
Real-Time Assessment of UNICEF's Ongoing Response to COVID-19 in Europe and Central Asia Round 2

UNICEF's Social Protection Response to COVID-19 in Albania, Montenegro, North Macedonia, Tajikistan, and Uzbekistan

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Preface

The United Nations Children's Fund (UNICEF) Europe and Central Asia Regional Office (ECARO) commissioned Oxford Policy Management (OPM) to carry out a Real-Time Assessment (RTA) of UNICEF's ongoing response to COVID-19 in the region.

The ECARO RTA exercise proceeded in two rounds¹. Round 1 provided a broad overview of UNICEF's response, while Round 2 undertook in-depth analyses of responses in two areas: social protection and education. Additionally, Round 2 looked at leveraging social media data to help understand the public discourse around areas relevant to social protection and education during the pandemic. The findings of the social media analysis are in a separate report.

This report is part of Round 2 and represents an in-depth analysis of UNICEF's response in the area of social protection.

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And finally, we want to acknowledge and thank the UNICEF staff, government representatives, implementation partners, and frontline workers who participated in this study. We appreciate the time they took to share their feedback, and we especially appreciate the important work that they carry out on an ongoing basis.

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¹ The previous RTA Phase 1 report uses the word 'Phase' which is now changed to 'Round' to be consistent with the wording of the Evaluation Office's RTA Concept Note.

Executive summary

Object of the evaluation and overview of the analytical approach

This report aims to provide a snapshot of the United Nations Children's Fund (UNICEF)'s social protection responses during the pandemic, its relevance, effectiveness, adaptation to changes in the situation due to the evolution of the pandemic, with special focus on the gender and equity dimensions of the response, and the role played by partnerships and cooperative arrangements.

The object of the assessment are five Europe and Central Asian Region (ECAR) countries and five UNICEF country offices (COs): Albania, Montenegro, North Macedonia, Tajikistan and Uzbekistan. The report defines social protection narrowly as to include social assistance, child benefits, labour market programmes, housing assistance, and social services.

The report adopted a Theory of Change (ToC) to guide our formative analysis of UNICEF's COVID-19 response. Its findings are based on desk review of available literature, analysis of quantitative budget and results achievement data, and key informant interviews (KIIs) with three types of key stakeholder directly involved in COVID-19 response on the side of UNICEF COs, government counterparts, and non-government stakeholders (primarily COs), which allowed for extensive triangulation opportunities.

The intended audience of the report is primarily UNICEF ECARO and five UNICEF COs as well as their relevant governments, United Nations agencies, and other development partners as they reflect on and harness over the course of the response in their respective countries.

Key findings, lessons learned (challenges and success factors) and recommendations

The pandemic trajectory varied in Europe and Central Asia (ECA), while unfavourable health sector trends were uniform among all study countries from this region. As at October 2021, confirmed COVID-19 cases per million people ranged from 1,793 in Tajikistan to 215,425 in Montenegro. For the same period, confirmed COVID-19 deaths per million people reached 13 in Tajikistan and 3,279 in North Macedonia. On the other hand, shortages of health professionals, increased emigration of health personnel before the pandemic, and regional disparities in healthcare resources were some of the issues affecting the availability of healthcare in the study countries.

COVID-19 has increased vulnerability among children from migrant and asylum seekers' families, children in conflict with the law, children from Roma and Egyptian families, children from single-parent households, children from household beneficiaries of the guaranteed minimum assistance (GMA), children from vulnerable households not formally in the social protection system, and children with disabilities. Additionally, in all study countries, the closure of day-care centres and movement restrictions of care providers detrimentally affected the quality of care for children

with disabilities and hindered access to social services for children living in poverty, children in residential care institutions, children living in rural/remote areas, and child victims of domestic violence.

Available research estimations show that, in some of the study countries, the pandemic has aggravated child poverty. Forecasts in North Macedonia on the impact of COVID-19 on relative child poverty (at risk of poverty, below 60% of equivalised median disposable income) indicate an increase of 4.6 percentage points (p.p.), from 27.8% before the pandemic to 32.4% during the pandemic, putting an additional 19,000 children in North Macedonia below the relative poverty threshold. Child poverty in Montenegro (at risk of poverty, below 60% of equivalised median disposable income) is also expected to rise significantly because of the economic contraction caused by COVID-19. Based on the World Bank estimation, these could disproportionately be children from households that lack social protection. In Uzbekistan, according to UNICEF estimates, an additional 845,000 children may find themselves in poverty.

UNICEF's interventions improved system preparedness during the pandemic and included previous investments in shock-responsive social protection (SRSP), as well as advocacy and technical assistance for the governmental social protection reforms before the pandemic. Albania CO was able to scale up their work on emergency cash transfers during the earthquake in 2019 and provided emergency cash transfers to vulnerable households in three municipalities during the pandemic. In Tajikistan, the UNICEF's SRSP feasibility assessment from 2017 and the lessons learned were used during the pandemic to support the governmental targeted social assistance (TSA). In addition, UNICEF CO's support of the governmental social protection reforms before the pandemic (North Macedonia; Uzbekistan) was also crucial for continuity and follow-up activities undertaken by COs during the pandemic.

Interventions through which the UNICEF COs in the study countries have been supporting the national social protection programmes and systems during the pandemic involve analytical work/social impact assessments; emergency cash transfers; provision of supplies; support for the implementation of governmental cash transfers; technical assistance to the government to reform a social protection programme; capacity building of the governmental social protection system; advocacy; and coordination. Rapid social impact assessments undertaken in all study countries contributed towards the identification of vulnerable groups and bottlenecks in the social protection systems, as well as the estimation of poverty and child poverty rates, all of which fed into the UNICEF key messages during the pandemic. These navigated governmental social policy actions, particularly on the social protection front. Emergency cash transfers improved the temporal horizontal expansion (adding new beneficiaries) of social protection during the pandemic. Implementation strategies that stood out as relevant due to their effectiveness were pilot modelling and the strategic partnership approach.

COs demonstrated their capability of maintaining programme continuation and resilience during the emergency, but also showed their strength in adapting to new risks and introducing new programmes based on new needs and challenges. UNICEF CO interventions during the pandemic were a combination of previous engagement in social protection and new areas of work. Scaling up existing social protection interventions targeting vulnerable families and children, especially when they leveraged new technologies

(e.g. management information systems), worked well for adapting social protection programming during the pandemic in the study countries. Preparatory work on emergency social protection relating to previous disasters (earthquakes; floods) was also shown to be an important factor for the adaptability of the response during the crisis.

The social protection interventions of UNICEF COs during the pandemic were relevant as they were informed by evidence on the needs of vulnerable households with children, and they were aligned with national anti-crisis response packages and plans. According to the KIIs with the representatives of the governmental and civil society organisations (CSOs), UNICEF support during the pandemic was relevant because it assisted the stakeholders in (among others) the identification of vulnerable groups during the pandemic; support to the pandemic response mechanisms, including first-reaction scenarios and exit strategies; the redefinition of child allowances; the introduction of Single Registries for social protection, which enabled greater coverage; and the provision of direct support in services and hygiene supplies to the beneficiaries.

Effectiveness in reaching UNICEF's social protection targets in 2021 varied among the COs. As at October 2021, North Macedonia was closest, and Tajikistan was furthest, from achieving their social protection targets. Based on the indicators for CO response, there were two relevant targets in the social protection field: the number of households reached with humanitarian cash transfers (HCTs), and the number of households benefiting from new or additional social transfers from governments with UNICEF technical assistance support. Effectiveness in reaching social protection targets was challenged when targets were linked to the implementation of joint activities with other partners.

While the gender dimension of UNICEF CO programming was mainstreamed within the social protection sector, gender-related outcomes were not readily apparent. The most concrete social protection intervention with a gender focus during the pandemic related to targeting cash assistance towards vulnerable women-headed households. Other activities that were not primarily focused on gender but had a gender element in them included socioeconomic risk assessments, closely followed by psychosocial assistance and training sessions. While the design of the immediate social protection measures of the COs addressed the gender dimension, a more straightforward focus on gender-related results in social protection should be further explored.

Building on knowledge sharing and coordination, UNICEF's strategic cooperation with national and international partners contributed towards more responsive national social protection systems during COVID-19. UNICEF's comparative advantage and value added in partnership was based on its pre-existing know-how in the social protection sector, its focus on vulnerable groups, and its established partnerships with stakeholders. Governments in the study countries relied on UNICEF's existing registries of vulnerable groups, which in some countries provided additional – albeit temporary – coverage of vulnerable groups previously not included in social protection (e.g. children and families left behind by migrants), and in others significantly widened the permanent coverage among vulnerable population. In some countries, cooperation with non-governmental organisations (NGOs) brought direct assistance and support to vulnerable families.

Some of the success factors that enabled UNICEF's swift social protection response comprised of preparedness activities relating to SRSP; data, knowledge, and partnerships generated before the pandemic; flexible institutional arrangements and roles; and coherence, coordination, and harmonisation among partners. UNICEF programmes and initiatives that proved successful involved the piloting of emergency cash transfers using existing social protection schemes; the roll-out of a nationwide management information system for social protection beneficiaries; a child allowance expansion; and advocacy for greater political prioritisation of child poverty and social protection coverage for newly vulnerable groups. As indicated by the KIIs, the initial UNICEF response would have taken more time if existing data, know-how, and partnerships had not been there. This enabled the modification and scale-up of existing or tested approaches. Flexible arrangements relating to roles and functions (who does what), funds (the reallocation and rearrangement of funding), and service delivery (exchanges in the use of databases and lists of vulnerable households) was also an enabling factor. Mutual coordination with other donors and stakeholders demonstrated that efficient and effective mobilisation and distribution of resources was possible if done in coherent and harmonised way.

The main challenges faced by the COs included funding gaps; time constraints; the lack of human resources in the context of increased demand; the identification of vulnerable households in need of support; and competing priorities. A serious challenge relating to direct service provision was the identification of vulnerable households that were not in the social protection system. CSOs supported by UNICEF revealed their inability to reach out to remote areas during lockdowns. Selecting priorities was a challenge in the context of the COVID-19 response due to increased social protection demand and the need to reallocate existing resources.

Building on the social protection efforts already undertaken throughout the pandemic (2020–21), UNICEF ECA RO should continue to support COs to work with governments in developing further SRSP mechanisms and protocols, as well as in identifying bottlenecks and recommending feasible solutions based on best practice to address them. Based on the real time assessment (RTA) analysis, some areas where such solutions would be welcome are:

- a) increasing outreach and coverage for the poor and vulnerable;
- b) identifying vulnerable segments of the population, including those who may not be usually vulnerable but have been disproportionately affected by the crisis;
- c) ensuring shock responsiveness (the ability to scale up);
- d) calibration of benefits to maximise the positive welfare impact on the poor and vulnerable; and
- e) modernising payment delivery systems.

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List of abbreviations

CO	Country Office
CSO	Civil Society Organisation
DRM	Disaster Risk Management
ECA	Europe and Central Asia
ECAR	Europe Central Asian Region
ECARO	Europe and Central Asia Regional Office
EU SILC	European Union Statistics on Income and Living Conditions
GDP	Gross Domestic Product
GEEW	Gender Equality and the Empowerment of Women
GMA	Guaranteed Minimum Assistance
HAC	Humanitarian Action for Children
HACT	Harmonised Approach to Cash Transfer
HCT	Humanitarian Cash Transfer
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organization
INSTAT	Institute of Statistics
IOM	International Organization for Migration
KII	Key Informant Interview
MMFS	Ministry of Mahalla and Family Support
NGO	Non-Governmental Organisation
OECD DAC	Organization for Economic Co-operation and Development Development Assistance Committee
p.p.	Percentage points
PPP	Purchasing Power Parity
RTA	Real-Time Assessment
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goal

SRSP	Shock-Responsive Social Protection
TESPP	Tajikistan Emergency Social Protection Programme
ToC	Theory of Change
ToR	Terms of Reference
TSA	Targeted Social Assistance
UN SWAP	United Nations System-Wide Action Plan
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNPRPD	United Nations Partnership on the Rights of Persons with Disabilities
USAID	United States Agency for International Development
WHO	World Health Organization

Definitions and concepts used in the report

Adaptability: Adaptive procedures are put in place, e.g. there mechanisms that allow for a feedback loop between needs and the nature and level of country office inputs (effective communication channels, the ability to raise and reallocate funds rapidly, flexible procurement procedures, and the ability to deploy the necessary expertise in response to changes are indicative of adaptability)

Effectiveness: Achievement of social protection and cash transfer targets, as well as the mobilisation of financial resources for social protection

Humanitarian cash transfer: The provision of assistance in the form of money (either physical currency/cash or *e-cash*) to beneficiaries (individuals, households, or communities) as part of a humanitarian response. Cash transfers as a modality are distinct from both vouchers and in-kind assistance

Poverty: For easier reading, the term 'poverty' is used throughout the document as a synonym for either relative poverty (i.e. 'at risk of poverty') or for 'absolute poverty'. Clarifications are added whenever the term is used in the text. 'At risk of poverty' is defined as the share of people with an equivalised disposable income (after social transfer) below the at-risk-of-poverty threshold, which is set at 60% of the national median equivalised disposable income after social transfers. 'Absolute poverty' is defined according to the following: upper-middle-income poverty rate (living on less than US\$ 5.5 a day per person in 2011 Purchasing Power Parity (PPP); lower-middle-income poverty rate (living on less than US\$ 3.2 a day in 2011 PPP); and international poverty rate (living on less than US\$ 1.9 in 2011 PPP)

Relevance: Processes and institutional arrangements that allow registering needs during the pandemic

Shock-responsive social protection: Ability of the social protection system to anticipate shocks; to scale up and/or to flex to accommodate new populations and needs as a result of a shock; and to contribute to building the resilience of individuals, households, communities, and systems to future shocks

Social protection expenditure: Based on the European System of Integrated Social Protection Statistics definition, the social protection expenditure discussed in the report involves social protection transfers to households, in cash or in kind, intended to relieve them from the financial burden of a number of risks or needs. The risks or needs of social protection include disability, sickness/healthcare, old age, survivors, family/children, unemployment, housing, and social exclusion not elsewhere classified

UNICEF's approach to social protection: UNICEF aims to support:

- i. integrated social protection systems that provide support across the life course and address the range of social and economic vulnerabilities of children and families, connecting programmes and services across sectors;
- ii. programmes that address economic vulnerability;

- iii. social welfare services that can respond to the range of vulnerabilities children and families face, providing direct support and connections to relevant services; and
- iv. measures to address structural vulnerability and exclusion, including through legislative or policy frameworks empowering and linking marginalised and excluded groups to access basic social services.

1 Introduction

The socioeconomic challenges caused by the COVID-19 pandemic have posed a serious threat to the existing social protection systems in ECA. Children, and vulnerable households with children, are faced with multiple risks, including significant loss of family income, increased burdens of care, a rise in family violence, and disruptions in access to social services, to name but a few. Increased social protection demand in the context of limited physical contacts and restrictions in movements have challenged the traditional social protection delivery and necessitated the need for SRSP, which enables more flexible access and all-encompassing coverage. In this endeavour, a valuable contribution towards the national governmental responses have been provided by the UNICEF COs from the ECA region (ECAR).

This report aims to provide a (near) RTA of COVID-19 responses in the area of social protection by UNICEF COs in terms of their effectiveness, adaptability to the evolution of the pandemic, and relevance to country needs² where child rights, equity and gender were key issues throughout. Necessarily, the RTA places CO response within the larger context of social protection response by the national governments. The subjects of the assessment are five countries and five UNICEF COs from ECAR: Albania, Montenegro, North Macedonia, Tajikistan, and Uzbekistan. These countries indicated their interest to be included in this RTA of social protection responses to UNICEF ECA Regional Office (ECARO).

The focus on social protection was chosen from a list of seven areas by the greatest number of COs. The chosen areas were then endorsed by the deputy regional director. UNICEF ECARO's evaluation team in charge of the RTA also asked all COs to express their preferences regarding which area they would be assigned to by ranking them in order of importance or interest. Taking these preferences into account, UNICEF ECARO's evaluation team made a final selection and assigned the deep dive topics to different countries.

The structure of the report is as follows. Section 2 gives a brief description of the methodology of this RTA. Section 3 provides an overview of the pandemic trajectory and its health effects, followed by socioeconomic outcomes such as unemployment rate, poverty rate, and child poverty rate, as well as the disproportional effect of the COVID-19 on children and vulnerable households. This section also explores the components of the social safety net in the study countries before the pandemic, as well as governmental responses relating to the main modifications in social protection that have been undertaken during the pandemic. A snapshot of country responses is provided in the domains of social assistance, family and child benefits, the labour market, housing, and social services. Subsections 3.2–3.5 focus on UNICEF's contribution during the pandemic and assess its relevance, effectiveness, the gender dimension of the social protection response, and collaboration with international and national partners in providing streamlined social protection support. Sections 4–6 provide general conclusions, lessons learned, and recommendations for

² The ToR does not require any cost analysis and analysis of unexpected effects (positive and negative) and therefore these are not part of the RTA.

moving forward after the pandemic, while Annex A offers country-level conclusions and recommendations.

The report is aimed to primarily serve the UNICEF ECARO and UNICEF COs from the selected countries (the primary intended users) and contribute to their learning purposes and social protection planning. The report can also be of interest to governments, United Nations agencies, and other development partners in the selected ECAR countries as they take stock of, and learn from, the COVID-19 response experience in their respective countries.

2 Methodology

The social protection RTA will answer a set of 18 assessment questions listed in Table 1 that relate to six core themes of the report:

1. governmental social protection responses during the pandemic;
2. adaptability, relevance, and continuity of UNICEF social protection programming and implementation;
3. effectiveness of UNICEF's social protection contribution;
4. gender dimension of UNICEF's social protection engagement;
5. coordination and global dimension of UNICEF's social protection engagement; and
6. lessons learned, obstacles, success factors, and implications for the future.

An initial list of questions for Social Protection RTA Round 2 was developed by the ECARO evaluation and social policy team based on questions developed by the RTA team during Round 1³. These questions were then reviewed and revised by the RTA team evaluation specialist for the thematic area of social protection, and the final list of questions was approved by the UNICEF Regional Social Policy and Gender Advisers. The final list of questions (as well as analysis, evaluation findings, conclusions and recommendations) reflect the issues of gender and equity as the RTA assesses the extent to which the implementation of UNICEF social protection response addresses the issues of child rights and Leave No-one Behind (gender and other excluded and marginalized groups).

Table 1: Social protection RTA questions

Governmental social protection responses during the pandemic (country/system information)
EQ1. What are the main national social protection instruments and programmes available in the country that relate to children and families?
EQ2. How were national social protection instruments and programmes adjusted to respond to COVID-19? What, if any, adjustments were made to make these programmes more sensitive to the needs of children and families?
EQ3. Was there a balance between cash transfers support and social services support?
EQ4. Are social protection policies and work informed by gender and age disaggregated data and analysis?
EQ5. Are the effects of social protection schemes being measured?
Adaptability, relevance, and continuity of UNICEF's programming and implementation
EQ6. How, if at all, has UNICEF been supporting the national social protection programmes and systems to adjust its response to COVID-19 to better align with the needs of children and their families, especially those of the most vulnerable and 'new poor'?

³ The original RTA Terms of Reference (ToR) does not include these questions but has the same themes as effectiveness, relevance and adaptability.

EQ7. Did this work build on previous engagement on social protection or reflect new areas of engagement?

Effectiveness of UNICEF's contribution

EQ8. How effective has the UNICEF contribution been to the national social protection systems becoming shock responsive to support children and their families in different risk contexts, regardless of the type and duration of the crisis?

EQ9. Is UNICEF's work contributing to building resilient systems and how (political, financial, operational, measurement)? What is UNICEF's involvement? Is there a window of opportunity that has not been addressed?

EQ10. Is UNICEF involved in measuring socioeconomic effects, especially on children?

Gender dimension of UNICEF's engagement

EQ11. Have any of the immediate social protection measures of COs (for example cash transfers) addressed unequal norms and economic and social roles for women? Have they prioritised the safety of women and girls, their access to social protection, and their economic wellbeing in their design?

Coordination and global dimension of UNICEF's engagement

EQ12. How well has UNICEF been coordinating and engaging in system-wide efforts (e.g. with the World Health Organization (WHO), humanitarian country teams, United Nations country teams, governments, and civil society partners) to achieve a swift, multisectoral, human rights-based response to COVID-19 at the country level? What lessons can be drawn for UNICEF to further leverage on its comparative advantage?

EQ13. Are there any examples of UNICEF CO working with a specific United Nations agency (or agencies) in scaling impact through investing in upstream advocacy? Has the joint work resulted in any specific result?

Lessons learned, obstacles, success factors, and implications for the future

EQ14. What are the emerging lessons learned, the obstacles, success factors, and suggested actions to improve the responsiveness of UNICEF relating to the social protection system for future shocks?

EQ15. What was/were the main UNICEF challenge(s) during the implementation of social protection programmes during COVID-19?

EQ16. Are there any UNICEF social protection programmes that have proved successful during COVID-19?

EQ17. To what extent have the programmes put in place/supported by UNICEF in response to the crisis contributed to reshaping the social protection system, i.e. which of these programmes has already turned or will most likely turn into a more permanent one?

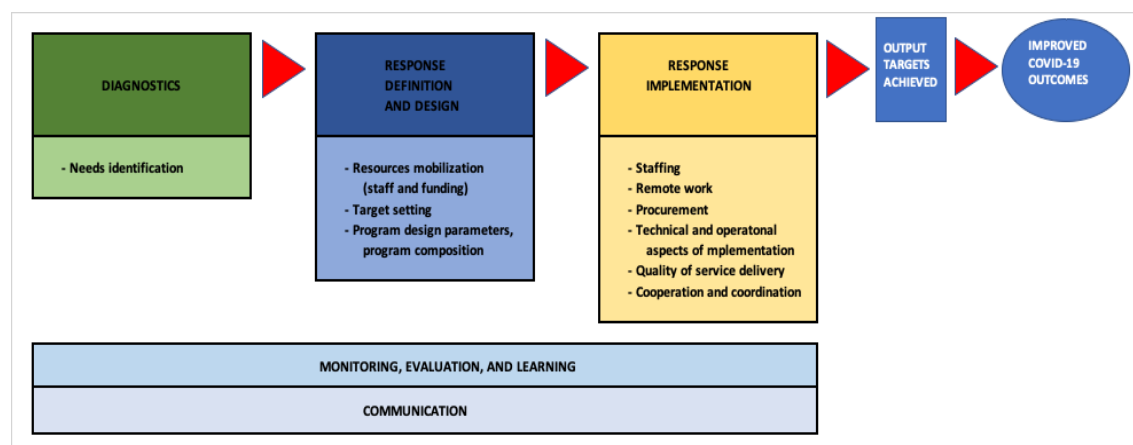
EQ18. How can UNICEF position itself to expand its work in the region post-COVID-19?

The objective of the report is to perform a deep dive into the UNICEF social protection response to COVID-19 while maintaining a light touch. To accomplish this, we opted for a 'formative' rather than a 'summative' assessment approach in that we aimed to generate meaningful insights and lessons learned (thus formative) rather than to give an exhaustive picture of the COVID-19 response (summative). To this end, at the RTA Round 2 inception stage, the RTA team identified several areas that are central to UNICEF's COVID-19 social protection response: support for social safety nets (including social assistance, child benefits, labour market support, and housing support) and social services. Extending in-

depth coverage to other areas of response for the sake of being comprehensive risked jeopardising our ability to produce an in-depth analysis.

Round 1 of the RTA adopted a ToC (Figure 1)⁴ to guide our analysis of UNICEF's COVID-19 response. Our key RTA questions and themes tracked the five core processes of the ToC: diagnostics; response design; response implementation; monitoring, evaluation, and learning; and communication. In order to deliver outputs that could lead to successful improvement in COVID-19 outcomes, any CO would need act on all five ToC components successfully. Conversely, gaps or weaknesses in any of them would detract from the effectiveness of the COVID-19 response.

Figure 1: Process-centred ToC for UNICEF COs' COVID-19 response



While we structure our analysis and presentation of the findings around evaluation questions rather than the business processes identified in the ToC, we *implicitly* make use of the ToC. The ToC serves as a guide in the deep dive analysis of UNICEF COVID-19 response in social protection because it allows us to systematically examine the COVID-19 response for potential bottlenecks, and the framing of COVID-19 response in terms of business processes is consistent with the predominantly qualitative slant of the RTA analysis. We opted for the use of the ToC as an implicit rather than explicit guide for our analysis to be consistent with a light touch and formative approach rather than a summative assessment. Hence, we probed for all elements of the ToC through the KIIs and the desk review, but focused our analysis on the processes and aspects of response that emerged as most salient in the KIIs. This enabled the answering of our assessment questions and also offered clear value added in terms of learning from the COVID-19 response experience. We therefore accept some 'loss' of summative rigour and comprehensiveness, but have reason to believe this 'loss' affects aspects of COVID-19 response that are of secondary or tertiary importance (based on key informant feedback).

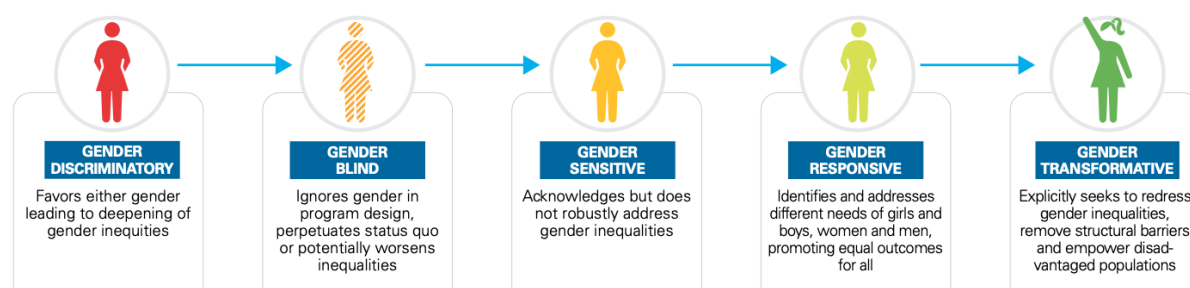
Furthermore, the ToC defines effectiveness, relevance, and adaptability in process-oriented terms, as well as in terms of alignment between quantitative measures of needs, targets, inputs, outputs, and co-evolutions of these metrics. In the context of crisis response, when

⁴ It is important to recognise that the ToC we present is an *analysis tool*, the objective of which is to organise our thinking about COVID-19 response as a process. Because our ToC is meant to support our analysis, it may not correspond to the ToC(s) UNICEF may have developed. In fact, the RTA ToR presents a figure that has elements of the COVID-19 response ToC, but it is focused on defining the five thematic pillars of COVID-19 response rather than the process of response.

few of these quantitative metrics may be available, data collection is limited, and the relevant methodologies are not well defined, we look to complement them with qualitative data on processes. For instance, **relevance** is not only a quantitative measure between the nature and level of need and the nature and level of CO's activities, but whether the CO puts in place processes and institutional arrangements that allow registering needs. By the same token, **effectiveness** is not solely seen as a measure of change in outputs and outcomes, but also determines whether well-developed and functional business processes are being put in place that, with a high degree of probability – when implemented well – might transform inputs into outputs and outputs into outcomes. **Adaptability** is not only a measure of co-evolution of the metrics of needs and the metric of inputs and outputs, but also a measure of whether adaptive procedures are put in place, e.g. are there mechanisms allowing for a feedback loop between needs and the nature and level of a CO's inputs (effective communication channels, the ability to raise and reallocate funds rapidly, flexible procurement procedures, and the ability to deploy the necessary expertise in response to changes would therefore be indicative of adaptability)?

In discussing UNICEF's programming in connection with gender, we use the terminology put forward in the Gender Equality, Global Annual Results Report 2019, which classifies programming along a 'gender continuum'. UNICEF strives to make its programming gender responsive or gender transformative.

Figure 2: Gender continuum



Source: UNICEF (2020)

This assessment is based on an analysis of documentary sources, KIIs, and quantitative data sources. Documentary data sources included regional and country-level social protection reports, CO annual reports, situation reports, response plans, programme cooperation agreements, memoranda of understanding, technical project documentation, assessments, evaluations, donor reports, and third-party monitoring reports. The relevant data sources were identified and provided by the ECARO evaluation team and the relevant COs during the inception stage. KIIs were held with:

- CO staff, consisting of deputy representatives and/or social protection/social policy officers/specialists;
- government counterparts familiar with the implementation of UNICEF's programming in social protection; and
- CSO stakeholders familiar with the implementation of UNICEF's programming in social protection.

The interviews were conducted between September and October 2021. A total of 13 KIIs were conducted with 20 key informants in five countries (Annex C). A number of quantitative data sources primarily relating to results achieved and CO funding were analysed (Humanitarian Action for Children (HAC), Harmonised Approach to Cash Transfer (HACT), and programme-level data on programme budgets and results frameworks).

Inclusion of respondents representing different types of stakeholders enabled triangulation of information to mitigate any biases each type of respondent might have and to arrive at a balanced view of the COVID-19 response. Where possible CSOs were included in KIIs as the representatives of direct beneficiaries since the end-users were not part of RTA. Triangulation of information obtained through desk reviews and KIIs further contributed to the robustness of the findings.

KII question guides, once developed, were sent to all interviewees before interview. The question guides were used during the semi-structured interviews and were adjusted based on the findings of (or gaps in) the analysis of documentary data sources. The list of potential stakeholders for interview was solicited from COs by the Regional Office (RO). UNICEF ECARO and COs provided support with setting up interviews and translation. Interviews were conducted remotely via the Zoom platform and lasted 1–1.5 hours.

As part of this exercise, quality assurance has been conducted according to UNICEF's guidance for quality criteria, and the results of this mapping are included in Annex D.

Limitations and constraints faced during the evaluation included the inability to schedule or conduct all planned interviews, due to the unavailability of the key informants (a KII with a governmental stakeholder from Albania and a KII with a CSO stakeholder from Uzbekistan were not scheduled, while a scheduled KII with a second governmental representative from Uzbekistan was not held); lack of evidence-based data for some of the social protection domains, most notably for modifications relating to social services; and the inability to report comprehensively on findings relating to psychosocial support due to differences in individual country social protection systems. In addition, the limited data collected during the period of this assessment, as well as the design of the RTA, hampered a more comprehensive assessment of UNICEF's contribution during the pandemic. A lack of available data based on harmonised international methodologies also resulted in the use of various data sources and methodologies, which has hampered a more comprehensive comparison between the study countries. Overall, these limitations have not significantly impacted the response to the main evaluation questions due to the triangulation of data both from the KIIs at the country level and from the different data sources.

The evaluation observed ethical standards and adhered to UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2015) and the UNICEF-Adapted United Nations Evaluation Group (UNEG) Evaluation Reports Standards. This means that the RTA team upheld the appropriate obligations of evaluators, including maintaining the independence, impartiality, credibility and accountability of the individual team members and the evaluation process as a whole. The RTA team was not subject to any conflicts of interest and confirmed that they were able to carry out the evaluation without any undue interference. The RTA team observed the ethical standards set out in OPM's ethical code. It upholds safeguarding in the treatment of evaluation participants by respecting dignity, diversity, and autonomy. respect for dignity and diversity,

right to self-determination, fair representation, and compliance with codes for vulnerable groups (i.e. adherence to ethical principles and procedure, do no harm, confidentiality and data collection). For the purposes of the RTA, no official ethical approval was needed to be obtained. With respect to ethical approaches to managing participant data (applied to the content of the interviews), the evaluation ensured confidentiality: participants' anonymity was protected, all participants were assured of the confidentiality of any information they shared, and informed consent was obtained from all participants during the interview.

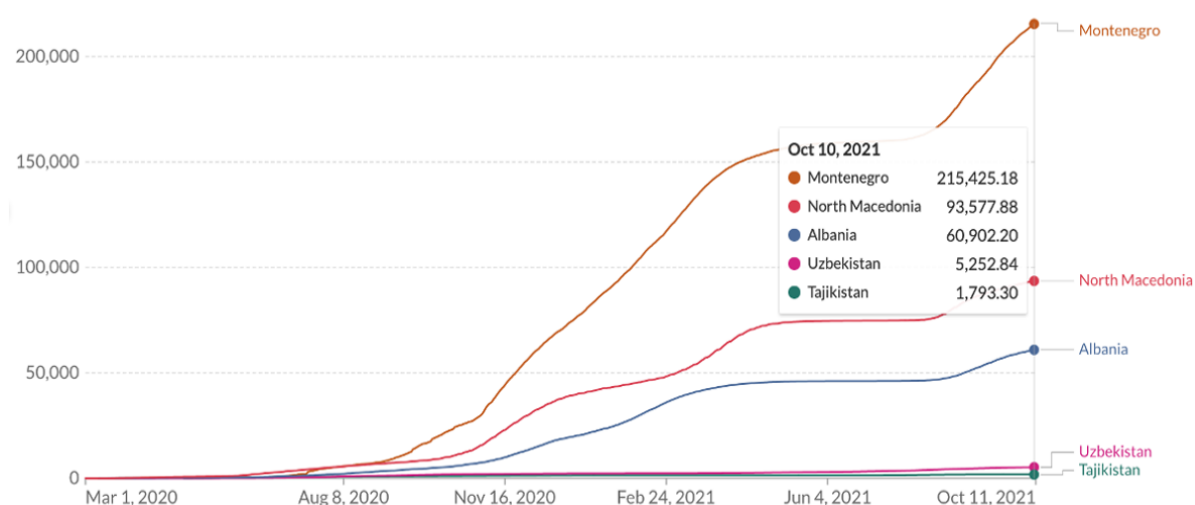
The report also provides evidence for progress relating to Sustainable Development Goal (SDG) 1 (No Poverty) during the pandemic, as well as evidence for capacities relating to SDG 17 (Partnerships for the Goals).

3 Findings

3.1 Socioeconomic challenges and governmental social protection responses during the pandemic in Europe (Albania, Montenegro, North Macedonia) and Central Asia (Tajikistan, Uzbekistan)

Since March 2020, the COVID-19 pandemic trajectory in the study countries has varied considerably. Overall, Tajikistan and Uzbekistan have witnessed much lower confirmed cases per million people, standing at 1,793 and 5,252 respectively. Unlike other countries, which reported their first cases from the beginning to mid of March 2020, Tajikistan *delayed its recognition of the presence of COVID-19 until the end of April 2020*. Montenegro, North Macedonia, and Albania witnessed much higher cases per million people. Except for Tajikistan, the other four countries responded with preventive lock down measures from mid-March to the end of March 2020. The significant difference in the number of confirmed cases between Tajikistan and Uzbekistan may also result from the limited number of tests and the limited amount of laboratory equipment and reagents available in Tajikistan, which also leads towards underreporting of cases.

Figure 3: Cumulative confirmed COVID-19 cases per million people



Source: Our World in Data (2021)

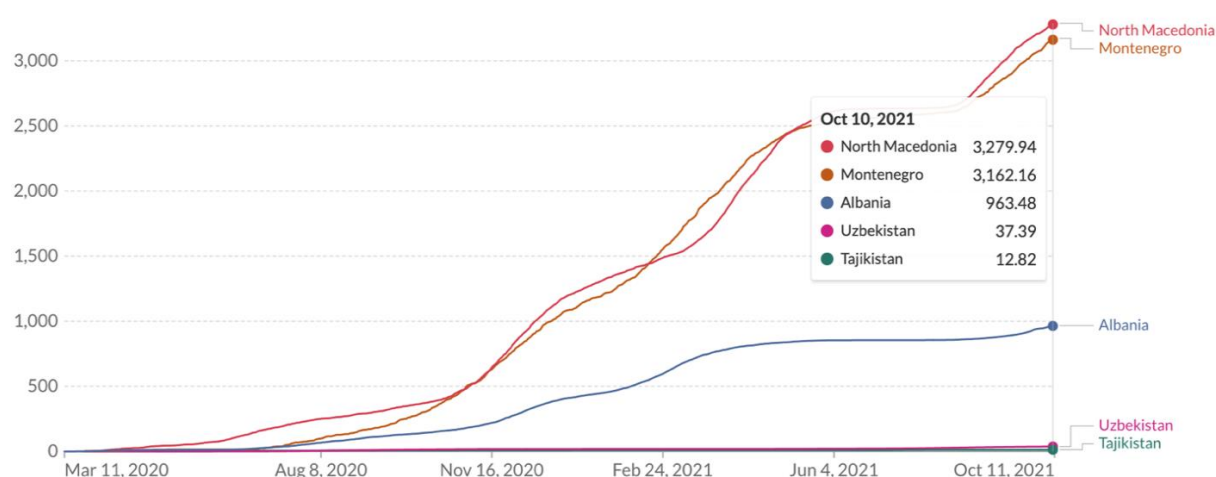
Cumulative confirmed COVID-19 deaths per million people in Montenegro and North Macedonia have been among the highest in the world.⁵ Some of the factors that might have contributed towards such a devastating mortality rate in these two countries include lack of timely access to vaccines, hesitancy in vaccine acceptance, the lack of unified health protocols and benchmarks for treating the COVID-19 virus, and the lack of stricter enforcement of safety protocols. Tajikistan and Uzbekistan have recorded much lower mortality rates. However, recent research (Karlinsky and Kobak, 2021) shows a significant

⁵ <https://coronavirus.jhu.edu/data/mortality>.

undercount ratio in these countries, indicating substantial underreporting of their COVID-19 deaths (Uzbekistan) by up to two orders of magnitude (Tajikistan).

The health outcomes of the pandemic have also been aggravated by the unfavourable health sector trends in these countries. Shortages of health professionals (Albania), increased emigration of health personnel before the pandemic (Albania,⁶ Montenegro⁷), and regional disparities in healthcare resources (all study countries)⁷ are some of the issues affecting the availability of healthcare in the study countries. Based on a comparison in relation to population,⁸ the number of doctors/physicians per 1,000 inhabitants among the study countries was highest in North Macedonia (2.9) and Montenegro (2.8), followed by Uzbekistan and (2.4) and Tajikistan (2.1). By contrast, Albania had the lowest ratio (1.21). Most affected by the lack of healthcare availability in all study countries⁹ are people living in remote and rural locations, where long distances to reach health facilities, poor-quality roads, poor transport availability, and long waiting times negatively affect people's healthcare.

Figure 4: Cumulative confirmed COVID-19 deaths per million people



Source: Our World in Data (2021)

The pandemic has worsened the socioeconomic status of families and children in the study countries. Compared to 2019, the unemployment rate in 2020 has increased, albeit negligibly – by 0.33 p.p. in Albania and Uzbekistan, by 0.73 p.p. in Montenegro, and by

⁶ www.oecd-ilibrary.org/docserver/7ca8643e-en.pdf?expires=1638515563&id=id&accname=guest&checksum=838A79B5024067D5E3410BFF0D39E0EC.

⁷ www.etf.europa.eu/sites/default/files/2021-07/migration_montenegro_0.pdf.

⁸ Last available year, from WHO's Global Health Workforce Statistics, OECD, supplemented by country data (Albania data for 2016, Montenegro data for 2015, North Macedonia data for 2013, Tajikistan and Uzbekistan data for 2014).

⁹ Albania:

www.unicef.org/albania/media/4071/file/Situation%20Analysis%20of%20Children%20and%20Adolescents%20in%20Albania.pdf; Montenegro:

www.unicef.org/montenegro/media/20491/file/analiza%20stanja%20prava%20djece%20i%20adolescenata%20u%20CG_preview%20%28003%29.pdf.pdf; North Macedonia:

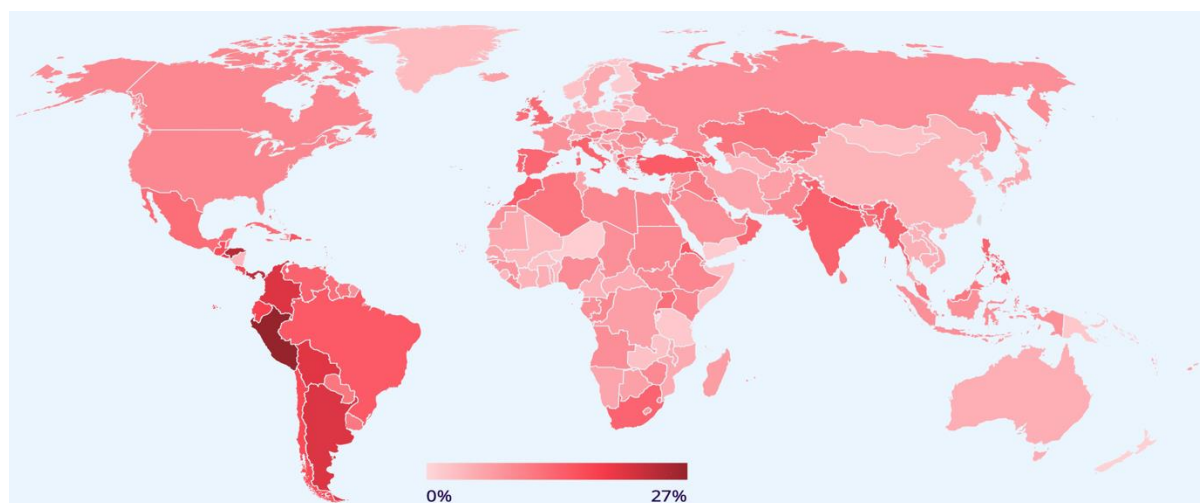
<https://apps.who.int/iris/bitstream/handle/10665/339644/9789289055420-eng.pdf>; Tajikistan:

www.euro.who.int/_data/assets/pdf_file/0010/459946/Health-related-SDG-targets-in-Tajikistan-eng.pdf;

Uzbekistan: <https://cabar.asia/en/photoreport-rural-healthcare-requires-support-in-uzbekistan>.

around 0.9 p.p.–1.2 p.p. in Tajikistan and North Macedonia.¹⁰ Given the significant share of undeclared work (informal economy) in these countries, the loss of employment and income is likely much higher. Informality is particularly prevalent in Albania, Tajikistan, and Uzbekistan, where according to the most recent data (for 2018/19) informal employment accounted for more than 50% of total employment.¹¹ Recent data on informal employment are not available for Montenegro but, based on World Bank estimates for 2017, 25% to 33% of the country's employment is informal.¹¹ Lower rates of informality are recorded only in North Macedonia (i.e. 13.8% of total employment in 2019).¹¹ The pandemic has also hit the economic sectors with a higher share of female employment, such as textiles, accommodation, and food services. Women have also been disproportionately affected by the increases in domestic violence and the intensified burden of unpaid care work (United Nations Economic Commission for Europe (UNECE), 2020). Additionally, the majority of workers have also faced a reduction in working hours rather than dismissals, mainly as a result of the governmental support for wage subsidies. Based on the new International Labour Organization (ILO) annual estimation, working-hour losses in 2020, among the study countries, were particularly large in North Macedonia, followed by Uzbekistan and Montenegro, while Albania and Tajikistan experienced relatively smaller working-hour losses, which according to the ILO reflects less stringent lockdown measures (ILO, 2021).

Figure 5: Working hours lost around the world in 2020 relative to the fourth quarter of 2019 (percentage)



Source: ILO (2021)

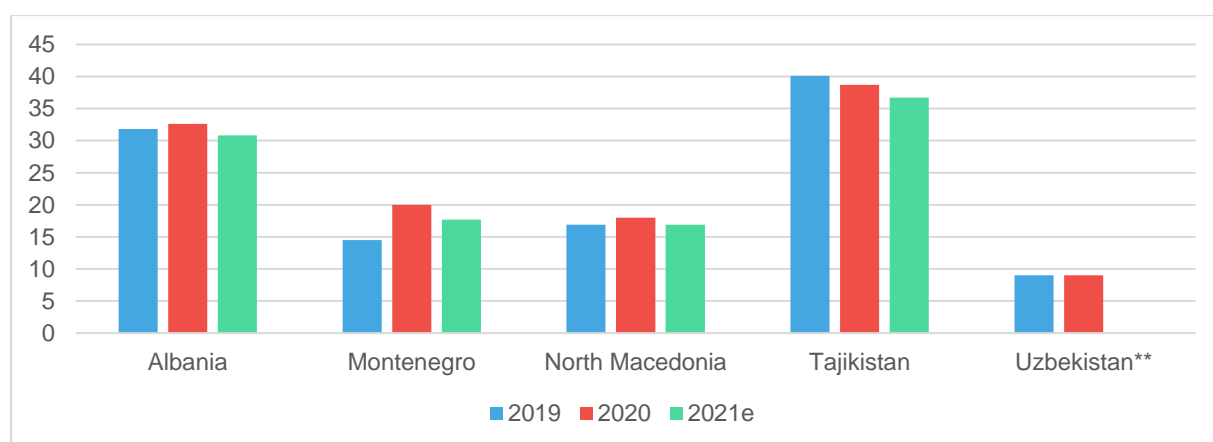
World Bank data (Figure 6) based on the upper-middle income poverty rate (less than US\$ 5.5 a day per person in 2011 PPP) indicate a rise in absolute poverty rates in 2020 in three of these countries: by 0.8 p.p. in Albania, 1.1 p.p. in North Macedonia, and 5.5 p.p. in Montenegro. In Tajikistan, absolute poverty reduced by 1.4 p.p. but both Tajikistan

¹⁰ World Bank (2021) *World Development Indicators*.

¹¹ Albania and North Macedonia: www.ilo.org/budapest/WCMS_751321/lang--en/index.htm; Montenegro: www.ilo.org/wcmsp5/groups/public/---ed_mas/---program/documents/genericdocument/wcms_679155.pdf; Tajikistan: www.oecd-ilibrary.org/docserver/939b7bcd-en.pdf?expires=1636022807&id=id&accname=quest&checksum=845B8F71A4C784B72CF810DEF8A3A3A4; Uzbekistan: www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/---sro-moscow/documents/publication/wcms_760153.pdf.

and Uzbekistan are defined as lower-middle-income countries. When measured according to the lower-middle-income poverty rate (less than US\$ 3.2 a day, PPP 2011), the poverty rate in Tajikistan fell negligibly by 0.4 p.p., while according to the international poverty rate (less than US\$ 1.9 in 2011 PPP) poverty in Tajikistan in 2020 was lower by only 0.1 p.p. Based on World Bank data,¹² the share of households reporting reduced food consumption in Tajikistan increased to 33% in August 2021, compared with 28% a year earlier. Food insecurity increased, particularly among vulnerable households without remittance income. In Uzbekistan, about 9% of the population lives below the absolute poverty line (less than US\$ 3.2 a day, PPP 2011 adjusted), while during the peak of the COVID-19 lockdowns nearly 1 million additional Uzbeks slipped into poverty (World Bank, 2021). Measured according to the national poverty level (based on minimum food intake),¹³ the poverty rate in Uzbekistan increased by 0.5 p.p in 2020 and stood at 11.5%.

Figure 6: Absolute poverty* in Eastern ECA, 2019–21, in %



Source: World Bank (2021) Macro Poverty Outlook for ECA

* Based on income below US\$ 5.5 a day per person in 2011 PPP

**Uzbekistan: US\$ 3.2 a day, PPP 2011 adjusted, no estimate available for 2021

Available research estimations show that child poverty during the pandemic has also been aggravated. Forecasts in North Macedonia on the impact of COVID-19 on relative child poverty (at risk of poverty, below 60% of equivalised median disposable income) indicate an increase of 4.6 p.p. (from 27.8% before the pandemic to 32.4% during the pandemic), putting an additional 19,000 children in North Macedonia below the relative poverty threshold (Petreski *et al.*, 2020). Child poverty in Montenegro (at risk of poverty, below 60% of equivalised median disposable income) is also expected to rise significantly because of the economic contraction caused by COVID-19 (UNICEF, 2021). Based on the World Bank estimation,¹⁴ these could disproportionately be children from households that

¹² <https://thedocs.worldbank.org/en/doc/d5f32ef28464d01f195827b7e020a3e8-0500022021/related/mpo-tjk.pdf>.

¹³ <https://thedocs.worldbank.org/en/doc/d5f32ef28464d01f195827b7e020a3e8-0500022021/related/mpo-uzb.pdf>.

¹⁴ <https://openknowledge.worldbank.org/bitstream/handle/10986/34710/9781464816123.pdf>.

lack social protection. In Uzbekistan, according to UNICEF estimates,¹⁵ an additional 845,000 children may find themselves in poverty.

COVID-19 has increased vulnerability among children, particularly children from migrant and asylum seekers families, children in conflict with the law (Albania), children from Roma and Egyptian families (Montenegro), children from single-parent households, children from households that are GMA beneficiaries (North Macedonia), children from vulnerable households not formally in the social protection system (Tajikistan and Uzbekistan), and children with disabilities (all study countries). Based on the findings from the social impact assessments, as well as from various social protection studies conducted during the pandemic in the analysed countries,¹⁶ there was increased vulnerability among certain categories of children. In Albania, because of incompatible personal ID numbers, access to social protection has been hindered for children from refugee and asylum seeker households. In addition, due to the movement restrictions, children in conflict with the law – who need to access services as part of their individual treatment plan (community activities, or employment as part of their reintegration) – have been negatively affected by the pandemic. In Montenegro, children from Roma and Egyptian communities had a greater need of food support (based on the food requests received from these families by the NGOs and Centres of Social Work), indicating greater at risk of food poverty.¹⁷ In North Macedonia, children from single-parent households and from households receiving GMA faced increased risk of food poverty as a result of the suspension of free meals due to the closure of preschool and school facilities. In Tajikistan, the extremely cumbersome process of identification and registration of new families in difficult life-situations, as well as low-level awareness among vulnerable groups of entitlements and application procedures, has made children from families who are not benefiting from TSA more vulnerable. Similarly, in Uzbekistan, prior to COVID-19, 52% of the poorest households were excluded from any support by the national social protection system, putting children from these households more at risk. Additionally, in all study countries, closure of day-care centres and movement restrictions affecting care providers detrimentally affected the quality of care for children with disabilities and hindered access to social services for children living in poverty, children in residential care institutions, children living in rural/remote areas, and child victims of domestic violence.

Despite significant shortcomings related to the identification, registration, and coverage of vulnerable populations, existing social protection mechanisms were a main source of support for many vulnerable households during the pandemic. All study countries have developed social safety net schemes, while child allowances (not considering one-off benefits for newborns) are only present in Montenegro, North Macedonia, and Uzbekistan. Based on social spending before the pandemic and measured as a percentage of gross domestic product (GDP), higher social protection expenditure countries (see [‘Definitions and concepts’](#)) among the group are Montenegro (16.6%) and North Macedonia (14.5%),¹⁸ while lower social protection spenders in the group are

¹⁵ www.jointsdqfund.org/article/interview-umid-aliyev-social-policy-advisor-unicef-office-uzbekistan-0.

¹⁶ References in Table 7.

¹⁷ Inability to afford a meal with meat, fish, or a vegetarian equivalent every second day.

¹⁸ Eurostat, SPR_EXP_SUM.

Uzbekistan¹⁹ (9.7%), Albania²⁰ (9.4%) and Tajikistan²¹ (5.5%). According to the available data (Albania, Montenegro, and North Macedonia), the social protection response during COVID-19 contributed towards the expansion of public social spending. In 2020, the government of Albania adopted two major support packages for people and businesses affected by COVID-19, with a combined size of approximately 2.7% of the GDP, part of which also focused on social assistance beneficiaries (Jorgoni, 2021). In Montenegro, governmental data suggests that, in addition to the routine social protection support, the first two packages of measures amounted to 6.5% of 2019 GDP; apart from wage subsidies, specific support was also spent on the most vulnerable social categories (Government of Montenegro, 2020). Based on the KIIs, these responses in Montenegro primarily covered those already in the social protection system and not the new poor. In 2020, the government of Albania adopted two major support packages for people and businesses affected by COVID-19 with a combined size of approximately 2.7% of GDP in 2019, part of which also focused on social assistance beneficiaries. In North Macedonia, the total fiscal cost of the packages of economic measures implemented in response to COVID-19 during 2020 and early 2021, including those that focused on vulnerable categories and social assistance beneficiaries, represented approximately 6.5% of the country's GDP (Gerovska Mitev, 2021).

Table 2: Main non-contributory social protection benefits targeting vulnerable households and children (before the modifications during the pandemic)

Albania	<ul style="list-style-type: none"> • Economic assistance (<i>Ndihma Ekonomike</i>), which includes top-ups for vaccination and school attendance • Disability allowance • Electricity bill subsidies for beneficiaries of <i>Ndihma Ekonomike</i> and other vulnerable households • Baby check (one-off payment given at birth for every child)
Montenegro	<ul style="list-style-type: none"> • Family material support • Child allowance (for children without parents/parental care, for disabled children, and for children from households' beneficiaries of family material support) • Disability allowance • Allowance for home care and assistance
North Macedonia	<ul style="list-style-type: none"> • GMA (top-up: energy allowance) • Disability allowance • Parental allowance • Allowance for assistance and care • Child allowance • Special allowance

¹⁹ UNICEF (2020) www.unicef.org/uzbekistan/en/reports/building-national-social-protection-system-fit-uzbekistans-children-and-youth.

²⁰ S. Ymeri (2019) https://ec.europa.eu/social/main.jsp?advSearchKey=ESPN_financing2019&mode=advancedSubmit&catId=22&policyArea=0&policyAreaSub=0&country=0&year=0.

²¹ The figure excludes health expenditure; ILO (2018) www.ilo.org/wcmsp5/groups/public/---europe/---ro-geneva/--sro-moscow/documents/publication/wcms_673587.pdf.

	<ul style="list-style-type: none"> • Educational allowance
Tajikistan	<ul style="list-style-type: none"> • TSA • Compensation for electricity and natural gas • Allowances for children studying in schools
Uzbekistan	<ul style="list-style-type: none"> • Low-income family allowance • Childcare allowance (for children under two years of age) • Allowance for children aged two to 14 • Child disability allowance

Sources: Various UNICEF CO programme documents, 2017–20

A series of reforms and system-level improvements in the social protection sector before the pandemic – such as investments in targeting systems and management information systems – somewhat improved the performance of key social protection schemes, making them potentially more fit to respond to the pandemic; yet significant gaps remained, including low benefit adequacy, irregular update procedures, overly restrictive or arbitrary eligibility procedures, and a lack of linkages to labour market activation. In Albania, social assistance reforms included changes in the beneficiary selection mechanism by introducing the Unified Scoring Formula (based on a proxy means test) using data from the Living Standards Measurement Survey (last carried out in 2012). This formula is also used for eligibility for the energy cash benefit (which is a top-up for those eligible for cash assistance). The nationwide implementation of an electronic management information system for the *Ndihma Ekonomike* programme has reduced the eligibility determination time by 80%. Disability allowance reform has been slower and piloted in just two districts.²² Yet, the assessment of the Economic Reform Programme by the European Commission identified low effectiveness of social transfers in Albania in decreasing poverty and the lack of an objective mechanism for regularly updating social assistance based on data from the European Union Statistics on Income and Living Conditions (EU SILC).²³ In Montenegro, social transfers reduce the risk of poverty by 5 p.p., while the main social assistance programme in the country covers approximately 31,000 individuals. Still, some of the remaining weaknesses in the system include the rigid and overly detailed eligibility criteria for social assistance, including ‘ownership of productive land’, as well as the impossibility to assess this criterion as the concept of productive land is undefined. In North Macedonia, the 2019 ‘social reform’ improved the equivalence scales of non-contributory social transfers and introduced a more favourable eligibility income threshold, which led to a threefold increase in child beneficiaries of the child allowance. Nonetheless, the lack of more vigorous labour market activation of social assistance beneficiaries, as well as the inadequacy of the child allowance, meant some of the social safety scheme remained weak. In Tajikistan, a World Bank project²⁴ strengthened TSA. An analysis of its effectiveness through a large-scale household survey in 2019 (covering current and former beneficiaries and rejected applicants) showed that, despite the low size of the transfers, they were acknowledged as important; fewer than 20% of the participants faced difficulties when

²² World Bank, https://ieg.worldbankgroup.org/sites/default/files/Data/Evaluation/files/Albania_CPE.pdf.

²³ EU SILC started in Albania in 2017.

²⁴ World Bank, Social Safety Net Strengthening Project, <https://documents1.worldbank.org/curated/en/826491612375004947/pdf/Tajikistan-Social-Safety-Net-Strengthening-Project.pdf>.

participating in the programme; and the accuracy of the TSA meant the testing mechanism had improved compared to the previous practice of compensating for electricity. However, beneficiaries also indicated remaining gaps, such as delays between filing and receipt of the first allowance; 25% of participants knew of relatively wealthy households receiving benefits at the expense of poorer ones; and small size of the transfer payments did not improve the overall economic wellbeing of the beneficiaries. In Uzbekistan, social assistance assures high coverage of the poor. Among the poorest 20% of recipients, also, the income from child benefits represents 39% of the value of total household consumption expenditure. Moreover, the childcare allowance increases consumption among the poorest 20% of recipients by 53%. Still, based on available research on Uzbekistan (ILO, 2020), there are coverage gaps and errors in social assistance. Child benefits reduced from universal to being available only for low-income families. There were also exclusion and inclusion errors: 63% of the poor were not reached by low-income allowances and 62% of beneficiaries of low-income allowances were non-poor.

To mitigate the wider socioeconomic challenges triggered by the pandemic, policy responses consisted of several multisectoral anti-crisis packages (Albania; North Macedonia; Montenegro), preparedness and anti-crisis response plans (Tajikistan), and an anti-crisis fund (Uzbekistan), encompassing a number of urgent measures and decrees. Within all of them, social protection support played a significant role. Unlike the global economic crisis in 2009, when most of the countries chose to rationalise their social protection systems and reduce social protection expenditure, the 2020 pandemic has urged a more visible expansion and modification of the social protection schemes in Eastern ECA, along with the introduction of the emergency social transfer programmes.

3.1.1 Social assistance

Additional vulnerabilities caused by the pandemic prompted a need for a rapid response from the social assistance schemes. Some of the study countries embarked on the reform of their social assistance before the pandemic (Albania; North Macedonia; Tajikistan; Uzbekistan), which provided a solid ground for their further enhancement and preparedness during 2020 and 2021. In Albania, the reform was launched in 2014, piloted and then scaled up nationally in 2018. Albania introduced the Unified Scoring Formula (based on a proxy means test), using Living Standards Measurement Survey data as a beneficiary selection mechanism. This has targeted social assistance at the poorest individuals in the country. In North Macedonia, the 2019 social protection reform increased the GMA eligibility threshold and also increased the value of the transfer. These improved the overall coverage and effectiveness of the programme. In Uzbekistan, prior work around the introduction of the Single Registry, also supported technically and financially by UNICEF, has enabled swifter and wider coverage of social assistance during the pandemic,

In Tajikistan, because of the emergencies relating to the flooding, the UNICEF CO designed the Tajikistan Emergency Social Protection Programme (TESPP) in 2019. It was tailored around the governmental TSA programme, but as a separate emergency programme making use of the governmental infrastructure (payment delivery system; beneficiary list). The targets of the programme were households in affected districts enrolled in the TSA programme, and non-TSA households in affected districts identified as vulnerable according to a post-disaster vulnerability assessment (UNICEF, 2021). This shock-responsive work

has enabled the use of the emergency module in the TSA system and the widening of the (temporary) coverage of the TSA during the pandemic. In addition, for the purposes of the one-off cash assistance, UNICEF in Tajikistan provided a list of children and families left behind by migrants, which was enabled because of the CO's continuous interventions regarding the migration. Hence, 3,000 families left behind by migrants received cash assistance paid by the government.

Overall, the scope of social assistance measures and modifications included increasing the amount of the social assistance benefit (Albania; Tajikistan); broadening the coverage of the social assistance scheme (North Macedonia; Uzbekistan); simplifying the administrative procedures for access (Uzbekistan; North Macedonia); and introducing new one-off cash assistance transfers for vulnerable households (Albania; Montenegro; North Macedonia; Tajikistan).

Table 3: Snapshot of social assistance measures during the pandemic in the study countries

Albania	<ul style="list-style-type: none"> • Increase (doubling) of the economic assistance (<i>Ndihmës Ekonomike</i>) (April–June 2020; January–June 2021) • One-off financial assistance for families who had applied unsuccessfully for economic assistance between July 2019 and April 2020, and were not beneficiaries of social assistance (April–June 2020)
Montenegro	<ul style="list-style-type: none"> • Payments of one-off financial assistance for vulnerable categories (pensioners on the lowest pension, beneficiaries of financial assistance, unemployed persons registered with the Employment Bureau who do not have the right to financial compensation, beneficiaries of personal disability benefits) • Electricity subsidies
North Macedonia	<ul style="list-style-type: none"> • Modification of the access criteria for GMA by limiting means testing and activation requirements (job search and registration) • One-off support on a bank debit card for the beneficiaries of social assistance and the unemployed • Extended energy allowance (extended throughout the year instead of only six winter months, ending December 2020)
Tajikistan	<ul style="list-style-type: none"> • Increase of the TSA scheme (financially supported by the World Bank, emergency module developed by UNICEF) • One-time emergency cash assistance to households not covered by existing programmes – poor families, the elderly, persons/children with disabilities, refugees and stateless persons, families left behind by labour migrants, persons living with Tuberculosis/HIV/Aids (financially supported by the World Bank; emergency module developed by UNICEF)
Uzbekistan	<ul style="list-style-type: none"> • Extending the duration of the social allowance for low-income families expiring between March and June for six months (or until a child reaches the age of two or 14, depending on social allowance) • Until the end of 2020, gradually increasing the number of households receiving financial assistance to low-income families (up to 100,000)

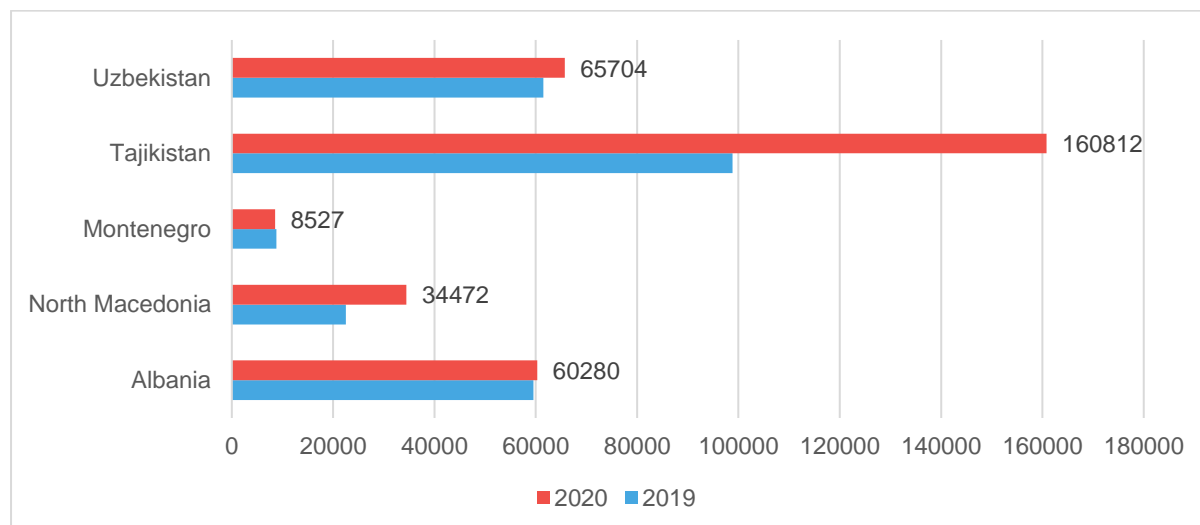
- 10% increase in the base amount of the allowances for persons with disability from childhood (effective September 2020)

Sources: Author's compilation based on national documents adopted in 2020–21, provided by UNICEF COs in the analysed countries; Gentilini *et al.* (2021)

Social assistance schemes played a significant role in tackling COVID-19 among the vulnerable households, but their design prevented more visible results. The responsiveness of these schemes during the pandemic related to their previous coverage rates, eligibility criteria, and funding levels. While the overall mitigation effects were probably significant in the study countries (i.e. enhanced the immediate need of access to benefits), given the low amounts of social assistance benefits (both pre-COVID-19 and expanded COVID-19 packages), their effect on poverty reduction was limited (as already indicated in Figure 6). For example, KIs from Albania reported that the low value of the *Ndihma Ekonomike* cannot make significant improvement of the living standard of the vulnerable people. Similarly, a social assessment in North Macedonia showed that the relative poverty (at risk of poverty) increased during the pandemic.

The social assistance modifications during the pandemic in most of the study countries have improved the coverage among vulnerable households. As can be seen from Figure 7, in North Macedonia and Tajikistan there has been a significant increase in the number of social assistance beneficiary households during the pandemic (in 2020) (an increase of 53.3% and 62.7% respectively) due to a combination of factors, such as pre-pandemic-initiated reforms relating to system design and coverage, relaxed means testing during the pandemic, and a broader geographic coverage. In Uzbekistan, simplification of the eligibility rules and lowering the income threshold for financial assistance to low-income families (but also for other benefits) has led to a permanent increase in beneficiaries (planned to reach 100,000). In Montenegro, apart from the top-up payments to social assistance beneficiaries, the coverage of the main social assistance instrument (*Materijalno obezbedjenje*) slightly contracted in 2020. As pointed out by a key informant from Montenegro, the declining beneficiary trends from previous years coincided with the introduction of the Social Welfare Information Systems and might be linked to more precise means testing procedures. However, in the study countries that increased the value of the transfer and/or introduced one-off assistance without enhancing access criteria, the expansion of 2020 coverage has only been temporary. Given the specifics of the social assistance modifications during the pandemic, permanent expansion can only be identified in North Macedonia and Uzbekistan.

Figure 7: Coverage of social assistance programmes before and during the pandemic (number of households)



Sources: Albania: Institute of Statistics (INSTAT) (n.d.) *INSTAT* (online), available from www.instat.gov.al/en/themes/social-condition/social-protection/#tab2; Montenegro: Ministry of Finance and Social Protection, personal communication; North Macedonia: State Statistical Office (2020) and Ministry of Labour and Social Policy (2021); Tajikistan: World Bank (2021); Uzbekistan: ILO (2020) and UNICEF (2020)

Notwithstanding the broader coverage, the level of social assistance benefits in the study countries is not guaranteeing an adequate protection and standard of living. In 2019, for a single-person household, the amount of social assistance²⁵ relative to the national poverty threshold²⁶ was 27% in Albania, 34% in Montenegro, and 47% in North Macedonia. In Tajikistan, the amount of TSA²⁷ relative to the official national poverty line²⁸ in 2019 was 20%. In Uzbekistan, according to the World Bank (2019), the level of support can vary between standard 1.5 times the minimum wage to up to three times the minimum wage for complex cases. It should also be taken into account that the main social assistance programme (i.e. *Ndihmës Ekonomike* in Albania, family material support in Montenegro, GMA in North Macedonia, TSA in Tajikistan, and low-income family allowance in Uzbekistan) in all the study countries is topped up with additional benefits such as child allowance, housing allowance, educational allowance, reduction in school tuition fees, reduction of public transportation costs, and in-kind support, which somewhat improves the overall benefit adequacy.

Different strategies were implemented for profiling and identifying vulnerable households as potential financial assistance beneficiaries. While in all study countries the beneficiaries of the formal social protection were provided with either higher or prolonged benefits during the pandemic, for additional *ad hoc* cash transfers, the governments used support from international organisations (United Nations agencies; the World Bank) and CSOs. Apart from the actual financial support, these organisations also provided technical support for the enhancement of information management systems, as well as lists of

²⁵ Z. Nikoloski (2019); *Law on Social Protection*, Official Gazette of North Macedonia No. 104/19; *Law on Social and Child Protection*, Official Gazette of Montenegro No. 30/2017.

²⁶ According to EU SILC methodology: at risk of poverty, 60% of median equivalised income.

²⁷ World Bank, 2021, p. 30.

²⁸ World Bank, 2020.

vulnerable households based on their registries and databases (e.g. migrants, unaccompanied children, etc.). Also, for providing additional cash benefits to vulnerable population, governments (Albania; Tajikistan) requested information from the databases of different agencies, such as unemployment agencies, pensioners' funds, etc. In Tajikistan, the UNICEF CO coordinated the Social Protection Response Plan with other donors and partners, so each partner covered specific target group.²⁹ The office was engaged in coordinating and aligning efforts to ensure the contribution coming from different organisations and partners is equally distributed to different groups and that duplication is avoided. According to the Social Protection Response Plan, which UNICEF Tajikistan supported, the government (through the World Bank financial assistance) provided top-up payments to existing TSA beneficiaries and one-off cash assistance to additional beneficiaries not covered by existing programmes.

3.1.2 Family and child benefits

Governmental responses relating to family and child benefits during the pandemic varied from one-off cash assistance to the introduction of universal child allowance.

The most systematic responses relating to family and child benefits were in Montenegro and Uzbekistan. Montenegro rolled out a quasi-universal child allowance, albeit only in the middle of the second year of the pandemic (2021). The first payments of the universal child allowance were made in November 2021. The allowance is paid on regular basis but is limited to children under the age of six, regardless of the household's social status. The allowance is paid to households with up to five children, which is an improvement on the previous limit of three children (Kaludjerovic, 2021). Those that are current beneficiaries (families with three children) are automatically added to the system through the social card. Potential beneficiaries need to apply directly to the Centres of Social Work. After children reach the age limit, they are automatically removed from the system as beneficiaries. The monthly amount of the benefit is EUR 30 per child. It is worth mentioning that the child allowance covers certain categories of children who exercised this right before the introduction of the semi-universal allowance (such as children from households that are social assistance beneficiaries, children with disabilities, and children without parents or parental care). With the amended legislation on quasi-universal child allowance, these children are now entitled to a higher benefit amount of EUR 44 for a child from a household benefiting from social assistance and EUR 60 for children with disabilities and children without parents or parental care.³⁰ The newly introduced universal child allowance is expected to contribute significantly towards the improvement of child poverty in the country.

Uzbekistan also introduced systematic reforms relating to streamlining family and child benefits and permanently broaden their coverage. This involved introducing the single child allowance for low-income families (unifying previous two existing benefits) and broadening its coverage to children up to age of 18 (previously, only children up to 16 years of age were eligible). Broadening the coverage of child and family benefits was also enhanced due to the

²⁹ *'The overall role of the UNICEF was to put together this Social Protection Response Plan and share it among the partners, so there was more on coordination and making sure that we are all using the same platform to streamline the support'* (KII, TA1).

³⁰ Children without parents or parental care will continue to receive this allowance until the age of 18.

already mentioned national roll-out of the Single Registry, technically supported by UNICEF CO in Uzbekistan.

Other study countries have not undertaken significant improvements of their family and child benefits. Albania and Tajikistan lack a proper child benefit, and the pandemic was not used as an opportunity to introduce more permanent improvements. North Macedonia and Tajikistan introduced temporary modifications; for example, North Macedonia's prolongation of the educational allowance and Tajikistan's introduction of a one-off assistance (financially supported by the World Bank).

Existing governmental gaps in family and child benefits were supported by international organisations in relation to financing and targeting mechanisms relating to family and child benefits during the pandemic (discussed in detail in the next section).

Table 4: Snapshot of modifications of the governmental family and child benefits during the pandemic in Eastern ECA

Albania	/
Montenegro	<ul style="list-style-type: none"> • Extension of benefits where there was a need for revision • Roll-out of a universal child allowance from zero to six years of age
North Macedonia	<ul style="list-style-type: none"> • Educational allowance criteria removed • Extension of the expired child protection benefits, e.g. newborn allowance, parental allowance for the third and fourth child
Tajikistan	<ul style="list-style-type: none"> • Emergency cash top-ups to TSA beneficiaries with children under three years of age (hybrid support, financially provided by the World Bank, emergency module developed by UNICEF)
Uzbekistan	<ul style="list-style-type: none"> • Introduction of a single child allowance to low-income families with children under 18 years of age (instead of a previous child benefit for children under 14 years of age and a childcare allowance for children under two years of age) • Extension of the payment period for the single child allowance for low-income families from six to 12 months • One-off cash assistance to every child under 16 years of age from either a low-income family or from a family receiving a breadwinner-loss allowance or a pension, or if he/she has a disability (formal status) • Until the end of 2020, gradually increasing the number of households receiving childcare allowance until they reach two years of age (up to 400,000); and benefits for families with children under 14 years of age (up to 700,000)

Sources: Author's compilation based on national documents adopted in 2020–21, provided by UNICEF COs in the analysed countries; Gentilini *et al.* (2021)

Overall, the design of child benefits in the study countries needs further enhancement. With the introduction of the Single Registry for all social protection beneficiaries, Uzbekistan has managed to tackle one of its biggest challenges, i.e. the arbitrary decision making regarding potential beneficiaries as previously done at the local (*mahalla*) level. Some of the identified gaps in other countries include the lack of a systematic child benefit scheme (Albania; Tajikistan) and inadequate transfer values (North Macedonia). Apart from the newly

introduced Montenegrin child allowance (for children aged zero to six), all study countries also have child benefits that are means tested, running the risk of gaps in coverage, disincentives to work, and of not being sensitive to sudden changes in income, thus excluding significant numbers of vulnerable families and children.

3.1.3 Labour market

In the study countries, normative access to unemployment insurance was not enabled for the self-employed in Albania, North Macedonia, or Uzbekistan. Additionally, in Uzbekistan, public servants, army and police personnel, domestic workers, business owners, workers in the informal economy, and migrant workers are also not eligible for unemployment assistance. In almost all the study countries, stringent conditions relate to people who have voluntarily left their job or signed a 'mutual agreement' for contract termination with their employer. In this respect, North Macedonia enhanced access to financial compensation from unemployment insurance (albeit for two months only) by removing criteria relating to the 'type of termination contract'. Even in such a case, at the end of June 2020, only 2.22% of the registered unemployed in North Macedonia were beneficiaries of the temporary measure for unemployment compensation (Gerovska Mitev, 2021). In Uzbekistan, also, coverage of unemployment benefits is limited to approximately 1% of the registered unemployed (ILO, 2020). Along with unemployment benefits, the labour market measures in the study countries also included lump-sum payments for the self-employed and laid-off workers, as well as salary subsidies for all workers or for workers in the most affected sectors.

Table 5: Snapshot of labour market measures during the pandemic in Eastern ECA

Albania	<ul style="list-style-type: none"> • Top up financial support to beneficiaries of unemployment benefit • Lump-sum payment for laid-off workers from different sectors
Montenegro	<ul style="list-style-type: none"> • Salary subsidies worth 50%–100% of the gross salary of the employed • Salary subsidies for new employment
North Macedonia	<ul style="list-style-type: none"> • Enhanced access to unemployment insurance compensation for citizens who lost their job due to the crisis • Salary subsidies in the amount of the minimum wage for all formally employed
Tajikistan	<ul style="list-style-type: none"> • Postponed the increase in utility tariffs, while instructing commercial banks to restructure loans and drop penalties for missed payments
Uzbekistan	<ul style="list-style-type: none"> • Simplified procedures to apply and access unemployment assistance benefits during quarantine

Sources: Author's compilation based on national documents adopted in 2020–21, provided by UNICEF COs in the analysed countries; Gentilini *et al.* (2021)

3.1.4 Housing

Housing support during the pandemic in the study countries has not been particularly significant, and was more characteristic of the first year of the pandemic (2020). In some of the study countries, we find housing support targeted more at vulnerable

beneficiaries and/or beneficiaries from the social protection scheme (e.g. North Macedonia; Montenegro), while in others such support has been extended to all individuals. In Albania, deferral of rent payments was enabled for all students with a rental contract signed before the pandemic. In April and May 2020, North Macedonia extended the period of monthly rent payment for households living in social housing. Targeted populations included persons over 18 years of age who, until the age of 18, had had the status of children without parents or parental care/cared for in institutions or other forms of care for children without parents; beneficiaries of the right to GMA; persons with disabilities and families of persons with disabilities; persons belonging to the Roma community; and single parents with children. In Montenegro, subsidies for electricity bills and suspension of forced disconnection measures were provided to socially vulnerable categories (registered unemployed; pensioners; disabled persons; persons with special needs and persons in poor health; and beneficiaries of social benefits and social services). Other measures in the study countries related to funding utility bills, postponing tariff increases of utility bills, and postponing the payment of property taxes.

Table 6: Snapshot of housing measures during the pandemic in Eastern ECA

Albania	<ul style="list-style-type: none"> • Deferral of rent payments for special categories • Deferral of credit loan instalment payments
Montenegro	<ul style="list-style-type: none"> • Subsidies for electricity bills for socially vulnerable households
North Macedonia	<ul style="list-style-type: none"> • Extending the duration of the top-up benefit for energy subsidy for all GMA beneficiaries (from six to 12 months) • Rent payment deferral for beneficiaries of social housing
Tajikistan	<ul style="list-style-type: none"> • Postponement of tariff increases on electricity, water, and communal services
Uzbekistan	<ul style="list-style-type: none"> • Extension of the deadline for the payment of property tax and land tax for individuals

Sources: Author's compilation based on national documents adopted in 2020–21, provided by UNICEF COs in the analysed countries; Gentilini *et al.* (2021)

3.1.5 Social services

Apart from enabled access to measures from the social protection scheme, the social services response during the pandemic in the study countries predominantly focused on the provision of psychosocial assistance, the prevention of violence and exploitation against children and women and their protection, legal support, work on enhancing legislative frameworks, and opening hotlines for service beneficiaries or victims of violence.³¹ However, as noted in a recent study on the Western Balkans (including Albania, North Macedonia, and Montenegro), social services were provided in the context of restricted access and, especially in the first year of the pandemic, direct social service provision was replaced with *ad hoc* contact with service users by telephone (Matkovic and Stubbs, 2020). In Tajikistan, the social service response plan involved social assistance at home units, territorial centres, day-care centres, and residential care

³¹ Psychosocial services to students and teachers provided through educational institutions and platforms are not included here.

institutions, which were in charge of assessing family-level awareness and behaviours regarding health-related and education-related responses to COVID-19 and helping vulnerable families access new information and services available (e.g. distance learning). There are no available data on whether the targets set in this plan were reached or about how much it was implemented. In Uzbekistan, the very narrow definition of social service beneficiaries includes only the elderly who live alone and need assistance; people with first and second category disabilities; orphans and children without and/or deprived of parental care; persons with intellectual disabilities; and people with socially important diseases.³² Recent policy changes have recognised the lack of services for women in difficult life-situations and counselling centres have been established, as has a telephone hotline and the first ever shelter for women who have survived domestic violence (ILO, 2020). As indicated in the KIIs, apart from eligibility, an additional challenge relating to social services in Uzbekistan is their provision in concentrated and specialised institutions, creating access issues for people in rural or remote areas.

Available country data, including socioeconomic assessments, suggest that, in all study countries, the closure of day-care centres and movement restrictions of care providers detrimentally affected the quality of care for children with disabilities and hindered access to social services for children living in poverty, children in residential care institutions, children living in rural/remote areas, and child victims of domestic violence.

The responsibilities of different social services are divided between central and local organisations and NGOs. This, along with varying legislative and institutional frameworks for social service delivery, makes the assessment of social service response in the study countries a difficult task. In general, given the closures and restrictions for movement, it may be concluded that the social services have not been at the forefront of pandemic response, which leaves more room for their enhanced role and visibility in the upcoming period.

3.2 UNICEF's social protection responses during the pandemic

While the UNICEF's social protection approach is clearly defined in its 2019 Global Social Protection Programme Framework (see '[Definitions and concepts](#)'), there is still a complementarity of interventions in some areas – for example, overlaps between social policy and social protection assessments, overlaps between social services provided and the child protection sector, and overlaps between in-kind supplies as a humanitarian response and social protection support for vulnerable households, as well as the inherent interdisciplinary aspect of the gender interventions. Taking into consideration the size of the study COs, where in most of the cases (with the exception of Uzbekistan CO) the same person administers the social protection portfolio and the social policy portfolio, such complementarity is even more emphasised. Additionally, some of the interventions (i.e. analytical work/social impact assessments) are often led by the social protection/policy teams. For these reasons, this analysis of UNICEF's social protection responses in the study

³² Law on Social Services for the Elderly, Disabled, and Other Socially Vulnerable Categories of the Population (Law No. 3PY-415 of 26 December 2016).

countries during the pandemic is based on a holistic and multisectoral focus, which in some instances goes beyond UNICEF's sectoral social protection action area.

Before diving into UNICEF's social protection responses during the pandemic (March 2020 to October 2021), it is important to emphasise some of the prior UNICEF interventions that have improved system preparedness during the pandemic. These include interventions relating to disaster risk management (DRM) and SRSP between 2017 and 2019, as well as UNICEF's support for governmental social protection reforms between 2017 and 2019.

In that respect, the work undertaken in Albania and Tajikistan before the pandemic relating to DRM and shock preparedness has greatly contributed towards the scalability of UNICEF's response during the pandemic in these countries. Albania CO was able to scale up their work on emergency cash transfers during the earthquake in 2019 and provided emergency cash transfers to vulnerable households in three municipalities during the pandemic. In Tajikistan, UNICEF's SRSP feasibility assessment from 2017 and the lessons learned were used during the pandemic to support the governmental TSA. The impact of emergency preparedness of Albania CO is discussed in more detail in the subsection on UNICEF's emergency cash transfers, while the work done by Tajikistan CO (already discussed in Section 3.1.1) related to governmental support.

In addition, UNICEF CO's support of the governmental social protection reforms before the pandemic (North Macedonia; Uzbekistan) was also crucial for continuity and follow-up activities undertaken by the COs during the pandemic. For example, in North Macedonia, consultancy and technical assistance provided by the UNICEF CO regarding the social protection reform (2017–19) relating to the redefinition of the social protection benefits (including wider coverage of GMA and the child allowance, as well as the introduction of the educational allowance) proved an important base for governmental system preparedness during the pandemic. This also contributed towards the relevance of CO follow-up programming during the pandemic. Similarly, Uzbekistan CO was engaged in technical consultancy on the Single Registry before the pandemic. The Single Registry for social protection, which covers social allowances for low-income families with children, was initially piloted in the Sirdarya region in 2019. During the pandemic, it was expanded to all regions of the country by the end of 2020. This improved the coverage of the governmental social assistance, but also enabled continuity of the CO response during the pandemic.

3.2.1 Relevance, follow-up, and adaptation of the response of UNICEF COs to social protection during the pandemic

Interventions (content-wise) through which the UNICEF COs in the study countries have been supporting national social protection programmes and systems during the pandemic involve analytical work/social impact assessments; emergency cash transfers; provision of supplies; support to implementation of governmental cash transfers; technical assistance to the government to reform a social protection programme; capacity building of the governmental social protection system; advocacy; and coordination (Table 7).

Table 7: Mapping of UNICEF social protection activities during the pandemic, 2020–21

	Albania CO	Montenegro CO	North Macedonia CO	Tajikistan CO	Uzbekistan CO
Analytical work/social impact assessments	'Access of vulnerable children families and communities to social protection in the context of COVID-19' United Nations Albania COVID-19 Socioeconomic Recovery and Response Plan, United Nations Development Programme (UNDP), and UNICEF	Assessment of social protection system based on Core Diagnostic Instrument methodology, adapted to offer insights into promising social protection measures as response and adaptation to COVID-19 impact United Nations assessment of COVID-19 impact on vulnerable groups in the county, led by UNICEF and UNDP	Socioeconomic assessment of the mid-term to long-term impacts of COVID-19 over child-related sectors Follow-up to the assessment of the socioeconomic impact of COVID-19 on children and in-depth policy analysis on multidimensional child poverty in North Macedonia	Preparing social protection systems for shock response	Assessment of the impact of COVID-19 on the socioeconomic situation in Uzbekistan: income, labour market, and access to social protection (joint SDG Fund/United Nations Uzbekistan/ ILO)
Emergency cash transfers	Piloting HCT provided through local municipalities to 1,700 households, including 2,800 children	HAC cash support provided to 1,200 families and 3,363 children through Centres of Social Work		One-time emergency cash support was provided by UNICEF, together with the local NGO, to families that take care of repatriated children who were reintegrated with their extended families	
Provision of supplies (hygiene kits for vulnerable children and households)	3,204 hygiene kits were distributed to vulnerable families and children through local government structures (April–June 2021)	Together with the Red Cross, 6,000 packages with essential hygiene supplies were delivered to Roma and Egyptian families, to the poorest families, and to families	Humanitarian assistance for the most vulnerable for the COVID-19 response (partnering with the Skopje Red Cross for direct emergency assistance to the most	UNICEF provided sanitation supplies to children in residential childcare institutions across the country, reaching 5,586 children	More than 1,500 children living in childcare institutions, especially in regions that are less resourced have benefited from UNICEF's purchased health and

	Albania CO	Montenegro CO	North Macedonia CO	Tajikistan CO	Uzbekistan CO
		with children with disabilities, reaching around 24,000 individuals (in 2020)	vulnerable during the pandemic, by procuring and distributing crucial hygiene supplies to the most vulnerable communities in the country, particularly in the largest Roma communities, and alternative care facilities providing services to vulnerable persons and children. 16,310 people have benefited from such assistance) (01 April–15 September 2020) Humanitarian Assistance for Children on the Move (20 March–20 May 2020)	(January–June 2021)	hygiene items (October–November 2020)
Support to implementation of government cash transfer		International technical consultancy support to the Government of Montenegro to roll out the quasi-universal child allowance scheme for children aged zero to six, and to introduce missing operations from the scheme from a holistic, family-oriented and child-oriented perspective	UNICEF led the United Nations Socioeconomic Task Team for Pillar 2, 'Protecting people: social protection and basic services' of the North Macedonia United Nations COVID-19 response framework and conducted further advocacy for specific areas	Technical assistance for the development of an emergency payment model (modification of the existing programme to include payment for vulnerable children aged up to three years) Technical assistance for development of emergency payment model (continuation of an	

	Albania CO	Montenegro CO	North Macedonia CO	Tajikistan CO	Uzbekistan CO
			of interventions to mitigate secondary impacts of COVID-19 to the most vulnerable population. The response advocated and achieved the scaling up and adjusting of social protection, focusing on the most vulnerable groups	existing programme; payment given to families with children under seven years of age)	
Technical assistance to the government to reform a social protection programme	Development of community care standards for municipalities in situations like COVID-19	Technical assistance to simulate social protection policy reform responses and their impact on poverty. Developing three policy scenarios for the Government to consider	Improving Social Service through Case Management and Social Work Supervision Case management – a key method of improving and advancing social protection system Piloting the new assessment model for additional education, social and health support to children and youth, based on the International Classification of Functioning, Disability and Health (ICF)	Technical support to the Ministry of Health and Social Protection to review and redefine vulnerability with the objective to develop an integrated approach to data collection, analysis, and management in the social protection system	Technical assistance for childcare allowance until they reach two years of age (up to 400,000) Technical assistance for Social Allowance for families with children under 14 years of age (up to 700,000) Technical assistance for material support to low-income families (up to 100,000)
Capacity building					Through the joint project funded by the United Nations Multi-Partner Trust Fund for COVID-19 Response and Recovery, UNICEF cooperated with the Ministry of <i>Mahalla</i>

	Albania CO	Montenegro CO	North Macedonia CO	Tajikistan CO	Uzbekistan CO
					and Family Support (MMFS) to build skills and knowledge for case management and monitoring of service provision
Advocacy	Empowering households in poverty, facilitating information and access to services, to contribute to their and their children's better social inclusion and to preventing the spread of COVID-19	Advocacy against child poverty High level advocacy: 4-pager on reducing multidimensional poverty Technical level advocacy: Position Paper on reducing multidimensional poverty			
Coordination	Fostering national coordination to develop HCT in response to two major emergencies (the November earthquake and COVID-19); co-led the HCT Working Group with the International Federation of the Red Cross			Social Protection Preparedness and Response Plan	UNICEF collaborated with the World Bank and UNDP in preparing the national poverty reduction strategy, where UNICEF is responsible for reflecting the social protection system reforms and child poverty measures in the strategy

Sources: UNICEF Country Office Annual Reports (2020); UNICEF sitreps 2020, 2021; KIIIs

Some of these interventions overlap and may be classified in more than one category (even though they are mentioned only in one category in Table 7). Hence, from a broader, more holistic perspective, UNICEF's main social protection interventions during the pandemic can be classified into three main categories:

- (i) analytical work/social impact assessments;
- (ii) capacity building and advocacy; and
- (iii) emergency cash transfers and provision of supplies.

(i) Analytical work/social impact assessments and analysis were conducted in all study countries. Some were initiated to assess the impact of the pandemic, while others were instigated as part of the other ongoing assessments, such as preparing social protection systems for shock response. While COs from Albania, Montenegro, and North Macedonia undertook such assessments with the support of the UNICEF regional office, other COs undertook similar assessments as part of different activities, such as a joint effort of all United Nations agencies. These social impact assessments contributed towards the identification of vulnerable groups during the pandemic, the estimation of poverty and child poverty rates, and revealing bottlenecks in the social protection systems. The assessments, which also built upon UNICEF's work on child poverty and public finance, fed into the UNICEF key messages during the pandemic that navigated governmental social policy actions, particularly on the social protection front.³³ The gaps identified in some of these assessments (Montenegro; Tajikistan) were also used as a targeting criterion for cash assistance delivered during the pandemic. For example, the Tajikistan analysis of preparedness of the social protection system for shock response identified gaps in coverage among families with migrant workers; this was used, based on the UNICEF Tajikistan database, to provide governmental financial support to 3,000 children left by migrants. A more comprehensive analysis of whether other social impact assessments were taken into consideration or acted upon by the government is hindered by the fact that some of them were conducted after the initial national social protection responses were already implemented. However, based on the KIIs, the social impact assessments provided an evidence base for fine-tuning the ongoing social protection responses at the country level. Based on key informant perceptions,³⁴ in Albania, the recommendations provided in the latest socioeconomic assessment (May 2021) conducted jointly by UNICEF and UNDP might have had greater political endorsement if the assessment had been conducted at the onset of the pandemic.

³³ 'UNICEF was first to present its socioeconomic impact analysis, so basically a recognition of the office in the environment where things were rather uncertain, was to first come up with a product that will highlight issues better. The product was quite demanded, and it was not only demanded, but some of the concrete policy recommendations were taken on board' (KII, MK1).

'There was a commitment from the government that they want to use the results from the rapid social impact assessment, to understand where they should prioritise their response and to see how the pandemic affected the vulnerable groups' (KII, ME1).

³⁴ 'In the social economic assessment we come up with few interesting recommendations on how to strengthen things going forward and we redirected it towards the emergency preparedness and SRSP mechanisms. But, by the time these recommendations were developed, the bulk of the assistance and the bulk of the policy attention on the topic had faded, because it was already almost more than a year after the crisis had started, and I think that UNICEF together with UNDP should have maybe taken this on much earlier' (KII, AL3).

Table 8: Selection of findings from the social impact assessments

<p>Albania</p>	<ul style="list-style-type: none"> • Women and children suffered an increase in domestic violence cases in Durres, Kukes, and Vlora municipalities • Distributing food packages and hygienic kits as support to Roma and Egyptian communities was challenging for the mobile teams due to the difficulties these communities faced in complying with COVID-19 protocols because of their poor financial capacities, housing situation, and lack of information and awareness • During the first lockdown, 66% of households indicated they were not receiving any type of support, despite needing it • In 2020, the coverage of the economic assistance programme stood at 98% of the applicants. Following the lockdown, the number of economic assistance recipient families increased slightly during the second quarter of 2020, compared with the first quarter of the same year by 6%.
<p>Montenegro</p>	<ul style="list-style-type: none"> • Single-parent households and Roma families seemed to be among the most affected by income losses. The crisis is affecting children whose parents have a history of substance abuse; a significant majority of them reported a total loss of income • Both adolescents and young people emphasised the importance of mental health during the pandemic and felt that psychological support is insufficient • Recommendation: to protect children from poverty and social exclusion through targeted, vigorous social and child protection system responses that integrate cash assistance and quality, inclusive services
<p>North Macedonia</p>	<ul style="list-style-type: none"> • COVID-19 has exacerbated child poverty in North Macedonia. It has likely increased the relative child poverty rate from 29.3% to an estimated 33.3%. The poverty-increasing effect of COVID-19 is strongest among children living in households with three or more children and where education attainment among adult members is low, without significant gender and age differences • Children from single-parent households and from households receiving GMA faced increased risk of food poverty • Recommendation: to maintain free school meal entitlement for poor children during periods of prolonged school closure
<p>Tajikistan</p>	<ul style="list-style-type: none"> • Scaling up social protection to existing beneficiaries has been possible, but badly affected sections of the population and communities outside the TSA implementation zone are not supported • Gaps in coverage show that operational systems can only be leveraged in districts where the TSA is operational, while the social protection system does not currently target or provide support for the 'missing middle' – such as families in the informal sector and migrant workers • Affordability of social protection is a politically sensitive topic that may influence the vulnerability assessment processes informing shock response, in a context where there is a tendency for government to underreport emergency needs

Uzbekistan	<ul style="list-style-type: none"> • Without remittances, the poverty level in the country could increase by 16.8%. This makes it more difficult to find a way to combat poverty, which was declared a high priority for 2020 • The quarantine has led to a huge number of people losing their jobs and income in the informal sector; an immense number of 'newly' unemployed people needing social protection have appeared • Recommendation: to formulate a definite status for social protection of the population by creating a single body responsible for social protection; to provide unemployment benefits in amounts adequate for a minimal living standard; and to pay benefits to the newly unemployed
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Sources: ESA Consulting (2021); United Nations Montenegro (2020); UNICEF (2020); UNICEF (2021); ILO (2020)

(ii) Capacity building and advocacy for enhancing existing social protection systems was provided by all COs, although their scope and content differed. Technical assistance (which in many instances overlaps with capacity building) was assessed as highly relevant by the stakeholders as it contributed towards building standards for social workers and/or humanitarian workers to work in situations of public health emergencies (Albania; Montenegro), a methodology for assessing and covering vulnerable households (Albania; Montenegro; Tajikistan; Uzbekistan), modification of access criteria for GMA and educational allowances (North Macedonia), a Single Registry for social protection (Uzbekistan), and support for rolling out a new universal child allowance (Montenegro). Some of these interventions (i.e. in Albania, North Macedonia, Tajikistan, and Uzbekistan) were underway in advance of COVID-19, but they were continued and scaled up during the pandemic. Similarly, capacity building, especially in terms of providing and financing trained volunteers and/or professional staff in all study countries, was essential to keep the continuity of social services under conditions of reduced working hours, shift work, and increased use of paid sick leave during the pandemic.³⁵ Additionally, the coordination efforts UNICEF led and engaged with during the pandemic with governmental stakeholders and with other partners and donors impacted knowledge building and sharing,³⁶ as well as the streamlining of the social and child protection assistance throughout 2020 and 2021.

(iii) Emergency cash transfers and provision of supplies: the emergency cash transfers considered in this section were financially provided by the UNICEF COs, which in some cases (Albania; Montenegro) were administered through the central or local governmental infrastructure. The emergency support included emergency cash transfers using the existing government social assistance system (in Albania and Montenegro); direct delivery of one-off cash support (Tajikistan); and delivery of hygiene supplies to vulnerable households with children (all study countries). Implementation

³⁵ 'UNICEF provided (financially) 17 persons as additional staff in the small group homes for children without parents and parental care throughout the country, to assist with the daily activities, but also with trainings on how to cope with certain situations. This was one of the most important forms of support that the social protection system received during the pandemic' (K11, MK3).

³⁶ 'UNICEF is recognised as one of the key actors in the social protection reform, especially in terms of social care services because they have been leading on behalf of the United Nations this component of the reform, so I am aware of many meetings and consultations that were held where UNICEF was a key partner in consultations with the government discussing how, at this time of need, to provide services at the local level and that's where I believe also UNICEF had a certain know-how' (K11, AL3).

strategies that stood out as relevant due to their effectiveness were pilot modelling and the strategic partnership approach. Piloting as a model enabled a swift response during the emergency (emergency cash transfers were delivered during the first wave of the pandemic between April and June 2020), targeting the most affected municipalities. Strategic partnerships with governmental organisations and NGOs contributed towards the use of already identified strengths and allowed tackling previous mapped challenges in humanitarian response, as did the use of existing infrastructure in the social protection system.

IIIa) The case of CO Albania shows that the preparatory work on emergency social protection relating to previous disaster (i.e. the earthquake in November 2019) can successfully be adapted and scaled up to respond to new shocks.³⁷ The UNICEF HCT response built on the previous small-scale pilot project funded and implemented by the Swiss Agency for Development and Cooperation (SDC), which was separate from the social protection system. The targeting of the HCT UNICEF pilot in Albania was based on several criteria, including expressions of interest from the municipalities themselves, the vulnerability profile of the municipality (the extent to which it was affected by the previous disaster/earthquake), and the size of the municipality. Beneficiaries of the emergency cash assistance were selected based on their vulnerability and on the criteria that they did not benefit from the government's routine social protection programmes. Priority was given to those with one or more of the following criteria: female-headed or child-headed households, Roma families, and families with elderly or disabled members. The emergency cash transfer in Albania reached 1,700 households, including 2,800 children. Similarly, in Montenegro, the UNICEF CO used HAC funds to provide one-off cash support to vulnerable households with children. Disaggregation of the support was based on the findings from their social impact assessment. Hence, 175 families with children aged zero to three, 480 families with three or more children, and 532 single-parent families were provided with one-off cash assistance delivered through the Centres of Social Work. The support of the CO from Tajikistan relating to the emergency cash transfer during the pandemic is discussed in Section 3.1.1.

IIIb) Distribution of one-off cash support with the support of the CSO was used in Tajikistan. As part of the COVID-19 response, the CO provided one-time cash support together with the local NGO to families taking care of repatriated children who were reintegrated with their extended families.

IIIc) Provision of supplies: While UNICEF COs provided a variety of in-kind support, the reports considered only the provision of supplies provided to vulnerable households and children at risk. To this end, between April and June 2021, Albania CO distributed 3,204 hygiene kits to vulnerable families and children through the local government structures. In 2020, Montenegro CO, together with the Red Cross, distributed 6,000 packages of essential hygiene supplies to Roma and Egyptian families, the poorest families, and families of children with disabilities, reaching around 24,000 individuals. Similarly, between April and September 2020, North Macedonia CO partnered with the Skopje Red Cross and procured

³⁷ 'After [the] November 2019 earthquake, UNICEF was very quick and agile and started right away dialoguing with the government about the possibility of establishing a cash transfer programme. When [the] pandemic came four months later, we were prepared and equipped with the knowledge what we could do with the social protection system in the country, so that was a great opportunity otherwise it might have taken us more time to do what we did' (KII, AL2).

and distributed crucial hygiene supplies to the most vulnerable communities in the country, particularly in the largest Roma communities and alternative care facilities providing services to vulnerable persons and children, benefiting 16,310 people. Between January and June 2021, Tajikistan CO provided sanitation supplies to children in residential childcare institutions across the country, reaching 5,586 children. Between October and November 2020, Uzbekistan CO purchased health and hygiene items that were provided to more than 1,500 children living in childcare institutions, especially in regions that are less resourced to prevent and respond effectively to the pandemic. Evidence from Albania suggests that vulnerable households were more in favour of cash transfers rather than of in-kind support (Smith, 2021).

UNICEF CO social protection interventions during the pandemic were relevant as they were informed by evidence on the needs of vulnerable households with children and they were aligned with national anti-crisis response packages and plans. According to the ToC, this suggests that the interventions were based on the relevant diagnostics and are likely to lead to the relevant response implementation. According to KIIs with the representatives of the government and CSOs, UNICEF support during the pandemic was relevant because it assisted the stakeholders in, for example, the identification of vulnerable groups during the pandemic; supporting the pandemic response mechanisms, including first-reaction scenarios and exit strategies; redefining child allowances; introducing Single Registries for social protection, which enabled greater coverage; and providing direct support in services and supplies to the beneficiaries.³⁸

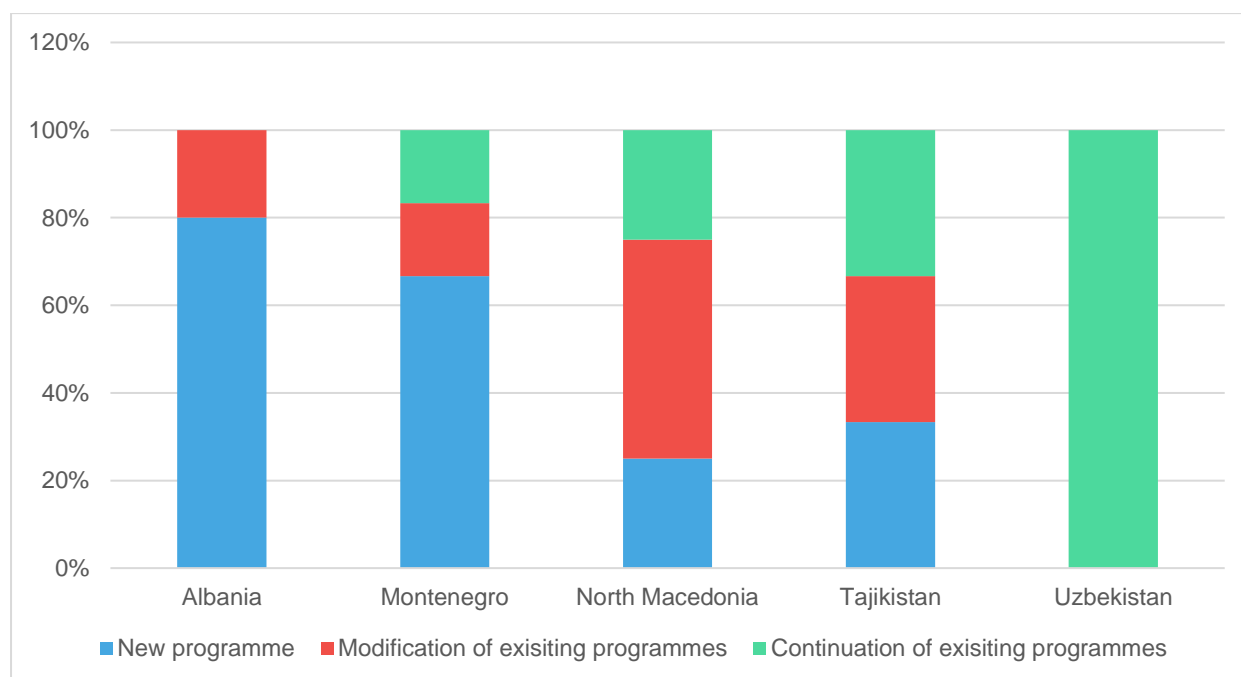
Some of the groups of children identified as vulnerable through the social impact assessments were assisted through UNICEF work on emergency cash transfers, the provision of supplies, and advocacy relating to their increased needs during the pandemic. A direct link between the findings (e.g. identified vulnerable groups of children) and the social protection actions of COs and programmes targeted specifically towards these children was evident in the case of Montenegro CO, where HAC cash support was provided to 1,200 families and 3,363 children based (piggybacked) on the criteria in the Rapid Social Impact Assessment conducted between May and June 2020. Similarly, UNICEF Tajikistan provided the list of children and families left behind by migrants, which led to 3,000 families left behind by migrants receiving cash assistance paid by the government. This was also a direct link with the gaps identified in the social impact assessment. Other direct links between identified vulnerable groups and the actions of COs were not evidenced/reported.

³⁸ 'UNICEF provided great assistance, they helped us regarding methodology on how to identify that a family is in need; and, together with UNICEF we've developed a program of single register. Also based on their (pre-COVID 19) assessment, they showed us that the poverty among children is quite high and the priority level among children is quite high. After that we have reconsidered the approach for social protection of children, and we have introduced the single child allowance. This is a great achievement of UNICEF that they conducted the research, they showed this problem, and they held our attention to this problem. The government has heard UNICEF and the government supported this initiative and we have introduced the respective changes' (KII, UZB4).

'It should be noted that UNICEF was among the first agencies who offered support and supported us to develop a response mechanism to commit in different scenarios, like first reaction response during the expansion of outbreak or how to phase out, so different scenarios of this mechanism was developed. UNICEF also supported the Ministry with the mechanism to determine the vulnerable families who will be eligible for the one-time support. They also recommended that apart from children without parents and parental care (whom we wanted to include), to also include children from poor families and children from families left behind' (KII, TA3).

Based on secondary data and the KIIs, UNICEF CO interventions during the pandemic were a combination of previous engagement in social protection and new areas of work. This shows UNICEF's capability of maintaining programme resilience during emergencies, but also UNICEF's strength for adapting to new risks and introducing new programmes based on new needs and challenges. As seen in Figure 8, in Albania and Montenegro, the majority of these activities were new areas of engagement. In North Macedonia, they were to a larger extent a result of the modification of existing programmes to new needs instigated by the pandemic, while in Uzbekistan social protection interventions were a continuation of existing programmes. In cases where programmes were a continuation of previous engagement, they proved relevant for social protection needs during the pandemic (e.g. the continuation and national roll-out of the Single Registry in Uzbekistan contributed to the increase in social protection coverage during the pandemic; and the continuation of the case management programme enhanced capacities for better integration of social work and employment services during the pandemic). In Tajikistan, the social protection programming during the pandemic was equally distributed among new programmes, adaptations of existing ones, and the continuation of previous programmes.

Figure 8: Novelty, adaptation, and continuation of social protection programmes implemented by the UNICEF CO in ECAR, 2020–21



Source: Data from KIIs with the UNICEF CO from the study countries

All COs put significant effort into scaling up the social protection programmes to leverage their social protection engagement during the pandemic. Albania and Uzbekistan made the most visible progress in scaling up their work prior to COVID-19 and used the momentum to introduce new programmes (HCT in Albania) or successfully continue and roll out previously advocated and initiated programmes (the Single Registry for social protection and integrated child allowance in Uzbekistan). Other COs (Montenegro; North Macedonia; Tajikistan) have made use of partnerships and influence to deliver results greater than could be achieved on their own. In Montenegro, advocacy on child poverty and multidimensional aspects of poverty have provided an evidence base for introducing

universal child allowance for children aged zero to six. In North Macedonia and Tajikistan, strategic partnerships with other organisations (the World Bank, other United Nations agencies, the Red Cross, etc.) and with the government have led to enhanced access to social and child protection (North Macedonia) and the preparedness and response of the social protection system during the pandemic (Tajikistan).

In most of the COs, public finance work was integrated within the UNICEF social protection projections, discussions, and plans at the national level. In Albania, the socioeconomic assessment was used by the UNICEF CO to discuss the fiscal space for redefining economic assistance, minimum living standards, and child benefits. Montenegro conducted a social protection system assessment, reflecting on the trends of expenditure between different schemes and simulating how some of the existing benefits could be expanded, the associated costs, and the effect on poverty reduction. This was a useful diagnostic document that was considered during the discussions on expansion of child allowance, which might have guided the government in prioritising the children aged zero to six years and in focusing on child development. In North Macedonia, the socioeconomic (impact) assessment included an analysis of public finance expenditure³⁹ on children in 2020 and recommended that the expenditure for child protection should be carefully planned as to avoid cuts. A subsequent central budget rebalance showed that this recommendation was taken into consideration. However, the policy attention during 2020–21 was not favourable for the possible return of progressive taxation (which was stopped as of January 2020 in North Macedonia). During 2019, progressive taxation in North Macedonia contributed towards a decrease of income inequality, benefiting also vulnerable children with families. In Tajikistan, there was no concrete programme that incorporated public finance during 2020, although the CO was involved in the integrated social and economic plan led by the resident coordinator and supported by all other United Nations agencies, which includes an analysis and plans to respond to COVID-19 by looking at the social and economic aspects for 2020, and 2021. In Uzbekistan, a study to reform the child benefit system provided costing and a cost–benefit analysis and was accompanied by a simulation model to estimate outcomes of various possible scenarios of child benefits in the country. The study informed the discussion of UNICEF with national partners.

COs from Montenegro, North Macedonia, and Uzbekistan explicitly focused on child poverty, and this was utilised in the social protection responses at the national level, while COs from Albania and Tajikistan addressed child poverty indirectly through other interventions. In 2020, COs from Montenegro and North Macedonia conducted estimations to assess the multidimensional aspects of child poverty (Montenegro) and measure the effects of the pandemic on child poverty (North Macedonia). These produced several policy recommendations, which were taken into consideration during the planning of the national responses at the country level. Uzbekistan CO is participating, together with the government and the World Bank, in developing a separate section on child poverty in the national poverty reduction strategy and developing a national action plan on introducing

³⁹ '[The r]esponse that we provided during the crisis was also tied with our previous work that we did in public finance in 2018. There was a review of public spending in child sensitive areas including social protection and which at that time already identified some critical bottlenecks related to public finance. This provided crucial input for our 2020 analysis of socioeconomic impacts which had a special segment chapter related to public financing. So, when the crisis struck it was not the first time that we were addressing public finance bottlenecks' (K11s, MK2).

monetary and multidimensional child poverty measurements and programmes on tackling child poverty. Other COs (Albania; Tajikistan) addressed the issue of child poverty through emergency cash transfers targeting vulnerable households with children, e.g. HCT in Albania and the use of the (UNICEF designed) emergency module in the TSA during the pandemic, as well as the provision of additional lists of vulnerable beneficiaries (Tajikistan).

3.2.2 Effectiveness of UNICEF's responses to social protection during the pandemic

In keeping with the proposed methodology, the analysis presented in this section defines effectiveness in terms of achieving improvement in quantifiable outputs and outcomes on the one hand. On the other, it is defined in terms of putting in place processes and well-functioning institutional/organisational arrangements that, when well implemented, translate inputs (whether technical advice, cash transfers, or services) into outputs and outcomes with a high degree of probability as presented in the ToC. Conversely, bottlenecks and barriers to the implementation of these processes and arrangements are indicative of limited effectiveness and the need for improvement.

In the context of prevailing uncertainties caused by the pandemic, accompanied with other specific challenges (e.g. elections; changes of government; changes of UNICEF CO staff; etc.), UNICEF COs succeeded in utilising pre-existing knowledge, funds, expertise, and partnerships and effectively contributed to national social protection systems becoming more shock responsive in terms of supporting vulnerable children and their families. However, setting targets and tracking progress has proven difficult during the pandemic. As rightly indicated by one of the UNICEF key informants, *'Methodologically it was difficult to treat and consider certain targets and benchmarks as they were designed during the emergency and so we were speaking about what would be possible within the current envelope.'*⁴⁰ Based on the indicators for COs response, there are two relevant targets in the social protection field: the number of households reached with HCTs, and the number of households benefiting from new or additional social transfers from governments with UNICEF technical assistance support. It should be noted that the latter indicator is much more important in the context of ECA (given the comprehensiveness of the existing governmental schemes), while HCTs form only a smaller part of the UNICEF's response.

⁴⁰ KIIs, MK1.

Table 9: Target and progress in UNICEF COs' social protection and cash transfer response, 2021

Social protection and cash transfers indicator		2021 target	UNICEF response as at October 2021			Remarks
			Total	Male/boys	Female/girls	
Albania	Number of households reached with HCTs across sectors	5,000	0	n.a.	n.a.	HCT has been set as a priority in the United Nations Socioeconomic Recovery Plan; however, so far there has been no activation of the system from the government due to the more stable situation with regard to COVID-19
Montenegro	Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding	1,000	0	n.a.	n.a.	Results to be achieved (even overachieved) in Q4 as UNICEF is supporting the government in rolling out the quasi-universal child allowance that will cover around 45,000 children
North Macedonia	Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	100,000	79,182	n.a.	n.a.	Administrative data for Q2 2021 from the Ministry of Labour and Social Policy
Tajikistan	Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	44,772	5,497	n.a.	n.a.	Progress up to July 2021
Uzbekistan	Households reached with cash transfers through an existing government system where UNICEF provided technical assistance and funding	11,000	0	n.a.	n.a.	The progress for the indicator is linked to the launch of the United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) joint programme on strengthening services for persons and children with disabilities. The launch has been postponed, leading to zero in the reported result

Sources: UNICEF ECARO (2021) *Regional office sitrep fund monitoring against sector*; UNICEF CO data on HAC Sectors: ECAR Social Protection

Related to these indicators, COs differed in effectiveness in reaching their 2021 targets. As at October 2021, UNICEF North Macedonia had reached almost 80% of its 2021 social protection target, while Tajikistan had reached only 12.2% of its target by July 2021. In the other three countries, progress in achieving social protection and cash transfer targets was linked to the activities of other partners, and other specific circumstances – such as later project initiation and later roll-out of the governmental scheme for children – also contributed to the lack of more prompt achievement. It is also noticeable that, among the target response of all COs, there were no data disaggregated by sex and age.

Mobilisation of financial resources is one of the important aspects of effectiveness of UNICEF response during the pandemic. In this respect, and as noted in the RTA Global Synthesis Report (UNICEF, 2021), UNICEF COs from ECAR (not only those under scrutiny in this report) experienced a funding gap of US\$ 67.7 million, which is the third largest gap globally, after Latin America and the Caribbean region (US\$ 84.9 million) and the West and Central Africa region (US\$ 75.4 million).

The funding gap for social protection and cash transfers in 2021 was 96.4%, indicating that the full potential for UNICEF's impact in the social protection sector may not have been fully achieved. However, funding gaps may also reflect expectations of a greater social protection demand during the pandemic, and do not necessarily impact overall programme outputs. Two UNICEF COs (Tajikistan and Uzbekistan) had a funding gap of 100%. UNICEF Albania had a funding gap for social protection of 92%. UNICEF Montenegro appealed for US\$ 900,000 for 2021 and secured only US\$ 9,313, with a remaining funding gap of 98.9%. UNICEF North Macedonia appealed for US\$ 60,000 for 2021 and secured only US\$ 10,000, with a remaining funding gap of 83.4%. The funding gap may still shrink, but it may be indicative of the risk that UNICEF COs could miss the opportunity to achieve greater effectiveness, as may be the case in Tajikistan.

Table 10: UNICEF CO funding gap for social protection and cash transfer, 2021

	Funding requirement for social protection and cash transfer	Funded	Funding gap
Albania	2,120,000	170,000	92%
Montenegro	900,000	9,313	98.9%
North Macedonia	60,000	10,000	83.4%
Tajikistan	5,350,254	0	100%
Uzbekistan	350,000	0	100%
Total	24,249,258	866,855	96.4%

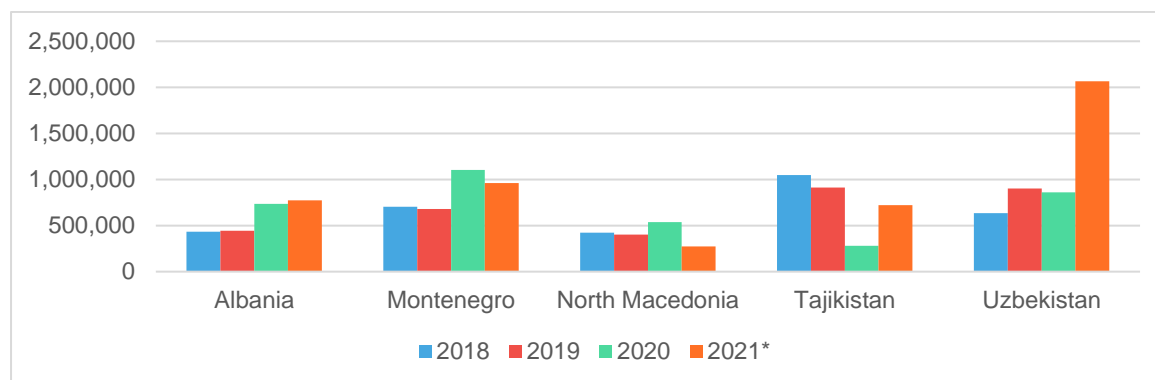
Source: UNICEF ECARO (2021) *Regional office sitrep fund monitoring against sector by country office*, 27 July

Overall expenditure for social protection, HAC, and HACT shows that COs were not all able to secure more funding throughout 2020 and 2021 compared to the previous two years. Albania had the only CO from the study countries showing a trend of increased expenditure (and utilised commitments) for social protection, HAC, and HACT⁴¹ during both

⁴¹ Funds for social protection, HAC, and HACT are three distinct sources/budgets that constitute part of the regular CO budget.

2020 and 2021 compared to the previous two years. The expenditure in Albania relates also to the ongoing work in social protection output. Montenegro and North Macedonia COs had increased social protection, HAC, and HACT expenditure in 2020, but slightly lower utilised commitments for this purpose in 2021. Tajikistan and Uzbekistan COs saw a decrease in social protection, HAC, and HACT expenditure in 2020, but much higher utilised commitments for this purpose in 2021. Lower expenditure in 2020 in Tajikistan might be related to the delayed and relatively mild effect of the pandemic in early 2020.

Figure 9: UNICEF COs' social protection, HAC, and HACT expenditure, 2018–21, in US\$



*Utilised commitments

Note: There are no data on HAC + HACT expenditure for 2018 for Uzbekistan, which influences the overall expenditure in 2018

Source: UNICEF ECARO (2021)

UNICEF COs succeeded in reprogramming their own funding and/or securing additional resources, which led to the effective coverage of vulnerable households and children. As can be seen from Table 11, this included provision of HCTs, cash assistance for children, the incorporation of vulnerable households into the management information system, and broadening the coverage of the minimum income schemes. The experience from Albania, which also relates to the case of Tajikistan, shows that the decision to link HCTs with the existing social protection system generated cost savings for UNICEF in terms of operational and administrative costs. Compared with in-kind distribution, logistical costs and staffing requirements were much lower (Smith, 2021).

Table 11: Selected examples of UNICEF funding sources and their effective contribution in social protection during the pandemic

Albania	<ul style="list-style-type: none"> Despite lack of additional funding for the HCT programme, the CO used Resources for Results funding and reallocated funding from other donors (US\$ 100,000) to provide cash assistance to 1,700 households with 2,800 children
Montenegro	<ul style="list-style-type: none"> Through HAC funds from the Danish Government, UNICEF supported the government to provide a one-off humanitarian transfer of EUR 100 for 1,200 vulnerable families and 3,363 children, 171 families with children aged zero to three, 474 families with three or more children, and 542 single-parent families

North Macedonia	<ul style="list-style-type: none"> The main source of UNICEF's response in North Macedonia relating to the COVID-19 pandemic has been the United States Agency for International Development (USAID) programme totalling US\$ 950,000. The programme allowed funding all areas of the UNICEF response, including social policy and psychosocial support
Tajikistan	<ul style="list-style-type: none"> Between June and December 2020, a total of 73,181 households with children under three years of age received cash assistance from the World Bank through the national SRSP model, which was designed with technical support provided by UNICEF
Uzbekistan	<ul style="list-style-type: none"> The management information system (the Single Registry of Social Protection), designed with the technical support of UNICEF and financially supported by the World Bank, has been rolled out nationally. The total number of families incorporated into the system exceeds one million and 150,000 applications have been processed

Sources: CO inputs; ECAR end-of-year COVID-19 sitrep, December 2020 and October 2021

UNICEF CO programmes contributed towards building more resilient national social protection systems through financial, operational, methodological, and evidence-based support. The major message carried across the governments by all COs was the need to maintain spending levels for children throughout the crisis and avoid major cuts. An identified concern among some of the COs was that the resilience of the cash transfer system has been jeopardised in the context of lack of readiness for change or adaptations of the central and local governmental budgets. The resilience of the social protection system was mostly assisted through improved targeting of programme beneficiaries by using existing methodologies for vulnerable households (Tajikistan; Uzbekistan); new poverty assessments and simulations (Montenegro; North Macedonia); and devising working protocols for municipal social administrators and social workers on how to conduct case management and work with the communities in the situation of the pandemic and similar public health emergencies (Albania).

Most UNICEF COs are involved in measuring socioeconomic effects – especially on children – that have contributed towards building the evidence base for policy recommendations on child poverty and their access to social protection. As already indicated, UNICEF CO Montenegro and Macedonia conducted measurements of the multidimensional aspects of child poverty (Montenegro) and on the effects of the pandemic on child poverty (North Macedonia). Albania CO, together with the national INSTAT, was involved in producing child deprivation data according to the EUROSTAT child deprivation module, a new method of measuring child poverty included in the EU SILC survey. Uzbekistan CO is contributing jointly with other partners on developing a separate section on child poverty in the national poverty reduction strategy and developing a national action plan on introducing monetary and multidimensional child poverty measurements. These measurements have contributed towards bundling the evidence base for policy recommendations on child poverty and their access to social protection. As indicated by the representative of UNICEF Tajikistan, the CO is not directly working on poverty measurement, but more on policy coordination. Their efforts relating to measuring socioeconomic effects on children consisted of joint work with the resident United Nations coordinator and other United Nations agencies on social and economic aspects of COVID-19 for 2020 and 2021.

3.2.3 Gender dimension of the UNICEF's responses to social protection

UNECE data show that, throughout Eastern ECA, a disproportionate amount of unpaid care and domestic work performed by girls and women is unrecognised and undervalued, and during the pandemic 70% of women spent more time on at least one unpaid domestic work activity compared to 59% of men (UNECE, 2021). Child marriage is an additional challenge, particularly affecting Roma communities, where Roma women are 2.5 to 7 times more likely to marry before the age of 18 than non-Roman women (United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 2020). There is also a widespread gender-based violence in the region: based on WHO estimates, 26% of women in Eastern Europe and 23% of women in Central Asia have experienced either physical and/or sexual violence (UNICEF, 2021). Some of these challenges (unpaid care; domestic violence) have been even more emphasised during the pandemic, making women in ECAR more prone to vulnerabilities and also in greater need of social protection support. For example, the latest socioeconomic assessment in Albania (May 2021) noted that women and children suffered an increase in domestic violence cases in Durres, Kukes, and Vlora municipalities. A similar increase in domestic violence cases was noted in the socioeconomic assessment in North Macedonia (September 2020), opening a possibility for a greater UNICEF involvement in this sector (discussed further in the country recommendations).

While the gender dimension of UNICEF CO programming was mainstreamed within the social protection sector, gender-related outcomes are not readily apparent. The most concrete social protection intervention with a gender focus during the pandemic related to targeting cash assistance towards vulnerable women-headed households. In Albania, the emergency cash transfer was primarily targeting women-headed and child-headed households. In Montenegro, the majority of beneficiaries of the HAC transfer were single-parent households, the majority of which were women-headed. Tajikistan CO provided list of vulnerable women-headed households affected by migration. Uzbekistan CO supported specific governmental measures targeting women, e.g. disability allowances targeting mothers of children.

Other activities that were not primarily focused on gender, but which had a gender element in them, included socioeconomic risk assessments (the most frequent initiative among the COs used to mainstream the gender dimension), closely followed by psychosocial assistance and training sessions. While the design of the COs' immediate social protection measures addressed the gender dimension, gender-related results in social protection need a more straightforward focus. As discussed by a UNICEF CO representative, gender-related results are frequently overlooked by their generalisation in terms of initiatives for children or what has been done by the population in general terms.⁴²

⁴² *'When it comes to UNICEF programming and design and having gender events in our programming, my assessment is that we haven't done enough. Sometimes it's just a matter of being more sensitive towards gender-specific indicators and elements, but also reporting from gender lens as well, sometimes we directly or indirectly contribute to advancement of gender-related results, but we overlook them by generalising them in terms of what we have done for children or in terms of what is being done for the population in general terms'* (KIIs, UZB1).

Table 12: Mapping gender-based social protection initiatives

	Cash benefits	Socioeconomic risk assessments	Psychosocial assistance and counselling	Training sessions
Albania	One of the criteria of UNICEF's emergency cash transfer in 2020 was targeting women-headed households	The COVID-19 Socioeconomic Recovery and Response Plan focuses on gender and women's rights, addressing care and domestic work, informal employment, gender-based violence, etc. (UN Women has been a key partner for UNICEF and has endorsed and ensured the gender lens in the standard operating procedures for HCT)	Psychosocial services for refugee children and mothers	Online training 'Mental Health and Psychosocial Support in Emergencies' covering, among other things, gender-based violence during humanitarian emergencies
Montenegro	HAC transfer in 2020 predominantly targeted single-parent households, which were mostly women-headed households	United Nations Rapid Social Impact Assessment, and deeper insights into the increase in gender-based violence	Support for psychosocial assistance for children and parents	Training for social and child protection professionals on gender-sensitive procedures Training on preventing sexual exploitation and abuse, risk mitigation, and referrals for survivors
North Macedonia		Socioeconomic assessment estimated impact of COVID-19 on child poverty by sex and assesses gender-based violence during the pandemic	Counselling in cases of violence, abuse, and gender-based violence	
Tajikistan	Providing the government with the list of vulnerable women-headed households affected by migration	Integrated socioeconomic response	Prevention and assistance, including gender-based violence prevention services	Training of service providers for delivering services that

	Cash benefits	Socioeconomic risk assessments	Psychosocial assistance and counselling	Training sessions
	for cash assistance during the pandemic	addressing COVID-19's impact on women in the labour market, women experiencing gender-based violence, and abandoned women with children		reflect gender dimensions and gender differences
Uzbekistan	Support for specific measures targeting women, e.g. disability allowances targeting mothers of children	Socioeconomic assessment forecasts decline in the financing of education, where women's employment predominates	Services for community integration for women and children previously returned from armed conflict	Training module 'How to support survivors of gender-based violence when a gender-based violence actor is not available in your area' for service providers

Source: UNICEF CO Annual Report (2020)

Based on the KIIs, all UNICEF COs have a gender (or gender and inclusion) specialist/focal point. This position is undertaken by staff working in different sectors, but mostly in health. In some COs (North Macedonia; formerly in Montenegro) the Deputy Representative acts as a leadership gender focal point, which is a good strategy for gender mainstreaming within a wider programmatic focus.

Stipulation of the gender-related results in social protection programming needs to be further explored. Based on the available UNICEF country-level documents (e.g. Sitreps), programming of gender-related outcomes in social protection was scarce. This leaves room for improvement relating to how gender responsive social protection is being programmed and how targets and indicators are being set.

3.2.4 UNICEF's national and global engagement in social protection

Building on knowledge sharing and coordination, UNICEF's strategic cooperation with national and international partners contributed towards more responsive national social protection systems during COVID-19. Previously established partnerships, as well as new partnerships, were the main UNICEF strength behind the systematic social protection efforts during the pandemic. UNICEF Albania succeeded in capitalising on the previous HCT lessons from SDC and provided a humanitarian cash assistance through coordination with the local municipalities. UNICEF Montenegro's new initiatives and discussions with UNDP and ILO on the links between social protection and employment provided an opportunity for the CO to broaden and intertwine its social protection interventions with the employment and education sector. This is expected to lead towards a better 'welfare to work' transition and activation of social assistance beneficiaries, and enhanced partnership between Centres of Social Work and Employment Bureau. Partnering between UNICEF in North Macedonia, Tajikistan, and Uzbekistan with the World Bank brought about a visible systematic shock-responsive enhancement of the national social protection systems and improved the coverage of cash transfers.

Table 13: UNICEF's global and national partnerships in social protection during the pandemic

UNICEF	International governmental organisations	Central and local government and public sector institutions	CSOs
Albania	UNDAF, ILO, UNDP, UN Women, European Union, World Bank, SDC	Ministry of Health and Social Protection, Local governments, Faculty of Social Sciences, Tirana	World Vision, Terre des Hommes, International Federation of Red Cross, CARITAS, Observatory for Children and Youth Rights, ESA Consulting
Montenegro	UNDP, ILO, the International Organization for Migration (IOM), the	Ministry of Finance and Social Welfare	NGO Group 484, Danish Development Agency, Red Cross Montenegro

UNICEF	International governmental organisations	Central and local government and public sector institutions	CSOs
	United Nations High Commissioner for Refugees (UNHCR), World Bank		
North Macedonia	UNDP, the United Nations Population Fund (UNFPA), UN Women, European Union, World Bank	Ministry of Labour and Social Policy, Local governments	Red Cross North Macedonia, Association of Social Workers, Finance Think
Tajikistan	UN Women, UNDP, SDC, World Bank	Ministry of Health and Social Protection of the Population, Ministry of Labour, Migration and Employment	Red Crescent Society of Tajikistan
Uzbekistan	World Bank, ILO, UNDP, the United States Office on Drugs and Crime, WHO, UNFPA, IOM	Ministry of Finance, Ministry of Economic Development and Poverty Reduction, Ministry of Mahala and Family Support	Youth Union of Uzbekistan

Sources: KIIs; UNICEF COARs (2020)

UNICEF's comparative advantage and value added in partnership was based on its pre-existing know-how in the social protection sector, its focus on vulnerable groups, and its established partnerships with stakeholders. Based on the KIIs with stakeholders, UNICEF COs were highly praised for their flexibility⁴³ and commitment, their fast adaptation, and their support during COVID-19, as well as the transfer of their global know-how on emergency preparedness. Governments in the study countries relied on UNICEF's existing registries of vulnerable groups, which in some countries (e.g. Tajikistan) provided additional coverage of vulnerable groups previously not included in social protection (i.e. children and families left behind by migrants). In other countries (e.g. Uzbekistan), they significantly widened the coverage among the vulnerable population (from 700,000 families before COVID-19 to 1.2 million families in September 2020); while in some (Albania; Montenegro; North Macedonia), cooperation with NGOs brought direct assistance and support to vulnerable families. UNICEF should continue upholding and strengthening its role to further leverage its comparative advantage.

⁴³ 'Our CSO highly appreciated the trust UNICEF showed during the procurement process, as well as their flexibility. Their flexibility was particularly valued in cases where beneficiaries that were on the list of the vulnerable groups UNICEF has provided us (and which they obtained from the Centres of Social Work) were either deceased, or did not live any longer on that address, or due to reconstruction houses were not on that address. UNICEF trusted us and allowed us in these cases to distribute the support to households that are on our agency vulnerable list. This was not the case with other donors and international organisations' (KIIs, MK5).

In the social protection sector, upstream advocacy⁴⁴ with other United Nations agencies led to specific policy and service outputs. In Albania, UNICEF led the United Nations agencies to develop and finalise Pillar 2 of the COVID-19 Socioeconomic Recovery Plan, and (jointly with UNDP) successfully led the process of developing a second joint programme, Financing for SDGs in Albania. UNICEF Montenegro co-led with UNDP the United Nations Rapid Social Impact Assessment and co-led the social inclusion results group, as well as coordinating Pillar II of the United Nations Socioeconomic Response Plan. UNICEF North Macedonia continued the partnership with UNDP, UNFPA, and UN Women in advancing the rights of persons with disabilities through the UNPRPD. UNICEF Tajikistan, together with the United Nations CO, engaged in the formulation of the national COVID-19 Response Plan and participated in the United Nations agency integrated socioeconomic response with a focus on the impact of COVID-19 on poor households, on populations living in under-developed regions, on women in the labour market, on women experiencing gender-based violence, and on abandoned women with children. UNICEF Uzbekistan partnered with UNDP, UNFPA, and IOM, which enabled the provision of psychosocial support to families repatriated from armed conflict zones and children leaving specialised correctional institutions. Some of the CO offices (Albania; Uzbekistan) noted that, despite initial attempts, they were not successful in establishing partnerships and cooperation with some international organisations (e.g. the World Bank; the European Union) during the pandemic.

Partnerships with CSOs were widely used during the pandemic and they were UNICEF's 'long arm' in reaching out to vulnerable groups. In Albania, the CO funded a CSO 'Observatory for Children and Youth Rights' to undertake independent monitoring of HCTs through phone surveys with beneficiaries, as well as through discussions with the managers of State Social Services in each municipality. In Montenegro, UNICEF's financial support to the Association of Youth with Disabilities and the Parents Association enabled parents and children in need to access free legal help and psychosocial support during the COVID-19 crisis. In North Macedonia, UNICEF, through cooperation with the Red Cross, supported humanitarian distribution to approximately 16,000 socially vulnerable persons. In Tajikistan, as part of the COVID-19 response, the CO, together with the local NGO, provided legal support and one-time cash support to families taking care of 23 repatriated children who were reintegrated with their extended families. In Uzbekistan, the partnership with the CSO related to the joint implementation of a programme (together with UNDP, UNFPA, and IOM) for strengthening the capacity of MMFS and CSOs to better respond to the needs of target groups, to implement efficient policies and measures, and to deliver basic socioeconomic protection and services.

⁴⁴ Upstream engagement is a common organising theme, a strategy that broadly includes the advocacy and technical support needed to design and scale up policies, strategies, and programmes. Upstream engagement includes emphasis on partnerships and networks within and across organisations and sectors to achieve results for nutrition. UNICEF has long supported global, national, and sub-national partnerships for scaling up policies and programmes to advance children's rights. Upstream engagement was articulated for the first time in UNICEF's medium-term Strategic Plan 2006–13, with a cross-cutting theme on policy advocacy and partnerships for children's rights.

Some of the CSOs that were engaged in the delivery of in-kind support reported challenges regarding the lack of updated beneficiary lists, the inability to reach remote areas during lockdowns, and duplication of support received by the same households.

4 Conclusions

This section summarises the key features of the UNICEF COVID-19 response in the social protection sector in the five countries.

This assessment has shown that the contribution of the UNICEF COs to national social protection programming and implementation during the pandemic in the selected five ECAR countries has been more than valuable. COs were not only able to support and enhance national social protection instruments; they also provided supplementary provision and filled gaps in social protection coverage.

As the response of the UNICEF COs was informed by evidence on the needs of vulnerable households with children, as well as by evidence on national social protection bottlenecks, their social protection interventions succeeded in mitigating some of the pressing socioeconomic needs of the beneficiaries and in bypassing existing access barriers to social protection. In doing so, COs adapted, scaled up, and/or introduced new programmes in their social protection portfolio.

Much was achieved, but more could have been done had funding targets been met.

The regional funding gap for social protection and cash transfers in 2021 was 96.4%. Two UNICEF COs (Tajikistan and Uzbekistan) had a funding gap of 100%. However, some of the COs showed they could be effective by using their own resources and substituting for this underfunding. This significant funding gap may also reflect the increased expectations of UNICEF regarding greater demand for social protection during the pandemic and does not necessarily echo the delivered results. However, the funding expectations should be carefully considered when planning future UNICEF CO social protection interventions in ECAR.

While the gender components, such as the focus on single-parent households, were visible in the implementation of the immediate social protection measures of the COs, frequently, gender-related results were often overlooked in initiatives focusing on children, and often also more generally.

UNICEF's strategic cooperation with national and international partners was one of the main strengths of COs during the pandemic, enabling coherent and streamlined support for national social protection systems during COVID-19.

UNICEF programmes and initiatives that proved successful included the piloting of emergency cash transfers using existing social protection systems; rolling out a nationwide management information system for social protection beneficiaries; expansion of child allowance; and advocacy for greater political prioritisation of child poverty and social protection coverage for newly vulnerable groups. Albania and Tajikistan successfully used their previous SRSP initiatives to scale up their interventions and support the implementation of the emergency cash transfer using existing social protection systems. To avoid duplication, Albania used an effective targeting strategy that involved cross-checking the economic aid, unemployment benefit, and civil registry databases to target households that were not beneficiaries of other social protection

benefits.⁴⁵ The Single Registry for social protection beneficiaries was another successful programme, rolled out nationwide in Uzbekistan. This enabled wider coverage of vulnerable households, i.e. increasing coverage from 700,000 families at the beginning of 2020 to 1.2 million families in September 2020. Quasi-universal child allowance for children aged zero to six in Montenegro was another successful initiative based on UNICEF Montenegro child poverty findings. As there is no income test for eligible beneficiaries, this child allowance may substantially reduce child poverty among children aged zero to six years of age. Finally, all UNICEF COs reported that the pandemic had opened up the possibility of more rigorously advocating and discussing child poverty, as well as increasing public financing of social and child protection. Some of the acknowledged challenges, e.g. the identification of vulnerable households not in the social protection system, was also used as an opportunity to open further discussions with the government regarding new criteria for social protection coverage.

Some of the success factors that have enabled UNICEF's swift social protection response consist of preparedness activities relating to SRSP; data, knowledge, and partnerships generated before the pandemic; flexible institutional arrangements and roles; and coherence, coordination, and harmonisation among partners. As indicated by the KIIs, the initial UNICEF response would have taken more time if existing data, know-how, and partnerships had not already been there. This enabled the modification and scale-up of existing or tested approaches. Flexible arrangements relating to roles and functions (who does what), funds (the reallocation and rearrangement of funding), and service delivery (exchanges in the use of databases and lists of vulnerable households) was also an enabling factor. Mutual coordination with other donors and stakeholders demonstrated that efficient and effective mobilisation and distribution of resources was possible if done in a coherent and harmonised way.

The main challenges faced by the COs included funding gaps; time constraints; the lack of human resources in the context of increased demand; identification of vulnerable households in need of support; and competing priorities. More funding would have enabled more activities, more piloting, better technical solutions, and additional inputs into social protection enhancement. A lot of decisions had to be taken quickly, putting pressure on UNICEF staff to speed up planned activities. Staff were overstretched, and the previous strategy during an emergency of pulling out staff from other COs was not an option. A serious challenge relating to direct service provision was the identification of vulnerable households that were not in the social protection system. In this respect, coverage could have been tackled better. Duplication of support received by the same households was reported in some cases, while some households ended up receiving nothing. CSOs supported by UNICEF revealed their inability to reach out in remote areas during lockdowns. Selecting priorities was a challenge in the context of the COVID-19 response due to increased social protection demand and the need to reallocate existing resources.

⁴⁵ *'There was an initial resistance from the government to even start discussing social protection and I think by now we can say that we demystified SRSP and we clarified that it is not something that will jeopardise the social protection system. I believe this is a big result starting also from earthquake response, but now with recovery the government, the main policy makers and the stakeholders they know about shock response, they have seen it working, so it's a huge advocacy success'* (KIIs, AL1).

Some of the programmes supported by UNICEF in response to the COVID-19 crisis have already turned into more permanent programmes and contributed towards reshaping the national social protection systems. Based on the evidence from the country-level legislation and KIIIs with the UNICEF representatives, some of the programmes advocated for and supported by the COs have the potential to turn (or have already turned) into permanent programmes or instruments in the social protection system. In Albania, UNICEF's supported HCT pilot programme is already being discussed with other local municipalities, so the potential for expansion is already evident. While this is not a permanent intervention, it contributed towards horizontal expansion of social protection (assisting new households) during crisis. Montenegro CO advocated and supported the introduction of universal child allowance, which as a programme (semi-universal child allowance) has already been rolled out as a statutory benefit as of September 2021. In North Macedonia, UNICEF, together with other development partners, supported the temporary enhancement of access to GMA during the pandemic, and the access criteria were legislated as amendments to the Law for Social Protection (December 2020) as permanent criteria during emergencies. UNICEF CO in Tajikistan initiated support to the Ministry of Health and Social Protection of Population to develop an integrated approach to data collection, analysis, and management in the social protection system, which will in the long term allow a coordinated and harmonised response to the multidimensional vulnerabilities faced by individuals across a lifecycle. Uzbekistan CO contributed towards the implementation and roll-out of a Single Registry for social protection beneficiaries that is a sustainable and durable contribution to the management of the national social protection scheme.

5 Lessons learned

This section aims to distil what has and what has not worked well in the response of UNICEF COs to the COVID-19 crisis. We organise the lessons learned around the key RTA themes and pick one key lesson (a maximum of two key lessons) under each.

Adaptability

Scaling up of existing social protection interventions targeting vulnerable families and children, especially when they leveraged new technologies (e.g. management information systems), worked well for the adaptability of social protection programming during the pandemic in the study countries. Preparatory work on emergency social protection relating to previous disasters (earthquakes; floods) was also an important factor for the adaptability of the response during a crisis.

The following activities – if implemented – will likely result in the increased adaptability of social protection programmes during a crisis: the transfer of global know-how on emergency preparedness; the effective use of pre-existing knowledge and interventions relating to vulnerable groups; and establishing partnerships with stakeholders working in the social protection sector.

Relevance of UNICEF programming and implementation

Evidence-based data regarding affected populations and vulnerable groups during the pandemic provided through the social impact assessments worked well for ensuring the relevance of UNICEF programming and implementation in the study countries. The following is likely to undermine the relevance of programming and implementation in a crisis context: the use of arbitrary criteria for targeting/tailoring social protection programmes; gaps between identified vulnerabilities and actions undertaken; and the lack of timely identification or implementation of social protection needs.

Continuity of UNICEF programming and implementation

The dissemination of guidelines, the provision of cash transfers, and support for psychosocial services worked well for ensuring the continuity of social protection and gender-based violence services during the pandemic. Funding gaps and the lack of possibilities for the reallocation of financial resources may undermine the continuity of programming and implementation.

Changes in CO leadership and/or social protection specialists during crisis may likely challenge or stall implementation continuity of social protection programmes.

Effectiveness of the UNICEF contribution

When faced with funding gaps and the shortage of financial resources, reallocating existing funding during crisis was an effective strategy for implementing SRSP programmes.

Effectiveness in reaching social protection targets was challenged when targets were linked to the implementation of joint activities with other partners.

Gender dimension of UNICEF engagement

Social protection targets and outcomes that do not specifically address existing gender challenges do not work well for achieving transformative gender outcomes. In addition, the lack of disaggregated targets and outcomes according to sex leads to generalisation of reporting and undermines the potential for visibility of gender-based results.

Having a gender leadership focal point is likely to be a good strategy for gender mainstreaming within a wider programmatic focus.

Coordination of response within country

COs that were actively engaged in nationwide consultations during the crisis maximised and leveraged results relating to the identification of vulnerable households that were not in the social protection system; brought direct assistance and support to vulnerable families; minimised duplication and overlapping of humanitarian assistance; and streamlined support among multiple actors and donors.

Global dimension of UNICEF engagement

Drawing on existing partners (the World Bank, ILO, WHO, other United Nations agencies, and the European Union) has paved the way for enhancing UNICEF's global engagement in social protection. If streamlined within the existing social protection strategies, this can maximise the effect of programmes relating to social inclusion, social cohesion, and social capital.

6 Ideas for the way forward: regional recommendations

This section builds on the preceding analysis and the lessons that have emerged and proposes improvements to the way UNICEF handles crisis response. In a sense, these are applications of the lessons learned to the ECARO. We deliberately focus on the regional recommendations in this section given that RTA was designed to support the RO in its oversight role, while generating useful learning that COs and RO could reflect on and harness over the course of the response. Country-level recommendations are included in Annex A. Both RO and COs had numerous opportunities to share their feedback on the recommendations including the workshop where they were presented and discussed. Below is the list of priority recommendations addressed to the ECA social policy team.

Building on the social protection efforts already undertaken throughout the pandemic (2020–21), UNICEF ECA RO should continue to support COs to work with governments in developing further SRSP mechanisms and protocols, as well as in identifying bottlenecks and recommending feasible solutions based on best practice to address them. Based on the RTA analysis, some areas where such solutions would be welcome are:

- a) increasing outreach and coverage for the poor and vulnerable;
- b) identifying vulnerable segments of the population, including those who may not be usually vulnerable but have been disproportionately affected by the crisis;
- c) ensuring shock responsiveness (the ability to scale up);
- d) calibration of benefits to maximise positive welfare impact on the poor and vulnerable; and
- e) modernising payment delivery systems.

UNICEF ECA RO should support COs to work with governments in streamlining the SRSP interventions with their respective DRM protocols and procedures, enhancing the overall adaptivity of social protection systems in ECA and their preparedness for shocks. This would create a mutually reinforcing approach and establish the use of social protection as a tool to build the resilience of poor and vulnerable households to future covariate shocks. Strategic partnerships with international agencies, such as the World Bank, should be used to advocate for adaptive social protection systems.

UNICEF ECA RO should support COs to assist governments in technological innovations such as digital registration for social protection rights and services, but also complementary mechanisms for the registration of groups that are digitally excluded. UNICEF should provide technical assistance relating to online and mobile-based registration portals, allowing rapid identification of vulnerable beneficiaries, but should also support complementary mechanisms that will advance social protection coverage for groups in the 'leave no one behind' agenda and ensure coverage for those excluded in terms of digital access and digital literacy.

Where budgets allow and where in line with CO planning and funding priorities UNICEF ECA RO should support COs to look for opportunities for rigorous impact

evaluation, to take advantage of the vast learning opportunities presented by the COVID-19 crisis.

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Annex A Country-specific conclusions and recommendations

Based on the information obtained through the KIIs and findings from the secondary data, the following are key observations at the CO level.

Albania

- Piloting HCT using the existing social protection system was an effective example of SRSP. In addition, CO leadership, advocacy, and coordination in SRSP before and during the pandemic provides an excellent example of preparedness to respond to a crisis.
- Providing working protocols for municipal social administrators and social workers on case management and working with communities in the situation of health risks exemplified a balance between provision of cash support and social services support.
- The outcome target in terms of the number of households reached with HCTs was conditional on external factors (e.g. activation of the system from the government; the evolving emergency/COVID-19 situation), leading to delays in target achievement.
- A sizeable funding gap of 92% limited the CO's response, although the CO showcased that reprogramming and the use of its own resources can make a significant contribution in reaching out to vulnerable households.
- The latest socioeconomic assessment of the ability of vulnerable children, families, and communities to access social protection in the context of COVID-19 should have been undertaken much earlier so that important policy recommendations regarding SRSP (e.g. a social protection floor) could have been considered when there was more active policy attention. The findings from the socio-impact analysis pointed to specific vulnerabilities during the pandemic, e.g. increased domestic violence cases in three municipalities (Durrës, Kukës, and Vlora). However, the focus of the CO has been on how systems have been designed and were able to respond to crisis.
- Lack of more strategic cooperation with the World Bank, such as cooperation on the shock-responsive elements of social protection, was a missed opportunity for joint advancement of the national social protection system.

Montenegro

- Providing evidence (social protection system assessment) for the introduction of the quasi-universal child allowance was an excellent example of the effectiveness of evidence-based advocacy and policy recommendations.
- Cooperation with the national systems and civil society regarding the provision of direct aid to the most vulnerable, as well as in the provision of psychosocial assistance, was a good example of emergency preparedness.
- Changes in personnel during COVID-19 (deputy representative, social protection officer) were well managed by the CO and did not cause delays in the CO's social protection response.

- The CO reported that ongoing coordination with UNDP, ILO, IOM, and UNHCR opened opportunities and the potential for joint cooperation in enabling the more effective transition of beneficiaries from social protection to employment.
- The social protection target for 2021 has not been achieved (yet). The roll-out of the first payments of the quasi-universal allowance (from November 2021) will contribute towards reaching and even exceeding the social protection target. Lack of achievement of this target did not undermine the CO COVID-19 response in other areas, other than by affecting cash transfers.
- Compared to 2020, the CO had slightly lower utilised commitments for social protection and HACT expenditure in 2021. This did not have visible implications on the overall social protection programmes undertaken by the CO.
- A funding gap of 98.9% has been a challenge for new social protection interventions.

North Macedonia

- A timely rapid assessment of the socioeconomic effects of COVID-19 on children undertaken in mid-2020 and its subsequent update in mid-2021 provided a solid base for policy advocacy and realisation of social protection policy recommendations.
- Continuation of CO support for integrated case management in Centres of Social Work during the pandemic provided a solid base for further improvements relating to public social services.
- Continuing the strategic partnership with the World Bank related to the social protection reform enabled opportunities to strengthen the national social protection coverage during the pandemic.
- Changes in personnel during COVID-19 (deputy representative; social protection officer) did not cause delays in the CO social protection response.
- Implementation of the mentoring programme had to be reduced and delivered online.
- Progress was made in achieving the 2021 social protection target (80% achieved until October 2021), the highest rate of progress compared to other COs.
- Similarly to Montenegro, COs had increased social protection, HAC, and HACT expenditure in 2020, but had slightly lower utilised commitments for this purpose in 2021.
- A remaining funding gap of 83.4% is a challenge for more straightforward input into the social protection sector.
- The gender dimension in the social protection outcomes (e.g. focusing on reducing poverty among women; increasing employment opportunities for women) was not visible.

Tajikistan

- Fruitful cooperation with the government and with the World Bank led to successful implementation of the HCT programme, a model developed by UNICEF in 2019.
- Coverage of the HCT programme could have been improved to avoid duplication and include a broader group of vulnerable categories not in the social protection system.
- Progress towards the social protection target for 2021 was slow (only 12% by July 2021).

- The funding gap in 2021 was 100%, threatening the potentially beneficial input from the CO towards strengthening the national social protection system.
- The delayed and relatively mild impact of the pandemic in early 2020 might have contributed towards a decrease in social protection, HAC, and HACT expenditure in 2020, but the CO had much higher utilised commitments for this purpose in 2021.

Uzbekistan

- Technical support for the development of the unified registration system for social benefits and services (the Single Registry) and its nationwide roll-out during the pandemic was the most effective example of CO contribution towards building a more transparent and inclusive national social protection system.
- CO provision of evidence-based data and successful advocacy contributed towards governmental reform of child benefits.
- Changes in personnel during COVID-19 (deputy representative; social protection officer) did not cause delays in the CO social protection response.
- The social protection target for 2021 was not achieved due to postponing the launch of the programme to which this target was linked.
- Similarly to Tajikistan, the funding gap for the sector social protection in 2021 was 100%, jeopardising the realisation of the planned activities.
- The CO had a slightly lower social protection, HAC, and HACT expenditure in 2020, but much higher utilised commitments for this purpose in 2021.
- Despite efforts being made, the CO was not able to attract either European Union funding or the European Union as a strategic cooperation partner.

Based on the desk review and information provided during the KIIs, below are some country-specific social protection-related suggested recommendations.

Albania

- Boosting policy advocacy for the introduction of a child allowance based on simulations relating to its effect on child poverty and the at-risk-of-poverty rate can ensure a readily available mechanism to support families with children during a crisis.
- Providing an evidence base to assess the effect of the prospective vertical expansion of *Ndihma Ekonomike*, aiming to streamline different top-ups (energy; water) as a guaranteed right of economic aid beneficiaries rather than as conditional rights based on supporting documents and criteria, will also enable more swift response during a crisis.
- Ongoing efforts for broadening the number of municipalities that can benefit from UNICEF-provided emergency cash assistance should be continued.
- Support should be continued to municipalities for integrated case management. This should enable support for the multiple risks that usually arise during a crisis.
- Engage in advocacy and support the strengthening of capacities for SRSP and linkages with the national mechanisms for DRM.

Montenegro

- Engage in follow-up assessments of the effects of the introduced quasi-universal child allowance and, depending on the results, showcase the probability of its horizontal expansion (for children over the age of six).
- Intermediate targets or targets that are closer to the interventions in the results chain in social protection should be part of CO reporting to avoid (current) delays in target achievement.
- Continue and intensify coordination with UNDP and ILO regarding opportunities for joint cooperation on the activation of social protection beneficiaries – especially in relation to improved links between poverty targeting and employment – so that tapered benefits are slowly reduced upon employment, especially for younger parents. This will also ensure better social protection targeting during a crisis.
- Explore the possibilities for new programme that will build capacities for improved coordination between central and local governance in social protection (e.g. between the Ministry of Finance and Social Welfare and the Centres of Social Work on the one side and local municipalities on the other.)
- Engage in advocacy to enhance the perception of social protection as productive and transformative, including its role in economic recovery. Tackle stigma surrounding dependency among social protection beneficiaries. Engage in knowledge building around the wider societal benefits of universal coverage in social protection (including stigma and social cohesion). All this will allow activities for post-COVID-19 recovery to resonate with the wider population.

North Macedonia

- Advocate for and support the modification of national child protection legislation along the same lines as the social protection amendments related to eligibility and access criteria during emergencies. This will enable swifter access to child benefits in emergency situations.
- Explore ways to engage more visibly in public finance advocacy related to reintroducing progressive taxation, building on and showcasing the evidence related to reduced child poverty rates and reduced income inequality during 2019 (when progressive taxation was implemented). This can lead towards a child investment strategy as part of the COVID-19 recovery.
- Engage in a comprehensive evaluation of the effects of the social and child protection reform of 2019, including from the beneficiary perspective. This should provide an evidence base for policy advocacy related to continual child investment and COVID-19 recovery regarding wellbeing among vulnerable children and families.
- Continue supporting case management in Centres of Social Work and strengthen CO activities that will target the activation of social protection beneficiaries.
- Continue, and strengthen, the nationwide implementation of disability assessment based on the ICF.

Tajikistan

- Initiate and conduct a child poverty assessment, as well as an evaluation of the effectiveness of the emergency cash transfer support implemented in 2020.
- Based on evidence from the emergency cash transfer during the pandemic, engage in efforts for the horizontal expansion of the social assistance scheme to cover more categories of vulnerable households with children.
- Engage in advocacy for the introduction of child allowance.
- Continue ongoing engagement with the Ministry of Health and Social Protection related to stipulating adequate targeting criteria for various social protection programmes.
- Advocate for gender outcomes in social protection programming (increasing employment opportunities among women; supporting single-parent households; etc.).
- Continue coordination with international donors and partners for streamlined enhancement of the social protection system.

Uzbekistan

- Continue efforts to link social services to existing databases and the Single Registry.
- Ensure timely evaluation of the reformed child benefit system and its effect on child poverty and child wellbeing.
- Ensure that ongoing efforts for establishing one single government agency in charge of social protection do not create additional bureaucracy or become a burden for the effective creation, coordination, and implementation of the national social protection policy.
- Enhance support for CSOs in the development of social services provided to vulnerable households with children.
- Continue the well-established relations and strategic partnership with the World Bank to ensure continuity of the social protection reforms.
- Prioritise capacity building for community-based services, day-care services, small group homes, etc. This would also significantly reduce the risk of transmission of infectious disease and enhance child safety and wellbeing during future health crises.
- Advocate for legislative amendment of the narrow definition of social service beneficiaries and broaden the categories that can benefit from social services to include vulnerable women, young people in risk situations, unemployed people, etc.

Annex B Evaluation questions and key findings

Governmental social protection responses during the pandemic (Country/System Info)	
<p>EQ1. What are the main national social protection instruments and programmes available in the country that relate to children and families?</p>	<p>The main non-contributory social protection benefits targeting socially vulnerable households and children before the pandemic modifications include the following:</p> <p>Albania: Economic assistance (<i>Ndihma Ekonomike</i>); disability allowance; electricity bill subsidies for beneficiaries of <i>Ndihma Ekonomike</i> and other vulnerable households</p> <p>Montenegro: Family material support; child allowance (for children without parents and parental care; for disabled children; for children from households benefiting from family material support); disability allowance; allowance for home care and assistance</p> <p>North Macedonia: GMA (top-up: energy allowance); disability allowance; parental allowance; allowance for assistance and care; child allowance; special allowance; educational allowance</p> <p>Tajikistan: TSA; compensation for electricity and natural gas; allowances for children studying in schools</p> <p>Uzbekistan: Low-income family allowance; childcare allowance (for children under the age of two); allowance for children aged 2–14</p>
<p>EQ2. How were national social protection instruments and programmes adjusted to respond to COVID-19? What, if any, adjustments were made to make these programmes more sensitive to the needs of children and families?</p>	<p>The main adjustments in the social protection sector relating to cash transfers (social assistance and child benefits) included the following:</p> <p>Albania: Increase (doubling) in the social assistance benefit programme (<i>Ndihmës Ekonomike</i>); one-off financial assistance for families who applied unsuccessfully for economic assistance between July 2019 and April 2020 (and were not beneficiaries of social assistance)</p> <p>Montenegro: One-off payments for vulnerable categories (pensioners on the lowest pension; beneficiaries of financial assistance; unemployed persons registered with the Employment Bureau who do not have the right to financial compensation; beneficiaries of personal disability benefits); electricity subsidies; extension of child benefits where there was need for revision; roll-out of universal child allowance from zero to six years of age</p> <p>North Macedonia: Modification of the access criteria for GMA by limiting means testing and activation requirements (job search and registration); educational allowance criteria removed; extension of expired child protection benefits (e.g. newborn allowance; parental allowance for the third and fourth child)</p> <p>Tajikistan: Increase (top-up payments) in the TSA scheme; one-off cash assistance to households not covered by existing programmes; emergency cash top-ups to TSA beneficiaries with children under three years of age</p>

	Uzbekistan: Simplification of the application process and relaxation of the income test for family allowances; one-off cash assistance to vulnerable families; extending the payment period for the single child allowance for low-income families from six to 12 months
EQ3. Was there a balance between cash transfers and social services support?	The governmental response during the pandemic in the study countries focused more on cash transfers and their expansion. While there was an evident increase in developing protocols for accessing social services during emergencies, social services have not witnessed an expansion in any of the study countries.
EQ4. Are social protection policies and work informed by gender and age disaggregated data and analysis?	Social protection policies in the study countries are informed by data relating to vulnerabilities according to sex and age. However, disaggregated data relating to the beneficiaries of social protection measures during the pandemic are not easily accessible
EQ5. Are the effects of social protection schemes being measured?	In three of the study countries (Albania, Montenegro, and North Macedonia), data exist based on the EU SILC methodology (relative poverty) relating to the effects of social protection schemes. In Tajikistan and Uzbekistan, the effects of the social protection scheme are measured according to the World Bank methodology, i.e. poverty is measurement in absolute terms
Adaptability, relevance, and continuity of UNICEF programming and implementation	
EQ6. How, if at all, has UNICEF been supporting the national social protection programmes and systems to adjust its response to COVID-19 to better align with the needs of children and their families, especially those of the most vulnerable and the 'new poor'?	<p>UNICEF has been supporting national social protection programmes and systems to adjust their response to COVID-19 to better align with the needs of children and their families through three broad categories of instruments and programmes</p> <p>Analytical work/social impact assessments and analysis: These assessments support governments in identifying vulnerable families and children during the pandemic, as well as bottlenecks in the social protection system</p> <p>Capacity building and advocacy: These programmes support the national social protection programmes to adjust their response to COVID-19 in relation to building standards for social workers and/or humanitarian workers to work in situations of public health emergencies; developing methodology for assessing and covering vulnerable households; modifying access criteria for social assistance schemes; continuity of social services in conditions of greater need caused by the pandemic</p> <p>Emergency cash transfers and provision of hygiene supplies: These programmes support immediate relief for loss of income during the pandemic, as well as providing essential hygiene supplies during the pandemic. They have been directed towards families that do not benefit from routine social protection</p>
EQ7: Did this work build on previous engagement on social	UNICEF work during the pandemic built on previous engagement on social protection, but also reflected new areas of engagement. In both cases, activities were relevant in addressing the needs of the vulnerable population during the pandemic

<p>protection or reflect new areas of engagement?</p>	<p>Continuation and enhancement of previous engagement in social protection was seen through activities such as rolling out previously advocated and initiated management information systems, which contributed to increase in coverage of social protection during the pandemic); and continuing support for case management that improved capacities for integrated delivery of social protection</p> <p>New areas of engagement, such as implementation and involvement in emergency cash transfers for the most vulnerable during COVID-19 and HAC cash transfers, addressed the immediate needs of the vulnerable population during the pandemic, including children and households with children</p>
<p>Effectiveness of the UNICEF contribution</p>	
<p>EQ8. How effective has the UNICEF contribution been to the national social protection systems becoming shock responsive to support children and their families in different risk contexts, regardless of the type and duration of the crisis?</p>	<p>Evidence suggests that UNICEF COs contributed effectively to the national social protection systems becoming shock responsive, as their programmes contributed to:</p> <ul style="list-style-type: none"> • extended social protection coverage of vulnerable children and families, including those who have been identified as negatively affected during the pandemic • increased levels of financial protection for affected populations through the provision of emergency cash assistance • an increase in services offered to cover multidimensional risks
<p>EQ9. Is UNICEF's work contributing to building resilient systems, and how (political, financial, operational, measurement)? What is UNICEF's involvement? Is there a window of opportunity that has not been addressed?</p>	<p>UNICEF CO programmes have contributed towards building more resilient national social protection systems through financial, operational, methodological, and evidence-based support. The resilience of the social protection systems was mostly assisted through improved targeting of programme beneficiaries by using existing methodologies for vulnerable households, new poverty assessments, and simulations; devising working protocols for municipal social administrators and social workers on how to conduct case management and work with communities in a pandemic situation and similar public health emergencies; and providing volunteers to assist in delivering social services</p>
<p>EQ10. Is UNICEF involved in measuring socioeconomic effects, especially on children?</p>	<p>Most of the UNICEF COs are involved in measuring socioeconomic effects, especially on children. These measurements have contributed towards bundling the evidence base for policy recommendations on child poverty with children's access to social protection</p>
<p>Gender dimension of UNICEF engagement</p>	
<p>EQ11. Have any of the immediate social protection measures of the COs (such as cash transfers) addressed unequal norms, economic and social roles for</p>	<p>While the gender dimension of the UNICEF CO programming has been mainstreamed within the social protection sector, gender-related outcomes are not readily apparent. The most concrete social protection intervention that had a gender focus during the pandemic related to targeting cash assistance towards vulnerable women-headed households. In Albania, the emergency cash transfer primarily targeted women-headed and child-headed households. In Montenegro, the majority of beneficiaries of the HAC transfer were single-parent households, the</p>

<p>women, prioritising the safety of women and girls, and their access to social protection and economic wellbeing in their design?</p>	<p>majority of which were women-headed. Tajikistan CO provided a list of vulnerable women-headed households affected by migration. Uzbekistan CO supported specific governmental measures targeting women, e.g. disability allowances targeting mothers of children</p>
<p>Coordination and global dimension of UNICEF engagement</p>	
<p>EQ12. How well has UNICEF been coordinating and engaging in system-wide efforts (e.g. with WHO, humanitarian country teams, UNCTs, governments, and civil society partners) to achieve a swift, multisectoral, human rights-based response to COVID-19 at the country level? What lessons can be drawn for UNICEF to further leverage on its comparative advantage?</p>	<p>UNICEF COs have successfully coordinated and engaged with national and international partners, and these partnerships led towards more responsive national social protection systems during COVID-19</p> <ul style="list-style-type: none"> • UNICEF's comparative advantage and value added in partnership was based on its pre-existing know-how in the social protection sector, its focus on vulnerable groups, and its established partnerships with stakeholders • Partnership with governments enabled swifter social protection response during the pandemic, as well as vertical and horizontal expansion of the social protection systems • Partnership with CSOs contributed to filling in gaps in routine social protection and helped reach out to wider groups of vulnerable families and children • Partnership with international partners contributed towards streamlining social protection support and minimising duplication in provided support
<p>EQ13. Are there any examples of a UNICEF CO working with specific United Nations agency (or agencies) in scaling impact through investing in upstream advocacy? Has the joint work resulted in any specific result?</p>	<p>In the social protection sector, upstream advocacy with other United Nations agencies led to specific policy and service outputs. UNICEF, together with UNDP, UNFPA, UNECE, and IOM, developed Socioeconomic Recovery Plans and Rapid Social Impact Assessments, and provided psychosocial support to families</p>
<p>Lessons learned, obstacles, success factors, and implications for the future</p>	
<p>EQ14. What are the emerging lessons learned, the obstacles, success factors, and suggested actions to improve the responsiveness of UNICEF relating to the social protection system for future shocks?</p>	<ul style="list-style-type: none"> • Scaling up existing social protection interventions targeted at vulnerable families and children, especially when they leveraged new technologies (e.g. management information systems), worked well for the adaptability of social protection programming during the pandemic in the study countries • Evidence-based data regarding affected populations and vulnerable groups during the pandemic provided through the social impact assessments worked well for ensuring the relevance of UNICEF programming and implementation in the study countries

	<ul style="list-style-type: none"> • Changes in CO leadership and/or social protection specialists during crisis may impede or stall continuity in the implementation of social protection programmes • When faced with funding gaps and shortages of financial resources, reallocating existing funding during a crisis was an effective strategy for implementing SRSP programmes • Social protection targets and outcomes that do not specifically address existing gender challenges does not work well for achieving gender transformative outcomes • COs that were actively engaged in nationwide consultations during the crisis maximised and leveraged social protection results • Drawing on existing partners (World Bank; ILO; WHO; other United Nations agencies; the European Union), but identifying new avenues of partnership in sectors such as employment and active labour market policies, has paved the way for enhancing UNICEF's global engagement in social protection
<p>EQ15. What was/were the main UNICEF challenge(s) during implementation of social protection programmes during COVID-19?</p>	<p>The main challenges faced by the COs included funding gaps; time constraints; the lack of human resources in the context of increased demand; identification of vulnerable households in need of support; and competing priorities</p> <p>Some of these challenges were met though reallocating and rearranging funding, flexible arrangements relating to roles and functions, and exchanges in the use of databases and lists of vulnerable households</p>
<p>EQ16. Are there any UNICEF social protection programmes that have proved successful during COVID-19?</p>	<p>UNICEF programmes and initiatives that proved successful during the pandemic involved piloting emergency cash transfers using existing social protection schemes; rolling out a nationwide management information system for social protection beneficiaries; child allowance expansion; and advocacy for greater political prioritisation of child poverty and social protection coverage for newly vulnerable groups</p> <p>Factors that enabled UNICEF social protection programmes to be successful included data, knowledge, and partnerships generated before the pandemic; flexible institutional arrangements and roles; and coherence, coordination, and harmonisation among partners</p>
<p>EQ17. To what extent will the programmes put in place/supported by UNICEF in response to the crisis contribute to reshaping the social protection system? Which of these programmes has already turned, or will most likely turn, into a more permanent one?</p>	<p>Some of the programmes implemented and advocated by UNICEF in response to the COVID-19 crisis (and some continued support that existed before the pandemic) have contributed to reshaping the national social protection system to a certain extent</p> <p>These include national roll-out of the management information systems for social protection; successful advocacy support for introducing universal child allowance; and successful advocacy for translating temporary enhancement of access to social assistance into permanent legislative solutions effective during the crisis</p>

EQ18. How can UNICEF position itself to expand its work in the region post-COVID-19?

Building on the social protection efforts already undertaken throughout the pandemic (2020–21), UNICEF should continue to support governments in identifying bottlenecks and recommending feasible solutions based on best practice to address them. Based on the RTA analysis, some areas where such solutions would be welcome are:

- (a) increasing outreach and coverage for the poor and vulnerable;
- (b) identifying vulnerable segments of the population, including those who may not be usually vulnerable but have been disproportionately affected by the crisis;
- (c) ensuring shock responsiveness (the ability to scale up);
- (d) calibrating benefits to maximise the positive welfare impact on the poor and vulnerable; and
- (e) modernising payment delivery systems

Strategic partnership with other United Nations agencies, such as UNDP and ILO, should also be used to open new avenues of UNICEF work relating to the labour market and the employment sector

Annex C KII participants

Country	Sector/organisation	Participant code
Albania	UNICEF	AL1 AL2
Montenegro	UNICEF	ME1
North Macedonia	UNICEF	MK1 MK2
Tajikistan	UNICEF	TA1 TA2
Uzbekistan	UNICEF	UZ1 UZ2 UZ3
Montenegro	Government Ministry of Finance and Social Welfare	ME2
North Macedonia	Government Ministry of Labour and Social Policy	MK3 MK4
Tajikistan	Government Ministry of Health and Social Protection of the Population	TA3
Uzbekistan	Government Ministry of Finance	UZ4
Albania	CSO	AL3
Montenegro	CSO	ME3
North Macedonia	CSO	MK5 MK6
Tajikistan	CSO	TA4

Annex D Self-assessment of the report's compliance with UNICEF's quality assurance checklist criteria

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
Section A: Background (weight 5%)		
Question 1	Is the object of the evaluation clearly described?	Yes, Section 3.2
1.1	Clear and relevant description of the intervention, including location(s), timelines, cost/budget, and implementation status	For the purpose of this study, the 'intervention' comprises the entire portfolio of COs' activities undertaken in response to the COVID-19 crisis in the social protection sector. Locations, timelines, costs/budget, and implementation status were identified as relevant. Information relating to specific activities, including timelines, costs/budget, and implementation status, are provided where relevant at various places in the report (e.g. pp. 25–28, pp. 37-38, etc.)
1.2	Clear and relevant description of intended rights holders (beneficiaries) and duty bearers (state and non-state actors with responsibilities regarding the object of the evaluation) by type (i.e. institutions/organisations; communities; individuals; etc.), by geographic location(s) (i.e. urban, rural, particular neighbourhoods, town/cities, subregions, etc.), and in terms of numbers reached with disaggregation by gender, age, disability, etc. (as appropriate to the purpose of the evaluation)	Yes, direct and indirect beneficiaries have been clearly identified. The duty bearers (usually national or sub-national governments) are identified as appropriate.
Question 2	Is the context of the intervention clearly described?	Yes, in Section 3.1
2.1	Clear and relevant description of the context of the object of the evaluation (i.e. relevant policy, socioeconomic, political, cultural, power/privilege, institutional, international factors) and how context relates to the implementation of the object of the evaluation	Relevant context described

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
2.2	Linkages are drawn to the SDGs and relevant targets and indicators for the area being evaluated	Linkages to the SDG are mentioned in the introduction (p. 11)
2.3	Clear and relevant description (where appropriate) of the status and needs of the right holders/beneficiaries of the intervention	Table 8, pp. 30–31, provides insights into country-specific status and the needs of beneficiaries on intervention
Question 3	Are key stakeholders, their relationships, and their contributions clearly identified?	Yes, Sections 3.1 and 3.2
3.1	Identification of implementing agency(ies), development partners, rights holders, and additional duty bearers and other stakeholders, and of linkages between them (e.g. stakeholder map) (if relevant)	The implementing agency(ies), development partners, rights holders, and stakeholders are provided at various places in the report (e.g. Section 3.2.4)
3.2	Identification of the specific contributions and roles of key stakeholders (financial or otherwise), including UNICEF	Yes, Section 3.1 identifies the contribution and role of governmental stakeholders; Section 3.2 outlines the contribution and role of UNICEF
Section B: Evaluation purpose, objectives, and scope (weight 5%)		
Question 4	Is the purpose of the evaluation clearly described?	Yes, see introduction
4.1	Specific identification of how the evaluation is intended to be used and what this use is expected to achieve	Yes, pp. 1-2: the introduction specifies who can benefit from the evaluation, and how
4.2	Identification of appropriate primary intended users of the evaluation	Yes, pp. 1-2: the introduction specifies the primary identified use of the evaluation
Question 5	Are the objectives and scope of the evaluation clear and realistic?	Yes, see introduction
5.1	Clear and complete description of what the evaluation seeks to achieve by the end of the process with reference to any changes made to the objectives included in the terms of reference (ToR) and/or in the Inception Report	Yes, in Section 2: pp.3–7
5.2	Clear and relevant description of the scope of the evaluation: what will and will not be covered (thematically, chronologically, geographically, with key terms defined), as well as the reasons for this scope (e.g. specifications by the ToR and/or Inception Report; lack of access to particular geographic areas for political or	Yes, in Section 2: pp. 3–7

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
	safety reasons at the time of the evaluation; lack of data/evidence on particular elements of the intervention)	
Question 6	Are the ToC, results chain, or logic well articulated?	Yes, see the section on methodology. The ToC was constructed by the evaluation team for analytical purposes; the results frameworks of UNICEF COs were not built around this ToC
6.1	Clear and complete description of the intervention's intended results or of the parts of the results chain that are applicable to, or are being tested by, the evaluation	While the structure of the analysis and presentation of the findings involve evaluation questions rather than business processes identified in the ToC, the report implicitly makes use of the ToC. More on this on p. 5
6.2	Causal relationship between outputs and outcomes is presented in a narrative and graphic form (e.g. results chain; logic model; ToC; evaluation matrix)	While the structure of the analysis and presentation of the findings involve evaluation questions rather than business processes identified in the ToC, the report implicitly makes use of the ToC. More on this on p. 5
6.3	For theory-based evaluations, the ToC or results framework is assessed, and if requested in the ToR, it is reformulated/improved by the evaluators	While the structure of the analysis and presentation of the findings involves evaluation questions rather than business processes identified in the ToC, the report implicitly makes use of the ToC. More on this on p. 5
Section C: Evaluation methodology (weight 20%)		
Question 7	Does the evaluation use questions and the relevant list of evaluation criteria that are explicitly justified as appropriate for the purpose of the evaluation? UNICEF evaluation standards refer to the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) criteria. Not all OECD DAC criteria are relevant to all evaluation objectives and scopes. Standard OECD DAC criteria include relevance; effectiveness; efficiency; sustainability; and impact. Evaluations should also consider equity, gender, and human rights (these can be mainstreamed into other criteria). Humanitarian evaluations should consider coverage; connectedness; coordination; protection; and security	Yes. Evaluation questions and relevant evaluation criteria are used

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
7.1	Evaluation questions and subquestions are appropriate for meeting the objectives and purpose of the evaluation and are aligned with the evaluation criteria	Yes, the report is structured around specific evaluation questions. In addition, Annex B provides key findings relating to each evaluation question
7.2	In addition to the questions and subquestions, the evaluation matrix includes indicators, benchmarks, assumptions, and/or other processes from which the analysis can be based and conclusions drawn	Yes, relating to effectiveness: Section 3.2.2. and provided on pp. 37–39
Question 8	Does the report specify methods for data collection, analysis, and sampling?	Yes
8.1	Clear and complete description of a relevant and robust methodological design and set of data collection methods that are suitable for the evaluation's purpose, objectives, and scope	Yes, Section 2
8.2	Data sources are appropriate, normally including qualitative and quantitative sources (unless otherwise specified in the ToR), and are all clearly described	Yes
8.3	Sampling strategy is provided, describing how diverse perspectives were captured (or if not, providing reasons for this)	Yes, the sampling strategy is explained in the methodology section
8.4	Clear and complete description of data analysis methods	Yes, Section 2
8.5	Methodology allows for drawing causal connections between outputs and expected outcomes	Yes
8.6	Clear and complete description of evaluation limitations, biases, and constraints faced by the evaluation team and the mitigation strategies used	Yes, Section 2, p. 7
Question 9	Are ethical issues and considerations described? The evaluation should be guided by the UNEG ethical standards for evaluation and to 2015 UNICEF Procedure on Ethics to conduct research, studies, and evaluation.	Yes
9.1	Explicit and contextualised reference to the obligations of evaluators (independence; impartiality; credibility; conflicts of interest; accountability) in accordance with UNEG ethical standards	Yes, this information is provided in the methodology section

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
9.2	Description of ethical safeguards for participants appropriate for the issues described (respect for dignity and diversity; the right to self-determination; fair representation; compliance with codes for vulnerable groups, e.g. adherence to ethical principles and procedures; do no harm; confidentiality and data collection). For those cases where the evaluation involved interviewing children, explicit reference is made to the UNICEF Procedures for Ethical Research Involving Children	Yes, this information is provided in the methodology section
9.3	If the Evaluation Report required an official ethical approval and informed consent, both forms are included as an annex in the draft Final Evaluation Report	Yes. Official ethical approval was not required. However, all key informants were sent the evaluation question list and informed about the evaluation objectives and relevant design features. The respondents' consent for interview participation was obtained prior to interview
Section D: Evaluation findings (weight 25%)		
Question 10	Do the findings clearly address all evaluation objectives and scope?	Yes, Sections 2–3
10.1	Findings contain sufficient levels of evidence to systematically address all of the evaluation's criteria and questions. Gaps in the evidence that was generated and mitigation of bias are highlighted if relevant	Yes
10.2	If feasible and relevant to the purpose, cost analysis is clearly presented (how costs compare to similar interventions or standards, most efficient way to get expected results). If not feasible, an explanation is provided	The report presents an analysis of social protection expenditure by COs to make inferences about COs' adaptability. However, cost analysis of output or outcomes delivered is outside of the scope of this assessment
10.3	Explicit use of the intervention's results framework/ToC in the formulation of the findings	The ToC was constructed by the evaluation team for analytical purposes. The results frameworks of the UNICEF COs were not built around this ToC. The presentation of the findings involves evaluation questions rather than business processes identified in the ToC. More on this on p.5

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
Question 11	Are evaluation findings derived from the conscientious, explicit, and judicious use of the best available, objective, reliable, and valid data, and by accurate quantitative and qualitative analysis of evidence?	Yes
11.1	Evaluation uses credible forms of qualitative and quantitative data, presenting both output and outcome-level data as relevant to the evaluation framework. Triangulation is evident through the use of multiple data sources	Yes. Data sources are described in the methodology section
11.2	Findings are clearly supported by, and respond to, the evidence presented, both positive and negative. Findings are based on clear performance indicators, standards, benchmarks, or other means of comparison as relevant for each question	Yes
11.3	Unexpected effects (positive and negative) are identified and analysed	Yes
11.4	The causal factors (contextual, organisational, managerial, etc.) leading to achievement or non-achievement of results are clearly identified. For theory-based evaluations, findings analyse the logical chain (progression – or not – from implementation to results)	Yes
Question 12	Does the evaluation assess and use the intervention's results-based management elements?	Not relevant. Assessment of the results-based management elements is outside of the scope of this evaluation
12.1	Clear and comprehensive assessment of the intervention's monitoring system (including completeness and appropriateness of the results/performance framework, comprising of the vertical and horizontal logic and monitoring and evaluation tools and their usage) to support decision making	The report discusses some monitoring practices but a comprehensive and systematic treatment of monitoring system is outside of the scope of this report
Section E: Evaluation conclusions and lessons learned (weight 10%)		
Question 13	Do the conclusions present an objective overall assessment of the intervention?	Yes
13.1	Conclusions are clearly formulated and reflect the purpose and objectives of the evaluation. They are sufficiently forward-looking (if a formative evaluation or if the implementation is expected to continue or have additional phase)	Yes

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
13.2	Conclusions are derived appropriately from findings, and present a picture of the strengths and limitations of the intervention that adds insight and analysis beyond the findings	Yes
Question 14	Are logical and informative lessons learned identified? [Not applicable if lessons are not presented and not requested in ToR]	Yes
14.1	Identified lessons stem logically from the findings and have wider applicability and relevance beyond the object of the evaluation	Yes
14.2	Lessons are clearly and concisely presented, yet have sufficient detail to be useful for intended audience	Yes
Section F: Recommendations (weight 15%)		
Question 15	Are recommendations well grounded in the evaluation?	Yes, regional and country-level recommendations are provided in Annex A, p. 57
15.1	Recommendations align with the evaluation purpose, are clearly formulated, and are logically derived from the findings and/or conclusions	Yes
15.2	Recommendations are useful and actionable for primary intended users and uses (relevant to the intervention); guidance is given for implementation, as appropriate	Yes
15.3	Process for developing the recommendations is described and includes the involvement of duty bearers, as well as rights holders, when feasible (or an explanation is given for why they were not involved)	Yes
Question 16	Are recommendations clearly presented?	Yes
16.1	Clear identification of groups or duty bearers responsible for action for each recommendation (or clearly clustered group of recommendations); clear prioritisation and/or classification of recommendations to support use	Yes
Section G: Evaluation structure/presentation (weight 5%)		
Question 17	Does the Evaluation Report include all relevant information?	Yes, also included in country annexes
17.1	Opening pages include name of evaluated object; timeframe of object evaluated; date of report; location	Yes

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
	of evaluated object; name(s) and/or organisation(s) of the evaluator(s); name of organisation commissioning the evaluation; table of contents including, as relevant, tables, graphs, figures, and annexes; list of abbreviations; page numbers	
17.2	Annexes include ToR; evaluation matrix; list of interviewees; results chain/ToC/logical framework (unless included in report body); list of sites visited; data collection instruments (such as survey or interview questionnaires); list of documentary evidence. Other appropriate annexes could include additional details on methodology; information about the evaluator(s)	Yes
Question 18	Is the report logically structured?	Yes
18.1	Structure is easy to identify and navigate (for instance, with numbered sections, clear titles and subtitles, well formatted)	Yes
18.2	Structure follows UNICEF guidelines for evaluation reports: context, purpose, objectives, and methodology would normally precede findings, which would normally be followed by conclusions, lessons learned, and recommendations	Yes
18.3	Report is easy to understand (written in accessible way for intended audience) and generally free from grammar, spelling, and punctuation errors	Yes
18.4	Frequent use of visual aids (such as infographics, maps, tables, figures, and photos) to convey key information. These are clearly presented, labelled, and referenced in text	Yes
18.5	Report is of reasonable length; it does not exceed number of pages that may be specified in ToR	Yes
Section H: Evaluation principles (weight 10%)		
Question 19	Did the evaluation design and style consider incorporation of the United Nations and UNICEF's commitment to a human rights-based approach to programming, to gender equality, and to equity?	Yes, gender equality is in the methodology section. Equity aspects of UNICEF interventions in the social protection sector is explicitly discussed in relevant subsections

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
19.1	Reference and use of rights-based framework, and/or CRC, and/or CCC, and/or the Convention on the Elimination of Discrimination against Women, and/or other rights-related benchmarks in the design of the evaluation	No direct reference to these are made, but the gender-sensitive elements of our analysis and attention to the equity dimensions of UNICEF's engagement in the social protection sector are in line with the human rights-based approach to evaluations
19.2	Clear description of the level of participation of key rights holders and duty bearers in the conduct of the evaluation, including in the development of recommendations (for example, a reference group is established; stakeholders are involved as informants or in data gathering)	Yes, government and CSO stakeholders were among the key informants. Their feedback was taken into account in formulating findings and recommendations
19.3	Stylistic evidence of the inclusion of these considerations can include using human rights language; gender-sensitive and child-sensitive writing; disaggregating data by gender, age, and disability groups; disaggregating data by socially excluded groups	Yes. Human rights-related language involves explicit use of equity as a principle to be observed in interventions. A gender-sensitive writing style and evaluation design are maintained. To the extent allowed by the data, disaggregation by disability status, gender, and ethnicity are provided
Question 20	Does the evaluation assess the extent to which the implementation of the intervention addressed equity?	Yes, gender is explicitly addressed in Section 3.4. Evaluation question EQ11 specifically focuses on gender aspects of CO engagement
20.1	Evaluation assesses the extent to which the implementation of the intervention addresses child rights and 'leave no one behind' (gender and other excluded and marginalised groups). It is disability inclusive, i.e. it is aligned with the United Nations Disability Inclusion Strategy as appropriate	The report analyses national and UNICEF response in relation to households with disabled members and marginalised ethnic groups (primarily Roma). The 'leave no one behind' agenda is mentioned in one of the general/regional recommendations
Question 21	Does the evaluation meet United Nations System-Wide Action Plan (UN SWAP) evaluation performance indicators?	UN SWAP evaluation performance indicators are not referenced
	Note: this question will be rated according to United Nations SWAP standards	
21.1	Gender equality and the empowerment of women (GEEW) is integrated in the evaluation scope of analysis, and evaluation criteria and questions are designed in a way that ensures GEEW-related data will be collected	Yes, to the extent allowed by the data. Quantitative data collection, which was fully under evaluation team's control, integrated GEEW topics in the interviews

	Quality assurance checklist criteria	Evaluation team's assessment of compliance with quality assurance checklist criteria
21.2	A gender responsive evaluation methodology, methods and tools, and data analysis techniques are selected	Yes, explained in more detail on p. 6.
21.3	The evaluation findings, conclusions, and recommendations reflect a gender analysis	Yes
Section I: Executive summary (weight 5%)		
Question 22	Can the executive summary inform decision making?	Yes
22.1	An executive summary is included that is of relevant conciseness and depth for key users (maximum of five pages unless otherwise specified in ToR)	Yes
22.2	Includes all necessary elements (overview of the object of the evaluation; evaluation purpose; objectives and intended audience; evaluation methodology; key conclusions on findings; lessons learned if requested; and key recommendations), as per ToR	Yes
22.3	Includes all significant information to understand the object of the evaluation and the evaluation itself AND does not introduce new material from what is presented in the rest of the report	Yes

Annex E The original RTA ToR



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