communications.
- Programming also factors in gender-focused elements (including gender-positive messaging in education and the involvement of fathers in ANC). Roma families are targeted for support with tablets and SIM cards to reduce the gap in distance learning access. CWD are specifically targeted in education programming and in health programming (through ECD tele-interventions).
- Programming related to SP is limited since SP is not an area in where the Croatia CO has been active. However, considering the importance of SP to crisis response, the CO sees a need for greater participation in the sector, especially in building scalable social protection systems capable of responding to emergencies.

Table 21: Croatia CO: Classification of COVID-19 response activities in terms of select design features

Design element	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Online platform	Yes					Engagement, TikTok, U-report, Youth Digital Hub
Gender-focused	Gender-positive messages in education	GBV awareness, referrals. Provision of mental health and psycho-social support to frontline professionals in social welfare and health system (with additional focus on gender specifics)		Involvement of fathers in ANC		
Youth-focused	Develop online training materials, webinars, and resources on strengthening adolescents competencies/life skills to keep them engaged and build their resilience in response to COVID-19 Set up digital tools and platforms for online education and resources for skills-building of young people	Support Ombudsperson's Office in monitoring role and outreach to youth in isolation in residential care institutions				Develop new specific platforms and communication tools for engagement with adolescents and youth (U-report, Youth Digital Hub); adapt key messages and content to child and youth-friendly language and format
Focus on the vulnerable	Distribute tablets to vulnerable households; corporate donations of SIM cards; Early Learning Kits to children living in poverty	Provide mental health and psycho-social support to various groups of children and families impacted by COVID-19	Procurement of four tons of priority PPE to ensure adequate protection of critical health staff and most vulnerable groups that are affected			

Design element	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
			by COVID-19			
Minority groups	Provision of tablets for Roma children who lack devices to log into and participate in online education Provision of 450 Early Learning Kits to children living in or at risk in poverty, and Roma children who are most at risk to have been affected by lack of pre-school due to school and kindergarten closures					
CWD	Additional capacity building for teachers of CWD			ECD tele-intervention for children with developmental delays		
Children in institutions		Support Ombudsperson's Office in monitoring role and outreach to children and youth in isolation in residential care institutions, and children in collective accommodation such as refugee children				
Skill building	For youth; hackathon					

C.2.4 Implementation

Staffing

The CO required additional staff inputs, but the needs to address these staffing issues has been raised.

Remote work

Since 16 March 2020, all staff have been working from home, and only a few essential staff go to the office when needed. Social distancing is enforced, and additional PPE for CO staff was procured.

Remote working was a significant constraint as more time was spent on managing people and ensuring that staff have 'collaborative' time, and individual focus time, rather than working outside of office hours. The management monitored staff to detect the unbalanced distribution of workload. Based on staff monitoring, the management made adjustments to the distribution of tasks. The remote working modality has put new demands on the managers to monitor the staff's performance under new conditions and workloads, and to make adjustments.

Remote working and social distancing protocols disrupted communications with government counterparts. They had a significant impact on fundraising and budget levels (since an important part of the CO budget comes from government contributions).

In terms of staff wellbeing and mental health protection, the CO organised a dedicated all-team session with a regional UNICEF staff counsellor after the earthquake and ensured that mechanisms for staff members to receive individual support were available. Regular all-team meetings have a standing agenda item on staff wellbeing in the pandemic and teleworking context.

Procurement

The CO did not experience significant challenges related to procurement. Since the CO did not handle the procurement of supplies and equipment – and even though the government requested UNICEF to procure PPE for social workers and frontline staff, and a few hospitals requested UNICEF's support in procuring medical equipment for neo-natal intensive care units that have been damaged during the recent earthquake – difficulties in procurement were not reported as a challenge in the CO survey.

The office did not activate any L3 SSOPs or simplified procedures since much of the procurement was performed by the government through EU channels or by other humanitarian partners. The CO has prepared four contingency PCA programmes with four IPs as part of its general Emergency and Response Plan. The CO activated two PCAs and one small-scale funding agreement.

Specific project implementation issues

Assessment delays had some impact on timeliness. Additional analysis is needed to understand and address new ethical considerations in online research/data collection involving vulnerable groups that resulted in the postponement of some activities.⁶² Further information on this is needed.

At the same time, COVID-19 response efforts led to effective cross-cutting interventions due to increased internal coordination.

C.2.5 M&E and learning

The CO is continuously monitoring the situation and implementing programmes so that they are in line with global emergency standards. The CO verified that the standard UNICEF or IP monitoring and verification of implementation (e.g. field visits, TPM, etc.) had taken place as planned. The standard UNICEF or IP mechanisms aimed at ensuring supplies distribution have been applied as planned, despite the COVID-19 context.

Due to the specifics of this emergency, which limits the presence of UNICEF staff in the field, the CO survey reports that monitoring is done primarily through remote means, e.g. regular phone and email communication, as well as the exchange of documents (including service delivery/implementation reports, and photo/video materials) with Ips, government, and organisations that are the direct beneficiaries of UNICEF's support.

Participatory monitoring methods were used to monitor the quality of the services delivered. All assessments needed took place in close consultation with partners from the governmental and non-governmental sector, and adolescents and youth who are actively engaged in the response to the pandemic. All Ips were requested to report on the provision of services and supplies in a timely fashion, and to use participatory methods to gain insights from final beneficiaries on the quality of the services delivered. These insights were then used to further improve services, which were mostly provided online due to the lockdown and restricted access.

C.2.6 Communication and coordination

The Croatia CO has been active in maintaining communications both with its partners and with the groups targeted by its programming.

C.2.7 Takeaways

- The CO made extensive use of online platforms for service delivery, combined with support to provide access to the vulnerable through the distribution of internet-enabled devices.
- The self-funding model for the CO presented a problem in terms of fiscal sustainability. Partnerships should be further expanded since the CO's reliance on local support from the public and private sector may not provide sufficient financial resources in a crisis.

⁶² CO survey.

- Budget reallocation implied reductions in funding of some regular programmes related to youth, in order to prioritise the purchasing of PPE supplies.
- Response plans would benefit from making the relationship between targets and needs clearer.
- The focus on SP, the socio-economic effects of the crisis, and relevant policies can be strengthened.
- Remote work and social distancing protocols disrupted communications with government counterparts and had a significant negative impact on fundraising.
- The topic of ethical concerns raised by online research/data collection involving vulnerable groups in the COVID-19 context raised needs to be addressed.

C.3 Kyrgyzstan

C.3.1 COVID-19 context and government response

COVID-19 cases and fatalities began to increase sharply in June 2020. In response to the exponential increase in cases, the government introduced a stricter regime in Bishkek and Chui oblast, which was the area facing the greatest impact. Non-essential services, activities, mass gatherings, and entertainment were now prohibited. The country faces a severe lack of hospital beds, healthcare workers, PPEs, medicines, oxygen concentrators, and ventilators. Due to the lack of PPE, health personnel were significantly impacted (26% of all COVID-19 cases are health workers).

C.3.2 Diagnostics

Needs identification

The CO has struggled with the lack of government data on which to build its diagnostics. The diagnostics have often relied on available data of limited quality and on government requests that are not always clearly supported by the evidence.

In response to the limited data and insufficient data quality, the CO emphasised data collection:

- The CO conducted rapid assessments, for instance, an 'Assessment of COVID-19 Experience and Perception',⁶³ an assessment of COVID-19 impact on youth mental health, an assessment of access to distance learning, and WASH assessments of education and health facilities (over 5,000 schools and preschools and 152 healthcare facilities).
- UNICEF is also collaborating with its partners on implementing a rapid assessment (mini MICS survey) on the socio-economic impact of COVID-19 on women, children, and vulnerable families.
- Assessment of family health centres on infection control and their ability to respond to COVID-19 and continue with routine healthcare services.

⁶³ See www.unicef.org/kyrgyzstan/reports/assessment-covid-19-experience-and-perception-population-kyrgyzstan.

- A rapid assessment of the capacity of the health system in terms of continuity of maternal and child health services.
- Simulations of COVID-19 impact scenarios and possible government response.

The diagnostic response has been strong and under normal circumstances would have been extremely speedy. However, in a rapidly unfolding emergency, these data arrive late; for instance, the findings of the 'Assessment of COVID-19 Experience and Perception' appeared only in December 2020. Shortening the data collection cycle would be crucial for crisis response and would require putting in place crisis-focused data collection systems.

In the September 2020 CO survey, the CO staff pointed out that needs assessments and forecasting in the health sector, and comprehensive risk assessments to identify areas of special vulnerability in the government provision of services were still lacking (CO survey).

C.3.3 Design and planning

Resources mobilisation (staff and funding mobilisation)

At the time the response plan was formulated (April 2020), funding gap was 84% (US\$ 5.16 million out of US\$ 6.67 million). While still sizeable, it was smaller than the funding gaps in Georgia (90% initially) and Croatia (92%). Of the US\$ 1.06 million of available funds, US\$ 417,000 were reprogrammed.

The CO mobilised additional staff in response to the increased demand for general services support, including staff to handle procurement.

Target setting

Response activities are clearly defined in the response plan and the budget. The response plan reviews multiple response scenarios and the actions involved in each one. Targets are clearly linked to the needs, and the needs are clearly indicated.

Programme design parameters, programme composition

The Kyrgyzstan CO reports that five out of six basic services were negatively affected by the COVID-19 crisis: health, education, WASH, and CP (SP was not affected as greatly). The CO's response has been consistent with country needs as they are identified. The response has been informed by assessments (e.g. a mini MICS rapid assessment of COVID-19 impact) as their results became available. For instance, psycho-social support for youth has been increasing following the findings of increased anxiety among youth (especially young women) against the background of the risk of contracting COVID-19 and the economic stress involved in the deterioration of the economic situation.⁶⁴

Several features of Kyrgyzstan CO's programming stand out (see Table 22):

⁶⁴ About 18.1% of youth report that their household income declined significantly; 15% report being behind in school; and another 6.4% report putting their studies on hold. Only 33% of youth have received information on seeking psycho-social support services, and 38% on violence against women and girls and where to go in the event of violence.

- Online platforms are used in education, CP, communication, and health.
- WASH interventions lack design features to address vulnerable/disadvantaged groups (broadly defined).
- Activities in other areas consider the needs of vulnerable, disadvantaged, and special interest groups (women and girls, youth, ethnic minorities, CWD, and children in institutional care). These are mainly included as a special focus for intervention design and results tracking; however, there are mentions of material in-kind financial support provided to orphaned children in institutions and CWD to support their remote learning.
- Given the dramatic impact of mobility restrictions on migrant workers, the children of migrant workers are becoming a vulnerable category. The CO is singling out this group in some of its programming, but potentially more attention should be paid to this category.
- Support in the SP sector is limited to diagnostic work linked with COVID-19 impact assessment and simulations to inform government cash transfer coverage. The CO expressed interest in expanding the scope of work in the SP sector.
- There are no specifically targeted interventions to address the economic situation of women who are disproportionately affected by the crisis.

Table 22: Kyrgyzstan CO: Classification of COVID-19 response activities in terms of select design features

Design element	Education	CP	WASH / IPC	Health and Nutrition	SP	RCCE
Online platform / other remote modalities	Online platform; TV lessons for preschool and school age children	Online platform; hotline		Telemedicine		chatbot for children and families
Gender-focused	Protect girls especially when not in school through social pedagogues and reporting programme	GBV and domestic violence issues integrated into online platforms; capacity building to Ministry of Labour and Social Development staff on how to prevent and respond to SGBV in emergencies		Support the development, dissemination, and implementation of appropriate breastfeeding and complementary feeding recommendations in the COVID-19 context	Rapid assessment to measure the impact of COVID-19 on women	Addressing possible stereotypes against children with COVID-19 and minorities, ensuring gender-positive language
Youth-focused	UNICEF Volunteers (mainly youth) engaged in helping education managers to fill education management information system (EMIS) ⁶⁵	Youth engaged in building skills (social, digital) through online platforms with GBV and domestic violence issues integrated				Youth are engaged in information campaign
Focus on the vulnerable	Nationwide capacity building of social pedagogues in identification and support of the most vulnerable children during remote learning, materials displayed on the	Children left behind by migrating parents provided support in access to services and psycho-social support		Provision of essential medicines for children in need; support continuation of existing essential nutrition services, including supplies to vulnerable children and pregnant women	Diagnostic to improve coverage of the poor through SP benefits; rapid assessment to measure impact of COVID-19 on the vulnerable	

⁶⁵ The information on this activity was provided by the Kyrgyzstan country office as comments to an earlier draft of this report, but was not found in the initial set of documents and interviews. The activities were carried out between the second and fourth quarters of 2020.

Design element	Education	CP	WASH / IPC	Health and Nutrition	SP	RCCE
	SocPedagogue Youtube channel.					
Minority groups	Learning platform in multiple languages					Addressing possible stereotypes against children with COVID-19 and minorities, ensuring gender-positive language
CWD	Learning platform and TV programmes to take into account needs of CWD). Offline and remote support of specialists to parents and teachers of CWD in 10 schools. To ensure access to TV/remote learning, necessary equipment provided to institutions with orphans and CWD (a total of 400 children were beneficiaries of this support) ⁶⁶	CWD, their families are provided with remote and or on-site additional psycho-social support				
Children in institutions	To ensure access to TV/remote learning, necessary equipment provided	Residential care institutions are provided with necessary support to ensure the health and wellbeing of children and workers				

⁶⁶ The information on this type of support was provided by the Kyrgyzstan country office as comments to an earlier draft of this report, but was not found in the initial set of documents and interviews. The activities were carried out between the second and fourth quarters of 2020.

Design element	Education	CP	WASH / IPC	Health and Nutrition	SP	RCCE
	to institutions with orphans and CWD (a total of 400 children were beneficiaries of this support) ⁶⁷					
Skill building		Youth engaged in building skills (social, digital) through online platforms				

Source: Response plans, CO survey data, and RO and CO sitreps for August–November 2020.

⁶⁷ The information on this activity was added by the Kyrgyzstan country office as comments to an earlier draft of this report, but was not found in the initial set of documents and interviews. The activities were carried out between the second and fourth quarters of 2020.

C.3.4 Implementation

Staffing / Remote work

The response has strained the CO staff. A number of staff have been under pressure because of the teleworking modality. They also had to take care of their children, who were also at home and needed distance learning support; however, this did not affect their deliverables. At one point, COVID-19 also directly affected about 25% of the staff. To address the increased staff needs, the CO brought in new staff, especially in the general services/HR department.

The Climate Change and Disaster Risk Response / Emergency Focal Point post was vacant as of April 2020. Due to the Country Programme structure, there is no WASH specialist either. The CO has appointed the Chief of Field Office in Osh to manage the WASH function as a stop-gap measure.

The CO faced a change in leadership during the pandemic, and the new Deputy Representative assumed the position remotely.

Procurement

The procurement of medical supplies, equipment, and PPE expanded dramatically, and additional staff were brought in response to the higher demand for procurement support. However, no significant issues with procurement were reported. The CO used local procurement/supplies to purchase PPE materials in limited quantities that were procured for the UN staff, but the quantities are insufficient for programme response.

Specific project implementation issues / Quality of service delivery

No project implementation issues have surfaced yet.

C.3.5 M&E and learning

The Kyrgyzstan CO verified that the standard UNICEF or IP monitoring and verification of implementation and supply distribution were undertaken. The verification of implementation relied on visits by CO staff and TPM to cross-check the activities' implementation, but funding adjustments determined the extent of these verifications. The CO used partnerships with reliable non-governmental organisations and CSOs that had proven effective implementors based on previous experience. The CO provided continuous coordination and monitoring of these IPs and the government partners through meetings. In many instances, the CO staff directly participated in activities (training, youth forum online, etc.), which allowed for direct observation.

The CO aimed to develop monitoring and assessment mechanisms to ensure that all children had access to high-quality learning activities during school closure.

C.3.6 Communication

CO survey points to ineffective response coordination by the government, and lack of government coordination of international partners' response efforts have complicated the COVID-19 response.

C.3.7 Takeaways

- Continue strengthening the WASH/IPC interventions in preparation for the opening of schools. Improving WASH design to mainstream specific needs of vulnerable/disadvantaged groups would also be important.
- The CO staff point out that needs assessments and forecasting in the health sector and comprehensive risk assessments to identify areas of special vulnerability in the government provision of services is still lacking.
- Shortening the cycle of data collection would be crucial for crisis response and would require putting in place crisis-focused data collection systems.
- The CO used local procurement/supplies to purchase PPE materials in limited quantities that were procured for the UN staff, but the quantities are insufficient for programme response.
- Using 'social pedagogues' to ensure girls are protected when studying remotely is an excellent example of mainstreaming gender in an education project.
- 25% of CO staff were directly affected by COVID-19.
- There was an ineffective response coordination by government and a lack of government coordination of international partners' response efforts.
- The CO should continue paying attention to the children of migrant workers – these may not be on the radar of SP and CP services.

C.4 Tajikistan

C.4.1 COVID-19 context and government response

Tajikistan's health system faces longstanding challenges that have exacerbated its vulnerability to COVID-19. The health system is still dominated by economic stringency, the overlapping functions of state institutions, fragmentation, and a management style that is highly centralised and heavily hospital-based.

Primary health facilities and institutions such as schools, kindergartens, and day-care centres lack investment and do not have adequate WASH access. For instance, only 48% of schools have access to functioning water supply systems, and only one in four schools have water and soap available at handwashing stations. Out of 73 maternity centres in Tajikistan, 48 (66%) do not meet the required WASH standards.

The government was slow to recognise pandemic cases and to begin responding to the pandemic via communication or otherwise. Until 30 April 2020, when 15 laboratory-confirmed COVID-19 cases were reported, there were no officially confirmed COVID-19 cases, but healthcare facilities begin being overwhelmed with 'atypical pneumonia' cases in early April. In subsequent months, the number of cases rapidly rose, putting significant stress on the health system, with shortages of critical PPE and artificial lung ventilation

devices limiting access to life-saving care. The government indicated a need for 2,500 lung ventilation devices to help ease the immediate pressure on hospitals.

Following a slow recognition of the COVID-19 epidemic, the government moved with greater urgency to respond to the crisis. The government of Tajikistan has been proactive in initiating key measures to prepare for the potential outbreak of the novel coronavirus in Tajikistan. Although no formal 'lockdown' or 'quarantine' measures have been put in place, the government has launched a 'door to door' communication campaign advising the population to self-isolate wherever feasible. Mass disinfection of public areas with chlorine are ongoing in major cities. All secondary schools, kindergartens, non-food markets, cinemas, theatres, and trade centres have been closed until further notice. Public events and gathering have been banned temporarily throughout the country.

The Tajikistan CO's COVID-19 response plan is aligned to the national response plan and the WHO's global strategic response plan and has focused on:

- implementing immediate priority measures to address the COVID-19 outbreak in Tajikistan using UNICEF's comparative advantage in RCCE to inform and engage the public on COVID-19 in Tajikistan; and
- addressing potential social and economic consequences by supporting the government in sustaining basic services for children during the pandemic, and the immediate economic needs for the most vulnerable people affected directly or indirectly by COVID-19.

C.4.2 Diagnostics

Needs identification

The CO's response plan mentions a range of diagnostic activities; however, these are not well defined, and it is not clear how they will be implemented and whether they are well structured. The following diagnostics have been included in the response plan:

- Gender-sensitive⁶⁸ rapid assessment to examine the situation in residential care institution for children, including closed and semi-closed facilities.
- An Education Rapid Needs Assessment.
- Assess, based on needs for possible quarantine, the availability of larger space within residential care institutions that can be turned into quarantine zones.
- Support implementation and monitoring of IPC enhancements in schools, health facilities, markets, etc.
- Support the national early warning and alert systems and outbreak investigations in country.
- Support the integration of COVID-19 surveillance with other surveillance systems and seek synergies with existing surveillance networks (including existing polio surveillance networks), where appropriate. Include a systematic collection of age categories and sex-disaggregated data, and pregnancy status, as appropriate.

⁶⁸ "Gender-sensitive" is a term used in "UNICEF Tajikistan COVID-19 Preparedness and Response Plan Date: 12 May 2020."

- Data collection on vulnerabilities impacted by COVID-19 (including socio-economic aspects); situation monitoring and feedback mechanisms.

The CO's response plan includes a dedicated expense category for analytical work. In FY 2020, the analytical support budget was US\$ 50,000, and the total for FY 2021 is US\$ 300,000.

C.4.3 Design and planning

Resources mobilisation (staff and funding mobilisation)

The CO successfully mobilised sufficient funds to support the vast majority of short- and medium-term activities. The CO mobilised considerable resources very fast. In FY 2020, the funding gap was only 16%, or US\$ 3.55 million, out of US\$ 22.08 million, for FY 2020. For FY 2021, the gap was 29%, or US\$ 17.41 million, out of the US\$ 60.26 million required. The gap was further reduced to 22% (US\$ 12.26 million) by September 2020.

It is not entirely clear how much of the funds made available for COVID-19 response were reprogrammed from other (regular but not urgent activities). The Tajikistan CO may face long-term challenges in regular programming down the road.

Target setting

Targets are well defined in terms of numbers. However, the activities included in the response plan and linked to these targets are loosely formulated, giving the impression that they are goals or priorities, rather than planned activities. This raises the question of how realistic and implementable the response plan is.

In setting targets, the CO looked at resources mobilised, the capacity to implement, the expected course of development of the pandemic and pandemic response, and national response plans.

The CO adjusted the targets based on the context and limitations imposed by the COVID-19 crisis. For example, social distancing and mobility restrictions prevented the verification of delivery of supplies to doctors by the UNICEF staff or the TPM firm; therefore, the CO had to adjust the targets downwards due to the inability to monitor the delivery. Targets related to supplies were also re-adjusted based on the availability and prices of items at local and international markets. A Programme Criticality Assessment investigated several scenarios of COVID-19 phases, duration, and impact, and played a role in setting targets and the number of hospitals, doctors, and health workers, and the level of demand and the time for which they would be needed. A similar scenario-based approach was adopted for the education sector. However, the assumption that a full lockdown would be put in place did not materialise (schools were operating as normal), making the target about distant learning irrelevant. In terms of RCCE, targets continuously shifted, based on government consultations, making it impossible to pin down a target. Further, targets changed with the evolution of the COVID-19 situation: the initial messages regarding risky behaviours and the transmission of the COVID-19 had to be changed.

Programme design parameters, programme composition

The following aspects of programme design and composition stand out (see Table 23):

- Online platforms were given an important role in the response plan, especially in education, CP, and RCCE. However, little attention has been given to disparities associated with the use of digital technology.
- Nevertheless, across all response plan activities, proposed programmes focus on the needs of the economically vulnerable population.
- RCCE activities focused on youth response plan activities lack an emphasis on CWD, only mentioning supporting the expansion of government-provided social services to CWD as part of SP activities.
- Focus on CWD is observed in the social protection and education programming. In education, the CO provided assistive technology, developed inclusive digital tools, and supported development and dissemination of resources to assist parents of CWD in supporting their children's learning at school or home. Additionally, sign language was introduced for the first time in developing visual education resources.
- However, beyond SP and education, there is little evidence of the emphasis on CWD.
- Gender-focused programme design elements are not given a prominent place in the response plan, except for gender-appropriate⁶⁹ messaging as part of RCCE and a gender-sensitive⁷⁰ rapid assessment of situation in residential care institution for children, including closed and semi-closed facilities.
- The interests of youth are mainstreamed in education, CP, and RCCE.
- Youth programming includes skills-building among youth.
- Involvement in SP focuses on supporting the government CT system.
- Regional disparities are not discussed. Clearly, Dushanbe and other urban centres have experienced a more direct impact of COVID-19, but rural areas face challenges related to the lack of infrastructure and supplies. Additionally, the socio-economic impact of the crisis is likely to vary geographically. It may be worthwhile anticipating these developments.
- There is no mention of returned migrants and migrant families/children as a category of special interest (as is the case in Kyrgyzstan); it may be useful to explore COVID-19's impact on this group.

⁶⁹ "Gender-appropriate" is a term used in "UNICEF Tajikistan COVID-19 Preparedness and Response Plan Date: 12 May 2020." Although not defined explicitly, based on the context, its meaning is similar to "gender-sensitive".

⁷⁰ "Gender-sensitive" and "gender-appropriate" are terms used in "UNICEF Tajikistan COVID-19 Preparedness and Response Plan Date: 12 May 2020."

Table 23: Tajikistan CO: Classification of COVID-19 response activities in terms of select design features

Design element	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Online platform / other remote modalities	Mobile platform for distance learning	E-tools for accessing information on psycho-social services for youth				Conventional media, digital platforms and community outreach; youth outreach platform; helpline
Gender-focused		Gender-sensitive ⁷¹ rapid assessment to examine the situation in residential care institution for children, including closed and semi-closed facilities				Develop new and amplifying already available risk communication through accurate cultural and gender-appropriate ⁷² messaging; targeting messages to pregnant women
Youth-focused	Youth skills	Provision of information on psychological support among trained school psychologists and staff of 21 Youth-Friendly Health Clinics through e-tools				Digital platform for virtual adolescent/youth information dissemination on COVID-19 prevention and provision of support (through helpline). Online training on critical thinking and reporting for adolescents/young volunteers, who can become young reporters for the COVID-19 and post-COVID-19 situation
Focus on vulnerable	Expanding e-learning opportunities, building on UPSHIFT digital solutions for online learning among marginalised children		Support for WASH facilities will benefit households in less developed areas		Expansion (horizontal and/or vertical) of government cash transfers to increase coverage of the most vulnerable	Targeted outreach to urban poor and other potentially high-risk communities, including utilisation of existing SP systems, to ensure delivery of accurate information on prevention

⁷¹ “Gender-sensitive” is a term used in “UNICEF Tajikistan COVID-19 Preparedness and Response Plan Date: 12 May 2020.”

⁷² “Gender-appropriate” is a term used in “UNICEF Tajikistan COVID-19 Preparedness and Response Plan Date: 12 May 2020.” Although not defined explicitly, based on the context, its meaning is similar to “gender-sensitive”.

Design element	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Minorities						
CWD	CO provided assistive technology, developed inclusive digital tools, and development and dissemination of resources to assist parents of CWD in supporting CWD learning at school or home. Introduced sign language for the first time in development of visual education resources. ⁷³				Expand essential social services to CWD	
Children in institutions				Scaling up mental health support for children, caregivers and parents, including children in institutions		
Regional focus						
Skill building	Expansion of e-learning opportunity for youth to acquire 21st-century skills					

⁷³ This observation did not come out through the analysis of the corpus of data, but was provided in the form of comments by the Tajikistan CO at the time of draft report review stage.

Source: Response plans, CO survey data, and RO and CO sitreps for August–November 2020.

C.4.4 Implementation

Staffing / Remote work

UNICEF has activated the CO Cross-Sectoral COVID-19 Task Force (operational 24/7) and introduced measures to reduce risk exposure to staff and consultants. On 27 April 2020, a strict work-from-home regime was introduced by the UN Country Team, and has been in place since. CO procured PPE and hygiene materials locally and made these available to staff. Counselling services were made available to CO staff.

Missions were limited to the essential but were still allowed.

CO took the step to manage the transition to the remote working modality. Since March 2020, UNICEF staff have been encouraged to review work plans and identify tasks that can be completed through teleworking to further reduce the risks of unnecessary exposure. The Business Continuity Plan has been updated. A work-from-home drill was conducted on 18 March 2020, to test the technical solutions and identify problems, if any, in the event that a teleworking modality was introduced. As part of the Business Continuity Plan, a refresher session on remote connection to the UNICEF resources was undertaken with staff. In March 2020, all staff were provided with the required IT equipment to work from home in the event of an emergency.

Based on the CO survey, management's support has been central to the rapid transition of the Tajikistan CO staff to the emergency implementation modality, especially HR and procurement staff, by organising relevant training on the regular resources procedures and L3 SSOP and by issuing relevant guidelines. No mention of gaps in leadership due to the remote working modality have been reported.

Limited experience of CO's HR staff with emergency experience presented a challenge. UNICEF asked for a stand-by partner, a communications person, and a WASH person as a mitigating strategy. For the WASH response, the emergency rapid response team was helping remotely. The CO also leaned on the remote support from the RO advisers in different aspects.

Procurement

Procurement does not appear to be an area of concern. Although the procurement team faced challenges due to high prices and limited supplies, these factors ultimately did not significantly impact the CO's quality of response. The late delivery of supplies and assessment delays, or the inability to accurately assess or verify needs, presented challenges (the latter because of shifting targets). However, these ultimately did not impact the timeliness of response. One reason is that the CO managed to get approval from the supply division to undertake regional procurement, which is faster and cheaper, with supplies coming from Uzbekistan and Turkey. Additionally, procurement was streamlined through the adoption of L3 SSOPs and simplified procedures. Limited ability to monitor delivery of supplies did result in the scaling back of procurement plans.

Specific project implementation issues

The CO ranked the role of preparedness at 5.5 out of 10. The main reason for the relatively low score is because the CO's scenarios and plans were built around natural disasters (e.g. earthquakes) and the spread of conventional diseases (e.g. measles), but not a disease like COVID-19. The existing contingency plan did not help significantly in this particular emergency.

Initially, at the start of the pandemic in January and February 2020, re-programming and the use regular resources funds in the context of COVID-19 were not straightforward, and the Tajikistan CO was uncertain about the proper procedures to follow in order to deploy regular resources for COVID. Subsequently, however, the CO received relevant guidelines.

The lack of an HR capacity and insufficient knowledge of how to work in an emergency context also represented a barrier. The CO management organised training and provided constant support to staff. Switching from the programme mode to the emergency mode required a mental shift to prioritise activities accordingly, and this took some time.

C.4.5 M&E and learning

The Tajikistan CO **verified** that the standard UNICEF or IP **monitoring and verification of implementation** had taken place, as planned through TPM, social media monitoring, and partner monitoring. Similarly, the CO **verified** that the standard UNICEF or IP mechanisms for ensuring **distribution of supplies** had been followed.

The CO implemented several procedures to ensure the adequate quality of services. First, before buying PPE, all items were tested by the Ministry of Health and cleared by the government as meeting the relevant national standards. The CO also engaged doctors to check the quality of the ventilators. These checks identified several issues with the quality of the units, and the CO worked with the vendors to successfully resolve them. In several cases, problems with equipment were resolved post-distribution, but were rectified, too. Second, an Education Rapid Needs Assessment included a feedback mechanism that allowed the CO to test if the service was reaching the target population and whether the service's quality was adequate. Third, the communication materials (messages, posters, animation) all had to be pre-tested and cleared by the Ministry of Health and the Ministry of Education. The CO also conducted checks on the distribution of materials and collected feedback on them. Checks were conducted remotely through IPs, who ensured the materials and supplies were reaching the recipients and assessed whether additional materials were needed.

C.4.6 Communication and coordination

A well-established relationship with the Red Crescent Society of Tajikistan has paid off during the COVID-19 response. The CO has a very long history of effective partnership with Red Crescent Society of Tajikistan/International Federation of Red Cross, spanning more than 15 years. The Red Crescent Society of Tajikistan/International Federation of Red Cross has branches and extensive networks of volunteers in the regions and districts of Tajikistan.

Governmental red tape proved an issue, and active government coordination has been lacking. It is expected that the establishment of WHO's Emergency Operation Centre in Tajikistan would mitigate bureaucratic bottlenecks.

C.4.7 Takeaways

- The Tajikistan CO was successful in mobilising funds for its operations and has the lowest funding gap of the six countries reviewed.
- The response plan does not make clear enough the distinction between goals and concrete activities. For instance, if an activity is to 'ensure monitoring', it is not clear to what degree this is linked to concrete activities.
- Greater attention needs to be paid to disparities associated with access to remote services due to variation in access to the internet and internet-enabled devices.
- The CO's programming gives attention to CWD in education and social protection, but emphasis on CWD in other areas of programming is worth consideration.
- Greater engagement of specialist agencies such as disabled people's organisations, gender specialists, etc., would also help reach the more vulnerable, including through established government systems.
- The CO used regional procurement expedited delivery of supplies and achieved significant savings.
- Re-programming and using regular resources funds in the context of COVID-19 were not straightforward. The CO was initially reluctant to use regular resources for COVID-19 response.
- The CO lacked HR capacity and sufficient knowledge of how to work in an emergency context.
- The CO needed support on WASH due to a lack of capacity in that area.
- Governmental red tape and a lack of active government coordination complicated the coordination of COVID-19 response.
- Gender emphasis could be strengthened in programme design and composition.

C.5 Moldova

C.5.1 COVID-19 context and government response

Moldova experienced the first wave of the pandemic, with the first confirmed COVID-19 case reported on 7 March 2020, and cases beginning to climb quickly in April 2020. By October 21 2020, 11% of health workers had been infected by COVID-19 and the total number of reported cases reached 67,958. With the cumulative incidence of cases at 1,873 per 100,000, Moldova, in October 2020, was among the countries with the highest incidence of cases in Europe and the region.

The crisis impacted household budgets especially hard, with families relying on remittances. At the same time, families experienced higher expenses due to the pandemic (increased food prices, healthcare cost to visit private hospitals, transport expenses, utility bills, etc.). Families reduced discretionary spending (sport, social activities, clothes, etc.) and relied on savings or loans. However, a quarter to one third of households with children reported

decreases in the quality of nutrition. Schools offered alternative teaching modalities, but in many cases, lack of devices at home for children and a lack of experience with online teaching for teachers were the most widely reported barriers to effective learning.⁷⁴

After initial school closures, they were reopened in September 2020.⁷⁵

The impact of COVID-19 on children with developmental delays was caused by the suspension of planned healthcare services at the level of primary healthcare, except emergencies, for two months; suspension of early identification and early intervention services in Chisinau, the inability to travel to receive care at the central level, quarantining in certain regions and unavailability of mobile teams and teams of specialists at district level; the relaunching of healthcare services took more time than expected in terms of ensuring the right flow of patients, and protective and distance measures. Access to online education by CWD in the context of the COVID-19 pandemic is limited due to the lack of adapted programmes, limited support services, and the lack of access to assistive technologies.

Roma children experienced higher drop-out rates from school and are more likely to lack adequate equipment, such as a computer or connection to the internet (only 11% of Roma people have a computer, and only 10% have internet access). Lower rates of literacy among their parents create additional obstacles to benefiting from distance learning.

C.5.2 Diagnostics

Needs identification

Based on the response plans and sitreps, the CO has undertaken the following diagnostic activities:

- Continuous needs assessment and the assessment of the impact of the COVID-19 on student learning.
- Mapping of the social service workforce responding to the COVID-19 emergency.
- Socio-economic impact assessment of COVID-19 on families with children.
- The findings of 'Assessment of COVID-19 impact on remittances and coping mechanisms of families with children in Moldova' will inform the development of an equity-focused and mid-term mitigation plan that pays attention to gender differences in COVID-19 impact.
- Behavioural research to: (1) measure attitudes, beliefs, perceptions, individual self-efficacy of the general population and professionals; (2) assess the level of trust in government promoted messages and services; and (3) establish the use of services and barriers.
- Use U-report surveys as a behaviour tracking system, focusing on internet access and remote learning, the psychological impact of the crisis, career prospects, and attitudes to vaccination.

⁷⁴ UNICEF (2020) 'Assessment of COVID-19 impact on remittances and coping mechanisms of families with children in Moldova'.

⁷⁵ The Ministry of Education, Culture and Research stated that 1,138 state preschools out of 1,398 restarted their learning and care activities as of 22 September (Country Situation Report September 2020).

C.5.3 Design and planning

Target setting

The CO's targets were developed jointly with line ministries, and were adapted over time. The CO's targets were jointly developed and agreed upon and reviewed by line ministries. The CO adapted the targets over time. At the start of the epidemic, targets were based on quick estimations and administration data from ministries. As COVID-19 progressed, local authorities collected data, and the CO began to adapting target numbers accordingly. The CO is triangulating data from multiple sources (CSOs, line ministries), which tend to differ. Triangulation against the CSO data is particularly necessary regarding CWD. Other sources of target data are municipality requests.

Response plan activities are well defined, and the targets are clearly specified. The types of activities included are consistent with the needs profile. However, the level of need could be defined better to determine how much a contribution UNICEF support would make.

Resource mobilisation

The CO was able to mobilise a sizeable share of the required finding, in part due to the donors' openness to make changes to their programme priorities and allocations, which presented UNICEF with an opportunity to adjust regular programming to the newly defined needs. By August 2020, the gap was 40% – US\$ 1.02 million out of the total required amount of 2.53 million.

Programme design parameters, programme composition

The following aspects of programme design and composition stand out (see Table 24):

- The CO was actively engaged in developing remote learning platforms, providing technical inputs, and supporting content for the platforms.
- There is awareness about disparities surrounding the online delivery of education. The CO provided IT equipment to families that lacked access to and provision of non-digital educational materials to address this issue. However, the scale of the problem is greater than the support the CO has provided, and requires coordinated efforts across many donors and the government, especially if online learning is to become a sustainable learning modality.
- The CO paid attention to the specific needs of Roma children, but mainly through conducting research that looks at their needs and through WASH activities. However, additional support might be needed based on understanding the full extent of their vulnerabilities.
- Vulnerable households received support with access to online learning and SP (ensuring CT benefits reach those without access to banks). The CO also supported street children by better equipping social workers to work with them.
- There is no mention of CO's involvement in developing a telemedicine platform, but the CO contributed to creating a digital resource repository for health professionals.

- Youth-focused activities were conducted in WASH (Youth-Friendly Health Services), health (informing adolescents of good child feeding practices in the COVID-19 setting), and RCCE.
- Gender-related interventions focus on GBV, healthy pregnancies, and maternal health. An additional focus on gender in education, SP, and RCCE might be needed.
- Families with CWD received support with PPE, hygiene and sanitation supplies, and assistive technologies for learning.
- Programming gives little attention to skills-building, except for soft psychological skills to handle stress and anxiety by youth.

Table 24: Moldova CO: Classification of COVID-19 response activities in terms of select design features

Design features	Education	CP	WASH / IPC	Health, Nutrition	SP	RCCE
Online platform / other remote modalities	TA support for Ministry of Education, Culture and Research digital platforms; TV content production for pre-schoolers			Digital platforms as resource repository for health professionals		U-Report
Gender-focused		Strengthening national help line service on domestic violence; response services for survivors of GBV, sexual exploitation and abuse	Procurement of WASH supplies for maternity wards	Support for continuation of basic maternal and child health services including immunisation. Support for Ministry of Health, Labor and Social Protection to put in place COVID-19-related contextualised infection prevention protocols in maternities		
Youth-focused			Procurement of WASH supplies for Youth-Friendly Health Services	Provide communication information on breastfeeding, infant and young child feeding practice, and on balanced nutrition for adolescent boys and girls		Build capacity and coping skills of young people to deal with conflict, tensions, stress, anxiety, mental health challenges related to COVID-19 and its socio-economic consequences. Engaging young people in volunteering initiatives targeting the most vulnerable populations. U-Reports on education and opinions on vaccinations
Focus on the vulnerable	IT equipment for teachers and students with no		Procurement of hygiene and sanitation supplies		Increased coverage of social assistance for households with children.	Engage young people in volunteering initiatives

Design features	Education	CP	WASH / IPC	Health, Nutrition	SP	RCCE
	access to distance learning. Packages of educational materials and supply for pre-primary and primary school age children with no access to distance learning		for schools and children in need		Ensuring continuity of unconditional cash benefits for the poorest and most vulnerable affected households in remote areas (without bank access)	targeting the most vulnerable populations
Minority groups			WASH training for staff of residential educational institutions conducted in multiple languages. Delivery of WASH supplies to vulnerable Roma families			
CWD	Procurement of PPE supplies and Assistive Technologies for CWD		Procurement of hygiene and sanitation supplies for CWD			
Children in institutions		Support for provision of alternative care by ensuring protection and emergency and planned placements. Support to children in conflict with the law to provide protection during pre- or post-trial detention and banning/avoiding use				

Design features	Education	CP	WASH / IPC	Health, Nutrition	SP	RCCE
		of detention during pandemics				
Regional focus (distressed regions)					Ensuring continuity of unconditional cash benefits for the poorest and most vulnerable affected households in remote areas (without bank access)	
Skill building						Build capacity and coping skills of young people to deal with conflict, tensions, stress, anxiety, mental health challenges

Source: Response plans, CO survey data, and RO and CO sitreps for August–November 2020.

C.5.4 Implementation

Staffing / Remote work

Remote work provided challenging, making it difficult to coordinate activities, maintain effective and efficient communication, and manage people and keep them motivated – these were further compounded by the lack of emergency experience and CO leadership changes. Remote work created coordination challenges that would not have arisen if physical interactions were possible. The inability to meet in person hampered communication and created email overload, which elevated the likelihood of miscommunication, delays, etc. Remote work also raised issues of motivation. Several things were done to improve motivation, such as supporting staff to take leave and granting special leave. The CO staff also set up a matrix model to empower people to deliver as a team where a chair is a member of another group. Significant staff changes in management (with a new Resident Representative, Deputy Representative, and Operations Manager) further complicated the difficulties of personnel management in a crisis setting.

Procurement

A UN procurement team was created under the UN Crisis Management Team, with UNICEF as part of it. The UN procurement team developed the consolidated procurement plan (mostly WHO, UNICEF, and UN Regional Coordinator's Office), based on the rapid assessment of health facilities and data collected by the Ministry of Health, Labor and Social Protection.

However, procurement was reported by the CO staff as one of the three most impacted business processes (the others were internal communications and staff management). For instance, the renegotiation of PDs and Program Cooperation Agreements presented a challenge.

Specific project implementation issues

In terms of programme implementation, there was a steep learning curve due to entry into unfamiliar activities (digital provision of services, etc.). The CO has stepped out of its comfort zone to expand into support of and provision of new services, including digital services (providing CWD with access to education and providing to parents with skills to work from home and provide care to children, and providing messages through U-report, TV and radio, other UN portals, etc.). Despite an initial steep learning curve, the CO adapted quickly to disburse 1.5 million dollars in United States Agency for International Development grants and US\$ 750,000 from the Multi-Partner Trust Fund in these new areas. Furthermore, the CO is adjusting its regular programming to include digital education as a means of longer-term adaptation to the crisis. The fact that both public donors and IFIs are showing flexibility in re-programming their existing funding presents an opportune moment to make programmatic adjustments.

C.5.5 M&E and learning

The Moldova CO verified that the standard UNICEF or IP monitoring and verification of implementation and of the distribution supplies were undertaken. Verification of

implementation relied on online verification and increased the intensity of verification procedures, using photos and videos and asking IPs to verify signatures. The same procedures were used for donor reporting. As a means of verification of the distribution of supplies, signed forms were required.

For the quality of supplies, the CO relied exclusively on Copenhagen's supply division to guide quality verification according to its standards. For local procurement, the CO has mechanisms to verify that quality and price match. The CO also deployed additional TA staff to strengthen procurement. But all monitoring was remote.

C.5.6 Communication and coordination

Cooperation between the Moldova CO line ministries and CSOs has been central to target setting, the delivery of services, and monitoring implementation and supply distribution. Collaboration with the government in SP contributed to the 40% expansion of the coverage of the national social assistance programme as a shock mitigation measure.

C.5.7 Takeaways

- CO reported difficulty in setting targets due to receiving conflicting information from multiple government sources.
- There was only a moderate funding gap, which made financing activities less of a challenge than in countries such as Georgia.
- Based on the results of the activities mapping exercise, additional focus on gender in education, SP, and RCCE might be needed since gender-focused interventions are in GBV, healthy pregnancies, and maternal health. CO's should explore the exact nature of design elements needed to address specific gender based disparities.
- The focus on vulnerable groups is present, but the level of support for vulnerable groups may not match the need (especially in providing vulnerable families who lack internet access with devices and internet connectivity). The CO paid attention to the specific needs of Roma children, but support in areas other than WASH and IPC might be required.
- Youth programming focuses little attention on skills-building, except for soft psychological skills to handle stress and anxiety.
- Steep learning curve in unfamiliar activities (digital provision of services, etc.) made implementation challenging.
- The remote working modality undermined internal communication.

C.6 Ukraine

C.6.1 COVID-19 context and government response

The first case of COVID-19 was registered on 29 February 2020; by 26 April, the number of lab-confirmed cases had grown to 8,617. The greatest concentrations of cases were in Kyiv, Chernivtsi, and Ivano-Frankivsk.

The number of registered cases in Ukraine does not reflect the real path of the epidemic transmission because the testing rate is low (1.6 per 1,000). Ukraine needs to considerably

scale up its testing strategy, which requires addressing the lack of PCR tests, limited lab capacity to process an adequate number of tests, and limited sampling points (availability of samples close to where people live). A primary healthcare network should be activated to improve testing.

There are 284 hospitals in Ukraine designated to treat COVID-19 cases, with many not prepared to receive large numbers of contagious patients. Medical personnel are poorly protected, and as a result, many healthcare workers are reported to be infected. Oxygen and machines for artificial lung ventilation are insufficient but more supplies are being procured.

In response to COVID-19, the government imposed a quarantine and defined incentives for healthcare staff. The Cabinet of Ministers of Ukraine set up a multi-sectoral Operative Task Force, on which mainline ministries and several experts are represented. The Ministry of Health set up a special technical Task Force, on which UNICEF is represented. This Task Force was gathered at the start of the response but is not functioning properly.

Taking into account the overall framework of government's response to COVID-19 and the roles played by other agencies, the Ukraine CO focused its efforts mainly on the following areas:

1. leadership and coordination at country and regional level;
2. risk communications and community engagement;
3. surveillance;
4. IPC;
5. case management;
6. multi-sectoral action to mitigate social and economic consequences; and
7. logistics and supply management.

C.6.2 Diagnostics

Needs identification

The CO survey indicates that the tracking of the needs has improved significantly over time and is reflected in revised targets. Closer cooperation with the government to mitigate the impacts of the COVID-19 crisis led to more data being collected and better access to data, much of which is now available online.

The Ukraine CO's response plan envisions a significant number of diagnostic activities, both one-off studies and government system improvements:

- Monitoring and data collection of CP cases.
- Support the Ministry of Social Policy with the national level CP data collection and coordination.
- Assess (and support) IPC assistance to health facilities.
- Establishing a Sentinel Surveillance system to better understand attack rate and transmission in communities; set up an early testing system coupled with appropriate isolation and treatment for critically ill patients. The surveillance system will provide the information needed to take crucial organisational measures to slow transmission and prevent excessive death.

- Social research for developing behaviour change campaigns to address stigma, VAC, and other behavioural implications of the COVID-19 outbreak.
- Strengthening infection control and epidemiological surveillance system in healthcare facilities.
- Monitoring the situation of children across child rights with a focus on the most affected by COVID-19 by area.
- Monitoring of the situation of children in alternative care, including in residential care institutions.
- SP and public finance for children analytics, including through poverty and social impact assessment.
- Technical support to the government on the M&E system for monitoring and analysis of the outbreak response.
- Continue collection and analysis of social sciences data through U-report related to COVID-19 on myths and stigmas, as well as on the impact of COVID-19 on young people and their needs.
- Within the national coordination structure, inform the COVID 19 taskforce on relevant findings and key recommendations to inform response across all pillars.
- Two assessments were carried out for Donetsk and Luhansk 19 healthcare facilities to evaluate their capacity in response to COVID-19 (healthcare needs and WASH in health).
- COVID-19 Rapid Quantitative Assessment.
- U-report poll.
- UNICEF is supporting the public health centre to develop a website dashboard on COVID cases.

The CO reported a lack of strategic vision that clearly understands the drivers of problems. The above diagnostic activities will help improve the strategic understanding and planning of further COVID-19 response.

C.6.3 Design and planning

Target setting

In the response plan, the targets are clearly defined, and the activities are well presented with a sufficient level of detail.

The correspondence between the areas of need and the portfolio of activities is adequate but may not always match the level of need. Notably, in the CO survey, the Ukraine office reported a 5 out of 10 correspondence between the response plans and the needs of COVID-19-affected populations. One reason was the structural features of UNICEF's programming in Ukraine, which centred on the eastern regions (Donbass), and the CO was not set up to respond to the increase in the level of need countrywide. The second reason was the lack of information, especially reliable objective and representative data, in particular in the early stages. As more information came in and the understanding of the situation improved, the targets were adapted. For instance, RCCE targets were increased due to the successful campaigns and channels used.

Resource mobilisation

At the time of submitting the 26 April response plan, the funding gap was 96% (US\$ 1.24 million, out of US\$ 29.86 million).

In the earlier stages of the pandemic, a lack of budget, especially for interventions outside of eastern Ukraine, was a significant impediment. Because most of the funds received by the CO relate to eastern Ukraine, while COVID-19 affected all the country, there was a funding shortfall (relative to the need) in 23 out of Ukraine's 24 regions, which in turn affected the target of the intended beneficiaries.

Programme design parameters, programme composition

Out of the six basic services, four were negatively affected by the COVID-19 crisis: health, education, CP, and SP, according to the CO survey conducted in September 2020. Nutrition and water, and sanitation remained, reportedly, unaffected.

The key features of Ukraine's programmatic response are as follows:

- The CO has supported the online learning platform roll-out. Ukraine is one of the first countries since the COVID-19 pandemic to roll out its online supplementary curriculum through the Learning Passport, a global learning platform developed by Microsoft, UNICEF, and the University of Cambridge.
- Simultaneously, the CO has undertaken/planned for a number of activities to support the provision of CP and GBV services in an online format.
- The regional focus on eastern Ukraine remains in place, in part as a reflection of the former programming structure, and in part because of the region's unique needs, e.g. in connection with VAC and GBV.
- Gender-focused activities are mainly those related to GBV, as well as some gender-appropriate⁷⁶ messaging. No interventions are explicitly designed to address disparities in the economic hardships experienced by women and men.
- Youth-centred interventions are related primarily to psycho-social support and communications, with a minor skills-building component in the form of a hackathon to engage youth in designing solutions related to COVID-19.
- Several activities target vulnerable groups with cash and in-kind support and in the provision of healthcare. UNICEF advocated expanding the government cash transfer programme to improve coverage of households with CWD.
- The CO's data and analysis indicated that children from vulnerable families or with special needs were excluded from the distance learning programme developed by the Ministry of Education in Ukraine and UNICEF with no alternative modalities proposed to them. The CO has advocated on their behalf and supported the translation of online course into sign language. Additionally, the CO advocated for greater support to CWD through government SP programmes.

⁷⁶ The term "gender-appropriate" is used in the Ukraine CO's COVID-19 response plan and is not explicitly defined. Based on the context, its meaning is similar to that of the term "gender-sensitive".

- The CO survey suggests that, potentially, opportunities for better targeting of the vulnerable were not fully utilised. Specifically, there seems to be a lack of engagement with specialist agencies, such as disabled people's organisations and gender specialists, which potentially may indicate that better and more comprehensive evidence on COVID-19's effect on vulnerable groups could have been generated.
- SP and CP interventions make provision for supporting children in alternative care, residential care, and small group homes, with hygiene products, other in-kind support, and psycho-social services.
- The CO's RCCE activities account for the needs of different language groups.

Table 25: Ukraine CO: Classification of COVID-19 response activities in terms of select design features

Special features	Education	CP	WASH/IPC	Health and Nutrition	SP	RCCE
Online platform / Other remote modalities	Online supplementary curriculum through the Learning Passport. Other distance learning platforms	Provision of teleworking digital kits to social service centres. Provision of psycho-social support to survivors and witnesses of GBV/VAC (online and direct support, where critical). Online course on psycho-social support to children and families, positive parenting, prevention of violence. Child helpline				Digital engagement and (mis)information monitoring through social media listening tools. U-report. Chatbot on COVID-19 in Ukraine
Gender-focused		Provision of psycho-social support to survivors and witnesses of GBV/VAC (online and direct support, where critical)				Accurate cultural and gender-appropriate ⁷⁷ messaging on RCCE. Building capacity of women's groups for awareness raising and promoting healthy practices through participatory interventions
Youth-focused		National toll-free helpline on violence for children, where adolescents and youth can receive psychological counselling or can be referred to other service providers, with linkages to legal aid				Building adolescents and young people skills and knowledge to become agents of change in the COVID-19 response
Focus on vulnerable		Training on foster care and other alternative care, including emergency foster care in selected regions, to ensure placement of children whose parents were hospitalised due to COVID and/or lost their parents (upon normalisation of the situation). Provision of temporary cash		Support of most vulnerable populations, including medico-social facilities (outreach, catering, medico-social support). Case management and continuity of essential	Monitoring of the situation of children across child rights with focus on the most affected by COVID-19 areas. Advocacy for expanding coverage of	

⁷⁷ "Gender-appropriate" is a term used in "UNICEF Ukraine COVID-2019 2020 Response Plan April 30, 2020". Although not explicitly defined, based on the context, its meaning is similar to that of "gender-sensitive".

Special features	Education	CP	WASH/ IPC	Health and Nutrition	SP	RCCE
		assistance, basic supplies and other necessary support to families and alternative care providers of children who returned from boarding schools		services, including through supporting provision of adequate healthcare for women, children, and vulnerable communities	government poverty-targeted cash transfers	
Minority groups						Develop social media communications materials in local language to address basic information, social distancing, hygiene information, rumours and myths, and physical distancing
CWD	Translation of 'online school' courses into sign language				Advocacy for expanding coverage of government poverty-targeted cash transfers to better support families with CWD	
Children in institutions		Capacity building of foster families, staff of small group homes, and residential care on care and psycho-social support related to COVID			Monitoring of the situation of children in alternative care including residential care institutions. In-kind and cash support for children in residential care and alternative care institutions (approx. 100,000) – food, clothes, and hygiene	
Regional focus (distressed regions)	Eastern Ukraine	Eastern Ukraine. Provision of GBV/VAC services to survivors and witnesses in selected regions (online and mobile teams for urgent cases)	e-vouchers for PPE / IPC supplies	Eastern Ukraine	Monitoring of the situation of children across child rights with	Eastern Ukraine

Special features	Education	CP	WASH/ IPC	Health and Nutrition	SP	RCCE
			in eastern Ukraine		a focus on those most affected by COVID-19	
Skill building						Building adolescents' and young people's skills and knowledge to become agents of change in the COVID-19 response. COVID Challenge Hackathon

Source: Response plans, CO survey data, RO and CO sitreps for August–November 2020

C.6.4 Implementation

Staffing / Remote work

The CO procured PPE for its staff and transitioned to the remote working modality. No significant challenges with remote working were reported in the CO survey.

A Business Continuity Plan was activated. Information and guidance from WHO and RO/headquarters are regularly shared with all staff. Information about safe hygiene practices is shared through the Regional Coordinator's Office, including WHO recommendations on staff wellbeing and duty of care.

Procurement

To address immediate needs, the CO applied emergency procurement procedures. The timeliness of procurement lagged behind due to the global shortages of PPE, IPC, and medical supplies and supply chain disruptions, but ultimately delays in procurement were not catastrophic either, and the CO did not report the late delivery of supplies as one of the top five determinants of the timeliness of response.

Specific project implementation issues

Inequitable availability of funds to different regions of the country played a large role in the CO's activities to reach the intended beneficiaries. With this caveat, the reach of intended beneficiaries was excellent or nearly excellent in basic services and RCCE (ranked 9.5 and 9 out of 10, respectively). In the case of RCCE, the effectiveness of reach applies nationwide since the funding was not earmarked to specific regions. In cash assistance, and SP interventions and training, the effectiveness of reach was adequate (7 to 7.5 out of 10), but much of the training and SP work was limited to eastern Ukraine (e.g. e-vouchers for PPE and IPC, and training for teachers, health, and social workers). The ability to reach intended beneficiaries through the provision of supplies was undertaken through the private sector.

Difficulties with procurement impacted other programming since the high level of demand for basic support overwhelmed UNICEF's ability to attend to the most vulnerable groups (who are by definition a minority).

C.6.5 M&E and learning

The CO has indicated that while social distancing has impacted the IPs' monitoring, this impact does not appear to be critical. Specifically, IP verification and monitoring through site visits occur whenever possible, and TPM arrangements were being put into place as of September 2020. The verification of supplies distribution is performed as part of regular communication and status updates but is done online. It is not clear how robust this modality of online verification is and what it involves – for instance, does it involve live observation of delivery and distribution of supplies or other robust means of verification? It may be important to strengthen auditing, in addition to TPM.

Monitoring has focused on verifying the fact and timeliness of delivery of supplies, activities, and services. In contrast, monitoring the quality of supplies and services has been difficult

due to a lack of contact with beneficiaries. Contracting a larger number of TPM firms will address this problem to a great extent, but it may be advisable to explore remote ways of interacting with beneficiaries.

C.6.6 Communications and coordination

The CO stresses the need to improve communications with partners, making exchanges and reporting more frequent, without waiting for the final report, which will improve the pace and flow of activities.

C.6.7 Takeaways

- The office invested heavily in diagnostic work, although the extent to which it was carried out needs to be confirmed.
- The funding gap at the time of drafting the response plan was very high and significantly limited the CO's fiscal space.
- Inequitable availability of funds to different regions (most of the funds earmarked for eastern Ukraine) undermined – at least initially – the CO's ability to undertake nationwide activities.
- Meeting procurement demands monopolised the CO's attention and distracted it from the technical assistance that would enhance the response effectiveness.
- Greater attention to mitigating disparities in access to online learning is needed.
- The gender-sensitivity of the programme mix and programme design elements is limited (except for GBV interventions).
- The monitoring process may have been impacted by mobility restrictions and social distancing; it may be important to strengthen auditing in addition to TPM and to assess fiduciary risks associated with remote monitoring.
- The COVID-19 crisis offers opportunities to build more robust data-sharing arrangements with the government.
- The CO established effective cooperation with the government and raised its visibility.

Annex D Summary of the Second Round of the UNICEF Partner Survey

Table 26: Various aspects of governments' and UNICEF's COVID-19 reported by UNICEF's partner organizations

Question	Non-government	Government	Non-RTA Focus Countries	RTA Focus Countries	Total
Effectiveness ranking of the Government's response to Covid-19 in your country (1 – not effective at all; 10 – extremely effective). Means.	5.3	7.1	5.8	6.3	5.9
Rate the challenges faced by the Government in responding to Covid-19 in your country (0 – don't know; 1 – not challenging at all; 10 – extremely challenging). Means.					
a. State Services (e.g., health, education, preschool)	6.9	6.1	6.6	6.7	6.6
b. Logistics (e.g., transportation, coordination)	6.0	5.4	5.7	6.3	5.8
c. Funding for providing services during the pandemic	6.6	5.5	5.9	7.3	6.2
d. Equipment for providing services during the pandemic (e.g. for health services, education)	6.9	5.6	6.3	7.5	6.5
e. Technical capacity of staff to provide services during the pandemic (e.g., health, education, pre-school related services)	6.3	5.5	5.8	7.0	6.0
f. Human resource capacity (e.g. health workers, teachers)	6.4	5.5	5.9	7.0	6.1
g. Communication about the pandemic-related risks and prevention measures	5.5	5.3	5.3	5.9	5.4

Other	5.7	5.3	5.4	6.4	5.6
How has your entity been engaged with UNICEF/UNICEF's implementing partners in the response to Covid-19? (percent reporting each engagement type). Percentages.					
a. Provision of funding	10%	38%	17%	29%	19%
b. Provision of in-kind contributions (e.g., computers, internet software)	14%	33%	20%	21%	20%
c. Delivery of basic services (e.g., education, health, immunization.)	32%	25%	27%	43%	30%
d. Conducting advocacy campaigns	36%	50%	37%	57%	41%
e. Provision of knowledge (e.g., information, business practices.)	28%	42%	27%	57%	32%
f. Receiving funding	52%	25%	45%	36%	43%
g. Receiving in-kind contributions (e.g., computers, internet software.)	16%	13%	15%	14%	15%
h. Receiving basic services (e.g., education, health, immunization.)	16%	25%	15%	36%	19%
i. Receiving knowledge (e.g., information, business practices.)	22%	54%	35%	21%	32%
j. Other	16%	4%	13%	7%	12%
Rate the challenges that you/your entity experienced during your collaboration with UNICEF/UNICEF's implementing partners (1- not challenging at all, 10 - extremely challenging). Means.					
a. Delays in payments	1.9	1.1	1.8	1.3	1.7
b. Delays or gaps in communication	1.9	1.7	2.0	1.1	1.8
c. Delays in delivery or lack of services	1.8	1.4	1.7	1.5	1.7
d. Delays in decision-making or approval process	1.9	1.8	2.0	1.3	1.8

e. Remote working modalities of UNICEF staff	1.9	1.5	1.8	1.8	1.8
f. Other	2.4	1.0	2.0	1.8	2.0
Rate the remote modalities and generally constrained operating environment during the pandemic that may have negatively affected your collaboration with UNICEF/UNICEF's implementing partners (1 - no negative effect at all; 10 – extremely negative). Means	2.5	2.0	2.3	2.4	2.3
UNICEF's performance in responding to constraints of remote work and operating environment (1- absolutely unsuccessful; 10 - extremely successful). Means.	8.5	8.5	8.5	8.6	8.5
Timeliness of UNICEF's response. Means.	8.7	8.4	8.6	8.8	8.6
Rate the quality of support that the most vulnerable have received from UNICEF/UNICEF's implementing partners during Covid-19 (1 - no support at all; 10 – excellent support). Means.					
a. Children with disabilities	8.0	8.1	8.0	7.9	8.0
b. Families with many children	8.3	7.3	8.0	8.0	8.0
c. Single parent families	8.0	7.1	7.6	8.3	7.7
d. Families where parents are migrant workers	7.9	6.5	7.5	6.8	7.4
e. Families who are minority groups e.g., Roma	8.0	6.8	7.8	6.9	7.7
f. Migrants, refugees	8.2	6.8	7.8	7.6	7.8
g. Elderly	5.5	6.4	5.9	5.3	5.8
h. Poor households	7.3	7.8	7.4	7.6	7.4
i. Households living in rural areas	7.8	7.3	7.7	7.8	7.7
j. Households living in urban areas	7.6	7.3	7.6	6.8	7.5

k. Households in conflict-affected zones	6.3	6.8	6.6	5.3	6.4
l. Other	7.8	9.0	7.7	8.7	7.9
Rate UNICEF's ability to adapt its Covid-19 response to the needs of the population, especially the most vulnerable (1 – not adapted at all; 10 – extremely well adapted). Means.					
a. Hygiene supplies	8.6	8.6	8.5	9.1	8.6
b. Medical supplies and equipment	8.0	8.3	8.1	8.1	8.1
c. Guidelines (e.g., on opening early childhood institutions after lockdown, on remote teaching, etc.)	8.3	7.6	8.1	7.8	8.1
d. Technology, equipment, IT support	7.7	7.4	7.4	8.5	7.6
e. Technical advice	7.8	7.8	7.7	8.5	7.8
f. Communication materials on the pandemic-related risks and prevention measures	8.8	8.6	8.7	9.0	8.8
g. Advocacy (data and evidence on families and children affected by the pandemic)	8.1	7.9	7.8	9.0	8.0
h. Institutional capacity development (e.g., training, system development, etc.)	8.0	8.3	8.0	8.4	8.1

Source: Round 2 of the UNICEF partner surveys (April 2021).