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

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

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Acronyms

AAC	Augmentative and Alternative Communication
ANC	Antenatal care
ASCA	Agency for State Care and Assistance to the Victims of Human Trafficking
CO	Country Office
CP	Child Protection
CSO	Civil society organization
ECA	Europe and Central Asia
ECD	Early childhood development
ECE(C)	Early childhood education (and care)
ECI	Early childhood intervention
EI	Early Intervention
GoG	Government of Georgia
IPC	Infection prevention and control
KII	Key informant interview
MICS	Multiple indicator cluster survey
MoESCS	Ministry of Education, Science, Culture and Sport
MoH	Ministry of Health
MoIDPLHSA	The Ministry of the Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs
NCDC	National Center for Disease Control
NCTPD	National Center for Teacher Professional Development
NGO	Non-governmental organization
PPE	Personal protective equipment
RO	Regional Office
ToR	Terms of Reference
TSA	Targeted social assistance
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

Executive Summary

Evaluation purpose, objectives, and scope

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

Evaluation scope: The evaluation focused on interventions which were introduced directly in response to COVID-19 or adapted to its realities; entailed capacity building or information support for frontline workers; and were viewed by a given UNICEF CO as useful to have feedback on for future programming.

In response to the UNICEF Georgia CO's needs, the evaluation mainly focused on the Child Hotline 111. The service provides children and parents with psychological counseling, information about and referral to other services. Two more interventions – Shared Medical Appointments (SMAs) and the pilot training for preschool staff in Adjara – were also analyzed for this country report, but with less depth. The former entailed providing antenatal care for pregnant women through online group medical appointments carried out by some of the best doctors in the country. The latter was a training programme delivered in selected kindergartens in Adjara, planned already pre-COVID and moved online when the pandemic hit.

All selected interventions were assessed with the view to their relevance, effectiveness, and sustainability. However, the conclusions related to the SMAs and the pilot training are weaker in strength as they were not part of in-depth analysis and are based on limited data .

Evaluation methodology

Evaluation approach: The evaluation process followed a developmental evaluation approach due the dynamically changing context of the evaluated interventions. The approach also incorporated some elements of a formative evaluation to highlight how well the adapted or new initiatives are working. During the evaluation, a simplified theory of change (ToC) for the Child Hotline 111 was developed.

Data collection: The methodology for this evaluation was characterized by short cycles of data collection and analysis, timely feedback, and evaluative synthesis and reflection. A mix of qualitative and quantitative research methods was used to collect and analyze the data. Desk research encompassed primary and secondary sources concerning ECD in Georgia, UNICEF's programme and COVID-19 related activities in the country, as well as the three evaluated interventions specifically. Two cycles of data collection related to the Child Hotline 111 were conducted. The first included a survey with all frontline workers and key informant interviews (KIIs) with: frontline workers, implementing partners, selected governmental officials, local leaders of public services and UNICEF CO's staff. The second cycle included KIIs with representatives of state

institutions, with representatives of the NGO sector, with UNICEF CO staff and with frontline workers. A reflection workshop was held in May 2021 from which takeaways were recorded. Two additional KIIs with representatives of UNICEF CO were also conducted to gather primary data on the SMAs and the pilot training in Adjara.

Context

UNICEF programming: UNICEF Georgia CO carries out numerous activities in the country, including in the ECD area. The overarching goal of the UNICEF 2016-2020 country programme is to support Georgia to accelerate the universal realization of child rights by fostering greater social inclusion of the most deprived children and by reducing disparities and inequities affecting children and their families. ECD falls predominantly within the "young child survival and development" component of the country programme.

Over the years, UNICEF CO has been supporting Georgian authorities in creating a conducive and nurturing environment for children in line with the Convention on the Rights of the Child. This includes collaboration with the Georgian Parliament on developing the Code on the Rights of the Child. UNICEF CO has also been working on increasing infant and maternal survival by strengthening the quality of health services during pregnancy, delivery, and post delivery. This has entailed the implementation of the Mother and Child Health Programme. UNICEF CO collaborated with the government of Georgia (GoG) on developing the Law on Early and Preschool Education and Care and has continued to work on its implementation and expansion of quality early childhood education (ECE). UNICEF's programme in Georgia emphasizes the needs of vulnerable children, including particularly children with disabilities.

Implications of COVID-19 for ECD in Georgia: The pandemic has significantly impacted children's access to ECE and shifted much of the burden onto family members, especially mothers. During the pandemic, children have born the consequences of increasing economic struggles of their families. Financial difficulties have had a negative impact on household spending, especially on food expenses. Additionally, limited availability of social services had profound consequences for children requiring assistance, especially children with disabilities. The pandemic also highlighted the risks for children in foster care and specialized institutions. Aside from children, another group that was affected by the ongoing pandemic includes the ECD frontline workers, such as health workers, preschool teachers, early intervention practitioners, social workers, etc.

Key features of adaptations to COVID-19: UNICEF Georgia has supported the GoG and cooperated with multiple other partners in responding to the immediate challenges of COVID-19 pandemic for young children and their families. It has provided support in the form of: educational and awareness-raising resources or campaigns pertaining to ECD; provision of equipment, including personal protective equipment, hygienic materials, as well as other supplies contributing to strengthening the ECD services; providing advice to the GoG, technical assistance and information generation and sharing. Many of those efforts concentrated on infant and maternal healthcare, but also focused on building the capacity of frontline staff, including those whose work included partially or exclusively support to ECD. Some responses to COVID-19 are more systemic and comprehensive, creating foundations for other fundamental improvements in services supporting ECD. Other responses constitute

new services which can help address pandemic-related challenges (e.g. the need for social distancing), but are not solely COVID-19 adaptation. These include UNICEF-supported Child Hotline 111 and SMAs, both the object of this evaluation. In line with its programming, throughout its pandemic-related activities, UNICEF has maintained a strong focus on the most vulnerable children and their families, such as ethnic minorities, Roma communities, and children with disabilities. Much of the support activities have also been directed at Abkhazia.

Key findings

Relevance: By using the remote delivery mode, the evaluated interventions allowed for continuous provision of ECD services during the COVID-19 pandemic. However, the collected evidence shows that the online mode used for SMAs and the pilot training has also imposed limitations on access and content. Online SMAs excluded those pregnant women without appropriate ICT infrastructure and equipment. UNICEF statistics show that 421 negative replies were based on this reason. In the case of the pilot training, the online mode made delivery of practical components difficult, as highlighted by the final project report. Fortunately, when possible, the intervention also incorporated in-person classes.

Both desk research and interviews showed that the interventions address systemic gaps in Georgia regarding the lack of: child-related service integration – in the case of Child Hotline 111; health education and promotion – for SMAs and low preschool staff knowledge and competences (e.g. regarding legal standards, child-friendly play, or inclusive education) – for the pilot training in selected kindergartens in Adjara.

The survey with Child Hotline 111's frontline workers shows that the service is relevant to the needs of young children and their families. Available statistical data reveals that the hotline is primarily a reference point for social issues (such as food provision, cash assistance). According to the interviewed stakeholders, the Child Hotline 111 could also be relevant as a mechanism integrating and coordinating child-related services, as well as monitoring children's needs and systemic bottlenecks in service provision.

There are some indications that the SMAs were relevant for participating pregnant women, although more evidence is required to understand the benefits. Additionally, the majority of reached women either declined the invitation to participate or resigned at a later stage. This could point to a lack of relevance to some women, but also potentially other underlying mechanisms. Therefore, more research would be beneficial to understand the reasons for resignations.

The satisfaction survey with participants shared by UNICEF showed that the pilot training was relevant to the needs of frontline workers, including preschool support staff (76% of surveyed participants stated that the coaching was very interesting, while 11% that it was mostly so). Desk research showed, in turn, that the component devoted to open-ended resources and adjusting the physical kindergarten environment was also highly relevant considering dire systemic needs.

Finally, desk research also confirmed that all evaluated interventions fit well within UNICEF's ECD priorities.

Effectiveness: Evidence on effectiveness was more limited than on relevance, especially in the case of SMAs and training for preschool staff in Adjara as pilot interventions. For those interventions, there is a need for more documentation and research.

Hotline operators believe that the Child Hotline 111 has contributed to an improved access to services for children and caregivers during the pandemic. The one-stop-shop character of the service was considered as its main advantage. Based on the data, it is difficult to assess whether all social groups in Georgia have equal access to the Child Hotline 111, although most surveyed operators believe this has been the case. There was no targeted campaign to reach the most vulnerable children, while collected evidence suggests that the general information campaign was limited.

According to surveyed operators, the Child Hotline 111 can largely address the callers' needs, when these can be tackled internally. When external actors such as municipalities need to be involved, effectiveness can be lower. The surveyed operators and interviewees perceive the barriers to hotline's effectiveness as mostly external, e.g. poor, or lacking services in Georgia, lack of cooperation from external service providers, especially municipalities (both on service provision, but also information sharing). However, internal factors seem to play a significant role as well. These include technical and procedural shortcomings (e.g. lack of an internal and external monitoring systems, standard operating procedures, referral pathways), staff competence gaps and lack of training opportunities, lack of systemic links to other hotlines and services. These internal challenges translate particularly into the hotline's still very limited effectiveness as a monitoring mechanism for increasing knowledge on the beneficiaries' needs and bottlenecks in service provision. The evaluation clearly shows the need for further development of the Child Hotline 111 and its integration with other services. This is to be tackled in the work of the international and local consultants hired by UNICEF.

Most pregnant women in Georgia were effectively reached with invitations for SMAs and eventually 1,244 pregnant women participated, which can be considered as promising in view of the pilot character of this intervention. At the same time, 55% of women reached declined participation. So, while the SMAs display potential to support ANC provision at times of crisis, such as the COVID-19 pandemic, there is still much to be learned about this service. The data for SMAs do not allow for authoritative conclusions on how effective the intervention has been in increasing the participants' knowledge and awareness.

The lack of pre- and post-assessments means that definitive conclusions on the effectiveness of the pilot training in increasing the participants' knowledge and awareness are not possible either. However, the pilot training was comprehensible for participants. Most of the survey respondents (80%, n=46) stated that everything was clear or that the content was mostly understandable (15%, n=7). Some evidence collected shows the potential for participants to use the new knowledge and skills in practice. As the final project report shows, the training changed the physical environment in some of the kindergartens and created conditions for further positive changes. Resources were also produced, such as videos, which may be used for future education, awareness-raising, and advocacy activities. However, as desk research shows, in terms of achieving systemic changes in preschool practices, the pilot training's effectiveness will be challenged by systemic deficiencies in the preschool sector (e.g. poor infrastructure and resources, excessive staff workload and group size, and extremely low staff remuneration).

The evaluated interventions benefited from various enabling factors, such as legal and policy framework, governmental support, resources. Some of the hindering factors have included lack of cooperation (e.g. with non-governmental actors), infrastructural deficiencies, or negative attitudes.

The evaluation also showed that for all assessed interventions M&E components should be strengthened for better monitoring of results and potential contribution to outcomes.

Sustainability: Strong involvement of governmental and/or regional actors in all evaluated interventions creates better prospects for their sustainability and opportunities for the interventions to have deeper and wider effects.

The Child Hotline 111 can contribute to the resilience of services for children, as its default remote character allows it to withstand crises, such as the COVID-19 pandemic. By serving as a one-stop-shop for children and caregivers, it has the potential to integrate the work of diverse service providers and thus increase efficiency of the system. The potential for service sustainability is increased by the support of various authorities (including the Georgian Parliament) and implementation and financing by the government.

The evaluation revealed that SMAs could work as a service for health education and promotion on subjects that are less personal in nature, offering long-term efficiency and some resilience against emergencies. However, phoning all pregnant women to invite them to SMAs is not a sustainable recruitment option.

The pilot training is now being led by the TPDC, a legal entity of public law of the Ministry of Education, Science, Culture and Sport (MoESCS), which increases its potential sustainability. Given that the TPDC is the focal agency for determining in-service training requirements for preschool educators, the intervention's experiences have the potential for programming regular, continuing education for preschool staff. The evaluation showed that the online mode of training can work for theoretical parts of training, but cannot replace practical classes. The combination of both online and offline training can be an optimal solution for ensuring the effectiveness and sustainability of the learning outcomes from future training services, on the one hand, and efficiency in service provision, on the other.

Lessons learned

Lesson learned # 1

Identification of key stakeholders and securing their participation increases the effectiveness and sustainability of implemented interventions, while lack of these elements constitutes a challenge. The key nature of a stakeholder may result from a number of attributes, such as their legal mandate, specific expertise or resources. For example, in the SMAs, the cooperation with the NCDC and Birth Registry provided access to all pregnant women in the country. By contrast, the challenging cooperation with municipalities – a key stakeholder mandated to deliver child protection services – continues to affect the effectiveness of the Child Hotline 111 negatively. For the pilot training in Adjara, the involvement of the TPDC, a focal agency for determining in-service training requirements for preschool educators, opens the door to mainstreaming the results of the project.

Lesson learned # 2

In emergency contexts, in which there is a need for rapid feedback coupled with limited time for producing new evidence, a good monitoring system is indispensable if timely conclusions are to be generated and lessons drawn. It is therefore advisable to resist the pressure to skip this step or – if this has been the case – quickly mobilize resources to develop such a system, including a minimum necessary indicators and data collection.

Lesson learned # 3

Online mode of training delivery for preschool staff is not fit for practical components, as it does not allow for observation of in-class dynamics and staff supervision. Delivering capacity-building activities entirely online should therefore be opted for only when face-to-face contact is not possible, and hybrid mode should be preferred otherwise, with the theory provided via online classes.

Recommendations

In line with the evaluation findings in Georgia, we recommend for UNICEF to:

I. **Continue to support the GoG and regional authorities in Georgia to build an inclusive early childhood education system by developing staff competences and improving the working (and learning) conditions in preschools.**

Suggestions to operationalize this recommendation include:

- Ensuring proper documentation, monitoring and evaluation of the ongoing pilot training for preschool staff in Adjara to use the collected evidence in advocating for systemic solutions to the competency gap in the preschool sector, in particular with respect to inclusive education standards;
- Advocating and providing technical assistance for developing and introducing a programme for initial and continuing professional development of preschool staff in Georgia, which would:
  i. incorporate the experiences of the pilot training (e.g. on combining the online and offline modes of training delivery) and be in line with the newly adopted standards for preschool education;
  ii. target wider personnel (including preschool support staff);
  iii. include components devoted to inclusive early childhood education and care and skills for effective communication and interaction with parents;
- Advocating and providing technical assistance for an analysis of the preschool staff's working conditions and needs, and based on the analysis - development of measures for their improvement, e.g. increasing child-free hours and making investments in infrastructure and equipment, as well as raising staff remuneration.

II. **Continue to address the structural issues affecting women's and children's access to quality health care**, including through using and implementing the recommendations from the assessment of the SMAs.

III. **Continue to support the GoG to further develop the Child Hotline 111 into a fully functional one-stop shop mechanism** integrating child-related services in Georgia and a monitoring mechanism providing policy makers with information on those needs and systemic bottlenecks.

Suggestions to operationalize this recommendation include advocating and providing technical assistance for:

- developing recommendations on the role of the Child Hotline 111 in the overall system of services for children and families, proposing clear leadership and accountabilities across service providers to cooperate with the Child Hotline 111;
- developing cooperation mechanisms (e.g. through agreements, memoranda of understanding, coordination councils or other platforms, regular meetings, working groups, conferences, etc.) between the Child Hotline 111 and other child-related service providers, which could foster overall coordination and improvements in child-related services in the country;
- developing and implementing legal measures that oblige state institutions to provide information about child-oriented services and their changes to the Child Hotline 111;
- creating technical and functional links between the Child Hotline 111 and GoG's other hotline 1505;
- developing technical solutions (e.g. joint service databases for service providers) to facilitate integration of and access to knowledge between the Child Hotline 111 and other child-related services, respecting relevant privacy standards;
- promoting the Child Hotline 111 services among beneficiaries (children, parents and other caregivers) and potential partners, in particular CSOs providing child-related services.

IV. **Support the GoG to strengthen the capacity of the Child Hotline 111 to provide quality services to children and families.**

Suggestions to operationalize this recommendation include advocating and providing technical assistance for:

- developing service quality standards and a performance monitoring system with relevant indicators; establishing robust and detailed service guidelines, standard operating procedures and referral pathways, including in cases of violence against children, and follow-up procedures;
- ensuring opportunities for Child Hotline 111's staff to build working relationships with representatives of different service providers (foster people-to-people contacts) to facilitate (increase the effectiveness of) cross-service cooperation;
- developing solutions for staff retention, continuous training and supervision to provide an effective response to the calls.

V. **Conduct an assessment of the SMAs** to understand: (i) the benefits they carry for participants; (ii) pregnant women's needs and more concrete (underlying) reasons for women's resignation from participation; and (iii) the added value the SMAs bring to the existing health care services during and beyond the context of COVID-19.

1.0 Introduction

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

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

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

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

This report presents the findings from the evaluation in Georgia. It sets out the context of the evaluation; a description of the object of the evaluation; its overall purpose, objectives, and scope; the methodology; key findings; and conclusions and recommendations. It summarizes the evaluation team's assessment of the relevance, effectiveness, and sustainability of UNICEF's ECD response to COVID-19 in Georgia. The findings and recommendations in this report are intended to primarily serve UNICEF Georgia Country Office, UNICEF ECARO, and national governmental and non-governmental stakeholders in Georgia working with young children and families.

The evaluation team would like to express their gratitude to the staff of UNICEF Georgia Country Office for their continuous support. We also thank all other persons who shared their experiences and views with us. Finally, we thank staff from the UNICEF ECARO Evaluation and ECD teams for their invaluable inputs, guidance, and management of the evaluation.

2.0 Context and purpose of the evaluation

2.1 Evaluation background

2.1.1 Overview of UNICEF's ECD work in Georgia

The overarching goal of the UNICEF 2016-2020 country programme in Georgia is to accelerate the universal realization of child rights by fostering greater social inclusion of the most deprived children and by reducing disparities and inequities affecting children and their families.[1] The programme is aligned with international human rights standards[2] and post-2015 sustainable development goals.[3] It correspondents to national development priorities and has been implemented in close cooperation with the government of Georgia (GoG).

Early childhood development (ECD) falls predominantly within the 'young child survival and development' component of the country programme[4] which focuses on children up to 5 years of age and their families, particularly the most vulnerable. ECD-relevant activities are also integrated as part of the 'social protection and inclusion' component.

As outlined in the country programme, **UNICEF's ECD activities under 'young child survival and development' relate to five priority areas**: (1) creating a conducive and nurturing environment that will enable children to survive, thrive and reach their full potential; (2) increasing infant and maternal survival by strengthening the quality of health services during pregnancy, delivery and post delivery; (3) enabling the GoG to establish comprehensive, cross-sectoral ECD services for healthy growth; (4) assisting the GoG in assessing disability, improving national data management system on children with disabilities and promoting the expansion of early childhood intervention (ECI) services and family-type alternative care services for children with disabilities; (5) supporting the continued expansion of quality early childhood education (ECE) and the implementation of the Law on Early Learning and Preschool Education.

Over the years, UNICEF Georgia has been supporting Georgian authorities in creating a conducive and nurturing environment for children in line with the Convention on the Rights of the Child. It collaborated with the Georgian Parliament on developing the Code on the Rights of the Child by providing technical assistance and organizing consultations with young people. The document, adopted in September 2019 after a three-year-long process, entered into force on 1 September 2020.[5] The code abolishes corporal punishment and establishes the child's best interest as primary

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[1] UNICEF(2015), Country programme document, E/ICEF/2015/P/L.14, p. 5.
[2] Such as the Convention on the Rights of the Child, Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination Against Women.
[3] In particular, SDG4 ('Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all') and its Target 4.2 related to ensuring that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education. Other relevant SDGs are SDG1 ('End poverty in all its forms everywhere'), SDG2 ('End hunger, achieve food security and improved nutrition and promote sustainable agriculture'), SGD3 ('Ensure healthy lives and promote well-being for all at all ages') with its Targets 3.1. and 3.2. related to lowering maternal, neonatal and under-five mortality.
[4] The two remaining programme components are ' social protection and inclusion' and 'justice for children and child rights monitoring'.
[5] Available here.

consideration, while comprehensively codifying child rights, including civil and political rights, as well as the rights to equal and inclusive education, healthcare, safe environment, and social protection.[6] Some of its provisions relate specifically to early learning and preschool education, e.g. to creating a national professional development system for teachers and special teachers of early and preschool educational institutions. During the COVID-19 pandemic, UNICEF continued its efforts to support the GoG in developing the right environment for children. For example, in April 2021, in cooperation with the Human Rights and Civil Integration Committee of the Parliament and Democracy Development Agency, it launched a project to support the implementation of the code by enhancing coordination between the legislative and executive branches, as well as supporting local municipalities and central agencies to fulfill new functions deriving from this document.[7]

While Georgia has made significant progress in improving **infant and maternal survival**, challenges remain. The country managed to reduce the under-five mortality rate from 47.7 in 1990 to 9.6 in 2019,[8] reaching its related Millennium Development Goal target.[9] However, under-five mortality remains high, as compared to the EU average of 3.95 in 2019.[10] The maternal mortality rate (per 100,000 live births) decreased from 31 in 2000[11] to 25 in 2017.[12] However, significant fluctuations could be observed over the years, with the indicator reaching the value of 42 in 2002 and 43 in 2009, suggesting fragile achievements. Overall, the value of the indicator remains high as compare to the EU average of 6 in 2017.[13] According to UNICEF, low-quality ante, perinatal and post-partum services contribute significantly to the high infant and maternal mortality.[14] To address these issues, UNICEF Georgia has been implementing the Mother and Child Health Programme, encompassing activities of both systemic and more focused nature.[15] In particular, it supported the development and 2016 launch of the Birth Registry, a government-owned system that helps register pregnancies and monitor their course.[16] Since 2018, UNICEF has also been working with the GoG to develop the "0-6 Child Growth and Development Surveillance Electronic Module". The module collects routine, real-time data on children aged 0-6 years, assesses a child's development trajectory, and reflects data related to child nutrition, as well as information on child neglect and abuse.[17] It further allows to track maternal health post delivery. The 0-6 module was piloted in 2019 in Adjara and was supposed to be revised accordingly in 2020, but the COVID-19 pandemic has delayed its finalization.[18] During the COVID-19 pandemic, UNICEF has continued to work on infant and maternal health, including by conducting assessments of conditions in maternities and by introducing new services (see more section 2.1.3, 2.3.1 and 2.4.2).

UNICEF identified the **primary health care system** as the main entry point to support families with young children (0-3 years of age) through the introduction and systemic implementation of a home

[6] Available here.
[7] UNICEF Georgia, Situation report for the period between 15th April-19th May 2021.
[8] Available here.
[9] Available here.
[10] Available here.
[11] National data shows that "the maternal mortality ratio in Georgia fell from 49/100 000 in 2000 to 21/100 000 live births in 2010". Available here.
[12] Available here.
[13] Available here.
[14] Available here. See also: www.ncbi.nlm.nih.gov/pmc/articles/PMC7154943/
[15] Available here.
[16] Ibid.
[17] Ibid.
[18] Interview with a representative of UNICEF Georgia on 6th September 2021.

visiting service.[19] While the service has not yet been introduced, UNICEF has contributed to creating the conditions for its introduction.[20] The 0-6 module collecting data and tracking child and maternal health post delivery is thought to strengthen the primary health care system, in particular the baby check-up component, and support services for families with young children.[21] The work on strengthening the quality of primary healthcare has also been continued in rural areas over the course of the pandemic (see section 2.4.1).

In line with its programme, UNICEF has also been working to support the GoG in responding to the need of children with disabilities, for example through its **Social Inclusion of Children with Disabilities Programme.**[22] Some of the program's efforts concentrate on helping the GoG to assess disability based on the International Classification of Functioning, Disability and Health (ICF). Another focus is changing harmful attitudes and beliefs around children with disabilities and fostering social inclusion.

Georgia has made progress in terms of **preschool participation** in the last decades, increasing net enrolment rate from 45 % in 2005 to 78 % in 2018.[23] UNICEF has supported the GoG and the Parliament in developing and implementing the Law on Early and Preschool Education and Care (EPEC) which includes major innovations aimed at improving quality, access, and equity in early childhood education and care (ECEC) throughout Georgia. Based on the EPEC law, UNICEF supported the GoG through technical assistance in developing mandatory national ECEC professional pedagogue standards and education standards, as well as standard-based authorization system for all public and private preschool institutions.[24] The standards aim at ensuring an equitable, inclusive, child-centered, and high-quality educational process that supports child development and responds to children's interests and needs in a safe and child-friendly environment. However, the implementation of standards remains a challenge, so does ensuring an appropriate level of competence among preschool teachers (see section 2.3.2). UNICEF partnered with MoESCS to develop training modules and teaching aids for ECEC pedagogues[25] and it cooperates with the Adjara authorities and the National Center for Teacher Professional Development on the pilot project, which is the object of this evaluation.

Over the years, UNICEF has been a critical contributor to the country's **social protection** systems**.** It supported the GoG in the reforms, especially the targeted social assistance (TSA) program, and its work has also been crucial for developing the social work profession, deinstitutionalization of state care and the development of alternative forms of care.[26]

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

The COVID-19 pandemic has had disastrous effects on populations all over the world. The impact of the pandemic on children is profound, although the risk for children's health is lower than for adults. Around the world, children of all ages face the triple threat of direct consequences of the disease,

[19] UNICEF (2015), Country programme document, E/ICEF/2015/P/L.14, p. 5.
[20] Interview with a representative of UNICEF Georgia on 6th September 2021.
[21] Available here.
[22] Available here.
[23] Andguladze, N., Gagoshidze, T., Kutaladze, I. (2020), Early childhood development and education in Georgia, Education Policy and Research Association, UNICEF (based on MICS), p. 4.
[24] UNICEF (2020), Terms of reference for the National Consultant to support the Ministry of Education, Culture and Sport of the Autonomous Republic of Adjara in the implementation of efficient approaches to build capacity of preschool professionals.
[25] Ibid.
[26] Gugushvili, D., Baum, T., Davitashvili, N. (2020), Georgia social protection system readiness assessment, UNICEF.

suspension of essential services and rising poverty and inequality.[27] The situation of children in Georgia is no exception. The pandemic and restrictions imposed to contain the virus have deeply affected services crucial for ECD, such as healthcare, child security and protection or education.[28] COVID-19 has also exacerbated risks for children who were already vulnerable prior to the crisis. These include children with disabilities, children from ethnic minorities and those from the poorest families.[29]

COVID-19 has significantly impacted children's access to ECE services and entrusted family members, especially mothers, with greater responsibilities for supporting children's learning. The GoG declared a state of emergency on 21 March 2020, which entailed restrictions of movement inside the country and the closure of all schools, kindergartens and universities.[30] The national lockdown and introduction of remote teaching impacted 1,621 kindergartens providing preschool education for 164,605 children.[31] Prior to the pandemic, one in five children aged 2-5 did not attend preschool. This indicator was even higher in rural areas and equaled 32%.[32] The real-time monitoring survey conducted by UNICEF suggests that in November and December 2020 92% of the children aged 2-4 were engaged in four or more daily activities with adult household members.[33] This number is significantly higher than 77% in 2018,[34] which suggests that family members took over the increased responsibility for children's early development. Examples of activities involved reading books, telling stories, playing outside, etc. While this creates opportunities for strengthening interaction between children and parents, previous research suggests that "Georgian parents' understanding of playing with children is not informed by basic principles of effective playtime with their children".[35] For example, cognitive developmental practices, such as reading, counting, or drawing, are not as common as social and emotional developmental practices, such a playing, taking outside or singing. COVID-19 has thus increased the need for educating parents on how to support children's learning through play, but also for developing strategies to enable children to catch up once the pandemic is contained.

Children have also been affected by the increased economic insecurity in families. UNICEF measured the impact of COVID-19 on the welfare of families and children via a real-time monitoring survey. It revealed that within 32% of households at least one member lost a job temporarily or for a long period between March and December 2020. [36] During this time, the average monthly income of 53% of households decreased.[37] The child poverty rate is also projected to increase from 28% to

[27] UNICEF (2020), Averting a lost COVID generation. Available here.
[28] UNICEF Georgia (2020), Working for every child during the COVID-19 outbreak. Available here.
[29] Ibid.
[30] UNICEF, Situation report of 2nd April 2020.
[31] Tabatadze, S., Chachkhiani, K. (2021), COVID-19 and Emergency Remote Teaching in the Country of Georgia: Catalyst for Educational Change and Reforms in Georgia?, Educational Studies, 57:1, 78-95, DOI: 10.1080/00131946.2020.1863806
[32] UNICEF (2020), Real time monitoring survey/multiple indicator cluster survey plus. Available here.
[33] UNICEF (2020), Real time monitoring survey/multiple indicator cluster survey plus.
[34] Ibid.
[35] Andguladze, N., Gagoshidze, T., Kutaladze, I. (2020), Early childhood development and education in Georgia, UNICEF.
[36] "The sample size for the entire country is set at 2,118 households, among them 996 households in urban areas, and 1,122 households in rural areas." Source: UNICEF (2021), Real time monitoring survey/multiple indicator cluster survey plus. Brief results.
[37] Ibid.

around 33-38% due to the pandemic.[38] In Abkhazia, social workers reported an increase in demand for humanitarian support in 2020, which provides preliminary evidence for increasing poverty rates.[39]

Financial difficulties have had a negative impact on household spending, with 67% of surveyed households reporting a reduced spending on food, which might have had adverse consequences for children's optimal nutrition.[40] After the closure of preschools, 86% of attending children aged 2-5 received food support from their preschool educational institutions for at least a month.[41] Thus, COVID-19 has compounded previously existing problems of malnutrition in Georgia. The Global Nutrition Report 2016 revealed that 11% of children under five in Georgia had stunted growth or were malnourished.[42] This was further confirmed by the National Nutrition Study in Georgia, which indicated that children lack specifically protein and iron-rich foods.[43] Although food deprivation is less prevalent in rural areas, communities in these regions are more likely to rely on nutritionally cheap calories in their diets.[44] This is associated with high poverty levels, particularly in geographically isolated areas with low intensity of arable land use, such as Adjara, Samtskhe-Javakheti and Shida Kartli.

While COVID-19 stretches the capacities of the health system, it is also contributing to a decreased demand for other health services due to fears of contracting the virus, isolation and diminished availability.[45] Demand was particularly low among displaced communities and people living in remote mountainous villages.[46] The consequences of this low demand include e.g. a significant drop (≥ 5%) in the national coverage with routine immunizations.[47] A dropping demand for antenatal care (ANC) was a justification for introducing the shared medical appointments for pregnant women, i.e. one of the projects assessed during this evaluation.

By forcing the GoG to impose restrictions on the delivery of social services, the crisis has highlighted their crucial role, especially for the well-being of the most vulnerable children.[48] **Children with disabilities who require additional support were particularly affected.**[49] As the research conducted in 17 low- and middle-income countries shows, children with disabilities are more likely to become the victims of violence.[50] Due to the national lockdown, from March 2020 to May 2020, social services for children with disabilities were either closed or had transitioned to the remote provision of support.[51]

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[38] UNICEF & Development Analytics (2020), Microsimulation Model for Estimating the Impact of COVID-19 on Child Poverty in Georgia. Available here.
[39] UNICEF (2020), Country Office Annual Report 2020. Available here.
[40] UNICEF (2021), Real time monitoring survey/multiple indicator cluster survey plus. Brief results.
[41] Ibid.
[42] International Food Policy Research Institute (2016), Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030, Washington, DC.
[43] Oxfam (2016), National Nutrition Research in Georgia. Available here.
[44] Asatiani, S. (2009), Food security concept, condition and trends in Georgia, IBSU Scientific Journal (IBSUSJ), ISSN 1512-3731, International Black Sea University, Tbilisi, Vol. 3, Iss. 2, pp. 35-54.
[45] UNICEF (2020), Country Office Annual Report 2020.
[46] Ibid.
[47] UNICEF ECA (2021), Humanitarian Situation Report No. 2 – 2021, period 1 April 2021 to 30 June 2021.
[48] UNICEF (2020), UNICEF in Georgia 2020 – Newsletter. Available here.
[49] Ibid.
[50] „For example, compared to children without disabilities, children with cognitive disabilities were 1.11 times more likely, children with language disabilities were 1.26 times more likely, children with sensory disabilities were 1.46 times more likely, and children with motor disabilities were 1.42 times more likely to experience severe physical violence from their caregivers." The sample included 45,964 families. Source: Hendricks, C., Lansford, J.E., Deater-Deckard, K. and Bornstein, M.H. (2014), "Associations Between Child Disabilities and Caregiver Discipline and Violence in Low- and Middle-Income Countries". *Child Development*, 85: 513-531. Available here.
[51] UNICEF (2020), UNICEF in Georgia 2020 – Newsletter.

So, in addition to dealing with a higher risk of infection among children with disabilities, families with such children had also to face restricted access to services and an increased burden of meeting their children's physical, academic and psychological needs.[52]

The pandemic also highlighted the risks for children in foster care and specialized institutions of being exposed to violence as well as mental health problems.[53] In 2017, there were 80 institutions for alternative care. In addition, there were 38 unregulated institutions with residential components for 924 children and managed by various non-governmental organizations (NGOs), local governments, as well as faith-based groups.[54] These children often could not get the needed support from their families, friends and outside world and were in isolation.

Another group that was affected by the ongoing pandemic includes the ECD frontline workers, such as health workers, preschool teachers, early intervention practitioners, social workers, etc. In Georgia social workers had to work remotely except in emergency cases, while most of the essential social services remained closed.[55] While social workers are now back to face-to-face service provision, COVID-19 has revealed a need for better guidelines and stronger skills to tackle emergencies among the social workforce.[56] The situation of ECD essential workers in Georgia also reflects some global trends. COVID-19 has underlined the increased need for personal protective equipment (PPE), hygiene and medical supplies for healthcare facilities, support to rapid response teams and infection control.[57] Without this equipment, frontline workers are especially vulnerable to the virus. As women account for around 75% of healthcare employees in Georgia,[58] they often faced the double burden of continuing their services in-person while caring for their children's learning at home due to the closure of kindergartens and schools. Globally, frontline workers have experienced greater levels of stress, fatigue, and exhaustion.[59] This may also be indicative of the situation of this group of workers in Georgia, as the situation in the country reflects some of the main difficulties induced by the pandemic around the world.

2.1.3 Key features of UNICEF-supported adaptations of ECD interventions in Georgia

UNICEF Georgia has supported the GoG and cooperated with multiple other partners in responding to the immediate challenges that the COVID-19 pandemic posed for ECD. The implemented activities fall within UNICEF's wider programme areas. As per its situation reports, the mix of response and preparedness activities has included: (i) facilitating risk communication, learning, play, and positive parenting communications; (ii) provisioning critical hygiene and medical supplies for healthcare and education structures; (iii) ensuring children, pregnant, and lactating women are supported with adequate healthcare, (iv) mitigating secondary effects of the outbreak by facilitating continued

[52] Ibid.
[53] Ibid.
[54] Available here.
[55] UNICEF (2020), UNICEF in Georgia 2020 – Newsletter.
[56] Ibid.
[57] UNICEF (2020), Country Office Annual Report 2020.
[58] Asian Development Bank (2018), Georgia Country Gender Assessment. Available here.
[59] Cabarkapa, S., Nadjidai, S. E., Murgier, J., & Ng, C. H. (2020), The psychological impact of COVID-19 and other viral epidemics on frontline healthcare workers and ways to address it: A rapid systematic review. *Brain, behavior, & immunity - health*, *8*, 100144. Available here.

access to education, child protection needs, including prevention of violence against children, and advocating for continued access to social protection programs. COVID-19 related activities also focused on awareness-raising, capacity-building or information and intelligence gathering during the rapidly evolving situation. Below, we provide a brief overview of UNICEF's COVID-19 related activities in the area of ECD.

Since the pandemic's onset, UNICEF has developed different kinds of educational and awareness-raising resources or campaigns pertaining to ECD. Many of these materials aim to help parents to support learning of children at home following the closure of kindergartens. For example, a TV programme on ECD was launched on the Georgian Public Broadcaster's Education Channel on Saturdays and Sundays. 15-minute videos featured expert and preschool educators providing recommendations and demonstrating activities that can be implemented by parents and their children at home.[60] The programme was supported by a partnership between UNICEF, MoESCS, the Georgian Coalition for Education for All, the Education Management Information System (EMIS) and UK Aid.[61] UNICEF also produced toolkits on ECD and school readiness, which are accessible for parents and caregivers through various channels, also in national minority languages.[62] Further brochures for parents on ECD were prepared for three age groups: infants (birth to 1), toddlers (1-3) and preschoolers (3-6).[63]

In April 2020, UNICEF implemented two 15-day challenges for parents – the first one with a focus on care and support for early learning of children and the second – relaxation and mental health tips for parents with young kids, along with information on positive parenting. The initial challenge, in cooperation with the Rustavi2 TV broadcaster, reached an estimated 191,296 people and actively engaged 16,358.[64] Online discussions involving child psychologists were also initiated for parents with children aged 0-6 to provide guidance and advice for parents during the pandemic. As per UNICEF data, these reached over 30,000 parents.[65] On 10 September, UNICEF's partner Parents for Education organized the first webinar in another series on communicating with children aged 0-6 during the pandemic. The webinar generated high interest among parents with 46,000 views and more than 16,600 engagements through social media.[66]

UNICEF also engaged in the provision of equipment, including PPE, hygienic materials, and other supplies contributing to strengthening the ECD services. In partnership with USAID, it provided essential hygiene supplies for 336 kindergartens to support safe preschool reopening in the Kvemo Kartli, Samtskhe-Javakheti and Adjara regions of Georgia.[67] It also delivered toys, stationery, and other developmental resources to all 11 kindergartens of Pankisi Gorge and 8 pilot preschools in Adjara, which will enable children to benefit from educational and play materials essential for their holistic development.[68]

UNICEF supported the GoG by providing advice, technical assistance and other forms of information generation and sharing. For example, UNICEF provided technical assistance to estimate

[60] UNICEF, Situation report of 15th May 2020.
[61] Available here. See also, UNICEF, Situation report of 8th May 2020.
[62] UNICEF, Situation reports of 12th June 2020 and 3rd July 2020.
[63] UNICEF, Situation report of 4th September 2020.
[64] UNICEF, Situation reports of 2nd, 17th and 24th April 2020.
[65] UNICEF, Situation report of 4th September 2020.
[66] UNICEF, Situation report of 18th September 2020.
[67] UNICEF, Situation report of 23rd October 2020.
[68] UNICEF, Situation report of 6th November 2020.

COVID-19 infant isolation and care capacity in the country, develop an ANC protocol during the COVID-19 response and organize the flow for routine ANC visits.[69] Furthermore, in partnership with national actors,[70] UNICEF initiated an assessment of COVID-19 prevention and control measures in the maternity houses across the country. By the end of 2020, all 84 maternity houses in the country were assessed and received recommendations, as well as on-the-job trainings on strengthening the infection prevention and control (IPC) measures to better protect mothers and children.[71] To strengthen IPC and hygiene in preschools and schools, UNICEF in close coordination with the MoESCS and other key stakeholders, defined the existing gaps and needs in WASH. The response plan has been prepared to ensure a safer learning environment.[72] More general data collection was also supported, e.g. the real-time monitoring based on the multiple indicator cluster survey (MICS) on the situation of families and children during the COVID-19 crisis and to appraise government response,[73] assessment of the socio-economic impact of COVID-19 on children[74] or assessment of the social protection system.[75]

During the pandemic, various UNICEF interventions have focused on building the capacity of frontline staff, including those whose work involves ECD in part or exclusively. The need for such capacity building was also related to converting the modalities of service delivery. The specific types of activities included preparation of educational materials (e.g. guidelines) and provision of training. For example, UNICEF supported the development of a teachers' guide for organizing effective distant learning that considers the individual needs of children and their families[76] and guidelines for remote case management for social workers for child protection and justice systems.[77] In addition to developing the guidelines, UNICEF's partner, Initiative for Social Change, has conducted online supervision meetings for statutory social workers during the pandemic. Training was organized with UNICEF's support e.g. for social workers and psychologists,[78] staff of maternity houses as described above as well as rural primary healthcare professionals (see also below).[79] Some training efforts that had been initiated before the pandemic were continued in the remote mode. The evaluated pilot training for preschool staff in Adjara is one such effort.

UNICEF CO's COVID-19 response can also be analyzed through the nature of the interventions. Many constitute an immediate response to *ad hoc* demand, such as delivery of supplies and equipment or production of information and awareness-raising materials. There are also temporary adjustments to previously planned interventions, such as moving the evaluated pilot training for preschool staff in Adjara online. Importantly, that intervention itself falls into more systemic programming aimed at decreasing the preschool staff's competence gap.

Some responses to COVID-19 are, however, more systemic, and comprehensive interventions (involving e.g. a combination of knowledge generation, infrastructural development, capacity building), creating foundations for other fundamental improvements in support of ECD in Georgia.

[69] UNICEF, Situation report of 2nd April 2020.
[70] MoIDPLHSA and NCDC.
[71] UNICEF, Situation report of 18th December 2020.
[72] UNICEF, Situation report of 4th September 2020.
[73] UNICEF, Situation report of 22nd May 2020.
[74] UNICEF, Situation report of 17th April 2020.
[75] Gugushvili, D., Baum, T., Davitashvili, N. (2020), Georgia social protection readiness assessment, UNICEF.
[76] UNICEF, Situation report of 17th April 2020.
[77] UNICEF, Situation report of 22nd May 2020.
[78] UNICEF, Situation report of 5th June 2020, 25 September 2020
[79] Available here.

UNICEF's partnership with the Emergency Situations Coordination and Urgent Assistance Centre, supported e.g. by the USAID and Caritas Czech Republic, is one example. Its purpose was to: establish a centralized communication platform for rural doctors, equip them with relevant COVID-19 information and tools, as well as strengthen the provision of essential health services in their catchment areas.[80] During the project: (i) a centralized directory of all rural doctors was developed;[81] (ii) training was provided to 1,300 rural PHC professionals on COVID-19 cases and conducting remote maternal and child health consultations;[82] (iii) internet access was provided to 85% of the 1,000 targeted rural health clinics and more than one access point was set up in approximately 200 clinics with multiple medical teams;[83] (iv) a centralized online platform was set up at the Emergency Situations Coordination and Urgent Assistance Centre.[84] As per UNICEF situation reports, the ambulatories were actively utilizing the centralized communication platform for training of rural doctors in 6 regions (Adjara, Guria, Imereti, Racha-Lechkhumi, Kaketi, Mtskheta-Mtiantei) on topics related to maternal and child health including post-natal care, immunization and infant and young child feeding as well as management of COVID-19.[85]

Finally, some of the interventions constitute **new services which can help address some pandemic-related challenges (e.g. the need for curtailing social contacts), but their scope is wider**. These include the UNICEF-supported Child Hotline 111 or the shared medical appointments (SMAs), both the object of this evaluation (for details on these interventions, see the subsequent section).

In line with its programme, throughout its pandemic-related activities, UNICEF has maintained a strong focus on the most vulnerable children and their families, such as ethnic minorities, Roma communities and children with disabilities.[86] It developed educational and awareness-raising materials including in minority languages, and provided equipment, technical assistance, capacity building and evidence collection. In partnership with the MAC Foundation, it started a joint production with the national TV broadcaster for a specialized TV programme in support of children with disabilities and their parents.[87] The programme, launched on 25 April 2020, reached 400,000 viewers.[88] A specialized Facebook page was also set up to support parents of children with disabilities.[89] UNICEF and its partner provided technical assistance to the Ministry of Health for teleservice provision and transformation of the services for children with disabilities,[90] leading to the adoption of a related ordinance.[91] UNICEF also supported the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia to develop a framework for remote service provision for children with disabilities and their families. Together with MAC Georgia, it provided support to 400 frontline child protection staff to adjust to the distant working modality and provide services to children with disabilities and their families during the pandemic.[92] It also conducted and presented to various stakeholders a mapping of social protection measures

[80] UNICEF's situation reports between 23rd October and April 2021. See also here.
[81] UNICEF, Situation report of 20th November 2020.
[82] UNICEF, Situation report of 20th January 2021
[83] UNICEF, Situation report of March 2021.
[84] UNICEF, Situation report of April 2021.
[85] UNICEF, Situation report of March 2021.
[86] UNICEF, Situation report of 2nd April 2020.
[87] UNICEF, Situation report of 17th April 2020.
[88] UNICEF, Situation report of 8th May 2020.
[89] UNICEF, Situation report of 24th April 2020.
[90] UNICEF, Situation report of 1st May 2020.
[91] UNICEF, Situation report of 8th May 2020.
[92] UNICEF, Situation report of 22nd May 2020.

provided by the central and local governments for children with disabilities with a view of optimizing these measures for children with disabilities.[93]

Finally, support activities have also been provided in Abkhazia. Among others, UNICEF (i) supported local stakeholders in developing rapid preparedness and response plans, covering risk and awareness communication messages, patient routing, contact tracing, immunization-related interventions, guidelines on pregnant women, and breastfeeding during the COVID-19 and trained social workers; (ii) trained social workers working with vulnerable families; and produced positive parenting videos for the region, each reaching around 18,000 people through social media channels.[94] Much emphasis was placed on capacity building e.g. through: (i) advocacy and technical assistance to pediatricians in the region to restart immunization;[95] (ii) IPC training for 38 primary healthcare nurses and assistants;[96] (iii) trainings on the Integrated Management of Childhood Illness over 4 separate sessions for 81 healthcare workers from the Gagra, Gali, Sukhumi, Gulripshi and Ochamchira districts.[97]

Overall, UNICEF's response to COVID-19 has been comprehensive, including all programme components, interventions with different objectives (communication, awareness-raining, capacity-building, technical assistance, provision of equipment, etc.) and of different nature (ad hoc responsive actions, temporary adjustments of services, new services, and systemic efforts). Two special foci have also been maintained throughout the pandemic – on vulnerable children and their families, such as ethnic minorities, Roma communities and children with disabilities, as well as on Abkhazia.

2.2 Evaluation approach

2.2.1 Evaluation purpose, objectives, and scope

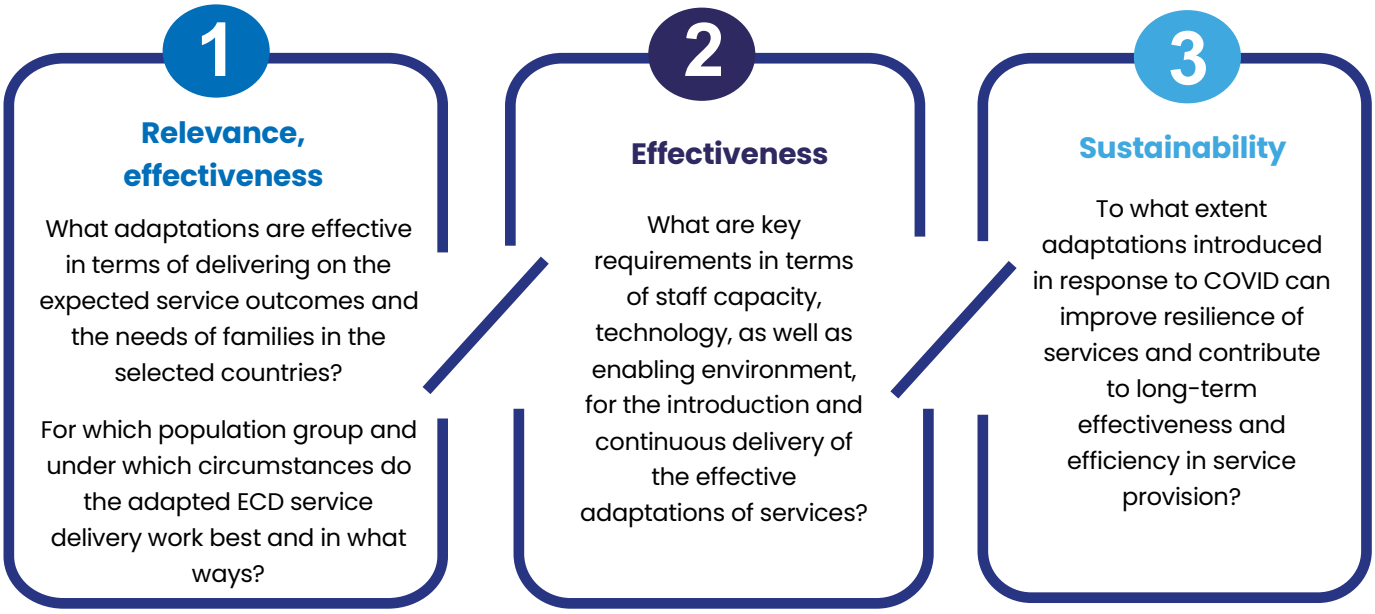
This evaluation's overarching **purpose** was to provide a critical assessment of the key adaptations made in UNICEF ECD programming in the ECA region to meet the changing needs of young children and families. The secondary purposes of this evaluation are to: (i) provide timely feedback and generate learning to inform further development of the assessed ECD activities adapted or newly designed to respond to the COVID-19 pandemic; and to (ii) provide evidence to inform future ECD efforts in similar emergencies.

The objectives of the evaluation were to:

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

[93] UNICEF ECA (2021), Humanitarian Situation Report No. 2 – 2021, period 1 April 2021 to 30 June 2021.
[94] UNICEF, Situation report of 24th April 2020
[95] UNICEF, Situation report of 1st May 2020
[96] UNICEF, Situation report of 3rd July 2020.
[97] UNICEF, Situation report of May 2021.

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



Based on these questions, a list of sub-questions was developed that is presented in Annex A4, Vol. 2 of the Country Report: Georgia.

The evaluation did not foresee the analysis of efficiency with respect to the adaptations, hence it only includes limited data on their financial aspects or monitoring and evaluation. No cost analysis was foreseen.

The **intended primary users** of the evaluation results are: (i) the UNICEF COs selected as the in-depth study countries; (ii) the UNICEF ECARO; (iii) national governments in the studied countries; and (iv) other UNICEF partners in the studied countries, such as civil society organizations (CSO), community-based organizations (CBOs) and donors (e.g. international development agencies of different countries). The findings will also be useful to those UNICEF COs which are starting their new programme cycles in 2021 to reflect on the lessons learned that are applicable to their contexts. In the short term perspective, the evaluation findings can help in further implementation or mainstreaming of the new services or adaptations introduced in response to the COVID-19 pandemic. In the longer term, they will hopefully inform the ECD programming in the future, in general and in relation to emergencies such as COVID-19 to ensure the continuity of ECD-related services.

In terms of **temporal scope,** the evaluation covered interventions implemented from **March 2020** when the COVID-19 outbreak started and up to the moment of their evaluation (completed interventions were evaluated up until their end). The **geographic scope covered** all Georgia, while the focus of one intervention was located in Adjara region specifically.

As to **substantive scope**, specific interventions for evaluation were selected based on a set of criteria described below, since covering all interventions and adaptations implemented in response to COVID-19 was impossible for their sheer volume and extent. Thus, the evaluation focused on interventions which:

- were either introduced directly in response to COVID-19 or in some way adapted to its new realities; and
- entail capacity building or information support to the frontline workers; and

- were viewed by the UNICEF COs as especially useful to have feedback on for the purpose of future programming.

In line with the ToR, activities which do not fall under these criteria were not covered by the evaluation.[98] As a result, primary data collection focused on interventions aimed at building frontline worker capacities or involving frontline staff in general.

In the spirit of developmental evaluation (see section 2.2.3 on methodology), various elements of the evaluation methodology (e.g. evaluation purpose, objectives and scope, including criteria for selecting interventions and their final selection, etc.) and process (e.g. interim results) were discussed with UNICEF ECARO and COs during multiple working meetings. Based on these discussions, some of the initial assumptions, e.g. related to evaluation purposes and objectives, were reformulated as compared to the Terms of reference (see annexed in Volume 2) to reflect better UNICEF's needs and the nature of the evaluated activities.

The next section describes in more detail the specific object of the evaluation in Georgia, which is the core of this country evaluation report.

2.2.2 Evaluation object in Georgia

In Georgia, **three interventions** were chosen for the final inclusion in this report. They relate to child protection (Child Hotline 111), early childhood education (pilot training for preschool staff in Adjara) and maternal health (shared medical appointments for pregnant women – SMAs). Table 1 below presents descriptions of these interventions. Additionally, the UNICEF's overall ECD programme and wider COVID-19 response were also reviewed to the extent necessary to provide context (as described in sections 2.1.1.-2.1.3) for the evaluation of the three selected interventions.

The selection of interventions was based on the criteria described in the previous section and the preferences expressed by the UNICEF CO. During the inception stage, UNICEF CO requested one intervention – the Child Hotline 111 – to be assessed throughout two assessment cycles. This was a departure from the approach selected for other countries (i.e. three interventions assessed in three cycles), but it responded to the capacity of the CO and allowed for registering changes in the intervention over time. Hence, it was the sole focus of the primary data collection and analysis during the evaluation until the development of the final report and more evidence was generated about this intervention.

For the purpose of the country report, UNICEF asked that two more interventions are also evaluated in the context of broader programming – the SMAs and the pilot training in Adjara. Given their later addition, the evaluation of these interventions should be treated as a more lightweight assessment (see also the section 2.2.3 on limitations), focused mainly on their relevance.

As a result of adopting a dynamic developmental approach and incorporating UNICEF's preferences, the evaluation included **two layers**:

1. **Layer 1 involved an in-depth assessment of the Child Hotline 111**, carried out within two rapid data collection and assessment cycles (see section 2.2.3 on methodology). Two analytical briefs and a reflection workshop were devoted specifically to this intervention and contained

[98] Excluded interventions: interventions which focus on the provision of COVID-19-related guidelines and recommendations to government bodies and other actors, provision of learning/health kits to children/mothers, or the provision of training directly to the caregivers without training or preparing the frontline workers.

more intervention-specific findings and recommendations. Where the current report lacks detail specific to this intervention, the analytical briefs (Annexes A1.1. and A1.2 in Volume 2 of this report,) should offer more information.

2. **Layer 2 involved assessment of the pilot training for preschool staff in Adjara and the SMAs**, as additional interventions which fulfilled the criteria for inclusion in the evaluation and were requested for review at a later stage of the evaluation. The evaluation of these interventions was based on available primary data provided by UNICEF and desk research (see section 2.2.3 on methodology).

Table 1 Descriptions of the evaluated interventions

The Child Hotline 111

- **Rights holders targeted as final beneficiaries**: children, youth, and caregivers
- **Geographic scope**: Georgia
- **Timeframe**: 21st April 2020 – until today
- **Overall UNICEF contribution to the budget**: approx. USD 40,270[99]

The Child Hotline 111 began working at the end of April 2020. Its launch was based on Resolution No. 701, adopted by the Government of Georgia (GoG) on 21st April 2020 as part of its response to the COVID-19 pandemic.

The Child Hotline 111 was an initiative of the Human Rights and Civil Integration Committee of the Parliament of Georgia**.** It was implemented with UNICEF's financial and technical support in partnership with a legal entity of public law – the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (ASCA). Apart from UNICEF's own financial resources, the hotline received funding from the UK Government – DFID (as part of Coronavirus Global Response – UNICEF Humanitarian Action for Children UK Aid).

While UNICEF continues to provide technical assistance (e.g. support of national and international consultants), the Child Hotline 111 is currently supervised and managed by ASCA whose operations fall within the mandate of the GoG, specifically the Ministry of the Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs. The GoG also assumed a full responsibility for financing the intervention. Other stakeholders that are important for the hotline's successful operation include in particular child-related service providers to which the hotline refers its callers, including in particular municipal authorities with responsibilities in child protection, but also relevant civil society organizations (CSOs) or community-based organizations (CBOs). Linkages between the hotline and law enforcement bodies, as well as education and health care providers are also of significance when thinking about the hotline's work.

The hotline's main purposes are to: (i) facilitate access to services (social, health, educational) and benefits for children and families offered by state and municipal structures; and (ii) provide psychological support to children and families during and after the COVID-19 pandemic. Its secondary purpose is to increase the authorities' knowledge on children's and caregivers' needs and on the bottlenecks in service provision. The intervention's basic theory of change constructed during the evaluation was included in section 3.2.1 devoted to its effectiveness.

[99] Information received from UNICEF, 24 November 2021.

Importantly, the Child Hotline 111 targets all children, without necessarily focusing on ECD ages. However, it assists parents or other caregivers of young children (0-7) by providing them with information about available state and municipal services, including benefits for children and families, or by referring the callers to particular state service providers. In June 2020, the hotline expanded its operational scope to address the mental health and psycho-social needs of adolescents and young people during COVID-19.

The Child Hotline 111 services are free of charge. Until May 2021, the services were offered from 10 a.m. to 7 p.m. on weekdays. Since June 2021, in response to the existing needs of the targeted rights holders, the hotline has provided services 24/7. Its staff consists of 11 persons, including eight hotline operators, two psychologists, and a coordinator. When required, the hotline's staff is supported by additional personnel of the ASCA. Following the hotline's launch, its operators received online training on the services and procedures within governmental structures, the rules for hotline operators, as well as subjects such as effective communication (asking questions in the right manner, using clarifying questions, determining the problem and response) and psychological counseling.

Shared medical appointments (SMAs)[100]

- **Rights holders targeted as final beneficiaries**: pregnant women
- **Geographic scope**: Georgia
- **Timeframe**: May 2020 – October 2020[101]
- **Overall UNICEF contribution to the budget**: USD 66,000

The service was introduced in response to the COVID-19 pandemic. The project was implemented by UNICEF in partnership with governmental actors – the National Center for Disease Control (NCDC) and the Birth Registry Office – whose employees were responsible for calling all pregnant women in the country (estimated 26,000 women) to inform them about the appointments, convince them about the value of participation and arrange their participation.

The SMAs main aims, as per the Terms of reference and further description received by UNICEF, were to: (i) mitigate the risks associated with COVID-19 by remotely providing qualified medical consultations on pregnancy-related issues; (ii) inform pregnant women about the COVID-19 prevention measures, pregnancy related issues and further antenatal care (ANC) services, as needed. The consultations were not meant to replace the government-funded ANC visits. The SMAs were to equip pregnant women with minimum knowledge enabling them to make informed decisions, to utilize ANC visits and actively participate and control the processes which directly affect their lives.

The project involved organization and delivery of online SMAs, each conducted by one of 10 carefully selected medical professionals for around 20-25 pregnant women. The appointments lasted for two hours and were divided into three parts devoted to: (i) information about the COVID-19; (ii) Q&A session on pregnancy-related issues; (iii) sharing experience session.

[100] Description below based on the briefing received from UNICEF and interview with a UNICEF representative on 6th September 2021.
[101] This is the timeframe when the SMAs were actually conducted, as per the monitoring data provided by UNICEF.

In addition to Georgian, the SMAs were also provided in Russian, Armenian and Azeri.

Pilot training "Supporting Implementation of Early and Preschool Education National Standards in Adjara Region through preschool-based coaching"[102]

- **Rights holders targeted**: staff in 8 pilot preschools
- **Rights holders targeted as final beneficiaries:** children attending preschools
- **Geographic scope**: Adjara region, Batumi and Khulo municipalities
- **Timeframe**: June 2020 – February 2021
- **Approximate budget**: approx. 33,000 USD[103]

Implemented in 2020, the pilot training aimed at strengthening knowledge and competency of preschools staff, as well as to develop a training model for scale-up in Georgia. It was not developed in response to the COVID-19 pandemic, but the online training mode was introduced in response to the crisis.

In partnership with the regional government of Adjara (the Ministry of Education, Culture and Sports), UNICEF piloted the training in two municipalities – Batumi and Khulo, covering five urban preschools in the former and three rural preschools in the latter. Eight pilot preschools teams (educators, assistants, special educators, administrators) participated in online synchronous training.

As part of the project, six thematic training modules were developed amounting to 132 contact hours on the following themes: Module 1: Early and Preschool Education Standards – key areas and methodological issues; Module 2: Child development in early years; Module 3: Child observation; Module 4: Child-centered environment in preschool; Module 5: Teaching and learning in early years (methodology); Module 6: Partnership with families. Eight pilot preschools teams (educators, assistants, special educators, administrators) participated in online synchronous training on all those modules.

During June-July 2020, the consultant responsible for project implementation held online meetings with the staff of the pilot kindergartens on: Law on early and preschool education, standards and regulations; state standards for early and preschool education; child development standard - areas of development and thematic directions; quality standard; child observation and portfolio; planning and implementation of educational environment: social environment, physical environment, schedule; play at an early years; positive discipline; educational process planning and evaluation, self-evaluation; family engagement strategies.

While planned for as face-to-face, due to COVID-19 the training was conducted online. Nevertheless, several on-site coaching sessions were also organized. They lasted full day per preschool and focused on physical environment, team collaboration and professional reflection. Additionally, 1- to 2-hour online weekly coaching sessions were held with each preschool team with a focus on issues jointly selected by the preschool team and coach.

[102] Description below based on: UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality and the concept note received from UNICEF.
[103] Information obtained from UNICEF, 24 November 2021.

As part of this pilot project, UNICEF conducted a webinar "Distance Learning in Early Childhood and Preschool Education" for preschool managers and education specialists of Adjara kindergartens.[104] Around 100 participants attended the sessions on how to support youngest children's learning and development remotely in low and high technology contexts.[105]

Beyond the pilot training, from June 2021, UNICEF launched a partnership with the Ministry of Education and Science of Georgia and the Teacher Professional Development Center (TPDC) to continue supporting pilot preschools through regular practice-based coaching. The project will last 12 months and will implement the lessons learned during the pilot.[106]

2.2.3 Evaluation approach, methodology and limitations

2.2.3.1 Evaluation approach

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

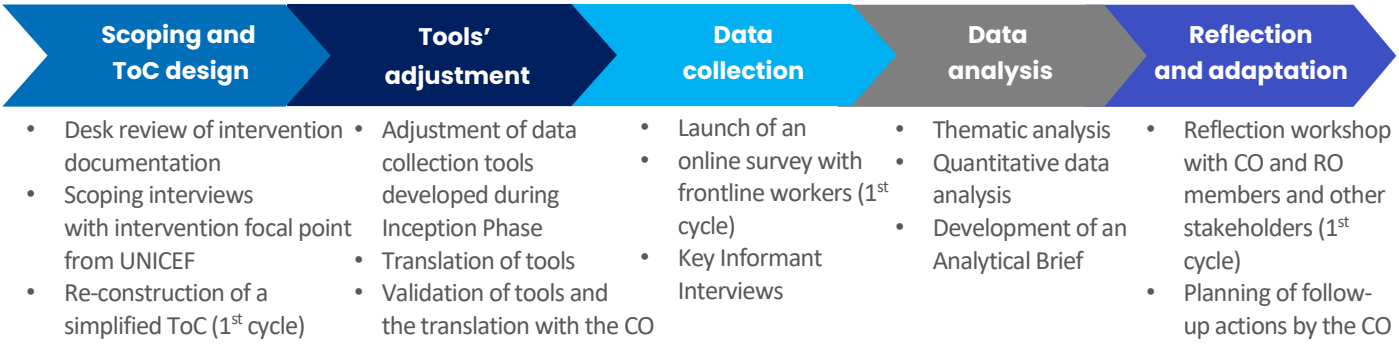
For this purpose, data on the interventions' relevance, effectiveness, and sustainability was collected through: (i) continous desk research and analysis of available data throughout the whole process; (ii) two rapid assessment cycles, involving primary data collection, analysis and feedback, which resulted in the development of two analytical briefs annexed to this report; (iii) reflection on the evaluation process and results, which involved multiple working meetings with UNICEF ECARO and the CO, and a reflection workshop which included other stakeholders (e.g. national authorities).

At the beginning of the first cycle, the evaluators re-constructed a simplified theory of change (ToCs) for the intervention selected for the first layer of analysis, based on desk review and scoping interviews with UNICEF Ukraine CO. The ToC was used to: i) provide an overall picture of the analyzed projects, since none were developed before; ii) develop interview/survey questions; and iii) assess outputs/outcomes, where possible. As such, the ToC's purpose was not to carry out a rigorous evaluation against them (please see the ToC in Country Report Vol. 2, Annex A1.1).

Figure 1 outlines the key steps taken as part of a rapid assessment cycle.

[104] Interview with a UNICEF representative on 1st September 2021 which clarified that the webinar – initially selected by the evaluation as a separate intervention for evaluation was in fact part of the pilot training.
[105] UNICEF, Situation report of 20th January 2021.
[106] UNICEF (n.d.), Supporting Implementation of Early and Preschool Education National Standards in Adjara Region through preschool-based coaching. Concept Brief.

Figure 1: Key steps within each rapid assessment cycle



The developmental nature of this evaluation was reflected in the many changes introduced in the overall approach and methodology throughout the evaluation. These included smaller tweaks such as adjustment of data collection tools, but also bigger alterations, e.g. a change in the data collection methods between the first and second rapid assessment cycles. For instance, conducting two rapid data collection and in-depth analysis cycles in Georgia constituted a departure from the multi-country approach developed during the inception phase, where three cycles per country were envisaged. Following the consultations with UNICEF, the first cycle concentrated on the Child Hotline 111 as a service catering to the needs of children and parents delivered through frontline workers, while the second explored the relevance, effectiveness and sustainability of the hotline as a mechanisms for monitoring and identifying beneficiaries' needs and gaps in service provision. These different focuses correspond to the two short-term outcomes identified in the simplified theory of change (ToC) recreated for this intervention (see Analytical Brief in Country Report Vol. 2, Annex A1). Also, in agreement with UNICEF, the evaluators resigned from the survey during the second cycle of data collection and conducted individual in-depth interviews instead, as these were considered more informative.

In addition to the in-depth analysis, two interventions were selected during the final synthesis phase for complementary desk research- and interview-based, "light" assessment, and reviewed.[107] Hence, instead of the rapid data collection cycle, the evaluators conducted a series of semi-structured interviews with UNICEF focal points and Implementing Partners for interventions selected for the second layer of analysis (please see Country Report Vol. 2, Annex A0: Stakeholder mapping). Such an approach helped to view ECD from a broader perspective and thus provided a wider knowledge-base for UNICEF's upcoming programmatic adjustments.

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

2.2.3.2 Data collection and analysis

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

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

- **desk research**: including primary and secondary sources concerning ECD in Georgia, UNICEF's programme and COVID-19 related activities in the country, as well as the three evaluated interventions specifically;
- **two cycles of data collection and analysis** related to the Child Hotline 111:
    1. The first cycle – carried out in March 2021 – included a survey with all frontline workers involved in the hotline. The survey was distributed to all of the frontline workers via e-mail. We received 7 survey responses out of 8 questionnaires sent.

       In this cycle, we also conducted 9 key informant interviews (KIIs) within five categories of respondents: (i) frontline workers (3 KIIs), (i) implementing partners (1 KII), (iii) selected governmental officials (2 KIIs), (iv) local leaders of public services (2 KIIs) and (v) UNICEF CO's staff (1 KII);
    2. The second cycle – carried out in July 2021 – included: 3 KIIs with representatives of state institutions, 2 with representatives of the NGO sector, 3 with UNICEF CO staff and 5 with frontline workers;
- **two additional KIIs** with representatives of UNICEF CO devoted to the pilot training in Adjara and the SMAs.

In the case of Child Hotline 111, which was the subject of rapid assessments, respondents for KIIs were selected based on a stakeholder mapping carried out jointly by the evaluators and the CO staff (please see Country Report Vol. 2, Annex A0: Stakeholder mapping). Stakeholders were mapped according to their degree of influence and impact on the intervention and those with the most influence and impact were selected for individual interviews. In the case of SMAs and the pilot training, given the timing of the interviews, i.e. after the period foreseen for data collection, we were only able to hold two additional interviews with UNICEF staff to gain the CO's, insider persepctive on their implementation.

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

2.2.3.3 Formulation and implementation of solutions

Based on each rapid assessment cycle, the key findings, conclusions, and preliminary recommendations were drawn up in the form of **analytical briefs** (see Country Report Vol. 2, Annex 1: Analytical Briefs). The briefs were reviewed by the UNICEF ECARO and the CO and revised based on their feedback.

After the first rapid assessment cycle, a **reflection workshop** was organized with members of the UNICEF Georgia CO, UNICEF ECARO, and relevant key stakeholders, including national authorities. The primary purpose of the workshops was to provide space for evaluative reflection, prioritize and refine the recommendations, and discuss how they could be best implemented. The secondary purpose was to build capacity for evaluative thinking, increase understanding and ownership of the findings and, accordingly, the likelihood that they will actually be used. After the workshops, the evaluators

prepared a short note with the key takeaways from the workshop (see Annex 2 to Volume 2 of this report). After the second rapid assessment, a decision was made with UNICEF to use the regional workshop as an opportunity for reflection, instead of organizing a dedicated one only for Georgian stakeholders. This was due to the temporal constraints at that stage of the evaluation.

On that basis, the UNICEF Georgia CO prepared a document with the key actions to be taken. It is the evaluators' understanding that these actions were implemented, fulfilling the objectives of the developmental evaluation.

2.2.3.4 Limitations

The research faced several limitations related to the methodology, scope and availability of data:

- Developmental evaluations focus on collecting "good enough" evidence to provide rapid feedback that makes adaptations in real-time possible. More important than methodological rigor is to provide inputs and advice into ongoing programming. To avoid jeopardizing the rapid nature of the data collection and analysis cycles, a decision was taken not to conduct interviews with the rights holders (i.e. children and their families) of the interventions. In effect, the evaluators had to rely on secondary evidence and the views of frontline workers to generate findings on the relevance and effectiveness of the interventions for the final beneficiaries. For similar reasons, reconstruction of detailed ToCs and heavy reliance on ToCs were not possible and the participation of other duty bearers (government, CSOs) was relatively limited.
- The validity of the findings was negatively affected by the limited availability of data concerning interventions assessed or documented as part of analysis second layer of analysis. Triangulation of desk research and interview data was applied to back the findings. For SMAs and the pilot training, two additional KIIs with UNICEF were conducted, which was a function of methodological design, and budgetary and time limitations at that stage in the evaluation. The evaluators also used the available primary data provided by UNICEF (e.g. monitoring statistics for the SMAs, and the satisfaction survey and videos for the pilot training[108]) and additional desk research. The late inclusion of the SMAs and the pilot training in Adjara in the evaluation, in turn, made the development of their ToCs impossible within the project.
- While evidence is "good enough" to provide lightweight preliminary observations on the SMAs and the pilot training, as part of a developmental evaluation, more research would be necessary to provide strength and depth to our conclusions. The latter vary between all three interventions, which has been reflected in the findings section. The evidence on the SMAs and the pilot training in Adjara was also more limited due to the pilot nature of these interventions. At the same time, the Child Hotline 111 is at a very early stage in terms of its development, which also presents challenges for making strong conclusions, especially on its relevance and effectiveness.
- While wider primary data collection was conducted for the evaluation of the Child Hotline 111, the rapid nature of assessments also put a limit on the extent of this exercise. The survey was conducted with all hotline workers employed at the time, but the evaluators could not carry extensive qualitative data collection. Consequently, the interviewee samples could be

[108] Satisfaction surveys were available for the SMAs or the Child Hotline 111 interventions.

considered as small. Although, in this context, we would underline the qualitative nature of the exercise, the in-depth character of interviews and the fact that we received similar feedback from different respondents. Additionally, the perspectives of different stakeholders have been sought based on the stakeholder mapping carried out at the inception phase. Ideally, we would have like to further explore the perspectives of municipalities and other local leaders of service providers, as these have been represented to a lesser degree.

- The Child Hotline 111 as a service aims to reach children also beyond the ECD age. This makes it difficult or even impossible to determine which results relate specifically to children within that age range. To make sure the focus is maintained, the survey with hotline workers explicitly asked about vulnerable children under 7 years of age and so was the emphasis in the interviews.
- The evaluators were not involved in the process of change inspired by the evaluation findings as different interventions were assessed throughout the three rapid data collection cycles (instead of repeating the assessment of one). Such an approach was agreed with the UNICEF ECA RO to collect more data and increase the utility of findings for future programming. Consequently, it was impossible to describe how the interventions under review adapted based on the generation of real-time evidence and timely decision-making – not assessed.
- Operational efficiency, and efficiency in general, were not within the scope of this evaluation. Monitoring and evaluation frameworks were only reviewed from the perspective of their contribution to achieving outputs and outcomes.
- Upon the request of the UNICEF CO and UNICEF ECARO, the analysis covered a narrow COVID-19 context only, which means that the interventions were not analyzed from a broad child rights perspective.
- Gender-disaggregated data and quantitative data disaggregated by vulnerable groups were limited.

2.2.3.5 Ethics

The evaluation methodology in Georgia did not foresee data collection with child participants or representatives of other particularly vulnerable groups. However, it did involve respondents through the survey and interviews. Consequently, the team followed the highest standards of ethics, including the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021)[109], the UNEG Ethical Guidelines for Evaluation (2020)[110], and the ethical protocol designed for the purpose of this study (see Country Report Vol. 2, Annex A.5). The evaluation team respected the following principles[111] throughout its engagement with UNICEF: Respect for dignity and diversity; Fair representation; Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); Redress; Confidentiality; and Avoidance of harm.

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

3.0 Findings

3.1 Relevance

This section explores the relevance of the analyzed UNICEF interventions in Georgia to the needs of: (i) young children and their families, including those who are worst off, (ii) frontline workers and (iii) UNICEF's broader ECD programme. It considers the interventions' alignment with both long-standing, critical needs of these groups and the needs which emerged and evolved over time in the dynamic context of the COVID-19 pandemic. It presents the analyzed interventions in the context of UNICEF's wider ECD programming, highlighting synergies and complementarities between the different actions.

3.1.1 Relevance to the needs of young children and their families

This section focuses on two evaluated interventions, namely the Child Hotline 111 and the SMAs, as interventions which directly targeted children and their parents, including pregnant women.

3.1.1.1 Relevance of the Child Hotline 111 to the needs of young children and their families

Evidence collected during the evaluation indicates that the Child Hotline 111 is relevant to the needs of young children and their families, especially in the context of COVID-19 when access to other service providers was limited. The available statistical data shows that the caregivers of young children who phoned the hotline mostly sought information about social and health-related issues. The interviewed respondents indicated that the pandemic increased demand for social services due to, among others, halted social and educational service provision, limited access to goods and restrictions on movement. As one respondent explained:

"municipalities are very slow in responding to queries, they have very different timeframes across the response times, and online working [during COVID-19] has been difficult for them" so "the hotline can support them in connecting with vulnerable families, because municipalities are not strong in outreach".

The Child Hotline is the first coordinated mechanism for children and their families based on "one call – full service" concept. As such, it aims to respond to the fullest possible spectrum of children's needs.

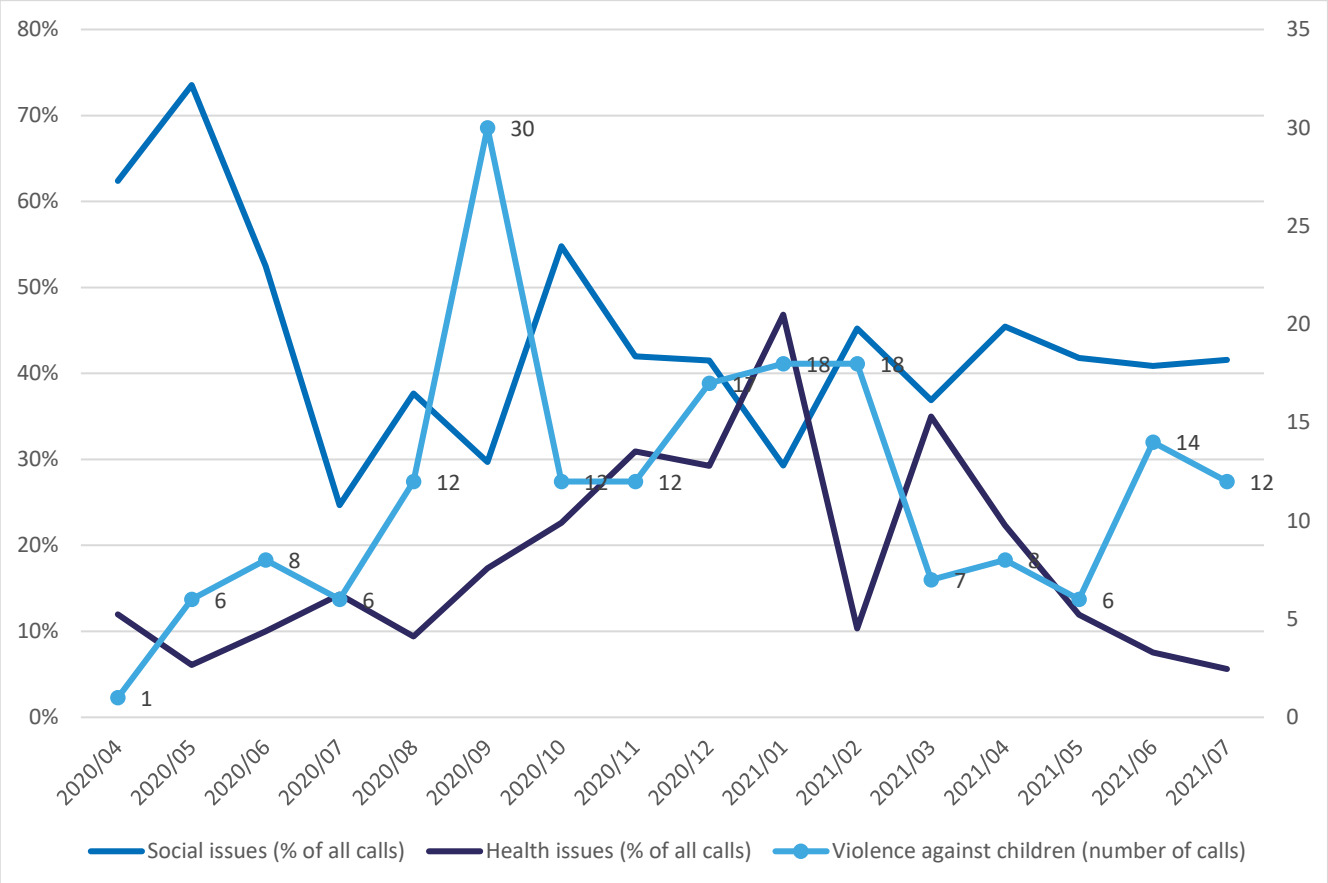
The hotline staff perceived the Child Hotline 111 as relevant in terms of providing callers with necessary information about different services or referrals to such services. According to their survey responses, the specific needs for information of vulnerable children under 7 years of age and their families have been covered fully (4 out of 7 responses) or partially (3 out of 7 responses). All survey participants agreed that the hotline services fully responded to the needs of vulnerable children and their families for information related to the social care area. The needs for information or referral related to protection from abuse and violence, and psychological support were highly assessed—in both cases 6 out of 7 respondents indicated that the hotline responded "to the full extent". The needs for information or referral related to housing and home adaptations, in turn, were

covered to a lesser degree—one survey participant indicated that they have not been covered at all, while 4 out of 7 pointed to partial coverage.

The key informants interviewed during the first rapid assessment cycle observed that children's needs have been changing since the beginning of the intervention, which is important for the future service development. In their view, they gradually shifted from the predominant focus on social services (e.g. food provision, cash assistance, health issues) towards an increased demand for psychological support and education. They also indicated that the cases of violence are still rarely reported, although violence against children is a serious problem in Georgia.

Figure 1 illustrates the relative number of social and health issues to the total number of issues identified by hotline operators over the months for which data is available (in %, darker lines). The light blue line represents the absolute number of issues identified as violence against children (VAC) in each month.

Figure 2 % of calls classified as social and health issues and absolute number of issues identified as VAC



Source: UNICEF data

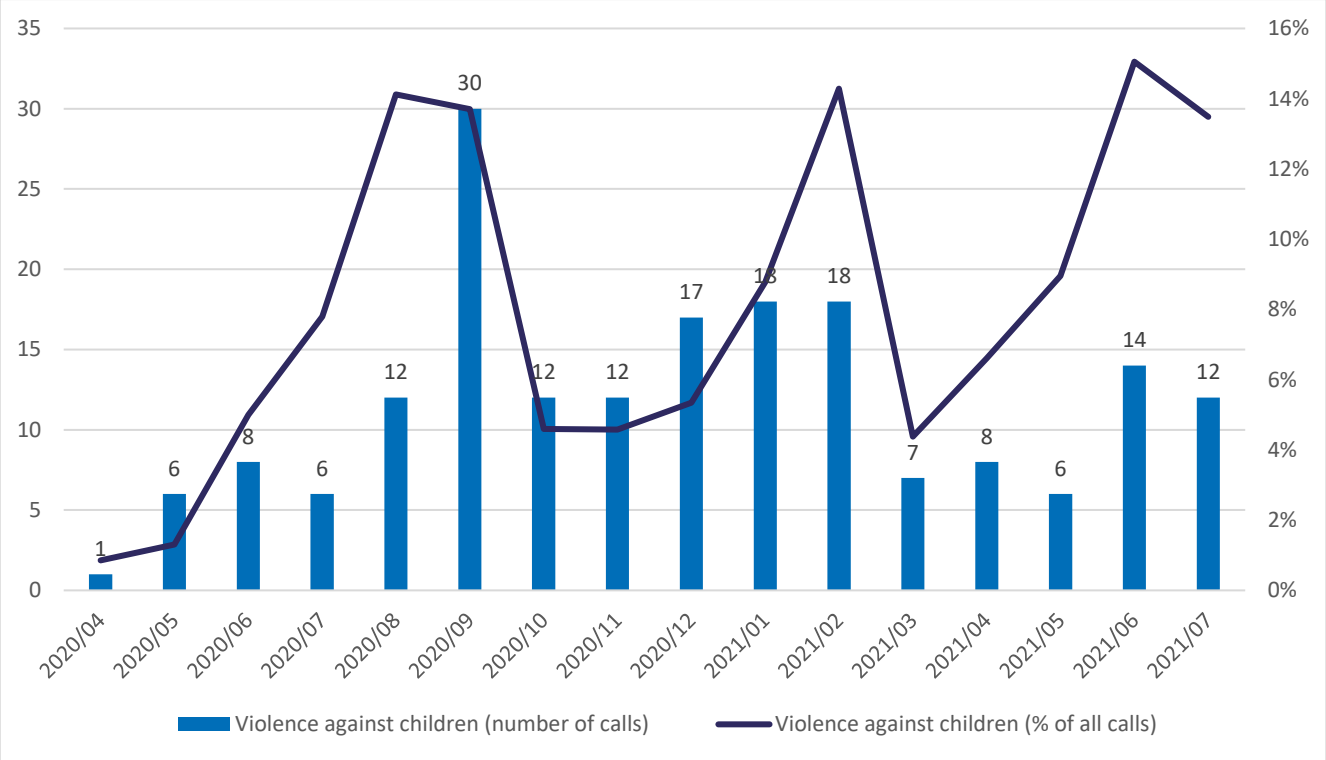
The initial spike in social issues could be related to the initiation of the hotline itself, which also coincided with the imposition of restrictions and closure of services. This new situation created a need for information on accessing services under COVID-19. Between April 2020 and July 2020, there is a significant drop in the number of calls associated with social issues, which could have been related to the easing of restrictions. In the following months, the fraction fluctuates, although to a smaller

degree, between 30% and 50%. This clearly illustrates that the hotline is primarily a point of reference for social issues (e.g. food provision, cash assistance).

In contrast, less often calls were related to health issues, with only about 10% of calls in the first months of hotline's activity. The proportion of calls that were related to health issues was steadily rising until the beginning of 2021, which could be related to the first dramatic increase of COVID-19 cases in Georgia between September 2020 and January 2021.[112]

Figure 1 also illustrates the (absolute) number of calls labelled by the hotline as concerning VAC. There is a visible spike in September 2020, which was the month that the number of COVID-19 cases in Georgia began to significantly rise. Upon closer inspection, as illustrated in Figure 2, such a simple correlation is not warranted.

Figure 3 Violence against children identified as topic of helpline calls



Source: UNICEF data

The low number of cases in the first months could be attributed to low awareness about the hotline. Considering the number of VAC cases in relation to the total number of calls received, instead of absolute numbers, spikes are visible in August 2020, February 2021, and June 2021, followed by drops of some 10 percentage points. This could be related to lockdown measures introduced in Georgia during the pandemic, however, an additional in-depth analysis would be needed to verify such a hypothesis.

Within this study, the interviews held unequivocally suggest that the cases of violence are still rarely reported, although VAC is identified as an issue of concern in Georgia. In fact, while not yet reflected in the official statistics, COVID-19 related measures, such as lockdowns, are believed to have

[112] Available at: https://ourworldindata.org/coronavirus/country/georgia

increased the number of VAC cases, which would be compounded by the closure of traditional services involving reporting mechanisms (e.g. schools, social protection institutions or medical facilities). In the absence of traditional services, the Child Hotline 111 could, therefore, contribute to the increase in reporting thanks to remote service-delivery, guarantees of confidentiality and a relative ease of access.

3.1.1.2 Relevance of shared medical appointments (SMAs) to the needs of pregnant women

Due to the evaluation's focus on the Child Hotline 111, limited evidence was collected on the relevance of the SMA service, both as a response to the challenges of the pandemic and systemic needs which existed before the crisis. **Our results suggest that the service was generally relevant for participants, although also point to the need for more research on pregnant women's needs and specific reasons why many declined the opportunity to participate in SMAs**.

The service allowed the state to ensure better access to ANC during the pandemic, when such access was restricted, either due to governmental actions or self-isolation. UNICEF CO's representative reported that the uptake in antenatal services at the beginning of the pandemic was observed to be roughly 5% smaller than in the previous year and the tendency was confirmed in the following months.[113] While we have not been able to identify the specific data on the decreased uptake of ANC in Georgia, recent research confirms that "reduced maternity healthcare-seeking and healthcare provision during the COVID-19 pandemic has been global and must be considered as potentially contributing to worsening of pregnancy outcomes observed during the pandemic."[114] Outcomes that have worsened include maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression; with disparities in outcomes identified between high- and low-resource settings.[115] Research results thus confirm "an urgent need to prioritize safe, accessible, and equitable maternity care within the strategic response to this pandemic and in future health crises."[116] In this context, the SMAs respond to this need and fall within a global trend of increasing virtual and remote ANC during the COVID-19 crisis.[117]

At the beneficiary level, there are some indications that the service was relevant to participants' needs, although the evidence is weak, since the evaluators did not have access to satisfaction surveys. A UNICEF CO's representative reported that the overall participant response was positive, for example that they would request follow-up sessions.[118] Attending pregnant women reported that during their self-isolation, the SMAs had a calming effect by allowing them to spend time with clinicians and connect with each other.[119] So not only can the online but also the *shared* character of SMAs be seen as an important COVID-19-related adaptation; the more so given the globally worsening maternal depression outcomes noted above.

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[113] Interview with a UNICEF representative on 6th September 2021.
[114] Towsend, R. et al (2021), "Global changes in maternity care provision during the COVID-19 pandemic: A systematic review and meta-analysis", *EClinicalMedicine* 37 (2021) 100947. Available here.
[115] Chmielewska, B. et al (2021), "Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis", *Lancet Glob Health* 2021; 9: e759–72. Available here.
[116] Ibid.
[117] Towsend, R. et al (2021), op.cit.
[118] Interview with a UNICEF representative on 6th September 2021.
[119] UNICEF (2020), UNICEF in Georgia 2020 – Newsletter, p. 24.

Apart from explicit declarations, there are also other indications that antenatal consultations in the shape of SMAs were of value to participants. As a UNICEF CO's representative reported, the questions that pregnant women would ask during SMAs were very simple, which suggests an existing information gap. While this could be interpreted in the light of limited opportunities in terms of health education and promotion available to pregnant women in Georgia,[120] it could also point to other phenomena, e.g. that some women are hesitant to ask basic questions, including e.g. for fear of being judged. More research could help understand the knowledge needs to be covered in potential continuations of this service.

While the general pregnancy-related subjects and sharing experiences seemed relevant, the COVID-19 focus of the SMAs has apparently enjoyed less of beneficiaries' interest, as reported by a UNICEF CO's representative.[121] Initially, the service was to consist of three components: (i) a lecture on COVID-19, lasting about 45 minutes; (ii) Q&A session on pregnancy-related issues, lasting 45 minutes; and (iii) sharing experience session, lasting about 20-30 minutes. However, the organizers noticed that interest in the COVID-19-related material was not as high as initially foreseen and shortened the COVID-19 lecture. The remaining time was devoted to the Q&A session. This shows the organizers' attention to pregnant women's needs and flexibility in the approach to accommodate them.

The online mode of service delivery is generally relevant and offers other advantages, beyond allowing for service provision to continue during the time of lockdowns and self-isolation. Before the intervention was launched, the organizers called selected pregnant women to assess their willingness to participate in SMAs. It turned out that for discussions of personal issues, women prefer to have face-to-face consultations, but more general questions and information sharing were acceptable in remote and group format.[122] As the SMA experience may suggest, participation which ensures anonymity can foster better information sharing, even though engaging participants was one of the challenges identified by the interviewed UNICEF CO's representative. In any event, those women who are more reluctant to come forward can benefit from the discussions. The SMAs offered women from all regions of Georgia access to advice and information from the best medical professionals in the country. The doctors were also available for a substantial amount of time, which addressed the problem of women receiving insufficient time from their usual doctors. While not mentioned during the evaluation, one can also hypothesize that another factor supporting online consultations could be convenience, especially for those women who need to reduce activities such as moving and traveling during their pregnancy.

However, the online mode was not relevant for all pregnant women invited to participate since 421 of them replied negatively to the invitation due to the lack of Internet availability. The highest number of refusals on this ground was noted in the Imereti region – 110 women, which constituted almost 12% of all negative replies in this region.[123] Shida Kartli and Samegrelo were some of the other regions with an above 5% rate of negative replies due to Internet availability. Overall this reason was not frequently quoted (5% of all negative replies), but it shows that there are still (infra)structural barriers which will make this type of an adaptation not a universally accessible option.

With all the possible benefits the SMAs could offer, most invited women declined the invitation or resigned from participation at a later stage (see also section 3.2.2).[124] Table 2 below shows a list of

[120] Interview with a UNICEF representative on 6th September 2021.
[121] Interview with a UNICEF representative on 6th September 2021.
[122] Interview with a UNICEF representative on 6th September 2021.
[123] Statistical data related to SMAs obtained from UNICEF CO.
[124] Statistical data related to SMAs obtained from UNICEF CO.

reasons for a negative reply per region. While some (e.g. 'Pregnancy did not progress') are objective circumstances that will always lower uptake, others (e.g. 'Already consulted a doctor', 'Feel well & not interested' or 'Just does not want to') may indicate limited relevance of the service to pregnant women. They may also derive from other factors, e.g. low health awareness, lacking knowledge of the potential benefits, hidden discomfort with the shared character or online mode, etc.

Table 2 Reasons for negative replies to the SMA invitation per region

Reasons for negative answers:	Red Zones	Tbilisi	Adjara	Guria	Imereti	Samegrelo Zemo Svaneti	Shida Kartli	Samtskhe Javakheti	Mtskheta Mtianeti	Kakheti	SUM
Internet availability	9	100	90	12	110	27	25	14	5	29	421
Delivery date approaching	32	132	51	10	48	17	20	12	9	15	346
Pregnancy did not progressed	73	513	793	149	187	132	39	70	40	268	2264
Out of the country	7	14	1	0	0	2	0	0	0	2	26
Feels well & not interested	42	43	16	1	9	7	8	4	3	4	137
Already consulted a doctor	100	746	109	15	98	27	37	22	14	37	1205
Does not have time	31	693	200	10	157	65	82	38	30	71	1377
Just does not want to	177	1147	351	32	303	122	113	76	33	135	2489
Was advised against participating	35	18	16	2	2	4	1	5	1	12	96
Does not speak any proposed language (Georgian, Russian, Azeri)	40	154	43	7	26	18	27	121	3	83	522
SUM	**546**	**3560**	**1670**	**238**	**940**	**421**	**352**	**362**	**138**	**656**	**8883**

With more knowledge, these reasons could be better addressed by specific measures, such as awareness-raising, better advertising campaigns or modifications to the service itself to increase its relevance (e.g. introduction of new subjects, more timeslots in the schedule or shorter SMAs as an additional choice, etc.).

Our results, therefore, show a need for a better understanding of: (i) the benefits of the SMAs to the participants, which are only hinted at here due too the lack of data; (ii) the added value that SMAs present for the existing service offer; and (iii) pregnant women's needs and reasons for resignation, including any underlying mechanisms or hidden motivations. Gaining deeper insight into these issues is paramount for deciding about the service's mainstreaming and, should such a path be chosen, could help increase its relevance and effectiveness in the future.

3.1.2 Relevance to the needs of frontline workers

The pilot training organized by UNICEF for selected kindergartens from Adjara is relevant to the needs of frontline workers. It provided an opportunity to develop competences and mainstream relevant national standards, whereas both these aspects are lacking in the Georgian preschool sector. It also aimed to go beyond traditional training, using the whole-school practice-based competency building approach with initial training followed by regular coaching. In this way, the training supports the implementation of Georgia's obligations under the Convention on the Rights of the Child. As noted by the Committee on the Rights of the Child, "States parties must ensure that the

institutions, services and facilities responsible for early childhood conform to quality standards [...] and that staff possess the appropriate psychosocial qualities and are suitable, sufficiently numerous and well-trained."[125]

The training addressed a competence gap among preschool staff in Geogia. There is a broad consensus that education and competences of staff in the ECEC impact the quality of ECEC and, consequently, children's outcomes.[126] However, the 2018 data from 57 municipalities in Georgia showed that 44% of caregivers were unqualified; 50% of directors did not have an ECEC related education and 13 municipalities did not have a single caregiver with a relevant bachelor's degree in ECEC.[127] These results show a significant knowledge and competence gap among preschool professionals. Additionally, based on the Law on Early and Preschool Education and Care, in 2017 the Government of Georgia developed Professional Standards for Caregiver-Pedagogues and National Standards for Early and Preschool Education. But, the implementation of those standards remains a challenge, e.g. due to the low capacity and inadequate competences of both preschool practitioners and administrators, as well as municipal governments.[128] Importantly, the quoted 2018 study revealed that ECEC staff in high mountainous regions and regions with ethnic minorities are not familiar with the standards and do not have access to supportive resources.[129] At the same time, the mandatory one-time educator in-service training lasts only 66 hours, which is insufficient for the transformation of practice in line with the national standards.[130] Finally, continuous professional development opportunities are limited.[131] **The pilot training incorporated professional standards and early and preschool education standards, aiming to develop the knowledge and skills of preschool staff in line with systemic needs.** Importantly, it covered both urban and rural preschools, and despite limitations imposed by COVID-19, it tried to combine theoretical and practical elements, which is indispensable for acquisition of adequate ECEC competences.[132]

The results of the survey conducted in June 2020[133] shared by UNICEF with the evaluation team suggest that the training was also relevant from the participants' perspective. As many as 35 (76%) of the surveyed participants (n=46) stated that the coaching was very interesting, while 5 (11%) that it was mostly so. There were no negative answers. The working methods were also appreciated, with 25 people (54%) stating that they liked the course of the training, six (13%) noting that they especially liked the theoretical part and 10 (22%) that they especially liked filling out questionnaires. Two more respondents indicated that they liked both elements. The participants were provided with homework, which they also found interesting – 29

[125] Committee on the Rights of the Child (2006), General Comment no. 7, CRC/C/GC/7/Rev.1.
[126] Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF, p. 5.
[127] Ibid, p. 8.
[128] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality. Also, Interview with a UNICEF representative on 1st September 2021.
[129] Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF, p. 10.
[130] UNICEF (n.d.), Supporting Implementation of Early and Preschool Education National Standards in Adjara Region through preschool-based coaching, Concept Brief.
[131] The 2018 study conducted for UNICEF showed that "the majority of preschool staff members have not received continuous professional training in the last ten years." Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF, p. 9.
[132] Ibid, p. 8.
[133] The survey was not conducted at the end of the whole pilot training, but while the online sessions were still ongoing and before the visits in the kindergartens.

(63%) stated that it was very interesting; 10 (22%) – mostly and 3 (7%) – partly. The survey responses were overwhelmingly positive, suggesting high relevance of the intervention.

In terms of relevance, only one more concrete recommendation was made to include more internal communication between project participants ("I would like to get to know other kindergarten participants who are listening to the training with us"). This would be in line with recommendations from the 2018 study, suggesting that professional exchanges between preschool staff are rare in Georgia, yet positive for continuous professional development.[134]

The fact that the training targeted not only preschool educators but also supporting staff, such as assistants and inclusion support staff (special educators or psychologists), additionally increases its relevance. Research shows that staff involved in inclusive education has a particular need for building their professional competencies.[135] As the pilot training report notes, "staff working [in] the position of special educator, psychologist themselves do not have appropriate education, therefore they cannot provide the necessary assistance to educators."[136] The project can thus offer a lesson for future educational initiatives which should target a broader audience. Specific training could also be conducted for this staff group, as their responsibilities and professional needs are also quite distinct.

The training was accompanied by provision of equipment and adjusting the interiors of kindergartens to make them truly child-friendly, whenever possible. **This aspect of the intervention addresses an important gap in resource availability in preschools in Georgia.**[137] As research shows, spending on resources per child is minimal with data from 56 municipalities revealing that 62.5% of them spend less than 10 Georgian Lari per child annually on educational resources (some spend as low as GEL 0.73 and 1.11).[138] ECEC services located in high mountainous or ethnic minority communities in particular do not have access to the resources necessary to meet children's needs or to plan respective developmental activities. It would therefore be advisable for UNICEF and its partners such as NGOs to strengthen advocacy to increase spending for preschool education, including on educational resources, equipment, and infrastructure.

3.1.3 Relevance to the UNICEF's broader ECD and COVID-19 programming

UNICEF ECD programming in Georgia includes, among others, creating an enabling environment for children, improving infant and maternal health, as well as increasing the quality of ECE, in line with international human rights standards. In this light, **all evaluated interventions fit well within UNICEF's ECD priorities**, as summarized in the contextual section of this report (see 2.1.1). In fact, while they were introduced in response to COVID-19 and address the specific challenges that it created, it is easy to imagine that they would have been introduced either way because they generally fit well with the overall programme.

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[134] Ibid.
[135] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality.
[136] Ibid. See also Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF, p. 7. The latter for example observes: "For instance, special educators often take the children with special needs out of the classroom and work with them individually instead of supporting the teacher towards full inclusion of special needs children in general classroom activities."
[137] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality, p. 7.
[138] Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF, p. 11

While it addresses some of the challenges created by the COVID-19 pandemic**, the Child Hotline 111 is a service that has existed under different names in countries around the world for many years**, addressing the needs of all children (also above early childhood age range) and youth**.** Its relevance for the needs of children and youth has been acknowledged, with thousands of phone calls annually per country as proof. Since the Child Hotline 111 aims at facilitating access to all services for children, either through service provision (e.g. counseling, information and mental health support) or referrals to other institutions, the hotline has good **prospects of contributing to a conducive and nurturing environment that will enable children to survive, thrive and reach their full potential**. Its successful operation can thus strengthen the implementation of children's rights enshrined in national instruments, such as the Code on the Rights of the Child, and international human rights agreements ratified by Georgia, such as the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) or the Convention on the Rights of Persons with Disabilities. By integrating different services (social, educational, health), the hotline can also offer more comprehensive responses to beneficiaries' problems, thus giving better effect to the best interest of the child, which is one of the principles of CRC (Article 3) and Georgian Code on the Rights of the Child (Article 5). If successful in channeling children's and parents' issues, the Child Hotline 111 can also serve as a mechanism for identifying children's needs and gaps in service provision.[139] It is therefore a complementary element to other interventions within the 'enabling environment' priority of the 'young child survival and development' component of UNICEF's program.

The SMAs also fit well both with the general UNICEF ECD programs – the infant and maternal health priority within the 'young child survival and development' component – and the broader COVID-19 response. One could imagine such a service being introduced under non-COVID-19 circumstances, e.g. as part of UNICEF's Mother and Child Health Programme. Although the innovative nature of the intervention was likely motivated by the COVID-19 more than e.g. the introduction of the Child Hotline 111, for which various templates had existed earlier.

The SMAs also synergize and cohere with COVID-19-related activities focusing specifically on infant and maternal health and more broadly on improving primary healthcare. One of such activities includes the readiness assessments of all maternity houses on infection prevention and control (IPC), which provided recommendations for all 84 maternity houses, as well as on-the-job training on strengthening the IPC measures to better protect mothers and children.[140] Another example is UNICEF's work for strengthening the capacity of rural primary healthcare providers. As described in section 2.1.3, the project entailed providing infrastructure and access to the Internet to rural doctors; setting up a digital platform for communication, coordination, and monitoring; as well as training for medical rural professionals on COVID 19-related issues, but also e.g. remote maternal and child health consultations. In this way, UNICEF-supported interventions teach women the things they should know about pregnancy and available services, while also working to increase the quality and capacity of those services to operate in the context of reduced physical access.

Implementation of the SMAs also aligns with the Georgian government's obligations under CEDAW, especially Article 12(1) which obliges State Parties to "ensure to women appropriate services in connection with pregnancy." It can contribute to improvements in SGD3 (i.e. 'Ensure healthy lives and promote well-being for all at all ages') with its Targets 3.1. and 3.2., related to lowering maternal, neonatal and under-five mortality.

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[139] See Ecorys (2021), Analytical Brief # 2 Georgia, 2nd Rapid Assessment Cycle, UNICEF.
[140] UNICEF, Situation report of 18th December 2020.

The pilot training for preschool staff in Adjara was developed as part of the UNICEF's programme before the COVID-19 pandemic to implement the priorities related to early childhood education (ECE). These priorities include, among others, cooperating with the Georgian government on the implementation of the Law on Early and Preschool Education and Care, as well as related standards. The training included a relevant module which can help mainstream these standards among preschool professionals. The pandemic-induced experience of delivering the training online can offer additional insight on how such training should be delivered in the future, once the intervention is mainstreamed in Georgia. **The activities aimed at capacity-building of frontline workers also go hand in hand with other COVID-19-related interventions**, such as production of educational and awareness-raising materials both for frontline staff and parents, as well as advocacy and cooperation with national and local government, e.g. the meeting between the UNICEF Representative with the Deputy Mayor of Batumi and the Head of Batumi Kindergarten Union to discuss the implementation of the new national standards for preschool education, including COVID-19 requirements.[141]

Implementation of the training aligns with Georgian government's obligations under CRC to provide quality and inclusive education to children, including young children. It also aligns with SDG4 (i.e. 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all') and its Target 4.2 related to ensuring that all girls and boys have access to quality early childhood development, care and pre-primary education, so that they are ready for primary education.

Since the interventions are consistent with UNICEF's programming, their results could feed into the achievement of UNICEF's outcomes no. 1 ("By 2020, all young children, especially the most vulnerable, are supported to survive, thrive and reach their full potential for success in school and later in life") and no. 2 ("By 2020, vulnerable children are benefiting from a proactive, child-sensitive social protection system that promotes social inclusion and the right to supportive and caring family environment").[142] However, the available data does not allow for an assessment of the exact extent to which this has been the case.

3.2 Effectiveness

This section presents the effectiveness of the analyzed interventions. It tries to highlight different dimensions of effectiveness, as well as enabling and hindering factors. It is divided by intervention for several reasons. Since the evaluators were able to develop a theory of change for the Child Hotline 111, albeit not elaborate, the evaluation of this intervention follows a theory-based approach to the extent possible. The SMAs and the pilot training in Adjara were added as the evaluation's object after the two rapid assessment cycles foreseen during the evaluation, which made development of their respective theories of change impossible. As a result, the evaluators made reference to their objectives as stated in the project descriptions received from UNICEF. For the same reasons, the amount of data collected on the hotline and the remaining two interventions differs (see also section 2.2.3 on limitations). It should be noted that the amount of data on the SMAs and the pilot training in Adjara allow for a rather lightweight assessment.

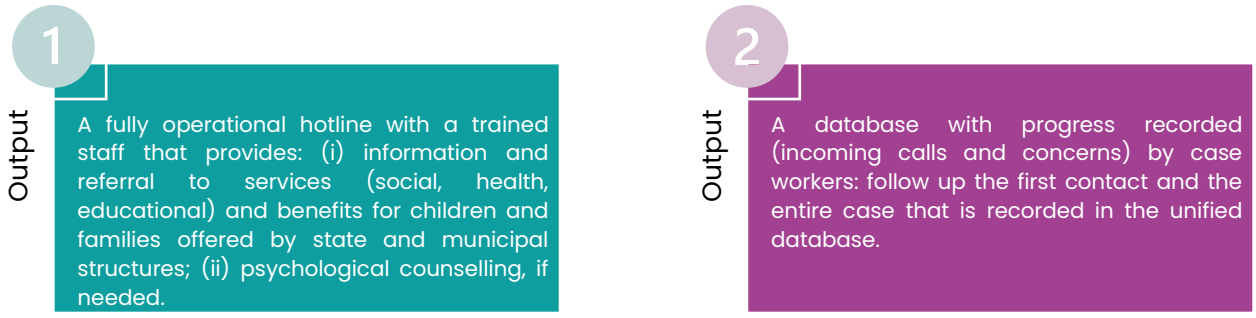
[141] UNICEF, Situation report of 17th July 2020.
[142] UNICEF(2015), Country programme document, E/ICEF/2015/P/L.14, p. 12.

3.2.1 Effectiveness of the Child Hotline 111

As the service was only recently put in place, evidence on its effectiveness is still limited. At this point of the hotline's development, it is particularly worth: (i) assessing whether the hotline was able to address the needs of individual callers; (ii) examining what the response processes looked like in practice; (iii) understanding the factors that affected the hotline's effectiveness in individual cases and (iii) understanding the factors that affected the hotline's effectiveness in terms of demand, i.e. general interest of children and parents in using this service.

The intervention's theory of change (ToC) foresees three groups of activities – setting up the Child Hotline 111 (involving a tripartite agreement, assigning a hotline number and employing operators), providing a 4-day online training to operators and collecting data. These have been implemented. The memorandum of understanding between the three parties involved (UNICEF, the Georgian Parliament and ASCA) and the resolution setting up the hotline were adopted in April 2020. The training was conducted between 18-21 July 2020. Data collection is an ongoing activity, implemented continuously alongside service provision.

According to the ToC, the activities should produce two outputs:



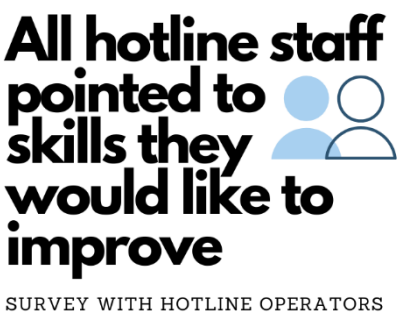
The evaluation showed that the hotline is operational, i.e. the number functions, the hotline can and does receive calls, and staff can provide information and referral, as well as psychological counseling.

However, one may question whether the hotline is indeed fully operational. At the moment, it lacks: (i) important resources (e.g. a directory of child-related services and a mapping of those services throughout the country), (ii) documented and sufficiently detailed standard operating procedures and referral pathways, as well as (iii) certain technical links to other similar services, e.g. the emergency hotline 112 or the hotline 1505 maintained by the Ministry of the Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs. These gaps were highlighted in the analytical briefs produced as part of the evaluation (annexed to this report, see Volume 2), as well as in an earlier report prepared for UNICEF by an international consultant.[143] During this evaluation, UNICEF CO launched and completed tendering procedures to hire a national and an international consultant to develop the necessary procedures, and the process is ongoing. This is an important development since these internal factors affect the hotline's effectiveness in multiple ways, e.g. by influencing cooperation with other actors and appropriateness of referral, reducing the hotline's potential to achieve short and long-term outcomes, as specified in the ToC.

[143] Nafila Maani Consultancy (2021), Strengthening the national child helpline in Georgia. Final report and recommendations, 15 February 2021.

Another question can be raised with respect to staff training. **While the operators appreciate the received initial training, they also point to some gaps and further needs e.g. related to the changing nature of this service.** All hotline staff surveyed (n=7) reported that they received sufficient information, support, and supervision to carry out their work effectively as hotline operators. They agreed/strongly agreed that the training helped them consolidate or strengthen their communication skills and contained useful instruction on determining a problem and appropriate response. Yet they expressed less certainty about having received sufficient information on governmental child-related services and addressing the calls that are more unusual, complex or require identifying underlying problems, as well as those dealing with gender-specific prejudices and discrimination. Limited resources allocated for the hotline staff training were noted as a reason for these shortcomings, which prompts a recommendation for the ASCA to review the resources earmarked for this purpose.

The research also revealed that after the initial training, newly hired staff were not trained, nor was a system for continuous training available. Consequently, new staff had to learn on the job and from more experienced employees. This is an important shortcoming in the hotline's operation in view of staff rotation (see also more below) and service quality. It comes somewhat as a surprise, given that the need for regular updates of the knowledge and skills of the engaged staff was reported not only by hotline staff but also by the Implementing Partner during this evaluation.



All surveyed hotline operators pointed to some skills they think they should improve, with the most needed (6 out of 7 responses) being technical and methodological skills specific to their role. Other areas where skill enhancements would be required include communication with people with diverse social, educational, ethnical backgrounds and abilities, preparedness to pose adequate questions and the ability to identify the unspoken needs of hotline users. Regular updates on state provided services for children and their caregivers have also been mentioned as a step to ensure that the hotline staff are well-informed to respond to the queries effectively.

The achievement of the second output, i.e. a database with progress recorded, also raises some questions. The hotline does document data on the number of calls per day – targeted and non-targeted, as well as ongoing and completed. The general issues that the calls refer to (e.g. social, health, education, psychological counseling, violence against children) are also included in the database. The calls are recorded and stored, yet access to recordings has been reported as a problem during the evaluation. However, it is not clear based on the data available to the evaluators to what extent the cases are documented beyond such general information. Rather, the interviews show that the hotline does not collect sufficient data related to its work and does not have a monitoring and evaluation system to assess the quality of support provided by the hotline staff.

The ToC for the Child Hotline 111 foresees the outputs will contribute to two short-term outcomes:

With respect to short-term outcome one, **all surveyed hotline staff agreed that the establishment of the hotline contributed to an improved access to service provision for young children under the age of 7 and their families during the pandemic.** While there are several hotlines or emergency lines which are also relevant, there has so far been none devoted purely and comprehensively to children's and parents' needs. Additionally, emergency hotlines such as 112 have been overwhelmed during the pandemic. Thus, the **main direct benefit of the intervention for young children and their families is the possibility to receive information, referral, or service (e.g. counseling, mental health support) through one call**.

However, it was difficult to assess whether all social groups in Georgia, including the most marginalized and/or discriminated against, have equal access to the hotline. Most surveyed hotline staff (5 out of 7) believed that such access was provided, while one hotline operator disagreed, and one marked the 'don't know' option. According to interviewees, the channels to spread the information about the hotline were limited, e.g. it was not advertised through other UNICEF interventions nor promoted among local leaders, e.g. NGOs providing relevant services. As specified by UNICEF, there was no information campaign targeting the most vulnerable children, e.g. children working and living in the street, children in alternative care or from ethnic minorities. Call data shared by UNICEF shows that, between April 2020 and July 2021, 110 calls related to children with disabilities, while 101 concerned a family with many children. It is hard to assess whether these numbers are high or low with the data at hand. However, it shows potential for the hotline to be a point of contact for large families and families with children with disabilities. The number of calls pertaining to children with disabilities or large families was bigger than the number of calls related to education or legal issues within the same period – 63 and 96, respectively. Given that the intervention's ToC highlights the higher vulnerability of children with disabilities, including in view of emergencies such as the COVID-19 pandemic, UNICEF and ASCA may consider closer follow-up and monitoring/evaluation of the calls which concern children with disabilities in the future.

As highlighted in section 2.2.3 on limitations faced during research, due to time constraints the evaluation did not foresee a survey with targeted rights holders. No data from post-service satisfaction surveys was provided by UNICEF either. This means that our assessment of the intervention's contribution to the first short-term outcome is indirect, as reliant on the opinions of frontline staff.

The evaluation also examined the potential of the hotline as a mechanism for monitoring children's needs and related systemic gaps in service provision, which would contribute to the second short-term outcome specified in the ToC. **All interviewees during the second assessment cycle underlined the potential significance of the Child Hotline 111 for gathering evidence that policymakers could use for strengthening ECD services in the country.** However, the hotline's

success as a vehicle for collecting such intelligence would depend on its effectiveness in addressing children's and parents' needs and channeling as many calls as possible. In addition to tackling the internal and external factors which influence the hotline's effectiveness (as described in both above and below), it would importantly need to strengthen its data collection and analysis system, which is insufficient now. The collected data – at least in the form received by the evaluators – does not allow for formulating conclusions on the needs and bottlenecks, as it is not detailed enough for law or policymaking and mostly quantitative. Specific and more detailed reflections on this aspect of the Child Hotline's operation was included in the second analytical brief produced during this evaluation (annexed to this report in Volume 2).

The Child Hotline 111 seeks to contribute to the following long-term outcome that:

"The needs of children and their families/caregivers, particularly in the areas of benefits, health, finance, social care, freedom from violence, equipment and assistive technology, housing and home adaptations, are sufficiently addressed.

The hotline will only be able to contribute to this outcome, if it addresses the needs of its callers. The evaluation revealed that **the effectiveness of the hotline in addressing the needs of those who call appears to depend on which service is sought – whether it is a service internal or external to the hotline itself.** The surveyed hotline operators agreed that, in the context of the COVID-19 pandemic and within their remits, they are able to fully respond to the immediate needs of children under the age of 7 and their families with different types of vulnerabilities.[144] But the interviewed operators confessed that while cases that require social workers' involvement are usually addressed in a timely manner, the responses that concern some other services, including those offered by municipalities, are sometimes delayed or not provided. As one of them said:

"We have many cases when a representative of a certain state and local governmental agency does not respond to our phone calls trying to avoid the accountability that is put on certain persons and certain institutions. This causes lots of problems and dissatisfaction." (KII with a hotline operator).

The challenges to the hotline's effectiveness in responding to the needs of children and their families during calls appear to be largely external and systemic in nature. The service provided by the Child Hotline 111 heavily depends on availability and responsiveness of other child-related services in the country. Yet, the surveyed hotline operators noted problems with poor quality of relevant services (5 out of 7 responses) and shortages of services and support programs (5 out of 7 responses) available to vulnerable children (especially with disabilities) and families in Georgia in general and in their respective location (e.g. municipality, town/village). This is important to acknowledge, since the lack of specific services or poor service quality will negatively influence beneficiaries' perceptions of the hotline, create distrust, and discourage future attempts to contact the hotline, making it ineffective. On the other hand, the operators' observations may testify to the hotline's potential as a mechanism for monitoring children's needs and related systemic gaps in service provision mentioned above. The views of hotline operators on the existing gaps should be

[144] Ecorys (2021), Survey with hotline operators conducted for the first rapid assessment cycle.

explored further and possibly followed up with more research to see whether improvements can be made suggested and made.

Communication, cooperation, and coordination with external actors are also a challenge. The interviewees pointed out the "inflexibility of regional services due to the operational rules, neglecting their own responsibilities, and lack of coordination and subordination policy" being the obstacles for higher effectiveness and efficiency of the hotline. Information sharing on available services and changes thereto was also mentioned as a problem during both cycles of data collection devoted to the hotline.

These observations also point to a potential gap in the current ToC at the level of activities and outputs. It seems that there is a need for including activities which would foster cooperation between the hotline and other service providers. These should lead to establishment of formal coordination and cooperation mechanisms and continuous working relations between the hotline and other important stakeholders, in particular municipalities but also for example relevant CSOs. Such outputs could feed into the achievement of both short-term outcomes, since they would facilitate access to services offered by external actors, but would also allow the hotline to share the knowledge that it generates.

While the external service environment may be key, internal factors also play an important role in the hotline's effectiveness vis-à-vis its expected long-term outcome. Some of those, namely appropriate procedures, technical links to other hotlines and staff training and competences have been discussed above. **Others include staff workload and overall satisfaction, as well as retention.** The introduction of around-the-clock services in June 2021 may have contributed to the outflow of qualified staff. Out of five operators interviewed during the second assessment cycle, two had already left due to the disproportion between the workload and renumeration, while two more said that they would leave if they had better (more balanced) opportunities. The loss of trained and more experienced operators creates a serious challenge of skills and competence gap, especially since the newly hired staff do not receive initial training and learn from more experienced colleagues.

The number of received calls may not be the best indicator of the hotline's effectiveness at the moment, due to the stage of its development but also a limited information campaign. Due to the COVID-19 related lockdown, the channels to spread information about the hotline were limited and excluded a face-to-face information campaign in the ECD institutions, schools, and other public places. This weakened the campaign's reach and thus limited the demand for the service. The main sources of information were the TV social commercials and social media (pages associated with different state-provided social services), where social media users posted information about the hotline. The hotline may also be confused with similar services in Georgia, e.g. the emergency hotline 112 or 1505 hotline.[145] While campaigns increasing the visibility of the hotline among beneficiaries should rather wait for its full development,[146] the case for building awareness of the hotline among possible partners, including CSOs, is strong. Mainstreaming the service in all other relevant UNICEF interventions could also be a way to increase beneficiaries' interest in using the hotline's services.

[145] The hotline maintained by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. It provides information and assistance on social issues and programmes.
[146] Nafila Maani Consultancy, Strengthening the national child helpline in Georgia. Final report and recommendations, 15 February 2021, p. 25.

Once the hotline is fully operational, it may be useful to expand the range of activities in the ToC to include a continuous promotional campaign, which would lead to an increased awareness about the hotline's activity among children and caregivers (measured e.g. in regular surveys), as well as increased interest among beneficiaries (as reflected e.g. in an increasing number of calls).

3.2.2 Effectiveness of the SMAs

The SMAs intervention has been very effective in reaching out to many pregnant women in Georgia and less so when it comes to ensuring universal participation in the appointments, although it is not clear whether the latter was its objective, as the target was not specified. **However, overall a substantial number of pregnant women participated, avoiding the risks related to the COVID-19 pandemic and receiving advice from the best clinicians in the country.** No data was made available to the evaluators which would allow us to determine how effective the intervention has been in increasing the participants' knowledge and awareness about the COVID-19 prevention measures, pregnancy-related issues, and further ANC services, which was the SMA's stated objective as per the project description provided by UNICEF.[147]

Out of 23,295 calls made, the data suggests that 16,204 pregnant women were reached effectively. Out of those women who were effectively reached, as many as 7,321 (45%) provided a positive reply and 1,244 (8%) eventually fully attended the SMAs. Negative replies were received from 8,883 women (55%). Table 3 below presents the breakdown of data on outreach and attendance per region.

Table 3 SMAs - outreach and attendance

Region	Number of calls	Awaiting next call & not available	Negative answer	Positive reply (PRs)	Fully attended (FA)	% FAs to PRs
Red zones	1363	512	546	305	63	20,7
Tbilisi	8487	2117	3560	2810	574	20,4
Ajara	3663	952	1670	1041	168	16,1
Guria	545	169	238	138	7	5,1
Imereti	2868	946	940	982	109	11,1
Samegrelo-Zemo Svaneti	1495	590	421	484	73	15,1
Kakheti	1839	605	656	578	79	13,7
Shida Kartli	1541	614	352	575	87	15,1
Samtskhe-Javakheti	1094	460	362	272	60	22,1
Mtskheta-Mtianeti	400	126	138	136	24	17,6
Total	**23295**	**7091**	**8883**	**7321**	**1244**	**17,0**

The success of the outreach resulted from the selected method for contacting pregnant women, namely individual phone calls from staff of responsible agencies. This method, while successful, was also very resource-intensive, which would undermine the prospects for sustainability in the long-term.

At the same time, **the overall proposed model of information and knowledge transfer through SMAs gained recognition**, which points to the intervention's overall effectiveness. Consequently, the NCDC

[147] The evaluators received a brief from UNICEF CO on this intervention. A theory of change for this intervention was not available during the evaluation, as the intervention was only added to the evaluation at its final stages.

requested UNICEF to establish a platform for booking appointments, choosing doctors, and participating in shared antenatal consultations.[148] Even though this recruitment channel could be less effective in reaching out to all pregnant women, it can ensure the SMAs' longer-term sustainability (see also section 3.3).

While most pregnant women were informed about the SMAs, 55% of those effectively reached declined the opportunity to participate and more resigned later, even though they provided an initial positive reply. This happened even though all women were individually approached, the gynecologists were selected from among the best in the country and a flexible schedule was proposed. One-quarter of the women who declined to participate (2,264) were not pregnant anymore at the time of receiving the invitation. This may suggest that the data in the Birth Registry used as a basis for outreach may at times be outdated. Exclusion of these women as not targeted by the intervention leaves 6,619 refusals on other grounds, in particular 2,489 replies (28% of all negative replies; 38% of replies if non-pregnant women are excluded) when a woman just did not want to participate. This lack of interest could suggest limited relevance of the intervention, but also other factors, including a need for a more convincing argument for women to participate or awareness-raising on the importance of ANC. As indicated under the relevance section, a more thorough investigation of the reasons for non-participation could shed light on the intervention's true value and prospects for mainstreaming.

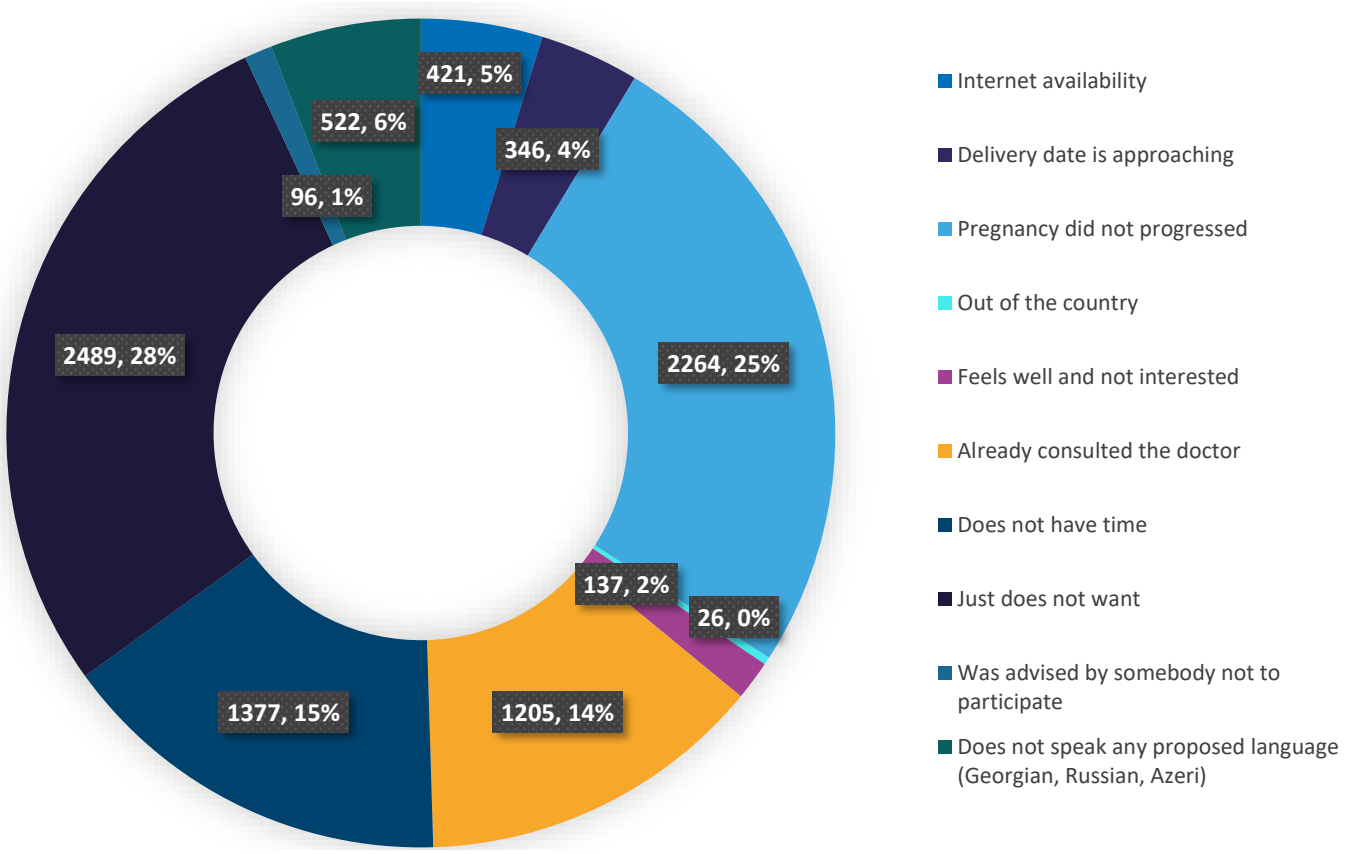
Quite a few women – 1,205 – replied negatively because they already consulted a doctor, which may – although does not have to – suggest that other services are sufficient. While more consultations would probably have been desired, this group could be expected to already have a certain level of knowledge. It would thus not be a priority target, given that the SMAs were not introduced to replace traditional or individual remote ANC, but rather to mitigate the results of COVID-19 and lack of access to services. In this context, it may be useful to rethink the target group for this intervention and refine its objectives, e.g. towards focusing on those women who do not have access to appropriate medical care.

Negative replies related to the lack of time (1,377) or not speaking a proposed language may point to the need for introducing further alterations to the intervention, once it is mainstreamed, e.g. providing more timeslots, shorter SMAs or SMAs in different languages.

A substantial number of resignations from participation after an initially positive reply may also warrant more examination. It would be interesting to see how the participants' interest in the SMAs was sustained in the period between the initial call and the SMA's date. Given a generally high drop-out rate for online events, reminders and other engagement activities leading up to the main event usually play an important role in ensuring a higher turnout. UNICEF CO can consider examining this aspect further when working on the continuation of this intervention in the future.

[148] UNICEF, Situation report of 23rd October 2020.

Figure 4 Reasons provided by women for their negative replies in response to the invitation to the SMA



The interviewed UNICEF representative speculated that women may have refused to participate due to the general lack of experience with remote service provision in the country.[149] Indeed, Georgians do not have much experience with online healthcare provision. As reported in the study on the socio-economic impact of COVID-19, some Georgians feel reluctance towards online service, believing it to be less valuable and useful, even though they do often complain about the face-to-face service.[150]

In addition to implementing a comprehensive outreach and offering flexible scheduling, the SMAs were also conducted in minority languages (Armenian, Azeri and Russian) which could have a positive influence on their effectiveness among women from national minorities who also happen to often represent rural communities.[151] However, the evaluation lacks specific data on SMA participants disaggregated by the language of SMA's delivery to be able to assess this issue fully.

3.2.3 Effectiveness of the pilot training for preschool staff in Adjara

Due to the evaluation's focus on Child Hotline 111, as requested by UNICEF, and insufficient secondary data, very limited evidence was available supporting the training's effectiveness. The impossibility of conducting pre- and post-assessment of existing practices and educators' competences[152] during

[149] Ibid.
[150] Sikharulidze, M. (2020), Assessment of the socio-economic impact of COVID-19 on children, UNICEF, p. 43.
[151] Tabatadze, S., Chachkhiani, K. (2021), COVID-19 and Emergency Remote Teaching in the Country of Georgia: Catalyst for Educational Change and Reforms in Georgia?, Educational Studies, 57:1, 78-95. Available here.
[152] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality.

the project due to the COVID-19 pandemic was one of the reasons why data is missing. Importantly, though, the intervention has not ended and is being continued in the 2021-2022 academic year under the leadership of the National Center for Teacher Professional Development (NCTPD). The NCTPD has expanded the intervention to two new preschools in an additional municipality (Kobuleti) in Adjara. As preschools are now open in Georgia, this will enable ECE coaches to work and support the preschool teams on site and conduct pre- and post-assessments.

As the results of an available satisfaction survey conducted in June 2020 show**, the training was comprehensible for most participants surveyed, which means that it also had potential to increase their professional competences.** Out of 46 respondents, 37 (80%) stated that everything was clear, 7 (15%) that the content was mostly understandable. Additional comments suggest that at least some participants would have liked to know the subject of the next session in advance. While they did not specify why this was important, one can imagine that could have allowed them to better prepare, thus potentially enhancing the benefits from the classes themselves. Only one person did not understand 'many things'. The respondent indicated that it would be better, if this training was organized for every kindergarten separately. In this mode, I can't understand anything'.

Three survey participants expressed either a negative attitude towards the remote mode of service delivery or a preference for face-to-face meetings. The survey did not specifically ask about the mode of delivery, but 6% of the surveyed group (3 out of 46) considered it important enough to make an additional comment. Respondents who commented on the remote mode said that 'it would be more interesting' if the trainer came to Batumi, or that they can rate the trainer high 'despite online involvement and remote communication', or simply commented that online training is good, but they 'prefer live'. Participants' perceptions as to the mode of delivery could be studied further to optimize future training, dividing time between online and offline classes, especially if this mode of training delivery is considered for mainstreaming.

Apart from not always being appreciated, **the online mode imposed limitations that likely had an impact on the training's effectiveness, by hindering the implementation of the practical training components.** The coach was not able to conduct supervision to assess whether theoretical knowledge delivered during the training translated into staff practices in the classroom. In this context, **video documentation of conducted on-site sessions was a good decision to give participants an opportunity to study best practices**. During the project, five videos were produced on: coaching in preschools; learning and development resources in preschools; parent engagement in preschools; reading books with young children; visual art in ECE.[153] As noted in the project's final report, some videos will also be useful for advocacy with municipalities.[154]

The videos contain testimonies of participants which suggest that the trained staff may use or has already used the knowledge and approaches in practice. These can be treated as indications of effectiveness. For example, a part of the training concerned using second-hand or open-ended resources in preschools. The video devoted to educational resources shows that the interviewed educators now perceive these resources as valuable for play and appreciate their easy availability and low cost. As one educator stated: "We thought before that whatever toys they would bring to us in preschool that was what we had to use mainly. Now, we bring second-hand materials which has

[153] Videos available at: https://youtu.be/X3cuQBqU7vI (parental engagement); https://youtu.be/RYwbRRHBFwo (visual arts); https://youtu.be/n2C68wzN3Wo (book reading), https://youtu.be/XnPb1EhHty4 (educational resources); https://youtu.be/CywhzSJ6xfA (coaching for preschool teachers).
[154] UNICEF (n.d.), Supporting Implementation of Early and Preschool Education National Standards in Adjara Region through preschool-based coaching. Concept Brief.

been very successful. Children almost feel at home." Another educator stated: "I have never tried before, but I will try to use all these materials because they are a lot of fun and exciting." Educators of the Batumi 34th preschools recalled: "I brough macaroni and they loved painting these macaroni with a brush", "anything I come across on the street, I bring to preschool – leaves, pebbles, pinecones…I use a lot of it."[155]

While there was limited opportunity to interact with and alter the kindergartens' physical environments to make them more child-friendly, this was attempted and achieved whenever possible. The final project report notes that "as a result of coaching, the physical environment of the groups in the pilot kindergartens is mainly arranged in spaces where children can play in small groups."[156] It also notices that "three kindergartens (2 kindergartens in Batumi and one kindergarten in Khulo) have undergone a fundamental change of environment", which is important for the kindergarten unions to plan further changes. This suggests that the training was effective in improving the working environment of pilot preschools for the benefit of both staff and children.

The effectiveness of the pilot training and its continuation in the longer term (which is needed to lead to a lasting change) will depend on **systemic factors, such as the infrastructure and resources available in kindergartens, staff workload, group size and staff remuneration.** Previous research conducted in Georgia suggests that all these factors can at the moment negatively affect preschool staff's capacity to put their newly gained knowledge and skills into practice. Deficiencies in infrastructure and resources have briefly been discussed in section 3.1.2, but preschool staff also face excessive workloads and lack child-free hours which would allow for preparation, continuous professional development, and self-evaluation.[157] They also have to deal with overcrowded groups of more than 35 pupils, which is above the legal limit.[158] Additionally, the salaries in the sector are excessively low, incongruent with the working conditions and reflecting a still low status of this profession in society.[159] This can affect not only the willingness of staff to participate in the training, but also increase staff rotation. Such a situation is incompliant with the state's duties under the Convention on the Rights of the Child. The Committee on the Rights of the Child underlined in its General Comment no. 7 that "[w]ork with young children should be socially valued and properly paid, in order to attract a highly qualified workforce, men as well as women."[160] To reap the full benefits of such training in the future, it is therefore important to shape the conditions in which preschool staff work, so that they can enable continuous professional development and mainstream new knowledge and child-friendly approaches in practice.

3.2.4 Management and monitoring

While the surveyed operators of the Child Hotline 111 were satisfied or very satisfied with the overall coordination of the hotline, there is evidence that the management and especially monitoring could be improved through the establishment of better procedures and systems. Some data

[155] Available here.
[156] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality.
[157] Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF, p. 10.
[158] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality, p. 9. See also, ibid.
[159] Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF.
[160] Committee on the Rights of the Child (2006), General Comment no. 7 Implementing child rights in early childhood, CRC/C/GC/7/Rev.1

collected suggests that the role and responsibilities of ASCA were not clearly defined. This could be attributed to the rapid set up of the intervention caused by the pandemic.

The questions on how to document the hotline's functioning or what indicators and targets to use to assess its effectiveness were not addressed either. ASCA's activity in this area includes monitoring the logs and reports completed by the hotline workers and calculating beneficiaries' complaints[161]. As noted above, the number of calls targeted, non-targeted, completed and ongoing is collected. The general issues which appear in the calls are also registered, with a possibility that one call covers more than one issue. So the number of issues does not equal the number of calls.

However, based on the data received during the evaluation, we conclude that **many potentially useful types of data may be missing.** There is no distinction between calls completed internally and completed through referrals. There is no information where (to what institution) beneficiaries were referred. Such information could help prioritize potential cooperation and coordination activities. It is not clear whether a call always means one case, or whether repeated calls are made in one case. As a result, one does not know how many actual calls are necessary to complete 'a call'. There is no data on how much time it took to complete 'a call', which would be useful to measure the average response time, an indicator helpful in assessing effectiveness and efficiency. We do not know either whether there was a follow-up after the call with other services and, if so, how many follow-ups. This could hint at potential challenges in cooperation, but could also enrich data on the challenges and gaps in service provision. The data collected is not disaggregated by the beneficiary (i.e. whether the caller was a child or caregiver), which could be useful e.g. from the perspective of promotional activities, nor by the gender of the child whose case is being brought to the hotline's attention. Among the issues that are registered, there are 'children with disabilities' or 'large families', but there is no category for 'young children' (as per the nomenclature of the UN Committee on the Rights of the Child) or 'children at ECD age', which would help see to what extent the hotline caters to their needs.

In terms of issues, the hotline could also be more detailed: (i) social issues could be distinguished, e.g. between financial and non-financial support, especially given that they are the most recurring type; (ii) education could be further divided into education stages – preschool, primary, secondary, etc.; health could be split between the maternal, young child, reproductive, primary or specialist healthcare, etc.; violence categories could also be added, e.g. domestic or peer violence.

Importantly for evaluating the service's quality, primary research showed that, due to rigid legislative requirements,[162] the hotline's assessment does not entail a review of audio-recorded calls, which could be an important source of information on service quality. At the same time, the evaluation team received the Ordinance by the Director of ASCA which assigns specific people to be responsible for processing (listening, analysis, evaluating) the audio recording(s) of the incoming calls received via the hotline.[163] Either way, **the Child Hotline 111 requires a comprehensive monitoring and evaluation system** in order not only to be an effective service for children and their parents, but also to become a possible vehicle for gathering data on children's needs and systemic gaps in services.

[161] The evaluators did not receive any data on such complaints.
[162] Article 61 of General Administrative Code of Georgia, Law of Georgia on personal data protection, requires very diligent approach to handling the personal data and thus makes it difficult to revisit the recorded case.
[163] Ordinance by the Director of LEPL Agency for State Care and Assistance for the (statutory) Victims of Human Trafficking, 24 August 2020, No. 07-125/0, paragraph 3.

More detailed observations and recommendations as to the monitoring of the Child Hotline 111 were provided in the analytical briefs produced during this evaluation, as well as in an earlier report.[164]

UNICEF has already launched a tendering process for an international and national consultant who would support the improvement of hotline's procedures and systems.[165] The consultants will work to develop a concept, regulations, working instruments, referral protocols, and standard operating procedures for the hotline, which could lead to transformation of an existing hotline into a helpline. The monitoring of the Child Hotline 111's performance led so far to two adjustments – the hotline's working hours were extended and its scope widened to include the issues relevant for adolescents.

Available evidence on the management and monitoring of SMAs suggests that it has been sufficient to implement changes in the service to respond to beneficiaries' needs and to draw some lessons for future interventions. In particular, the COVID-19 related component in the programme of SMAs was shortened due to the observed limited interest among the beneficiaries. Additionally, a lesson was drawn about the unsustainable character of the project's recruitment process, so future mainstreaming plans for the service involve development of a booking platform. However, the intervention would merit from more in-depth monitoring and evaluation. Its results could help to decide on their added value in the system (beyond COVID-19), the ways to integrate SMAs into the overall package of services and structure their programme, etc. Since if the SMAs are to be mainstreamed, they should be integrated into the overall support to pregnant women provided through the health system.

The pilot training for preschool staff in Adjara established a management and monitoring system, composed of monthly reports reflecting on the results, achievements and lessons learned from the ongoing coaching process.[166] Additionally, the final report was produced which clearly summarizes the projects and insights gained. While we are not able to comment on the monthly reports, the final report provides useful insight into the pilot project, but also more systemic problems encountered during its implementation. UNICEF was able to draw lessons based on those observations to further tailor the continuation of this intervention to existing needs. The evaluation team also received the results of a satisfaction survey carried out in the project in June 2020. However, the surveys were short and did not offer enough data for determining the training's effectiveness in increasing staff competences. Due to the online mode of project implementation (which was a COVID-19-induced adaptation) pre- and post-assessments were not possible, which is a serious disadvantage considering the pilot character of the project. However, as noted above, the pilot training will be continued in the original format (as practice-based coaching), so it will be possible to monitor and evaluate the effectiveness of this intervention.

While project monitoring in evaluated interventions provides some useful data, it is not sufficient for proper monitoring for results and potential contribution to outcomes. This is because no indicators of success are defined for these interventions, and the baselines and target values are not available either. Thus data collection is conducted without a clear definition of its purpose and conclusions about interventions' success are difficult to make.

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[164] Nafila Maani Consultancy (2021), Strengthening the national child helpline in Georgia. Final report and recommendations, 15 February 2021.
[165] Available here.
[166] UNICEF (n.d.), Supporting Implementation of Early and Preschool Education National Standards in Adjara Region through preschool-based coaching. Concept Brief.

3.2.5 Enabling environment (policy, cooperation with government)

At a systemic level, UNICEF's comprehensive COVID-19 response was facilitated by the Georgian government's growing recognition of the importance of early childhood services and child rights, more broadly. The latter was reflected e.g. in **the adoption of the Code on the Rights of the Child** in 2019. The code forms a comprehensive foundation for child-related policies in the country, including in all areas of UNICEF's engagement. The act gives grounding to and stimulates interventions which can improve the overall environment for children not only to survive, but most importantly to thrive and reach their full potential. With respect to ECEC, the legislative foundation for interventions was also laid out in the 2016 Law on Early and Preschool Education.

The long-standing cooperation between UNICEF and various Georgian national and local authorities played an enabling role. Most UNICEF's COVID-19 related activities involved the government or other state actors in some way. The establishment of the Child Hotline 111 was possible with the backing and engagement of the Human Rights and Civil Integration Committee of the Georgian Parliament, while its functioning is supervised by the ASCA under the Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia. The SMAs, in turn, were implemented in cooperation with two state actors – NCDC and Birth Registry which carried out a massive logistical effort of calling all pregnant women in the country. Finally, the regional authorities in Adjara were on board when it comes to the pilot training, which also received support from the kindergarten unions. The National Center for Teacher Professional Development is implementing the project since 2021.

UNICEF was able to implement an array of diverse interventions in all its programme areas also thanks to **close cooperation with non-state actors, including various specialized CSOs and religious organizations**. While this was not specifically the case for the evaluated activities, such partnerships formed the backbone of many interventions. For example, the Children of Georgia provided online psychological support to hundreds of children and caregivers in small group homes and foster care through group and individual sessions. While Initiatives for Social Change developed draft guidelines on Remote Child Protection Case Management for statutory social workers and conducted hundreds of online supervision meetings for social workers. Support for families with children with disabilities was provided in partnership with the Education for All Coalition, an alliance of CSOs working on education, and a network of organizations working with children with disabilities and their families.

The lack of stronger cooperation with the authorities or non-state actors such as specialized CSOs, e.g. on the implementation of the Child Hotline 111, should therefore be seen as a factor hindering effectiveness. The lacking communication and cooperation between the hotline and municipalities was observed as a barrier to its success. While cooperation with CSOs could have helped at three levels: (i) increasing the hotline's visibility among potential beneficiaries; (ii) increasing the hotline's access to child-related services offered by those CSOs; and (iii) ensuring training opportunities for staff.

The COVID-19 has also functioned as an enabling factor or accelerator for some interventions, demonstrating their value to the GoG. For example, this was the case with the "0-6 Child Growth and Development Surveillance Electronic Module" for tracking child growth and development. As a UNICEF CO's representative observed, the GoG was initially skeptical towards the system, as it believed that the aging medical workforce lacks appropriate digital skills. However, with the COVID-19 measures

cutting people off from access to healthcare and other services, the GoG is determined to introduce telemedicine and implement the 0-6 module in parallel.[167]

Availability of financial support from donors made all interventions possible. **The existence of infrastructure (Internet access) and equipment (computers and mobile phones penetration)** made the transition from physical to online services possible, while the lack of those in some areas and families contributed to deepened inequalities. In the case of the SMAs, the existence of the Birth Registry enabled the intervention to reach all pregnant women in the country to offer them additional ANC service, which shows the potential of this tool beyond registration. At the same time, the lack of access to the Internet still made the service inaccessible to some women (see relevance section).

The lack of infrastructure and resources, as well as generally poor working conditions, have been identified as strong hindering factors for the effectiveness of the pilot training in Adjara (see section 3.2.3). Similarly, lack of services or their poor quality created **structural barriers to the effectiveness** of the Child Hotline 111. At the same time, the experience of the pilot training suggests that some of the potentially structural barriers in the preschool sector, e.g. lack of resources or toys, can be addressed through the changed approach to teaching which makes use of open-ended, easily available, natural and cheap resources.

The ability of UNICEF to quickly mobilize international and local expertise was also important in supporting the government with technical assistance and research. The results of those have been used for adjusting programs for children and families, e.g. targeted social assistance. As mentioned above, the local and international expertise has also been strongly mobilized to help properly set up the Child Hotline 111.

Aside from legal, policy, institutional, financial, or infrastructural factors, it is also worth mentioning attitudinal factors, for example, the attitudes of beneficiaries to the online mode of service delivery, which was the main type of adaptation introduced. The evaluation showed that these attitudes may sometimes be negative, as in the case of some pilot training participants. It is also possible that some pregnant women resigned from participating in the SMAs due to their distrust of the online service provision. Since positive attitudes can help in the future mainstreaming of online service provision, building them may be an important component of future actions. The increasing quality of such services can also in parallel boost the population's trust towards them.

3.3 Sustainability

In relation to sustainability, the evaluation asked about the extent to which: (i) the adaptations introduced in response to COVID-19 improve the resilience of services or can contribute to long-term effectiveness and efficiency in service provision; (ii) adaptations and their results increase the capacity to address similar situations in the future; (iii) specific circumstances (enabling circumstances) can positively affect the sustainability of good results; (iv) the most promising innovations be integrated into on-going programs. Due to the lack of data, the assessment of the last element was not possible for Georgia.

The Child Hotline 111 can contribute to the resilience of services for children and can also increase effectiveness and efficiency in service provision. Firstly, the hotline's operation is premised on remote contact, a future pandemic or a crisis of similar effect would not influence its accessibility for

[167] Interview with a UNICEF representative on 6th September 2021.

children and caregivers. Secondly, in terms of effectiveness, the hotline's services – especially if diversified to various channels including phone and online modes of delivery – do have potential to reach more people, including those in remote areas who may have difficulty accessing physical services. Finally, the hotline, by being a one-stop-shop for children (including by enabling referrals), has the potential to integrate other service providers and consolidate their offer around the hotline, which would address the problem of missing coordination of child-related services in Georgia. Consequently, it would also have the potential to increase not only the overall effectiveness of the system, but also its efficiency. The fact that the Child Hotline 111 has the backing of the government and support of UNICEF, and can draw from ample experiences from other countries gives good chances for the service to be a sustainable solution. The possible future difficulty may be ensuring consistent financing. However, the funding requirements have been fully assumed by the GoG, which limits such a risk.

The evaluation of the preschool staff training has shown that the online mode of training can work for theoretical parts of training, but cannot replace practical classes.[168] Since it would not jeopardize educational outcomes, organizing theoretical training in the remote mode can contribute to long-term efficiency of training programs for Georgian preschool staff. With limited resources for their continuing professional development, this could provide an important opportunity, even though this mode of delivery may not be preferred by preschool staff. The online mode would not, however, be appropriate for the more practice-oriented training when learning-by-doing and the opportunity to benefit from supervision make the greatest difference. The consultant delivering the training noted as a challenge that they were not able to "observe the teachers' practice and make recommendations based on it."[169] Consequently, the combination of both online and offline training can be an optimal solution for ensuring the effectiveness and sustainability of the learning outcomes from future training services, on the one hand, and efficiency in service provision, on the other. This was also acknowledged by a UNICEF representative.[170]

There is potential for the long-term sustainability of the service, as the project is being continued, with UNICEF supporting the MoESCS of Georgia and Adjara in the design and implementation of a series of capacity development activities for preschool educators and managers for improved services for young children. These will start with an event for all municipalities of Adjara to share achievements, challenges, and next steps from the eight pilot preschools in Batumi and Khulo.[171] The fact that a reflection on the pilot experiences has been foreseen can help ensure the success of subsequent stages. The involvement of the MoESCS is an important factor, which can help mainstream the service in other regions of the country. The intervention is now led by the TPDC, a legal entity of public law of the MoESCS. This partnership is a significant achievement, as TPDC is the focal agency for determining in-service training requirements for preschool educators. These requirements are currently minimal (66 hours) and, because of the intervention, could be expanded to include more intensive and practice-based supervision/coaching for all preschool educators in the future.

Importantly, the results of the pilot training or its future continuations in terms of changing preschool practices will also depend on factors such as the infrastructure and resources available in kindergartens, staff workload, group size and staff remuneration. As many problems persist in

[168] Interview with a UNICEF representative of 1st September 2021.
[169] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality, p. 8
[170] Interview with a UNICEF representative of 1st September 2021.
[171] UNICEF, Situation reports of 19th May and 21st June 2021.

these respects (see also section 3.1.2 and 3.2.3), the future training efforts should go hand-in-hand with investments in those other areas. Regarding equipment investment, the consultant for the pilot training developed a list of high-quality materials created during the project and the exemplary materials that had been provided in some preschools. These should enable kindergarten management unions to better select quality resources when purchasing items in the future.[172] The commitment expressed by the Batumi kindergarten union to investing in upgrading physical environment of preschools, including purchasing of educational materials,[173] should be used.

Improving staff working conditions, apart from more child-free time etc., should also involve facilitating the development of contacts with parents or other caregivers, as their involvement is a crucial part of ECEC.[174] Creating conditions for good relations between preschool staff and parents can help make the ECE system more resilient in case of future shocks, allowing for better continuity of learning.[175] ECE cannot be moved online in the same way as other stages of education, as young children should not spend time in front of a computer.[176] Since the COVID-19 pandemic placed more burden for supporting child learning on parents or other caregivers in general education,[177] one can expect that this burden has been even higher in case of caregivers of children in the ECD age range. They become an inevitable mediator between teachers and children, and thus an even more indispensable partner in addressing the educational needs of their children.

The evaluation revealed that SMAs for pregnant women delivered online could work as a service for health promotion for subjects that are less personal in nature, offering long-term efficiency.[178] Since one appointment can gather as many as 25 women, this can offer savings as compared to one-on-one appointments. It can also ensure access to the best professional medical staff for a wider group of women. However, as the experience of this intervention shows, delivery of such a service in a sustainable way would require good infrastructure and organization.[179] Recruitment of women for SMAs was conducted by staff of the NCDC and Birth Registry who called all pregnant women in the country to inform them about the service and arrange their participation. Such a procedure was very time and resource-intensive, and consequently not sustainable. As a result, the service was discontinued, even though the participants expressed demand for more appointments. However, since the overall usefulness of the service was acknowledged, at the request of NCDC, UNICEF is currently working on preparing a platform where pregnant women can book appointments, choose doctors, and participate in shared antenatal consultations,[180] based on its experiences with

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[172] UNICEF (n.d.), Coaching pilot report on quality assurance in early and pre-school education in Adjara Municipality.
[173] Ibid.
[174] Peeters, J., Hulpia, H. (2018), Study on quality of early childhood education and care in Georgia. Summary, UNICEF, P. See also here.
[175] Research related to COVID-19 shows that parent-teacher cooperation has been found to carry positive results. For example, "if parents received a more structured distance learning program with direct communication with teachers about how things are going, parents were much more satisfied." Sonnenschei, S., Stites, M.L. (2021), "The Effects of COVID-19 on Young Children's and Their Parents' Activities at Home", *Early Education and Development*, 32:6, 789-793. Available here; On the importance and benefits of school/parents partnerships under the pandemic, see also Soltero-González, L., Gillanders, C. (2021), "Rethinking Home-School Partnerships: Lessons Learned from Latinx Parents of Young Children During the COVID-19 Era", *Early Childhood Educ* J 49, 965–976 (2021). Available here; Packman, K-J. (2020), The pandemic has shown us that parents have a bigger role to play in education, available here.
[176] Sikharulidze, M. (2020), Assessment of the socio-economic impact of COVID-19 on children, UNICEF Georgia, p. 41.
[177] See e.g. Brosard, M. et al (2020), Parental Engagement in Children's Learning, Innocenti Research Brief. Available here.
[178] Interview with a UNICEF representative on 6th September 2021.
[179] Ibid.
[180] UNICEF, Situation report of 23rd October 2020.

setting up a similar platform for immunizations. The NCDC intends to utilize this tested service modality for maternal and child health promotion,[181] which gives positive prospects for sustained benefits from this intervention. If accompanied by an ongoing information campaign and appropriate infrastructure, which would ensure sustainability, SMAs could increase the resilience of the services for pregnant women in case of future crises. They can also improve effectiveness and efficiency of the service in the longer term through better use of medical doctors' time, but also through the introduction of the experience sharing component. The latter is important in crises which entail prolonged isolation, as has been the case with COVID-19.

More systemically, there are factors which contribute to the sustainability of the evaluated interventions in the future. For one, the actions address important systemic gaps and there is consensus among stakeholders as to their importance. All were introduced and implemented in cooperation with the government or other relevant national and regional actors. In fact, ownership of all those interventions is not with UNICEF, but the counterparts, while UNICEF has played a crucial role at various stages. Piloting specific solutions, as in the case of training for preschool staff in Adjara, also contributes to achieving greater sustainability of the eventually mainstreamed service, as the lessons learned during the pilot improve subsequent versions of the service. In a similar vein, building new actions on previous experiences (e.g. immunization platform for developing the SMA booking system) creates conditions for their greater sustainability. Finally, the various implemented interventions (even if they respond to the COVID-19 pandemic) are complementary and can synergize well, e.g. SMAs are also accompanied by another effort to improve the capacity of rural primary healthcare providers through the provision of equipment, building a digital platform, and training providers. Such synergies can translate into the better perception of all those services and better involvement of beneficiaries.

4.0 Conclusions

UNICEF's ECD programme in Georgia responds to various identified and continuously monitored systemic gaps with respect to ECD. It works on creating an enabling environment for children – including children with disabilities – in the country, improving infant and maternal health, the primary health care, and alternative care systems, as well as ECE.

The pandemic has destabilized the lives of children and their parents in Georgia practically in all dimensions of UNICEF's work and beyond. The organization has responded with an array of activities, including communication and awareness-raising, equipment provision, education and capacity building, infrastructure development, technical assistance etc. Interventions have been rolled out, both ad hoc and systemic in nature. Adaptations have been made to previously developed services, mostly involving moving services online, as in the case of the pilot training. New services, such as the Child Hotline 111 or SMAs, have also been introduced.

The evaluated interventions were a relevant response to the challenges of the pandemic. They allowed for continuation of service provision through remote delivery. Introduction of the remote mode of delivery in the case of analyzed interventions did not seem to impose an excessive burden in terms of staff, capacity or technology. But it did impose some limitations both on the services' accessibility and content. In the case of a medical intervention with an aspiration to reach as many beneficiaries as possible, such as the SMAs, remote delivery excluded those without appropriate ICT

[181] UNICEF, Situation report of 30th October 2020.

infrastructure and equipment. Although where Internet and equipment are available or quickly provided, online delivery can help to overcome other barriers, e.g. reach the most remote locations. Privacy and intimacy-related concerns limited the content of the SMAs to the more general pregnancy-related topics, which confirms that the shared and online format cannot replace traditional ANC. In the case of an educational initiative such as the pilot training, online delivery works for the theoretical components, but makes practical elements difficult or impossible to implement. As the experience of the pilot training suggests, a well-balanced combination of both modes can mitigate risks, while also ensuring efficiency.

The evaluated interventions are relevant at a systemic level. They fill out wider gaps, such as the need for a one-stop-shop mechanisms providing information on and coordination of the dispersed child-related services; neglected health education and promotion, as well as still high infant and maternal mortality rates; insufficient knowledge and competences among preschool staff (e.g. in relation to legal standards, child-friendly play, or inclusive education) and resource deficiencies in preschools. As such, these interventions fit well with UNICEF ECD programs, being complementary to and potentially strengthening other interventions in the same areas. However, the evaluation also shows that more effort needs to be made, including more research conducted, if they are to be lastingly and usefully embedded in the wider system.

The Child Hotline 111 and the pilot training appear to be relevant to the needs of their target groups. Although more research would be necessary among the beneficiaries of Child Hotline 111 to fully understand to what extent this is the case. The data on the SMAs is not sufficient to make this assessment, and more research would be desired. There are some indications that the SMAs were relevant for participating pregnant women, but the fact that the majority of the invited women resigned from participation highlights the need for further evaluation.

Evidence on effectiveness was more limited than on relevance, especially in the case of the SMAs and pilot training for which more research would be recommended. Assessment of effectiveness could also benefit from strengthening of the interventions' M&E systems.

We can conclude that the Child Hotline 111 has the potential to contribute to its short-term and long-term outcomes. As a mechanism for improving access to services, the hotline is also viewed as a possible coordinating platform for child-related services. Yet to achieve such an ambition, it needs to develop better coordination and cooperation mechanisms with other service providers, as well as strong internal procedures, which are currently lacking.

By contributing to its outcomes, the Child Hotline 111 can help to create a conducive and nurturing environment that will enable children to survive, thrive, and reach their full potential. The one-stop-shop character of the service is perceived as its main advantage, both for service provision and integration, as well as monitoring of needs and bottlenecks. Therefore, the hotline's links to the wider child protection system should be strengthened.

At the moment, the Child Hotline 111 can largely address the callers' needs, in particular when these can be tackled internally, although further research among beneficiaries would be needed. When external actors need to be involved, effectiveness can be lowered. The operators perceive the barriers to the hotline's effectiveness as mostly external, e.g. poor, or lacking services in Georgia, lack of cooperation from external service providers, especially municipalities (both on service provision, but also information sharing). However, internal factors seem to play a significant role as well. These include technical and procedural shortcomings (e.g. lack of an internal and external monitoring system, standard operating procedures, referral pathways), staff competence gaps and lack of

training opportunities, lack of systemic links to other hotlines and services, etc. These internal challenges translate particularly into a still very limited effectiveness of the hotline as a monitoring mechanism for increasing knowledge on the beneficiaries' needs and bottlenecks in service provision. The evaluation clearly shows the need for further development of the hotline and its integration with other services. This is to be tackled in the work of the international and local consultants hired by UNICEF.

A significant number of the effectively reached pregnant women participated in the SMA, which is promising for service continuation and mainstreaming. The majority did decline participation, including because they just did not want to participate. So, while the SMAs display potential to support ANC provision at times of crisis, such as the COVID-19 pandemic, there is still much to be learned about this service, both in terms of relevance and effectiveness. It would, in particular, be useful to understand the specific benefits the SMAs carry for participants. The current data does not e.g. allow for authoritative conclusions on how effective the intervention has been in increasing the participants' knowledge and awareness. It would also be useful to examine the SMAs' added value for the wider service system. In view of the significant resignation rate, more could be known about pregnant women's needs and expectations, as well as the more concrete (underlying) reasons for their resignation from joining SMAs. All these insights would allow for evidence-based decision-making as to whether the service should be a long-term addition to the ANC offer in Georgia and, if so, how it should be embedded in the system. With more data, one could also think of such a service being introduced for other groups of potential beneficiaries, especially those with a normally higher need for specialized medical and professional care, and exposed to isolation. In this context, parents of children with disabilities come to mind, as they often experience isolation regardless of emergency contexts and are particularly severely affected by service discontinuation.

As with the SMAs, the data on the pilot training does not allow for authoritative conclusions on how effective the intervention has been in increasing the participants' knowledge and awareness. However, it is enough to see the potential of this intervention to change attitudes, introduce new concepts and elevate the competences of preschool staff. So far, the practical hands-on components of this training, which are the most conducive to achieving the above-mentioned changes, were limited by the pandemic. So, it would be advisable to continue the implementation of the pilot in its originally-intended format to document and evaluate its full results. This can help to make informed decisions on the pilot's mainstreaming in the country, including potential changes of the mode of delivery.

At the same time, the project does offer quick wins by introducing open-ended materials to preschools and changing the environments in pilot kindergartens. These are small and inexpensive, yet visible steps towards addressing systemic shortcomings. The project also brings together national and regional actors, governmental and non-governmental, which gives better prospects for sustainability and spillover effects. Importantly, its effectiveness is challenged by serious systemic deficiencies in the preschool sector, related to infrastructure and resources, staff workload, group size, and staff remuneration. If the staff are to be motivated and change practices towards more child-friendly, there is a need for advocating for systemic changes, especially more resource allocation into the sector.

5.0 Main lessons learned

Lesson learned # 1

Identification of key stakeholders and securing their participation increases the effectiveness and sustainability of implemented interventions, while lack of these elements constitutes a challenge. The key nature of a stakeholder may result from a number of attributes, such as their legal mandate, specific expertise or resources. For example, in the SMAs, the cooperation with the NCDC and Birth Registry provided access to all pregnant women in the country. By contrast, the challenging cooperation with municipalities – a key stakeholder mandated to deliver child protection services – continues to affect the effectiveness of the Child Hotline 111 negatively. For the pilot training in Adjara, the involvement of the TPDC, a focal agency for determining in-service training requirements for preschool educators, opens the door to mainstreaming the results of the project.

Lesson learned # 2

In emergency contexts, in which there is a need for rapid feedback coupled with limited time for producing new evidence, a good monitoring system is indispensable, if timely conclusions are to be generated and lessons drawn. It is therefore advisable to resist the pressure to skip this step or – if this has been the case – quickly mobilize resources to develop such a system, including a minimum necessary indicators and data collection.

Lesson learned # 3

Online mode of training delivery for preschool staff is not fit for practical components, as it does not allow for observation of in-class dynamics and staff supervision. Delivering capacity-building activities entirely online should therefore be opted for only when face-to-face contact is not possible, and hybrid mode should be preferred otherwise, with theory provided via online classes.

6.0 Recommendations

During the evaluation, recommendations were prepared after each rapid assessment cycle. Those recommendations were included in the analytical briefs annexed to this report (see Volume 2 of Country Report). The recommendations in the first analytical brief benefited from multi-stakeholder consultations conducted through a reflection workshop. The recommendations in the analytical briefs were divided into systemic and service-level.

The recommendations included below have been developed based on the final analysis of all the collected research material and further reflection between the evaluators and the UNICEF ECARO and UNICEF Georgia CO. As a result of these reflections, the recommendations were prioritized and only those with the highest priority were included in the list. In response to an explicit request, the recommendations were directed solely at UNICEF and tried, to the extent possible considering the evaluation's limitations, to present higher-level actions (i.e. related to wider ECD system). While the recommendations are for UNICEF, the achievement of their underlying objectives will necessitate the involvement and cooperation of other actors, in particular, the GoG and its agencies.

In line with the evaluation findings in Georgia, we recommend for UNICEF to:

I. **Continue to support the GoG and regional authorities in Georgia to build an inclusive early childhood education system by developing staff competences and improving the working (and learning) conditions in preschools.**

Suggestions to operationalize this recommendation include:

- Ensuring proper documentation, monitoring and evaluation of the ongoing pilot training for preschool staff in Adjara to use the collected evidence in advocating for systemic solutions to the competency gap in the preschool sector, in particular with respect to inclusive education standards;
- Advocating and providing technical assistance for developing and introducing a programme for initial and continuing professional development of preschool staff in Georgia, which would:
    i. incorporate the experiences of the pilot training (e.g. on combining the online and offline modes of training delivery) and be in line with the newly adopted standards for preschool education;
    ii. target wider personnel (including preschool support staff);
    iii. include components devoted to inclusive early childhood education and care and skills for effective communication and interaction with parents;
- Advocating and providing technical assistance for an analysis of the preschool staff's working conditions and needs, and based on the analysis - development of measures for their improvement, e.g. increasing child-free hours and making investments in infrastructure and equipment, as well as raising staff remuneration.

II. **Continue to address the structural issues affecting women's and children's access to quality health care**, including through using and implementing the recommendations from the assessment of the SMAs.

III. **Continue to support the GoG to further develop the Child Hotline 111 into a fully functional one-stop-shop mechanism** integrating child-related services in Georgia and a monitoring mechanism providing policymakers with information on those needs and systemic bottlenecks.

Suggestions to operationalize this recommendation include advocating and providing technical assistance for:

- developing recommendations on the role of the Child Hotline 111 in the overall system of services for children and families, proposing clear leadership and accountabilities across service providers to cooperate with the Child Hotline 111;
- developing cooperation mechanisms (e.g. through agreements, memoranda of understanding, coordination councils or other platforms, regular meetings, working groups, conferences, etc.) between the Child Hotline 111 and other child-related service providers, which could foster overall coordination and improvements in child-related services in the country;
- developing and implementing legal measures that oblige state institutions to provide information about child-oriented services and their changes to the Child Hotline 111;
- creating technical and functional links between the Child Hotline 111 and GoG's other hotline 1505;

- developing technical solutions (e.g. joint service databases for service providers) to facilitate integration of and access to knowledge between the Child Hotline 111 and other child-related services, respecting relevant privacy standards;
- promoting the Child Hotline 111 services among beneficiaries (children, parents and other caregivers) and potential partners, in particular CSOs providing child-related services.

IV. **Support the GoG to strengthen the capacity of the Child Hotline 111 to provide quality services to children and families.**

Suggestions to operationalize this recommendation include advocating and providing technical assistance for:

- developing service quality standards and a performance monitoring system with relevant indicators; establishing robust and detailed service guidelines, standard operating procedures and referral pathways, including in cases of violence against children, and follow-up procedures;
- ensuring opportunities for Child Hotline 111's staff to build working relationships with representatives of different service providers (foster people-to-people contacts) to facilitate (increase effectiveness of) cross-service cooperation;
- developing solutions for staff retention, continuous training and supervision to provide an effective response to the calls.

V. **Conduct an assessment of the SMAs** to understand: (i) the benefits they carry for participants; (ii) pregnant women's needs and more concrete (underlying) reasons for women's resignation from participation; and (iii) the added value the SMAs bring to the existing health care services during and beyond the context of COVID-19.

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