Real-Time Assessment (RTA) of UNICEF's response to COVID-19 in Latin America and the Caribbean (LAC)

Synthesis Report

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ACKNOWLEDGEMENTS

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ACRONYMS

AAP	Accountability to Affected People
B4R	Business for Results
C4D	Communication for Development
CEPAL	Comisión Económica para América Latina y el Caribe
CO	Country Office
COVAX	COVID 19-vaccines
CPD	Country Program Documents
CSO	Civil Society Organizations
DAC	Development Assistance Committee
ECD	Early Childhood Development
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
HQ	Headquarters
ILO	International Labour Organization
IMF	International Monetary Fund
INGO	International Non-governmental Organization
IOM	International Organization for Migration
KNACK	KNACK-Consulting and market Research
LACRO	Latin America and Caribbean Regional Office
NCA	Northern Countries of Central America
OECD	Organisation for Economic Co-operation and Development
PAHO	Pan American Health Organization
PM&E	Participatory Monitoring & Evaluation
PPE	Personal Protective Equipment
RAM	Results Assessment Module
RCCE	Risk Communication and Community Engagement
RO	Regional Office
RTA	Real-Time Assessment
SENNAF	National Secretariat of Childhood, Adolescence and Family
SOP	Standard Operating Procedure
SWOT	Strengths, Weaknesses, Opportunities, and Threats
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations International Children's Emergency Fund
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme

Background and purpose

Between November 2020 and March 2021 UNICEF Latin America and the Caribbean Regional Office (LACRO) conducted a real-time assessment (RTA) to review the quality and effectiveness of the response of four Country Offices (COs) (Argentina, Dominican Republic, El Salvador, Venezuela) to the COVID-19 pandemic. The RTA a) informed a forward-looking reflection on the current CO responses to COVID-19, and b) supported LACRO's oversight role vis-à-vis the implementation of CO response to COVID-19 in the region.

Methodology

This RTA was conceived as a 'light-touch' evaluative exercise to assess how four COs adapted and implemented their response to COVID-19. Nevertheless, the RTA synthesis findings and conclusions are not fully representative of UNICEF's overall response in the region, which encompasses 24 country offices operating in highly diverse local contexts.

The Evaluation section at UNICEF LACRO and the RTA team adopted a flexible approach in adjusting objectives, scope, and methods throughout the evaluative process to ensure the usability of the recommendations. The focus of the RTA evolved from an initial programmatic approach ('what to prioritize') to an analysis of the quality of the response ('how to reinforce quality').

The RTA used a mixed-methods approach, including qualitative and quantitative data collection methods. Given the constraints posed by the COVID-19 pandemic, primary and secondary information could only be collected through remote data collection methods. To the extent possible, the RTA drew on multiple sources to triangulate data and reduce bias. Findings and recommendations were validated and prioritized during CO and RO workshops.

The RTA complied with UNEG Norms and Standards as well as UNICEF ethical guidance documents. An ethical clearance was not required since children and adolescents were not consulted. However, the evaluation requested informed consent prior to interviews and explained how data would be used for reporting.

Context

During the first quarter of 2020, the COVID-19 pandemic broke out in LAC in a context of social and economic vulnerability and persisting high inequality. At the time, countries in the region were already experiencing a weakening of socioeconomic indicators and of social cohesion, and a rise in expressions of popular discontent and political crisis. In the decade following the global financial crisis (2010-2019), GDP growth for the region dropped from 6 to 0.2 percent.

Countries in the Latin America and the Caribbean region became COVID-19 hotspots, a situation exacerbated by weak social protection and deepening inequalities. Fragmented and unequal health systems were ill-prepared to handle a health and human crisis of this scale. Public spending on the health sector, which in 2018[1] stood at 2.2 percent of regional GDP was, and likely continues to be, far below the 6 percent of GDP recommended by PAHO to reduce inequities and increase financial protection within the framework of universal health coverage.

LAC became one of the world's most affected regions in terms of number of cases and deaths. With barely 8.2 percent of the world population, at March 15th, 2021[2] the region had recorded 21 percent of the cases (25.2 million) and 27 percent of all deaths (721.406) in the world. The number of new cases continued to rise in some countries, whereas others stabilized at relatively high levels. The largest economies in the region (Brazil, Chile, Mexico, Peru) registered some of the world's highest death rates per capita. The pandemic extended very unequally in the region.

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[1] No more recent data available
[2] Our World in Data – University of Oxford

LAC countries implemented strict lockdown measures early in the pandemic, when the number of cases was still low. The lockdowns initially slowed the epidemic as mobility plummeted. However, these measures were not able to contain the spread of the disease effectively. Poverty, informal labor markets, and the inability to practice proper social distancing in densely populated urban areas and crowded low-income neighborhoods were all factors that contributed to the rising death toll. In addition, weak state capacity and the lack of fiscal buffers in many LAC countries hindered containment and mitigation efforts, including through the failure to strengthen testing and tracing capacities. As outbreaks became more widespread, poorly prepared health systems came under pressure and failed to contain the human costs.

Adaptation

The four COs managed to adapt and become critical partners for national authorities within a fast-changing environment, with limited resources and changing political, economic, and social scenarios (the four countries were experiencing elections and change of government, as well as manifestations of social unrest, just before or during the pandemic). All 4 COs reviewed, including small offices (such as Dominican Republic and El Salvador) with limited experience in large-scale emergency interventions (with the exception of Venezuela), adapted swiftly and effectively to respond to the COVID-19 epidemic. Overall, the adaptation of the four COs took place at two levels: the organizational level and the programmatic level. At the organizational level, COs updated Business Continuity Plans, adopted comprehensive duty-of-care policies[3], launched fundraising actions through virtual strategies[4], reallocated budgets and successfully negotiated with existing and new donors[5], identified new local suppliers[6] and activated international acquisitions of medical supplies. In terms of UNICEF funding, the Latin America and Caribbean region reported the largest funding gap both in real terms ($98.1 M) and proportionally (55.2%) when compared to other regions of the world. However, the Dominican Republic, El Salvador, and Venezuela succeeded in mobilizing funds above the regional average, which is probably representative of the efforts and performance of COs in national fundraising.

According to interviews with UNICEF staff, the activation of the UNICEF L3 Corporate Emergency Level facilitated some logistical and administrative procedures but some L3 procedures were not adapted to the complexity and intensity of the COVID-19 crisis. The inclusion of Venezuela as one of the countries prioritized by the UNICEF Supply Division for the supply of medical equipment, at a time of stock-outs and global supply chain disruptions, was a strategic decision. The arrival of the first cargo plane to Caracas a few weeks after the declaration of national emergency state was exceptional and stands apart from the responses of other COs in terms of support to health services and distribution of humanitarian aid.

At programmatic level, the four COs used remote program coordination tools[7] and new delivery modalities[8], aligned and coordinated UNICEF actions with government responses[9], and established new partnerships[10]. Emergency actions to support health services, WASH, education and RCCE were prioritized by COs at the onset of the pandemic. While Venezuela, the Dominican Republic and El Salvador scaled up WASH actions, Argentina engaged in WASH for the first time ever. In some cases, regular programs were paused; for example, local conditions in Venezuela made it necessary

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[3] Support for adapting to teleworking and ensuring a work-life balance was prioritized. The COs' support for enhancing the staff's working conditions also included supplying hardware for staff who may have needed it, connectivity and, in Argentina, coaching and psychosocial support. Postponing and expanding contracts contributed to keeping the required staff.

[4] Argentina and Dominican Republic suspended face-to-face fundraising contracts and organized telethons and fundraising actions through social media.

[5] e.g.: USAID in Dominican Republic, ECHO in Venezuela or the Solidarity Fund in El Salvador

[6] Dominican Republic, Venezuela and El Salvador succeeded in acquiring some medical and disinfection supplies in the local market.

[7] Videoconferencing platforms.

[8] e.g.: ENIA@virtual platform to ensure the continuity of reproductive and sexual health for adolescents in Argentina; helplines to provide psychosocial support for victims of violence in Dominican Republic and Venezuela.

[9] The four COs participated in governments' national response mechanisms or coordination fora. Cluster leadership (or co-leadership) in Venezuela and El Salvador, as well as UNICEF's role in UNCTs in Argentina and Dominican Republic, contributed to facilitating interaction with national authorities.

[10] Argentina CO signed relevant agreements with Caritas and La Poderosa. Venezuela COs signed agreements with 17 local implementing partners to expand coverage. In Dominican Republic and El Salvador, COs started working with new national bodies.

to pause the nutrition program during the first months of the pandemic. The four COs expanded geographical coverage: underserved neighborhoods in Buenos Aires and Gran Caracas, northeastern provinces in the Dominican Republic, rural communities in El Salvador, and indigenous communities and border areas in Venezuela. In the four countries, the use of new technologies was instrumental in supporting the virtualization of service delivery (e.g.: ensuring the continuity of education and adapting educational materials, or providing protection services to children and adolescents at risk)[11]. In terms of monitoring, the four COs adopted the COVID-19 Response Monitoring System but also developed specific monitoring tools tailored to national needs[12]. The work of the COs was affected indirectly by the partners' connectivity limitations. Some government agencies and CSOs did not have the same capacity for moving to teleworking modalities and this hampered the fluidity among the COs and their partners. In some cases, COs supported implementing partners by providing computers and connectivity[13].

Implementation

In the four countries reviewed, the Government led the response to COVID-19, defined national response plans and established coordination fora with international partners, agencies, and IFIs. Since UNICEF L3 activation, COs aligned and supported actions requested by Governments, which were prioritized according to availability and capacity to mobilize resources. UNICEF contributed to partially mitigating the pandemic's impact on essential public services, and facilitated access to healthcare, WASH, nutrition, schooling, and protection measures for targeted vulnerable communities in close coordination with national counterparts; in some cases it also delivered these through implementing partners. However, these measures left some activities unattended; sectors like child protection had difficulties in responding to the pandemic, especially during the first months, when the response focused on health, WASH, education, and risk communication. After the first months of the emergency, the focus shifted to regaining essential services through new strategies and intervention modalities adapted to the pandemic.

Overall, UNICEF relied on two primary intervention modalities which are considered to be complementary and effective. On the one hand, UNICEF's response focused on more upstream work, where it acted as a knowledge broker, generating knowledge about the impact of the pandemic[14], providing technical expertise in critical areas,[15] and sharing emerging international good practices that policymakers could use at national level, especially in education[16]. In terms of knowledge generation, the quantity and quality of national and regional surveys and studies were instrumental in reinforcing UNICEF's standing before governments as a credible actor to advocate for schools reopening, integrate vulnerable profiles into national social protection systems (e.g.: families living in extreme poverty, children living with disability), and provide ministries with technical assistance grounded on sound data. In Argentina, the CO held 19 meetings with the Presidency, national and provincial authorities, and the government of the Autonomous City of Buenos Aires, which illustrates the level of policy and technical dialogue achieved. Other prime examples are the allocation of unconditional cash transfers for families living in extreme poverty in Argentina[17] and families living with disabilities in the Dominican Republic. In Guatemala alone, UNICEF reached 2.6 million people

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[11] In Argentina, the AUNAR project supported 622 homes and 51 institutions for children and young people in conflict with the law by providing them with hygiene and personal protection materials and play equipment through a cash-transfer strategy using debit cards. In Argentina, Venezuela and the Dominican Republic, UNICEF supported national protection systems through online child helplines.

[12] 'Matriz de seguimiento' (XLS file) in Argentina; 'Pizarra de actividades' in the Dominican Republic; www.tableau.com in Venezuela.

[13] As part of the online violence prevention project in the Dominican Republic, UNICEF donated technological equipment to the Attorney General's Office in order to improve its capacity to fight online crimes against children and adolescents.

[14] UNICEF carried out around 30 national surveys on the pandemic's impact on families and children, in collaboration with other agencies and national organizations. Together with UNDP, LACRO published a series on the socio-economic impact of COVID-19 in the region, which served as a benchmark analysis tool in supporting regional and national advocacy actions. The results of the regional rapid household survey on the impact of COVID-19 on households in Latin America and the Caribbean were particularly relevant (see section 2.4 for more details).

[15] Policy advice and technical support to Ministries of Education to adapt the education system to the pandemic and prepare return to school plans were a constant in the four countries. UNICEF's role as cluster lead agency for the global WASH cluster positioned the organization well to support national response plans in this field in El Salvador and Argentina.

[16] UNICEF Argentina organized four high-level fora and fostered alliances with strategic actors for regional exchanges on the generation of innovations in the education sector: first meeting between Ministries of Education at continental level (March 27, 2020 attended by Peru, Mexico, Colombia, El Salvador, Uruguay, Paraguay, Ecuador, Spain), the reopening of schools (with the Ministries of Education of 14 countries), and "Educational Television on quarantine times" (May 7, 2020 with the Ministry of Education and UNICEF Venezuela). Lessons learned to ensure quality, equity, and inclusion and "How to ensure a safe and secure return to school in the framework of COVID" (May 21, 2020, with UNESCO and Save the Children).

[17] 'AUE - Asignación por Embarazo' and 'AUH - Asignación Universal por Hijo'

through the Bono Familia program, through which UNICEF allocated USD $250,000 for the design and provision of technical assistance to the government.

On the other hand, UNICEF's downstream sectoral interventions were generally effective in mitigating disruptions in health[18], nutrition[19], education[20], child protection[21], and WASH[22] services in targeted areas. UNICEF's downstream interventions targeted groups highly exposed to the effects of COVID-19 (e.g.: health professionals, teachers and education personnel, pregnant women) and groups with structural development problems left out of the emergency sphere (e.g.: underserved families in urban and rural areas of the four countries). UNICEF COVID-19 SitRep indicators in general show high or very high levels of coverage, which is likely a symptom of the difficulties faced in defining precise targets. The sectoral approach, while effective in delivering in the short term, hindered integrated programming and geographic convergence, and limited the potential to address vulnerabilities more comprehensively. Positive examples of integrated programming and convergence can be found, for instance, in the agreements with Caritas and La Poderosa to provide nutrition, protection, and SGBV services in marginalized areas of Buenos Aires, and in the efforts of field offices in Venezuela to articulate more comprehensive responses to vulnerable children or victims of violence through local formal protection services and communities. However, the combination of education and child protection for mental health and psychosocial support, as suggested by UNICEF's CCC, could probably be further developed. Moreover, internal and external informants and the UNICEF regional survey expressed a need for increased cross-sectoral engagement and recommended that more efforts be made to coordinate among sectors.

UNICEF COs developed interventions tailored to specific population needs, thanks to their longer-term presence, knowledge of the context, and local partnerships. Despite the wide variety of national and sub-national contexts, geographical areas with pre-existing vulnerabilities (e.g.: indigenous communities in Salta, Argentina, and Zulia, Venezuela; deprived neighborhoods in Buenos Aires and Gran Caracas; rural communities without access to clean water and sanitation services in the Dominican Republic and El Salvador) and particularly vulnerable populations were identified (e.g.: single-parent families, children and adolescents are living with HIV, unaccompanied children and children on the move, survivors of SGBV, children living with disability, children suffering from malnutrition).

In the context of this public health emergency, cooperation between UNICEF and PAHO was effective in supporting preparatory work for COVID-19 vaccine-readiness in each country. Joint activities included guidance and training to support vaccination policies and appropriate handling, storage and distribution of the vaccines, as well as logistics and actions aimed at building trust and tackling misinformation about COVID-19 vaccines. Moreover, in Argentina, PAHO and UNICEF had been working together since late 2019 to respond to the nutritional emergency in the north of the country, before the arrival of COVID-19. The pandemic intensified the interaction between the two agencies in a region where PAHO plays a central role in the health sector. However, the RTA identified that the intensity of the cooperation between both agencies seemed to vary from country to country, depending on local circumstances. Aside from this collaboration, the RTA identified no other strategic joint programming initiatives among UN agencies at national level, as requested by some public officials in El Salvador and the Dominican Republic. Furthermore, in a crisis

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[18] e.g.: donations of medical supplies and equipment, PPEs, drafting of guidelines for health facilities, preparatory work for country vaccine-readiness together with PAHO.

[19] e.g.: in the Dominican Republic, UNICEF supported the MOH in the creation of a system for the prevention, detection, and monitoring of acute malnutrition during the emergency (which included an application for following up cases) that will remain a stable tool of the National Health Service.

[20] e.g.: delivery and dissemination of distance learning contents through TV and radio, safe school guidelines, WASH, and virus prevention messaging in the four countries; connectivity support for poor families in Venezuela.

[21] In Argentina, advocacy work with the Ministries of Social Development, Economy, Education and Health, the National Council for the Coordination of Social Policies, the National Administration of Social Security (ANSES), and the Ombudsman for Children and Adolescents contributed to increasing the number of children and adolescents covered by the social protection system and to integrating some key services (e.g., SRH) into the catalog of rights and essential services during the pandemic.

[22] In Venezuela, the CO significantly scaled up its actions with the main objective of preventing infection and ensuring access to safe drinking water in vulnerable communities, public facilities, health infrastructures and educational establishments (e.g., rehabilitation of water treatment plants, pumping stations and boreholes, repair of facilities).

which exacerbated pre-existing gender inequalities and challenges, partnerships with gender partners and women's/girl-led organizations were not identified in any of the four countries.

In LAC, UNICEF's response to COVID-19 incorporated gender programming priorities according to the Gender Equality CCC standards, and all four COs under review addressed gender inequalities through different programs and intervention modalities (e.g.: conducting telephone calls to guide and advise parents, including adolescent mothers, with regard to positive parenting practices to prevent violence against children and SGBV; supporting the safe re-opening of schools where gender priorities and girls' barriers in particular were highlighted; and communicating messages about the importance of continued access to information and supplies for adolescent girls to maintain their menstrual health and hygiene). However, one critical gap in the measurement of UNICEF's effectiveness and equity was the lack of disaggregated data.

Ability to deliver quality

Despite severe restrictions on the freedom of movement, political unrest, and an unprecedented economic crisis, the four COs managed to navigate this volatile environment and deliver essential child protection services and humanitarian assistance through national, local governments, and implementing partners. In Venezuela, UNICEF's capacity to deliver was the result of the CO's ability to maintain the neutrality of the humanitarian space dedicated to children in a context of strong polarization and tension, through a great effort in public communication, dialogue with all political actors, transparency, and logistical capacities. To a lesser extent, expertise, neutrality, and institutional diplomacy were also determining factors in consolidating UNICEF's positioning as a reliable partner for the new administrations in the Dominican Republic and El Salvador.

In the four countries, UNICEF provided a timely operational response to the COVID-19 crisis, supporting health, WASH, education, and risk communication as priority actions at the onset of the emergency[23]. In addition, UNICEF's integration into national response coordination mechanisms facilitated UNICEF's alignment with national priorities as well as the distribution of tasks among partners. Governments and partners recognized UNICEF's ability to deliver quality through its response. However, procurement of medical equipment and PPEs had a slow start, except in Venezuela, where the early arrival of medical supplies made a difference and reinforced UNICEF's role as a major humanitarian actor with appropriate response capacities.

As a complement to the CCC quality programming standards, the RTA identified four quality dimensions in UNICEF's response across the four COs reviewed: i) Leadership to engage in high-level policy dialogue and promote social awareness of prevention measures, ii) Alliances with various actors (government, CSOs, private sector) to federate efforts around children's needs and expand programmatic coverage, iii) Knowledge generation to support evidence and decision making for essential public programs and humanitarian interventions, and iv) Innovation to introduce new programmatic approaches and enable UNICEF programs to deliver services remotely.

However, the RTA's capacity to assess the overall quality of UNICEF's response was somewhat limited by the constraints of the COVID-19 M&E system. UNICEF's investments in setting-up the COVID-19 Program Monitoring and Analysis Framework, new technological platforms and tools (e.g.: sharepoint, www.tableau.com), specific procedures, and training for staff and partners provided a common ground to monitor the emergency response in a homogenous manner. Nevertheless, despite sustained efforts, the monitoring framework only allowed for a limited examination of the response quality —including equity, gender, and specific vulnerabilities— due to external factors (e.g.: data collection restrictions, inability to conduct field visits) and internal gaps (e.g.: definition of indicators, heterogeneity of tools, non-compliance of procedures, and challenges in the estimation of targets). The quality of UNICEF's response seems to have been affected by insufficient multisectoral coordination and programming. In addition, while partnerships are key in delivering quality, alliances with other agencies and key actors, notably IFIs, showed potential for further development. Only one relevant alliance with an IFI was identified in El Salvador; in this case, the alliance

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[23] See Facilitating and inhibiting factors in section 2.5.2

with the World Bank was strategic in leveraging funds to mitigate the educational gaps aggravated by COVID-19, and may serve as a reference to articulate other collaborations with financial institutions in the region.

Lastly, UNICEF's information management system generated an additional workload (e.g.: competing demands from LACRO, New York and Geneva during the onset of the pandemic, multiple communication channels, adoption of new tools, changing and evolving procedures), as reported by the COs.

Conclusions

Conclusions are presented below at the strategic, operational, and organizational levels. These distinguish strengths and challenges of UNICEF's response to COVID-19 in LAC.

EMERGING POSITIVES ACROSS THE 4 COs	CHALLENGES ENCOUNTERED ACROSS THE 4 COs
Strategic level	
POSITIONING – UNICEF was able to establish policy dialogue and provide advice at the highest level and maintain regular technical work with all ministerial departments concerned with the roll-out of government responses in Argentina, Dominican Republic, El Salvador, and Venezuela. The organization managed to overcome the risk of aid politicization, developed technical support for national partners, conducted advocacy actions and outlined the recovery process. UNICEF was able to transform a complex crisis into an opportunity to reinforce the UNICEF brand in a region where PAHO is traditionally perceived as the key agency in health, including public health emergencies. As a result, **UNICEF strengthened its position as a key humanitarian and development partner through its COVID-19 response in the four countries. It is clearly recognized by Governments as the lead organization for assisting and protecting child rights in a period of profound political change (elections in the four countries and political disruptions in Dominican Republic and El Salvador) and social unrest.**	**SUSTAINING THE RESPONSE – UNICEF faced operational dilemmas related to a persistent multidimensional crisis that further exacerbated pre-existing vulnerabilities and overwhelmed national governments, the UN, and its capacities.** Despite the efforts made, UNICEF's actions fell short of responding to the broad spectrum and intensity of vulnerabilities. COs prioritized communities, partners, programs, or geographical areas, which meant making strategic and operational choices with implications in terms of coverage, scale, or vulnerability. In the context of a large-scale humanitarian crisis, with steadily growing needs and weakened government response capacities, UNICEF took on the role of supporting essential public services and systems, driven by the principles of 'no one left behind' and 'no regret'. **In 2021, the transition to UNICEF's Corporate Emergency Level 3 Sustain Phase added institutional and operational pressure.** In a regional scenario of persistent pandemic and aggravated needs, UNICEF will be exposed to increased operational pressure and limited resources, which raises questions about the limits and sustainability of UNICEF support.
	JOINT PROGRAMMING – Consistent joint programming as part of national government response plans appeared to be insufficiently developed, despite the UN's comprehensive response frameworks and the strategic collaborations between UNICEF and other agencies (e.g.: COVAX, UNDP, UNESCO). The magnitude of the crisis called for reinforced joint efforts both in the short term and the recovery phase ('building back better'). Public officials in all four countries recognized UNICEF's alignment with national strategies, particularly in Venezuela and El Salvador, where UNICEF coordinates several clusters, and in Dominican Republic, where UNICEF was acting as interim UN resident coordinator. Two significant challenges requiring strategic and robust partnerships arose: 1. The preparation of COVID-19 vaccination readiness campaigns, requiring the extensive mobilization of national and international resources. 2. Governments' requests to the UN system in general (and UNICEF in particular) to reinforce complementarity and strategic programming among agencies to provide a more comprehensive response that is better aligned with national strategies and plans.

PERFORMANCE – UNICEF's interventions adopted new and innovative delivery modalities and were effective at three levels: policies, systems, and communities in targeted areas in the four countries. New technologies (e.g.: teleconferencing platforms), approaches (e.g.: social media, remote monitoring) and partnerships (e.g.: CSOs) helped to counterbalance the effects of lockdowns and movement restrictions on the traditional ways of supporting national counterparts and providing assistance. UNICEF successfully advocated with governments to scale up social measures based on sound data and legitimacy. Secondly, it supported the continuity of essential services in health, nutrition, WASH, education, inclusion, and protection, within the limits of available resources in targeted areas. Thirdly, it also provided front line workers and communities with critical supplies and information to prevent disease transmission and adopt prevention measures. Political and technical advocacy was also a relevant area of UNICEF's performance. Despite the difficulties in measuring these activities, there was a consensus that UNICEF strengthened its role as a benchmark organization when it comes to advising public institutions. Among the public, UNICEF also played a remarkable role as a reliable institution in risk communication and high-quality data delivery.	'SILO' APPROACH – Despite achievements in coverage and complementarity with public policies and other humanitarian interventions, the 'silo' approach inherent to some of UNICEF's programs hindered the potential for multisectoral programming and geographic convergence, in some cases leading to inefficiencies, and reduced quality of interventions. Much of UNICEF's effectiveness seems to lie in its longstanding experience in sectoral interventions (e.g.: health, nutrition, education, protection, WASH), which are supported by decades of experience, strong technical expertise, and logistical capacities. However, in some cases, sectoral interventions operated with little interaction or integration with other sectors (in what is called the 'silo' effect). Limited integration also occurred outwards, i.e., with local partners working with UNICEF.

Operational level

EMERGENCY RESPONSE WITH SYSTEMIC IMPACT – UNICEF skillfully identified and supported emergency actions to ensure the continuity of national and local government essential services, extend coverage for aggravated vulnerabilities during the crisis and, in turn, contribute to reinforcing national systems (protection, education, health). UNICEF contributed to adapting child protection systems to a highly constrained environment by establishing psychosocial support services. The integration of these services with mental health or juvenile justice services allowed to identify cases of violence, including gender-based violence. UNICEF used the crisis as an opportunity to update educational materials that take into account different socio-cultural contexts (e.g.: indigenous communities), and reinforce diversity and inclusiveness (e.g.: gender, disability), as well as to virtualize learning modalities that will remain in place after the crisis.	PARTNER CAPACITIES – Implementing partners were hardest hit by the effects of lockdown constraints on movement, which limited their ability to support UNICEF's emergency response at the outset of the crisis. Many national CSOs and public bodies were not prepared – or equipped (in terms of technology, tools, procedures, or organizational structures) – to swiftly switch to remote coordination, delivery, and monitoring modalities. UNICEF's pre-existing technological platforms and organizational capacities to respond to large scale crises were significantly more developed than those of most of its partners. Under these circumstances, UNICEF experienced additional operational pressure, had to assume a stronger role to ensure implementation capacities, and some programs had to be paused. As part of UNICEF's emergency response, additional efforts were required to strengthen partners' capacities to adapt to new ways of working.
CONTINUITY OF SERVICES FOR TARGETED AREAS – Well established interaction and linkages (at political and technical levels) with governments, UNICEF's expertise and ability to deliver allowed the organization to act as a stabilizer for States' capacities to partially mitigate disruptions in regular public services. UNICEF prioritized areas with pre-existing vulnerability indicators – e.g.: poverty rate, morbidity and mortality indicators, access to essential services, SGBV, schooling and drop-out rates, etc. – or those prioritized by national authorities in Argentina, El Salvador, and the Dominican Republic, where the epidemic could exacerbate needs. Support was particularly appreciated in countries experiencing elections and change of government (Dominican	MEASURING QUALITY, EQUITY AND GENDER – The COVID-19 HAC M&E system allowed for a proper assessment of coherence in terms of alignment with global frameworks – WHO Strategic Preparedness and Response Plan (SPRS), Global Humanitarian Response Plan (GHRP), UNDSG Socio-Economic Response Framework – and, to a lesser extent, of the effectiveness of UNICEF's emergency response. The extent of the quality, equity and gender dimensions of UNICEF's response is barely captured by the COVID-19 HAC M&E system. The design of the M&E system (e.g.: difficulties in defining targets) and the challenging conditions under which the monitoring function was performed

Republic, El Salvador, Argentina), where newly elected administrations with no previous government experience had to deal with the crisis.	(e.g.: remote data collection), hindered a consistent assessment of quality, equity, and gender dimensions.

Organizational level	
PEOPLE – UNICEF adopted a comprehensive duty of care policy for staff and partners, which, together with staff commitment, was essential for maintaining operational capacity under completely new implementing modalities, sustained uncertainty, and stress. UNICEF provided support for teleworking and to ensure a work-life balance, including coaching and psychosocial support, which helped staff to maintain professional engagement during a long period of time.	BURNOUT – The HR measures implemented were not enough to address burnout, and the process of returning to office work after lockdown will probably take place amidst stress and fatigue. The transition to UNICEF Corporate Emergency Level 3 Sustain Phase for the global COVID-19 Pandemic Response represented an unprecedented decision for the organization, extending stressful working conditions for UNICEF and partner teams for a period of almost two years. In a scenario of persistent pandemic and compounding crises, staff resilience may be stretched to the limit, eventually affecting organizational capacity to stay and deliver.
FUNDING – The four COs succeeded in mobilizing additional national resources to fund the emergency response (the funding gaps in Dominican Republic, El Salvador and Venezuela were lower than the UNICEF LAC regional average gap), swiftly adopting new fundraising strategies (virtual campaigns in Argentina and Dominican Republic, private sector collaboration in Dominican Republic), and effectively negotiating with donors. This helped mitigate the drop in funding through traditional channels.	FUNDING GAPS – Despite positive COVID-19 fundraising results at national level, the expansion of emergency operations and coverage achieved during 2020 (and its sustainability or intensification) seems to be volatile and strongly exposed to the availability of funds being affected by donor fatigue or the decline of international aid.
L3 PROCEDURES – L3 SOPs and the simplification of procedures allowed for more flexible and responsive management at CO level. Procedures such as electronic signature, the establishment of new or expanded agreements with IPs, local staff recruitment, and acquisition of local supplies facilitated administration and logistics.	BUREAUCRACY AND INFORMATION MANAGEMENT –The competing demands of LACRO and HQ for data generation and adopting ad-hoc procedures, new tools (monitoring), and new coordination mechanisms generated confusion during the initial months of the response and required additional efforts from COs and partners.

Recommendations

The recommendations listed below are supported by evidence and conclusions stemming from the four CO reports and were developed with the involvement of relevant stakeholders during the validation workshop with the LACRO team on February 2, 2021. This helped LACRO define priority actions needed to better support the response of COs to COVID-19. These actions should be implemented over the next six months.

A) Recommendations to strengthen UNICEF's quality of response in LAC COs.

STRATEGIC LEVEL	
UNICEF Policy dialogue and advocacy across the region is grounded on evidence generation	PRIORITY ACTIONS: UNICEF LACRO strengthens its evidence generation capacities to provide guidance & TA to COs, governments & regional bodies. Thus it: - Develops an evidence agenda on key topics (e.g., schools reopening; the impact of the virus on children, mental health, and psychosocial support; how youth have been particularly affected by COVID-19) that covers regional and country perspectives. - Coordinates with COs to monitor which research initiatives are in the pipeline at national level. OTHER ACTIONS: LACRO provides guidance to COs to: - Support CO policy dialogue and advocacy to promote child rights. - Ensure UNICEF COs interventions include measurable results and are scalable. - Help COs identify and share good practices to help better position the organization in a fast-changing context.

LAC alliances and joint programming at the CO level are prioritized to advance child rights	**PRIORITY ACTIONS:** - To support comprehensive governmental strategies, **LACRO maps alliances** and support CO foster them with key stakeholders (UN system, IFIs, private sector, and CSOs). - **Strengthen collaboration with IFIs and development banks in a context of reduced fiscal space for social policies.** **OTHER ACTIONS:** LACRO provides guidance to COs to: - Enhance joint UN programming developing specific joint initiatives or using existing **frameworks.** - Establish new **partnership modalities** with the private sector and CSOs (which have played a key role in reaching particularly vulnerable populations).
OPERATIONAL LEVEL	
LACRO strengthens UNICEF's multisectoral and multilevel programming in the region	**PRIORITY ACTION:** LACRO supports COs in developing further geographic convergence and multisectoral programming (as done in Argentina), such as to provide comprehensive responses to vulnerable groups and gain in efficiency. **Strategic interventions, such as the resumption to school, may serve as a delivery platform around which different sectors** (e.g., nutrition, WASH, psycho-social support, protection) can structure their actions ('program convergence').
In 2021, UNICEF LACRO supports COs and national governments to strengthen their preparedness and response mechanisms. This support also strengthens the humanitarian-development nexus (as a core element of alliances and NDMAs)	**PRIORITY ACTIONS:** - LACRO ensures that **all new CPDs incorporate risk-informed programming** and risk mitigation measures. - Identify risk-**informed CPD review** as a 2021 AMP priority **OTHER ACTIONS:** - LACRO strengthens **preparedness and response mechanisms** of COs and national governments for future emergencies in a region traditionally affected by a wide variety of hazards. - LACRO supports COs' **operational flexibility and transitioning between emergency responses and regular programming**. - **Peace nexus** (e.g., Venezuela)
ORGANIZATIONAL LEVEL	
LACRO actively supports CO in boosting human and financial resources	**PRIORITY ACTION:** - LACRO adopts **additional measures to address CO staff burnout** and support LAC staff to cope with a persistent crisis.
	PRIORITY ACTION: - LACRO supports COs' **fundraising efforts by exploring new partnerships**, non-conventional donors, or developing sub-regional programs to mitigate the decline in national and international funds (B4R in CPD and UNSPDCF).

B) Recommendations to strengthen LACROs oversight role vis-à-vis the implementation of CO responses to COVID-19 in the region.

ORGANIZATIONAL LEVEL	
Increase UNICEF's Adaptive and innovative management in LAC	**PRIORITY ACTION:** - LACRO supports **lighter and iterative planning** implemented in the region. **OTHER ACTIONS:** - Enhance UNICEF's response to the pandemic in the region; in coordination with HQ, the RO could develop a **simple Monitoring and Evaluation framework**. This framework could inform country level strategic choices and measure programmatic performance. The M&E framework could outline both CO and RO roles, responsibilities, timeframes (regularity) and indicators. - Once the 1st phase of the RTA is finalized, LACRO to engage in **phase 2**. Issues to be looked at in the real time assessment will be jointly defined with COs at the forthcoming RMT (e.g., back to school).

1. INTRODUCTION AND METHODS

1.1. Background /purpose of the RTA, audience and timeline [to be provided by the EO]

(1)   Between November 2020 and March 2021 UNICEF Latin America and the Caribbean Regional Office (LACRO) conducted a real-time assessment (RTA) to review the quality and effectiveness of the response of four Country Offices (COs) (Argentina, Dominican Republic, El Salvador, Venezuela) to the COVID-19 pandemic. Data collection and analysis of primary and secondary sources were carried out from November 2020 to January 2021. Between December 2020 and March 2021, the RTA team drafted 4 CO and a synthesis report. The RTA a) informed a forward-looking reflection on the current CO responses to COVID-19 and b) supported LACROs oversight role vis-à-vis the implementation of CO response to COVID-19 in the region.

(2)   The RTA report's primary audience is comprised of UNICEF LAC COs and RO, as well as HQ. UNICEF partners at country and regional level are a secondary audience for the RTA. The RTA is also relevant to UN agencies and other humanitarian actors responding to COVID-19 in the region.

1.2. RTA scope, approach and methods [including overarching questions], as applied at regional level

(3)   This RTA was conceived as a 'light-touch' evaluative exercise to assess the overall performance of all four COs in terms of adaptation, implementation, and quality of the humanitarian response. The RTA identified operational achievements as well as challenges in each country, and used elements of the different operational responses to substantiate or illustrate findings and conclusions. The RTA sought to identify commonalities among the four countries in order to contribute to cross-country learning and to be capitalized on by other COs and LACRO. Regional data sources (UNICEF and external) were also used to complement and corroborate the analysis at country level. Nevertheless, the RTA synthesis findings and conclusions are not fully representative of UNICEF's overall response in the region, which encompasses 24 country offices operating in highly diverse local contexts. Moreover, sector-specific or detailed assessments of programs in each country were not part of the scope and approach defined for the RTA. Since the RTA focused on the performance of COs and UNICEF's internal dimensions, comparative analysis of responses of humanitarian organizations was not part of the exercise, even if perceptions about the role and value provided by UNICEF were collected from external stakeholders.

(4)   Both at CO and RO level, the team used a 'live learning' approach to understand 'what happened', 'why it happened', and how to sustain strengths and reduce weaknesses. The Evaluation section at UNICEF LACRO and the RTA team adopted a flexible approach in adjusting objectives, scope, and methods throughout the evaluative process to ensure the usability of the recommendations. The focus of the RTA evolved from an initial programmatic approach ('what to prioritize') to an analysis of the quality of the response ('how to reinforce quality'). At each level, UNICEF teams identified immediate actions needed to optimize the effectiveness and quality of its response in the short term (6 months).

(5)   The RTA used a mixed-methods approach, including qualitative and quantitative data collection methods. Given the constraints posed by the COVID-19 pandemic, primary and secondary information could only be collected through remote data collection methods (e.g.: interviews, workshops, participation in LACRO regional discussions). Remote workshops with COs and LACRO allowed information to be collected in a participatory and efficient manner. SWOT exercises and Mentimeter were applied in the initial workshop with each of the COs as well as the RO to identify key aspects of the country responses, before starting the interview phase. A second workshop was carried out with COs and LACRO to validate the findings and discuss the suggested areas of action. In total, 11 workshops (including kick-off, group discussions and validation workshops) were organized. A 'co-production' approach was adopted during the validation workshops to transform the suggested areas of action into recommendations to be implemented in the short-term. Since the recommendations are aimed at the short term, the Evaluation Service, the RTA team and the COs agreed to limit the number of recommendations to 5 -7, which required an exercise in prioritizing areas considered to be actionable in the short term.

(6)   The findings presented in this draft report are based on evidence collected from the four country reports (Argentina, El Salvador, Dominican Republic, Venezuela), as well as primary and secondary data collected at regional level. The team remotely collected information through 114 semi structured interviews (74 women and 40 men). Interviews (see annex I) included UNICEF staff (61 interviewees; 41 women, 20 men), government bodies (21 interviewees; 11 women, 10 men), and partners (31 interviewees; 22 women, 10 men). The RTA team reviewed 125 documents (see annex III) and conducted 5 group discussions (in addition to the 11 workshops - see annex II), combining fly on the wall approaches with utilization focused ones.

(7)   Since the RTA was conducted remotely, the RTA team relied on UNICEF COs to identify key informants among government officials, national partners, and other stakeholders (e.g., UN agencies, INGOs). To cover a range of perspectives beyond UNICEF teams a particular effort was made to interview government officials and local partners. The team did not interview affected population directly, but it used available secondary information to gauge their views.

(8)   To the extent possible, the RTA drew on multiple sources to triangulate data and reduce bias. Data from multiple sources was triangulated for validation; secondary data analysis of documentation (UNICEF and external) was triangulated with semi-structured qualitative stakeholder interviews, participatory exercises (SWOT, Mentimeter) and the regional online survey containing both quantitative and qualitative elements. The RTA also triangulated information among levels of the organization (local and regional). Variations in the consistency and depth of documentation across programs and countries limited triangulation and comparability. Given that the RTA team had three members working on at least two data collection methods, triangulation among experts was also used.

(9)   The matrix table lists the RTA limitations and the mitigation measures adopted by the RTA, LACRO Evaluation Service and the COs.

LIMITATIONS	MITIGATION MEASURES
The UNICEF COVID-19 Response M&E framework served as a homogenous and common reporting and accountability tool for the COs. The RTA used it as a key source to assess the implementation of the response. However, gaps in its design and use allow only for a limited appreciation of the implementation of UNICEF's response and hamper a consistent assessment of the dimensions of equity, gender, and quality.	▪ The RTA used complementary monitoring tools developed by COs (e.g.: 'activity blackboards', 'control board', 'Tableau') to deepen the analysis of the implementation process and triangulate among sources and tools. ▪ Semi-structured interviews with external informants provided the RTA with a qualitative appreciation of UNICEF's response and, despite limitations, contributed to enrich the assessment of effectiveness and quality. ▪ Semi-structured interviews with UNICEF staff provided the RTA with a broader and more comprehensive description of CO activities in terms of policy dialogue, advocacy, coordination and technical assistance to governments and other humanitarian organizations. These actions are not captured by the UNICEF COVID-19 Response M&E framework but are part of the added value of the COVID-19 response in the four COs.
Parallel to the COVID-19 Response M&E indicators, COs drafted progress reports, with different purposes, combining quantitative and qualitative data. These reports (at least those made available to the RTA) had different frequencies, formats and approaches, and do not allow for a detailed reconstruction of the response, a cross-sectoral perspective, or a cross-country comparative analysis. Even if some of these reports show sectoral progress, the description and analysis of the implementation of activities by sector is	▪ The RTA relied on data from different sources (semi-structured interviews with internal and external informants, sectoral studies or surveys at country or regional levels) to complement internal CO reports and triangulate information concerning the implementation of the response.

heterogenous, and the quantity of data is variable, hindering comparability among sectors and countries. Variations in the quantity and soundness of data among reports, sectors and countries limits the scope and depth of analysis.	
Quality assessment was challenging, to a large extent due to limitations inherent to the UNICEF COVID-19 Response M&E framework. The RTA used the CCC as a reference to frame the assessment of the quality of CO responses to COVID-19. However, initial discussions with the Evaluation service and kick-off meetings with COs revealed that the CCC framework was not comprehensive enough to capture other relevant quality dimensions which were part of the response. In addition, and as part of scoping discussions, the programmatic quality standards based on UNICEF CCC sectoral commitments and benchmarks and other humanitarian standards[24] were not integrated into the RTA analysis.	- The identification of quality dimensions (beyond programmatic standards) was part of workshops with COs, and interview guides applied to internal and external informants. - The RTA used the results of the Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies (January 2019) as a reference to substantiate the challenges associated with the measurement of quality and equity.
A combination of factors including time allocated to the RTA, tight deadlines imposed by the elaboration of the UNICEF report on the global response to COVID-19 (compiling regional reports), end-of-the-year CO reporting and planning processes, and Christmas holidays obliged a parallel – and accelerated – roll-out of interviews in the four countries and LACRO.	- A selection and prioritization of key informants was agreed between the COs, the Evaluation Service and the RTA team. - The Evaluation Service and COs showed flexibility by making adjustments in the periods allocated for data collection, analysis and reporting. Support from COs was instrumental in facilitating contact and scheduling with external informants (especially government counterparts).
There was bias in the identification of KIIs since the initial mapping of stakeholders and the identification of internal informants (UNICEF staff) was conducted by the COs.	The RTA broadened the sources of secondary information, included a larger diversity of external informants, and reinforced triangulation among sources.
The RTA was conducted remotely with limited time for data collection and heterogenous sets of information.	- The RTA, supported by the Evaluation Service, promoted participative processes and discussions (e.g.: use of SWOT, Mentimeter, validation workshops and group work, pre-survey for prioritization of recommendations). - Designation of a focal person in each CO to facilitate contacts, compile information and documents, and accelerate interview scheduling.
Inability to interview or interact with final beneficiaries of UNICEF services and assistance.	The RTA interviewed CSOs and frontline workers and accessed a large number of recent secondary sources (surveys, reports of field visits or remote monitoring reports).
Inability to conduct a programmatic analysis in each country due to the nature of the evaluative exercise, the defined scope and time allocated to the RTA.	Reorientation of the RTA's focus on areas of improvement (strategic, organizational, operational) conducive to strengthening the quality of the response.
Under the RTA a major part of the analysis is based on UNICEF staff and stakeholders' interviews. There may be a bias in terms of reliance on interviews and how the interviewees articulated the response. The result is that	During the analysis a focus was placed on triangulating data from interviews with other sources of information and among different profiles and levels of the organization. Where triangulation

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[24] Sphere Standards, the Core Humanitarian Standard on Quality and Accountability (CHS), the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards, the Minimum Standards for Child Protection in Humanitarian Action.

a significant part of the analysis rests on primary data sources that have an incentive to cast the program in a positive light.	was not been possible, findings have been communicated as reported views or opinions.

(10) In terms of ethical aspects, the nature of this RTA and the tools it used mean that all the interactions were with UNICEF staff and partners and government staff. Ethical clearance was not required since children and adolescents were not consulted. The RTA complied with UNEG Norms and Standards as well as UNICEF ethical guidance documents. However, the evaluation requested informed consent prior to interviews and explained how data would be used for reporting.

(11) The recommendations of the RTA may be used in CO and RO planning documents (2021-2025 in Argentina CPD and in the forthcoming documents in the Dominican Republic, El Salvador, and Venezuela, as well as LACRO's Annual Work Plan and Regional Office Management Plan (ROMP)). Recommendations can also be incorporated in their 2021 Annual Work Plans and in the revision of the HAC. In addition, the Brazil CO, which decided to integrate a light RTA of the response to COVID-19 as a chapter in the ongoing Country Program Evaluation, is capitalizing on the experience gained during the RTA. The RTA supported the Brazil team (CO and evaluators) during the initial phase of this evaluation exercise, including the SWOT workshop.

1.3. Regional context in relation to the COVID-19 epidemic

(12) During the first quarter of 2020, the COVID-19 pandemic broke out in LAC in a context of social and economic vulnerability and persisting high inequality. At the time, countries in the region were already experiencing a weakening of socioeconomic indicators and of social cohesion, and a rise in expressions of popular discontent and political crisis.

Economic

(13) In the decade following the global financial crisis (2010-2019), GDP growth for the region dropped from 6 to 0.2 percent[25]. The accumulation of fiscal deficits in Latin America (average of 2.7 percent over the last decade) increased the gross public debt of central governments, which averaged 44.8 percent of GDP in 2019, a 15 percent increase as compared to its lowest level in 2011 (29.8 percent of the GDP). There is significant variation among countries. Whereas Paraguay and Peru had indebtedness levels below 25 percent of GDP at the end of 2019, other countries had much higher levels – up to 89.4 percent in Argentina, 75.8 percent in Brazil and 61.3 percent in Costa Rica. The debt burden is not only significant in central government, but also in non-financial public enterprises[26].

Social

(14) The LAC region has long been afflicted by multiple humanitarian challenges that include recurring disasters, extreme poverty, violence, chronic and acute food insecurity, and widespread displacement. The following is especially worthy of note:

- Food insecurity grew from 22.9 percent in 2014 to 31.7 percent in 2019, representing 205.3 million people in moderate or severe food insecurity. This is the world's fastest increase in food insecurity, especially in the northern countries of Central America (NCA) and South America.
- NCA is also affected by chronic violence, inequality, weakened institutions, and socio-political volatility. These factors convoluted into international mass displacement of people.
- The LAC region also suffers from high levels of interpersonal violence, violent crimes, and homicide rates compared to other regions. High crime rates and violence in LAC undermine growth, threaten human welfare, and impede social development. The region also has the highest rates of gender-based violence in the world. At the same time, lockdown measures are vital to halting the spread of COVID-19. However, being confined at home has put girls and women at heightened risk of violence and cut them off from education, essential protection services, and social networks.

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[25] CEPAL, 2020. América Latina y el Caribe ante la pandemia del COVID-19. Efectos económicos y sociales.

[26] Ibid.

- Labor markets in the region are usually precarious. There is a high share of informal employment. In 2018, only 47.4 percent of employed people contributed to the pensions system, and more than 20 percent of employed people lived in poverty. Women, female youth, indigenous people, Afro-Latin Americans, and migrants are among those more prevalent in informal employment.

- CEPAL (2019) showed that poverty in the region increased during the 2014-2018 period, reaching an extreme poverty rate of 11.0 percent and a poverty rate of 30.3 percent in 2019[27].

Health

(15) Countries in Latin America and the Caribbean region have become COVID-19 hotspots, a situation exacerbated by weak social protection and deepening inequalities.

(16) Public spending on the health sector, which in 2018 stood at 2.2 percent of regional GDP[28] (CEPAL, 2019; United Nations, 2020) was, and likely continues to be, far below from the 6 percent of GDP recommended by PAHO to reduce inequities and increase financial protection within the framework of universal health coverage. Most countries underinvested in health, resulting in unavailability (and uneven distribution) of skilled labor and medical supplies[29]. Fragmented and unequal health systems were ill-prepared to handle a health and human crisis of this scale. Participation in health insurance plans was low. Lack of access to quality healthcare and information is especially acute in rural and remote areas, affecting particularly indigenous peoples. Other barriers affecting indigenous peoples' access to health is the lack of an intercultural approach, which is critical, inter alia, for indigenous women's sexual and reproductive health[30]. Other critical challenges in the region include the following:

- The region features insufficient healthcare facilities for the expected levels of demand. In 2018, only seven countries in the region had a significantly higher number of hospital beds per 1,000 people than the world average[31].

- Health inequalities also loom as a central aspect affecting health systems' response and outcomes throughout the pandemic. On average in 2020, the under-five mortality rate for the lowest income quintile in ten LAC countries exceeded that of the highest income quintile by 21 deaths per 1,000 live births. This shows persisting inequalities in population health outcomes. Moreover, in 12 LAC countries, children aged 15-23 months in low-income households had 11 percent lower full immunization coverage than those in high-income households. This situation suggests structural challenges for the region's countries in making a future COVID-19 vaccine available in an equitable way. Such inequalities outline a landscape where vulnerable populations are disproportionally affected by the pandemic[32].

- The high level of out-of-pocket expenditure in LAC is a sign that the health systems are weaker and the levels of coverage of the health services are lower. In 2020, out-of-pocket health expenditure in LAC to access health services came to an average of 34 percent of the total health expenditure, significantly above the 21 percent average in OECD countries[33].

- Health services are highly concentrated in urban areas. This geographical inequality leaves behind vulnerable groups in rural areas[34].

1.4. Precis of impact of COVID-19 upon focus countries (mortality, morbidity, socio-economic, NLOB) and other key actors and approaches (Government, other UN, major INGO, and civil society approaches)

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[27] CEPAL, 2019. Panorama social de América Latina y el Caribe.

[28] Only 3 countries meet the target and have public expenditure on health exceeding 6% of GDP, Cuba (11% of GDP), Argentina (7% of GDP) and Costa Rica (6.5% of GDP).

[29] OECD, 2020. Health at a Glance: Latin America and the Caribbean.

[30] UN (2020) Policy brief: the impact of COVID-19 on Latin America and the Caribbean

[31] OECD, 2020. Health at a Glance: Latin America and the Caribbean.

[32] OECD, 2020. Health at a Glance: Latin America and the Caribbean.

[33] Ibid.

[34] Ibid.

(17) LAC became one of the most affected regions globally in terms of number of cases and deaths. The first case was confirmed in Brazil on February 25th, 2020; since then, the region recorded a prolonged and constant rise in cases and deaths, which first peaked in August 2020[35].With barely 8.2 percent of the world population, the region had recorded 21 percent of the cases (25.2 million) and 27 percent of all deaths (721.406) in the world by March 15th, 2021[36]. The number of new cases continued to rise in some countries, whereas others stabilized at relatively high levels. The largest economies of the region (Brazil, Chile, Mexico, Peru) registered some of the world's highest death rates per capita [37]. The pandemic extended very unequally in the region; within each country, large urban centers were more affected than areas of low population density[38].

(18) LAC countries implemented strict lockdown measures[39] early in the pandemic, when the number of cases was still low. The lockdowns initially slowed the epidemic as mobility plummeted. However, these measures were not able to contain the spread of the disease effectively. Poverty, informal labor markets, and the inability to practice proper social distancing in densely populated urban areas and crowded low-income neighborhoods are all factors that contributed to the rising death toll. In addition, weak state capacity and the lack of fiscal buffers in many LAC countries hindered containment and mitigation efforts, including through the failure to strengthen testing and tracing capacities. As outbreaks became more widespread, poorly prepared health systems came under pressure and failed to contain the human costs[40].

(19) The COVID-19 pandemic had severe effects on all health-related aspects and profound implications for economic growth and social development. LAC countries experienced quarterly contractions of their GDP higher than any recession on record. Among the estimated social repercussions, the following are worthy of note:

- A significant increase in the unemployment rate (10.6 percent in 2020; 2.5 percent higher than 2019)[41].
- A 5.4 percent drop in the workforce participation rate (workforce participation dropped by 23 million)[42].
- According to the International Labour Organisation (ILO, 2020), 54 percent of the region's workers are hired under informal conditions. Thus, due to the crisis and containment measures, the income of 90 percent of this group underwent massive losses in 2020, amounting to 48 percent of total employment[43].
- The relative poverty rate was at 36 percent before the arrival of the virus. However, the ILO estimates that it could increase by 54 percentage points, reaching 90 percent of the region[44].
- More impoverished families will probably send their children to the labor market, which will increase child labor rates. The ILO estimates that 7.3 percent of all children aged 5 to 17 (some 10.5 million children) currently work in the region[45].
- Extreme poverty increased (13.3 in 2020 vs. 11.0 percent in 2019), as did the poverty rate (33.8 percent in 2020 vs. 30.3 percent in 2019)[46].
- Inequality will also rise in all the region's countries. CEPAL estimates 0.5 percent to 6.0 percent increases in the Gini coefficient for 2020[47].
- Interruption of education centers had significant effects on learning, especially for those who are most vulnerable. Education centers also provide food security and care for many children, allowing parents to have

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[35] COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, https://github.com/CSSEGISandData/COVID-19

[36] Our World in Data – University of Oxford

[37] It is likely that the official statistics do not include all cases and deaths, given that the number of tests is low in many countries and the excess deaths in several countries considerably exceed the official figure for death due to COVID-19.

[38] FMI, Oct 2020. Perspectivas económicas. Las Américas: la persistencia de la pandemia nubla la recuperación.

[39] Our World in Data – University of Oxford.

[40] FMI, Oct 2020. Perspectivas económicas. Las Américas: la persistencia de la pandemia nubla la recuperación.

[41] ILO, 2020. Panorama laboral 2020 (ALC)

[42] Ibid.

[43] CEPAL, 2020. América Latina y el Caribe ante la pandemia del COVID-19. Efectos económicos y sociales.

[44] ILO, 2020. Panorama laboral 2020 (ALC).

[45] Ibid.

[46] CEPAL, 2020. América Latina y el Caribe ante la pandemia del COVID-19. Efectos económicos y sociales.

[47] CEPAL, Jul 2020. Addressing the growing impact of COVID-19 with a view to reactivation with equality: new projections

time to work. The impact of school closures goes beyond education, affecting nutrition, care, and the participation of parents (especially women) in the labor market[48].

- Renewed movement from the NCA towards the United States. The United States Customs and Border Protection noted that September 2020 apprehensions at the US-Mexico border had already surpassed September figures dating back to 2015[49].

2. FINDINGS

ADAPTATION

2.1. How focal COs adapted to the COVID-19 epidemic, lockdown, and remote working modalities, adapted to the needs of the population over time, including the socio-economic impact of the pandemic, adopting new and different approaches, filling gaps, and seeking local solutions?

The four COs managed to adapt and become critical partners for national authorities within a fast-changing environment, with limited resources and changing political, economic, and social scenarios. Overall, the adaptation of the four COs took place at two levels: the organizational level and the programmatic level. At organizational level, COs updated Business Continuity Plans, adopted comprehensive duty-of-care policies, launched fundraising actions through virtual strategies, reallocated budgets and successfully negotiated with existing and new donors, identified new local suppliers, and activated international acquisitions of medical supplies. The activation of the UNICEF L3 Corporate Emergency Level facilitated some logistical and administrative procedures but other L3 procedures were not adapted to the complexity and intensity of the COVID-19 crisis. At programmatic level, the four COs used remote program coordination tools and new delivery modalities, aligned and coordinated UNICEF actions with government responses, and established new partnerships. Emergency actions to support health services, WASH, education and RCCE were prioritized by COs at the onset of the response. The four COs expanded geographical coverage. In the four countries, the use of new technologies was instrumental in supporting the virtualization of service delivery. In terms of monitoring, the four COs adopted the COVID-19 Response Monitoring System but also developed specific monitoring tools tailored to national needs. The work of the COs was affected indirectly by the partners' connectivity limitations.

(20) The four COs managed to adapt and become critical partners for national authorities within a fast-changing environment, with limited resources and changing political, economic, and social scenarios (the four countries were experiencing elections and change of government, as well as manifestations of social unrest, just before or during the pandemic). All 4 COs reviewed, including small offices such as Dominican Republic and El Salvador with limited experience in large-scale emergency interventions (except for Venezuela, which was operating under a L2 emergency), adapted swiftly and effectively to respond to the COVID-19 epidemic. Overall, the adaptation of the four COs took place at two levels: the organizational level and the programmatic level. At organizational level, COs updated Business Continuity Plans, adopted comprehensive duty-of-care policies[50], launched fundraising actions through virtual strategies[51], reallocated budgets and successfully negotiated with existing and new donors[52], identified new local suppliers[53] and activated international acquisitions of medical supplies.

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[48] Ibid

[49] IDMC, 2020. Global report on internal displacement

[50] Support for adapting to teleworking and ensuring a work-life balance was prioritized. The COs' support for enhancing the staff's working conditions also included supplying hardware for staff who may have needed it, connectivity and, in Argentina, coaching and psychosocial support. Postponing and expanding contracts contributed to keeping the required staff.

[51] Argentina and Dominican Republic suspended face-to-face fundraising contracts and organized telethons and fundraising actions through social media.

[52] e.g.: USAID in Dominican Republic, ECHO in Venezuela or the Solidarity Fund in El Salvador

[53] Dominican Republic, Venezuela and El Salvador succeeded in acquiring some medical and disinfection supplies in the local market.

(21) According to staff interviews, UNICEF's internal organization benefited from the update of the Business Continuity Plans (and the Programme Criticality in Venezuela), from previous investments in technological platforms, and the set-up of ad-hoc task forces (composed by COs senior staff). This set of measures provided rapid guidance and contributed to flattening staff's learning curve on operating in an emergency mode.

(22) High priority was given to comprehensive wellbeing and safety measures for staff and partners, support for teleworking, and ensuring a work-life balance. For those with adaptation difficulties, the COs, supported by the RO, provided training programs. The COs support for enhancing the staff's working conditions included hardware supply for staff who may have needed it (e.g., monitors, keyboards, and ergonomic chairs), connectivity[54] and, in some cases, coaching and psychosocial support. UNICEF implemented a battery of measures to mitigate personnel burnout and secure the required staff's availability regarding human resources challenges. Postponing and expanding contracts contributed to keeping the required staff. Also, different activities were stimulated to provide motivation and take care of the staff's working conditions. However, demands on staff brought about by the crisis came at a high cost in terms of workload and stress. COs were faced with unusual workloads that, in combination with the lockdown measures, posed a series of challenges to the fulfilling of tasks within a healthy work environment. Although UNICEF rolled out a set of actions to address potential inconveniences derived from the new work modality, the impacts of these fell short compared to the magnitude of the problem. The amount of work and the pressure associated to UNICEF's emergency response pushed the staff to work long days and weekends. The day off offered to alleviate the foreseeable pressure did not fulfil its purpose due to the amount of work that had to be done—most of the interviewed staff confirmed that they were not able to enjoy this day off because they had to deal with urgent tasks that needed resolving. In the best-case scenario, staff were able to disconnect from work for a few hours. A significant level of burnout was also noticeable among women staff. Women also had to undertake domestic and childcare tasks while also fulfilling their professional obligations.

(23) CO work was also affected indirectly by partners' connectivity limitations. Some government agencies and CSOs did not have the same capacity for migrating to teleworking modalities, which hampered fluidity among the CO and its partners. Communication with national partners was maintained through the use of telephone and, in some cases, teleconferencing platforms, which allowed the COs to participate in government national coordination mechanisms. However, the operational capacity to implement activities, particularly through CSO, was affected. CO interventions and support had to take into account internet access provision for national partners; thus, for example, in the Dominican Republic, UNICEF donated technological equipment to the Attorney General's Office in order to improve its capacity to fight online crimes against children and adolescents.

(24) The activation of the UNICEF L3 Corporate Emergency Level facilitated some logistical and administrative procedures but certain L3 procedures were not adapted to the complexity and intensity of the COVID-19 crisis[55]. The inclusion of Venezuela (operating under a L2 emergency), as one of the countries prioritized by the UNICEF Supply Division for the supply of medical equipment, at a time of stock-outs and global supply chain disruptions, was a strategic decision. The arrival of the first cargo plane to Caracas a few weeks after the declaration of a national state of emergency was exceptional and stands apart from the responses of other COs in terms of support to health services and distribution of humanitarian aid.

(25) The four COs rapidly reacted to identifying funding sources for the emergency response by re-negotiating existing donors' budget reallocations or by looking for new donors. COs also switched to digital fundraising strategies, increasing effectiveness to mitigate the funding shortages from traditional channels. For COs mainly relying on national funding (or 'fully funded,' as in Argentina), success in raising domestic funding was critical for the national response to COVID-19. Moreover, anticipating the need for strengthening operational capacities, COs opted for local solutions, reaching out to local vendors (e.g., consultants and agreements with CSOs) and supplies (e.g., medical and hygiene supplies).

(26) In terms of UNICEF funding, the Latin America and the Caribbean region reported the largest funding gap both in real terms ($98.1 M) and proportionally (55.2%) when compared to other regions of the world. However, evidence from the desk review and interviews showed that UNICEF's role was considered critical in addressing the needs of

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[54] For example, Internet service stability is far from optimum in countries such as Venezuela. In the Dominican Republic, staff would experience occasional interruptions due to problems with the local network's infrastructure.
[55] SWOT exercises in the four COs identified L3 procedures in positive and negative terms.

targeted vulnerable groups. The table below presents the COVID-19 HAC gap between funds required and funds received for each of the four countries, as at December 2020. The data available for Argentina probably does not reflect the totality of its funding as it is a 'fully-funded' CO. The other three countries succeeded in mobilizing funds above the regional average, which is probably representative of the efforts and performance of COs in national fundraising.

Figure 1: Percentage of COVID-19 HAC funding gap (December 2020)
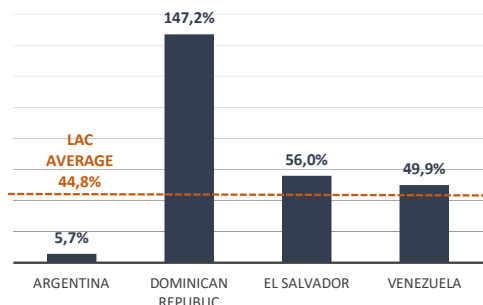
Source: UNICEF COVID-19 HAC Requirements and funding

(27) At programmatic level, the four COs used remote program coordination tools[56] and new delivery modalities[57], aligned and coordinated UNICEF actions with government responses[58], and established new partnerships[59]. Emergency actions to support health services and WASH were prioritized by COs at the onset of the response. While Venezuela, the Dominican Republic and El Salvador scaled up WASH actions, Argentina engaged in WASH for the first time ever. In Venezuela, local conditions made it necessary to pause the nutrition program during the first months of the pandemic. The four COs expanded geographical coverage: underserved neighborhoods in Buenos Aires and Gran Caracas, north-East provinces in the Dominican Republic, rural communities in El Salvador, and indigenous communities and border areas in Venezuela. In the four countries, the use of new technologies was instrumental in supporting the virtualization of service delivery (e.g.: ensuring the continuity of education and adapting educational materials, or providing protection services to children and adolescents at risk)[60]. In terms of monitoring, the four COs adopted the COVID-19 Response Monitoring System but also developed specific monitoring tools tailored to national needs[61].

> "ECHO has informed UNICEF that we received the most funding in LAC of all of ECHO's partners in 2020 and that they specially valued our reaction and adaptability to the COVID crisis" (Stocktaking and way forward for UNICEF response to COVID-19 in LAC).

(28) The table below shows a summary of the key measures taken by the four COs to adapt to the response to COVID-19.

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[56] Videoconferencing platforms.

[57] e.g.: ENIA@virtual platform to ensure the continuity of reproductive and sexual health for adolescents in Argentina; helplines to provide psychosocial support for victims of violence in Dominican Republic and Venezuela.

[58] The four COs participated in governments' national response mechanisms or coordination fora. Cluster leadership (or co-leadership) in Venezuela and El Salvador, as well as UNICEF role in UNCTs in Argentina and Dominican Republic contributed to facilitating interaction with national authorities.

[59] Argentina CO signed relevant agreements with Caritas and La Poderosa. Venezuela COs signed agreements with 17 local implementing partners in two months to expand coverage. In Dominican Republic and El Salvador, COs started working with new national bodies.

[60] In Argentina, the AUNAR project supported 622 homes and 51 institutions for children and young people in conflict with the law by providing them with hygiene and personal protection materials and play equipment through a cash-transfer strategy using a debit card. In Argentina, Venezuela and the Dominican Republic, UNICEF supported national protection systems through online child helplines.

[61] 'Matriz de seguimiento' (XLS file) in Argentina; 'Pizarra de actividades' in the Dominican Republic; www.tableau.com in Venezuela.

Organizational	Programmatic
▪ Adoption of an emergency mindset ▪ Update of Business Continuity Plans ▪ Adoption of a comprehensive duty-of-care policy, including, work-family balance ▪ New fundraising approaches through virtual strategies ▪ Reallocation of budgets and negotiations with donors ▪ Identification of local suppliers ▪ Activation of international acquisitions	▪ Adoption of remote program management tools and new delivery modalities ▪ Adoption of teleworking ▪ Alignment and coordination with governments' response ▪ Exploring and establishing new partnerships ▪ Scaling up and pausing regular programs ▪ Initiating emergency actions and engaging in new sectors (e.g.: WASH, in some COs) ▪ Expanding geographical coverage ▪ Intensifying the use of new technologies ▪ Adoption of COVID-19 Pandemic Response Monitoring System

IMPLEMENTATION

2.2. **Effectiveness** of UNICEF's regional response to COVID-19 in the selected focal countries

In the four countries reviewed, the Government led the response to COVID-19, defined national response plans and established coordination fora with international partners, agencies, and IFIs. Since UNICEF L3 activation, COs aligned and supported actions requested by Governments, which were prioritized according to availability and capacity to mobilize resources. UNICEF contributed to partially mitigating the pandemic's impact on essential public services and facilitated access to healthcare, WASH, nutrition, schooling, and protection measures for targeted vulnerable communities in close coordination with national counterparts and, in some cases, it also delivered these through implementing partners. However, these measures left some activities unattended; sectors like child protection had difficulties responding to the pandemic, especially during the first moments of the pandemic. After the first months of the emergency, the focus shifted to regaining essential services through new strategies and intervention modalities adapted to the pandemic.

Overall, UNICEF relied on two primary intervention modalities which overall are considered to be complementary and effective. On the one hand, UNICEF's response focused on more upstream work, where it acted as a knowledge broker, generating knowledge about the impact of the pandemic[62], providing technical expertise in critical areas[63] and sharing emerging international good practices that policymakers could use at national level, especially in education[64]. The quantity and quality of national and regional surveys and studies were instrumental in reinforcing UNICEF's standing before governments as a credible actor to advocate for schools reopening, integrate vulnerable profiles into national social protection systems, and provide ministries with technical assistance grounded on sound data.

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[62] UNICEF carried out around 30 national surveys on the pandemic's impact on families and children, in collaboration with other agencies and national organizations. Together with UNDP, LACRO published a series on the socio-economic impact of COVID-19 in the region, which served as a benchmark analysis tool in supporting regional and national advocacy actions. The results of the regional rapid household survey on the impact of COVID-19 on households in Latin America and the Caribbean were particularly relevant (see section 2.4 for more details).

[63] Policy advice and technical support to Ministries of Education to adapt the education system to the pandemic and to prepare return to school plans were a constant in the four countries. UNICEF's role as cluster lead agency for the global WASH cluster positioned the organization well to support national response plans in this area in El Salvador and Argentina.

[64] UNICEF Argentina organized four high-level fora and fostered alliances with strategic actors for regional exchanges on the generation of innovations in the education sector: First meeting between Ministries of Education at continental level (March 27, 2020 attended by Peru, Mexico, Colombia, El Salvador, Uruguay, Paraguay, Ecuador, Spain), the reopening of schools (with the Ministries of Education of 14 countries), and "Educational Television on quarantine times" (May 7, 2020 with the Ministry of Education and UNICEF Venezuela). Lessons learned to ensure quality, equity, and inclusion and "How to ensure a safe and secure return to school in the framework of COVID" (May 21, 2020, with UNESCO and Save the Children).

On the other hand, UNICEF's downstream sectoral interventions were generally effective in partially mitigating disruptions in health, nutrition, education, child protection, and WASH services in targeted areas. UNICEF downstream interventions targeted groups highly exposed to the effects of COVID-19 (e.g.: health professionals, teachers and education personnel, pregnant women) and groups with structural development problems left out of the emergency sphere. UNICEF COVID-19 SitRep indicators in general show high levels of coverage, which is likely a symptom of the difficulties faced in defining precise targets. The sectoral approach, while effective in delivering in the short term, hindered integrated programming and geographic convergence, and limited the potential to address vulnerabilities more comprehensively. In fact, internal and external informants and the UNICEF regional survey expressed a need for increased cross-sectoral engagement and recommended that more efforts be made to coordinate among sectors.

UNICEF COs developed interventions tailored to specific population needs, thanks to their longer-term presence, knowledge of the context and local partnerships. Despite the wide variety of national and sub-national contexts, geographical areas with pre-existing vulnerabilities and particularly vulnerable populations were identified.

In the context of this public health emergency, cooperation between UNICEF and PAHO was effective in supporting preparatory work for COVID-19 vaccine-readiness in each country. However, the RTA identified that the intensity of the cooperation between both agencies seemed to vary from country to country and depending on local circumstances. Aside from this collaboration, the RTA identified no other strategic joint programming initiatives among UN agencies at national level, as requested by some public officials in El Salvador and the Dominican Republic. Furthermore, in a crisis which exacerbated pre-existing gender inequalities and challenges, partnerships with gender partners and women's/girl-led organizations were not identified in any of the four countries.

In LAC, UNICEF's response to COVID-19 incorporated gender programming priorities according to the Gender Equality CCC standards, and all four COs under review addressed gender inequalities through different programs and intervention modalities. However, one critical gap in the measurement of effectiveness and equity was the lack of disaggregated data, which prevented UNICEF from conducting consistent gender analysis in the four countries.

2.2.1. Extent of UNICEF's contribution to offsetting the negative effects of the pandemic on **access to basic services** *[ensuring coverage and scale-up]*

(29) In the four countries reviewed, the Government led the response to COVID-19, defined national response plans[65] and established coordination fora with international partners, agencies, and IFIs. Since UNICEF L3 activation, COs aligned and supported actions requested by Governments, which were prioritized according to availability and capacity to mobilize resources. Although the organization did not mobilize as many resources as other development agencies such as the World Bank, or international NGOs such as World Vision, its role was critical in addressing the needs of targeted vulnerable groups (see section on 'Reaching the most vulnerable segments of the population').

(30) Based on the analysis of the responses to questions posed to CO government partners and COVID-19 monitoring systems (see figure 2 and annex IV– COVID-10 HAC response indicators), UNICEF contributed to partially mitigating the pandemic's impact on essential public services for those targeted groups agreed on with government partners. UNICEF's downstream sectoral interventions were generally effective in partially mitigating disruptions to health[66], nutrition[67,] education[68], child protection[69], and WASH[70] services in targeted areas. However, these measures left some activities unattended; sectors like child protection had difficulties responding to the pandemic, especially during the first moments, when the response focused on health, WASH, school closures and risk communication. After the first

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[65] 'Plan nacional de vigilancia y respuesta ante enfermedad por COVID-19' and 'Plan bolivariano de respuesta' in Venezuela; 'Plan de Contingencia Nacional ante Enfermedad por Coronavirus' in the Dominican Republic; 'Plan Operativo de preparación y respuesta al COVID-19' in Argentina; 'Plan nacional de preparación y respuesta ante el Novel Coronavirus (2019 – nCov)' in El Salvador.

[66] e.g.: donations of medical supplies and equipment, PPEs, drafting of guidelines for health facilities, preparatory work for country vaccine-readiness together with PAHO.

[67] e.g.: in the Dominican Republic, UNICEF supported the MOH in the creation of a system for the prevention, detection, and monitoring of acute malnutrition (including an application for following up cases) during the emergency that will remain a stable tool of the National Health Service.

[68] e.g.: delivery and dissemination of distance learning content through TV and radio, safe school guidelines, WASH, and virus prevention messaging in the four countries; connectivity support for poor families in Venezuela.

[69] In Argentina, advocacy work with the Ministries of Social Development, Economy, Education and Health, the National Council for the Coordination of Social Policies, the National Administration of Social Security (ANSES), and the Ombudsman for Children and Adolescents contributed to increasing the number of children and adolescents covered by the social protection system and to integrating some key services (e.g., SRH) into the catalog of rights and essential services during the pandemic.

[70] In Venezuela, the CO significantly scaled up its actions with the main objective of preventing infection and ensuring access to safe drinking water in vulnerable communities, public facilities, health infrastructures and educational establishments (e.g., rehabilitation of water treatment plants, pumping stations and boreholes, repair of facilities).

months of the emergency, the focus shifted to regaining essential services through new strategies and intervention modalities adapted to the pandemic (see programmatic examples in Implementation section and country reports).

(31) The assessment of impact mitigation on the functioning of basic social services, considering the limited quantitative data available and the scope of the RTA, was challenging. UNICEF's contribution can be seen at two scales, depending on the country and the program. In some cases, UNICEF's contribution clearly had an effect at systems level, helping to stabilize the provision of services at country level or for broad sectors of the population (see box). In other cases, UNICEF's contribution is relevant at the local level or focuses on specialized services. In these cases, UNICEF's contribution is key to providing vulnerable groups with access to essential services in targeted communities (e.g.: access to water and sanitation in rural communities, mothers living with HIV, victims of violence), although its scale is smaller.

> UNICEF's support to the Ministry of Education in the Dominican Republic was instrumental in achieving a rapid transition to new remote learning modalities and the introduction of adapted and inclusive materials in the education system. In Argentina, the 'Generación única' initiative is an example of a successful adaptation of a previous UNICEF intervention to improve access to education in a pandemic context. In Venezuela, UNICEF's support is essential for the functioning of the national immunization program and the maintenance of public water and sanitation services.

(32) In line with national priorities, COs expanded coverage to new areas and vulnerable communities (e.g.: indigenous communities in Venezuela, marginalized urban areas in Buenos Aires and Caracas, the North East of the Dominican Republic, rural communities in the North of El Salvador). During the first two months of the response, UNICEF effectively implemented a series of actions aimed at ensuring proper management of COVID-19 cases in maternal and child health facilities. COs provided technical assistance to health authorities (central and local levels) in drafting guidelines on clinical care, infection prevention and control. COs also trained health professionals in selected health centers and provided medical supplies and disinfectants that were locally available. As a result of the school closures, COs rapidly responded to minimize any negative effect on children and developed new strategies to ensure continuous learning through online e-learning platforms, radio, and television to deliver education. Also, WASH emerged as a critical sector, and COs supported WASH-related activities in health facilities, schools, and prioritized vulnerable communities (rural and urban). In the four countries analyzed, RCCE focused on raising awareness regarding hygiene and virus prevention, acting in support of programmatic actions in an innovative way. From May 2020 onwards, UNICEF deployed a broad range of activities to ensure continuity of services in education, protection, nutrition, and other areas (see country reports for more details).

Education

(33) In education, UNICEF aimed to maintain essential levels of activity in the education systems and mitigate the impact of school closures (e.g.: psychosocial support, child protection mechanisms or nutritional support). COs always acted in support of national public programs to achieve greater impact and coverage (see box). UNICEF played a central role in supporting the continuity of learning, developing innovative pedagogical approaches and materials, advocating with governments for the safe reopening of

> UNICEF supported national strategies and educational programs: ('Seguimos Educando', in Argentina; 'Aprendemos en Casa', in the Dominican Republic; and 'Aprendamos en Casa', in El Salvador.

schools, and raising awareness among the educational and social community (teachers, unions, and families). The crisis was used by UNICEF to update educational materials considering different socio-cultural contexts (e.g.: indigenous communities), and to reinforce diversity and inclusiveness (e.g.: gender, disability). To overcome the digital divide affecting many communities, UNICEF relied on multiple communication channels – radio, TV – to reach rural areas or marginalized communities. UNICEF worked with health authorities, invested in WASH facilities, and disseminated available evidence about the low rates of secondary transmission in schools. The organization also emphasized attention to children with disabilities, girls, and rural children.

(34) However, UNICEF's response to education needs faced two critical challenges. First, the inability to ensure access to alternative learning modalities for the most vulnerable children, especially considering the very low access to ICT resources and connectivity (mobile telecommunications, Internet) among poor households and in many rural areas. Despite the efforts of governments and UNICEF since the start of the pandemic, in March 2021 one third of all children

and adolescents in the region still had no access to quality distance/online learning[71]. The second biggest challenge in education is the speeding-up of the safe return to schools. In December 2020, schools remained fully closed in 12 countries and territories of the region; in 12 of them schools had partially opened, and in the remaining 12 schools had fully opened[72]. Despite UNICEF's high-level policy dialogue and technical assistance to governments, the topic is socially and politically delicate and has been politized in some countries.

Health and nutrition

(35) Apart from providing support to national health systems in the emergency response, UNICEF engaged with PAHO in supporting preparatory work for COVID-19 vaccine-readiness in each country. Joint activities included guidance and training to support vaccination policies and appropriate handling, storage, and distribution of the vaccines, as well as logistics and actions aimed at building trust and tackling misinformation about COVID-19 vaccines. Moreover, in Argentina, PAHO and UNICEF were working together to respond to the nutritional emergency in the North of the country since late 2019, before the arrival of COVID-19. The pandemic intensified the interaction between the two agencies in a region where PAHO plays a central role in the health sector. However, the RTA identified that the intensity of the cooperation between the two agencies seemed to vary from country to country and depending on local circumstances. Several interviewees pointed out that the coordination between the two agencies had room for improvement and suggested discussions at regional level to consolidate the cooperation framework at country level. Aside from this collaboration, the RTA identified no other strategic joint programming initiatives among UN agencies at national level, as requested by some public officials in El Salvador and the Dominican Republic.

(36) Food insecurity and wasting in the region were exacerbated by the impact of COVID-19 on livelihoods, food production and access. The impact of this, when combined with impacts on the provision of health services and discontinuity in regular nutrition programs, might lead to an increase in wasting and possibly other kinds of malnutrition (e.g.: stunting, micronutrient deficiencies). In fact, preliminary data suggests this is already the case. Although nutritional assessments were affected by some temporary restrictions, all 4 COs expanded the distribution of food supplements as the situation worsened. This was achieved in collaboration with CSOs (e.g.: Argentina, Venezuela) or through national health services (e.g.: Dominican Republic). UNICEF implemented actions to reinforce the screening and management of wasting at community and primary care levels and to strengthen capacities of national partners, including health professionals, families, and caregivers (e.g.: human breastmilk banks in El Salvador or a nutritional surveillance system in Dominican Republic).

Child protection

(37) UNICEF contributed to adapting child protection systems to a highly constrained environment by establishing psychosocial support services. The integration or linking of these services with mental health or juvenile justice services allowed to identify cases of violence, including gender-based violence. These activities are relevant examples of systemic improvements resulting from emergency interventions. UNICEF also supported actions to mitigate negative effects of restriction in juvenile institutions, shelters, or quarantine centers for returned migrants. Provision of protection and hygiene materials (El Salvador, Venezuela) and pedagogical materials (Argentina) were central to this end. UNICEF also successfully advocated for the review of measures concerning the deprivation of liberty of adolescents in conflict with the law (Dominican Republic, Venezuela).

Social policy and social protection

(38) UNICEF contributed with studies on the pandemic's impact on children and families. Evidence generation at national level, supported by regional publications, proved to be an effective strategy for high-level advocacy. In Argentina, the survey on "Perceptions and Attitudes of the Population: Impact of the pandemic and the measures adopted by the government on the daily lives of children and adolescents" was presented in a session with the President. The study on the effects of COVID-19 on poverty and inequality among children and adolescents in Argentina successfully advocated for improving the scope and purchasing power of cash benefits until the end of 2020 for families living in extreme poverty. In Dominican Republic, under the Comprehensive Adaptive Social Protection Strategy, UNICEF supported cash transfers to 2,700 families with children with disabilities. This emergency measure is now part of the regular coverage of the national protection system. In addition, UNICEF put protection initiatives in

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[71] UNICEF (2020) EDUCACIÓN EN PAUSA: Una generación de niños y niñas en América Latina y el Caribe está perdiendo la escolarización debido al COVID-19.
[72] UNICEF LACRO COVID-19 education response: update 20, COs achievements, challenges & next steps.

place specifically aimed at protecting populations normally excluded from conventional social coverage, by using humanitarian cash transfers. Quantitative data about the coverage of humanitarian cash transfer initiatives in the four countries is scarce in the COVID-19 response indicators (see annex IV). The RTA identified relevant examples in the cash transfer programs for the Venezuelan migrant population in Bolivia, Peru and Colombia; the redesigning of Ecuador's cash transfer program for the migrant population; and the agreements with CARITAS and La Poderosa to assist marginalized families in Buenos Aires slums.

Overall performance

(39) In terms of overall performance, the analysis of UNICEF's COVID-19 Response Plan indicators shows a very high level of implementation of activities between March and December 2020. The vast majority of indicators reveal that proposed targets were achieved or even exceeded by far, as shown in the following graph.

Figure 2: UNICEF Global COVID-19 SitRep indicators (March – December 2020)
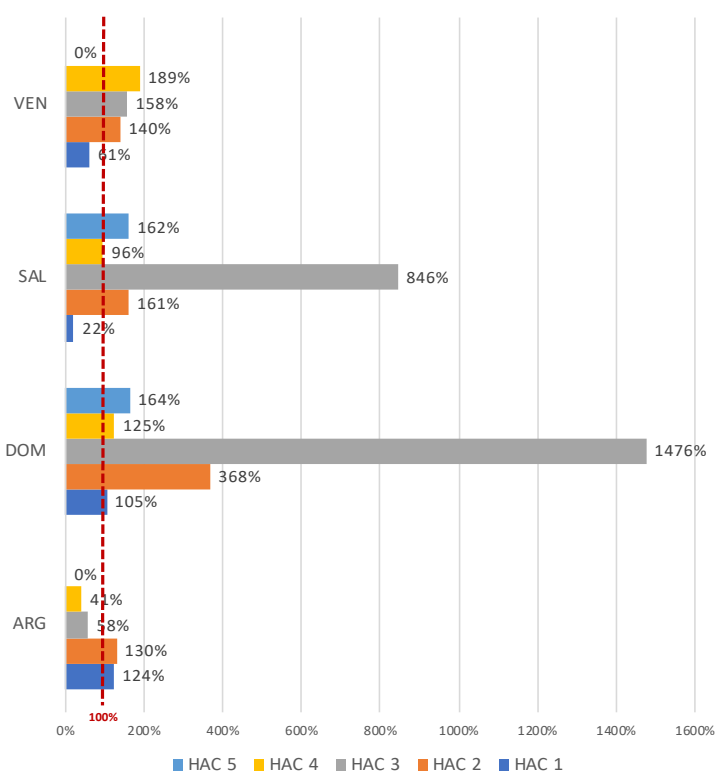
Positive results are shown in each of the five pillars of action of the COVID-19 response plan. In some cases, the numbers are striking. Furthermore, the analysis of indicators deriving from specific CO monitoring tools also shows good progress in the implementation of activities in all sectors of intervention (health, nutrition, WASH, child protection, RCCE) in the four countries. The review of other UNICEF tools and documents (SitReps, Facts and Figures, www.tableau.com) also shows positive data for the same period. The quantitative analysis of response effectiveness was complemented by qualitative analysis based on interviews with partners and the results of workshops with COs (SWOT analysis) and UNICEF's regional survey. However, COs expressed concerns regarding some weaknesses in the design and use of UNICEF's COVID-19 response monitoring system. The RTA also identified relevant gaps in UNICEF's monitoring and reporting system (see section on the monitoring system).

(40) Much of UNICEF's effectiveness seems to lie in its longstanding experience in sectoral interventions (also referred to as 'vertical'). UNICEF's sectoral interventions are supported by decades of experience, strong technical expertise, and logistical capacities with extensive experience in major emergencies. The RTA identified that in some cases, sectoral interventions operated with little interaction or integration with other sectors (in what is called the 'silo' effect). The sectoral approach, while effective in delivering in the short term, hindered integrated programming and geographic convergence, and limited the potential to address vulnerabilities more comprehensively. Positive examples of integrated programming and convergence can be found, for example, in the agreements with Caritas and La Poderosa in Buenos Aires (see box), and the efforts of field offices in Venezuela to articulate more comprehensive responses to vulnerable children or victims of violence through local formal protection services and communities. However, the combining of education and child protection for mental health and psychosocial support, as suggested by UNICEF's CCC, could probably be further developed. Limited integration can also occur outwards, i.e., with local partners working with UNICEF. The RTA did not carry out a programmatic assessment and was not able to systematize the degree of integration between sectoral interventions in the four countries. Nevertheless, among UNICEF staff, partners and national counterparts, the RTA identified a demand for interventions with a greater degree of integration between sectors (see box). The 'silo' effect was also apparent in the dispersion reported by some partners in their interaction with different UNICEF program officials in the same territory.

> **Caritas** and **La Poderosa,** in Argentina, are two civil society organizations with a strong presence in vulnerable areas and a long tradition of social work. The agreements with these organizations made it possible to assist disadvantaged families in marginalized neighborhoods of Buenos Aires and other cities. UNICEF's support evolved from a food assistance activity to a multi-sectoral intervention showing potential for scalability. The presence and knowledge acquired on the ground with community work is an important element of UNICEF's visibility and legitimacy in its advocacy role vis-à-vis the government.

> Respondents expressed a need for **increased cross-sectoral engagement** and recommended that more efforts be made to coordinate among sectors (UNICEF Regional survey).

(41) Policy dialogue and advocacy was also a relevant area of UNICEF's performance. Despite the difficulties in measuring these activities, there is a consensus that UNICEF played a leading role in advising public institutions. This level of advocacy took place at the highest political and technical levels in all four countries and was instrumental in improving social coverage for particularly vulnerable groups during the pandemic (upstream work). In Argentina, the CO held 19 meetings with the Presidency, national and provincial authorities, and the government of the Autonomous City of Buenos Aires, which illustrates the level of policy and technical dialogue achieved by UNICEF. Some of the activities initiated as an emergency measure were subsequently integrated into regular national programs or services, strengthening the coverage and inclusiveness of national systems (see box).

> **Psychosocial support to vulnerable families and children in El Salvador and Dominican Republic:** UNICEF supported El Salvador and the Dominican Republic with the set-up of psychosocial support helplines to mitigate the impact of COVID-19 and lockdowns on violence and mental health. These services facilitated access to essential and individualized care for children, families, and protection professionals, using available technologies (mobile phone, WhatsApp). These services can operate in Haitian Creole and in sign language and were integrated into the national network of mental health or juvenile justice services.

(42) The chart below shows the complementarity between UNICEF upstream and downstream actions. A fair and strategic balance between both modalities of intervention was instrumental to navigate in national contexts where public policies and Governments were under scrutiny during a period of prolonged social unrest.

- Policy dialogue
- Advocacy
- Technical assistance
- Scale-up (public policies and services)
- Coverage
- Coordination and synergies

UPSTREAM

Interactions between upstream and downstream work

DOWNSTREAM

- Proximity
- Field presence
- Knowledge - data
- Local partnerships
- Geographical convergence
- Visibility
- Legitimacy
- Adaptability

2.2.2. Extent to which UNICEF was successful in **reaching the most vulnerable** segments of the population and **ensuring equity.**

(43) UNICEF made a remarkable contribution to vulnerable groups most exposed to the pandemic and to those that are part of UNICEF's regular line of work and who still required support during the pandemic. UNICEF addressed their needs within its mandates, national requests, and available resources.

(44) To reach vulnerable segments of the population, UNICEF combined two approaches. On the one hand, UNICEF prioritized territories based on pre-existing vulnerability indicators (e.g.: poverty rate, morbidity and mortality indicators, access to essential services, SGBV, schooling and drop-out rates, etc.), previous needs assessments (e.g.: 2019 Humanitarian Needs Overview in Venezuela) or those prioritized by the national authorities (e.g.: Argentina, El Salvador, Dominican Republic), where the epidemic could exacerbate the needs. UNICEF's outreach was extended to new rural and urban areas where UNICEF did not previously operate (e.g.: slums in Buenos Aires or Gran Caracas, on the Venezuela-Colombia border, northeastern areas of the Dominican Republic, northern areas in El Salvador).

(45) On the other hand, UNICEF's support to national institutions contributed to integrating people with specific needs into social inclusion programs (e.g., children with disability in the Dominican Republic, low-income families in Argentina) and to improving access to essential services (e.g., children and adolescents living with HIV in Venezuela and the Dominican Republic, returnees in Venezuela and El Salvador, adolescents in conflict with the law in the Dominican Republic).

(46) COVID-19 aggravated gender inequalities in the region, and several reports mention the increase in domestic violence, sexual violence, unwanted adolescent pregnancies, barriers to digital learning for marginalized girls, or reduced access to sexual and reproductive health. UNICEF's response to COVID-19 incorporated gender programming priorities according to the Gender Equality CCC standards and the four COs addressed gender inequalities through different programs and intervention modalities. SGBV was included in all response plans and, in the case of El Salvador, combined with the Spotlight program, to address the increase in domestic violence due to confinement measures. In the Dominican Republic, UNICEF targeted the protection of migrant population, particularly children and pregnant women in the border area with Haiti. In Venezuela, mobile protection services in Bolivar and the migrant reception center in Tachira assisted highly vulnerable populations, including unaccompanied children without travel authorization, child survivors of sexual violence and pregnant women. However, in a crisis which exacerbated pre-existing gender inequalities and challenges, partnerships with gender partners and women's/girl-led organizations were not identified in any of the four countries.

(47) UNICEF's evidence-generation efforts have documented the link between aggravated poverty and gender inequalities, as well as the increase in gender-based violence due to economic deterioration and pandemic-related constraints. This work enabled advocacy actions for increased access to social benefits and the implementation of programs aimed at mitigating and protecting highly vulnerable groups of women (e.g.: women heads of single-parent families, pregnant women with HIV or migrant women). UNICEF's support to psychosocial helplines facilitated the identification of cases of child abuse, including gender-based violence, and the referral to specialized services, including health, nutrition, or child protection services. However, one critical gap in the measurement of effectiveness and equity is the lack of disaggregated data, which prevents UNICEF from conducting consistent gender analysis (see section about verification of needs).

> In Argentina, a specific report focused on **gender inequalities** was prepared and presented to the Ministry of Women, Genders and Diversity. UNICEF El Salvador partnered with Gallup on a COVID-19 assessment inclusive of gender variables.

(48) In social protection, UNICEF designed parallel programs, aligned with national social protection systems, specifically aimed at protecting populations usually excluded from public services or any form of assistance. These are the cases, for instance, of cash transfer programs for Venezuelan migrant populations in Bolivia, Peru, and Colombia, and the redesign of Ecuador's cash transfer program for the migrant population.

> **Cash transfers for children with disabilities integrated into the national social care system (Dominican Republic):** UNICEF advocated and provided data, technical and financial support for cash transfers to 2,700 families with children living with disabilities, in coordination with the national social inclusion system. An ad-hoc emergency measure allowed permanent coverage for families with disabilities.

(49) UNICEF also played a remarkable role as a reliable institution in risk communication and high-quality data delivery among the public. C4D initiatives also played a central role in promoting COVID-19 hygiene and prevention measures and amplifying the voices of children and indigenous communities, integrating gender and inclusion approaches (e.g.: sign language, Creole). UNICEF translated risk communication and behavioral change messages into indigenous languages in Mexico, with an estimated outreach of 1.8 million people. UNICEF translated 22 risk communication and behavioral change messages into 42 indigenous languages encouraging hygiene practices, psychosocial support for managing emotions, prevention of malnutrition, prevention of domestic violence, and emotional support to ensure continuity of education. Similarly, in Guyana and Suriname, in partnership with ArtBlok, UNICEF promoted children's awareness initiatives through art.

2.2.3. How UNICEF was able to meet programming **standards and protocols.**

(50) LACRO played an essential role in supporting COs with special needs regarding programming standards and monitoring actions. LACRO provided COs with technical guidelines and protocols in health and nutrition, WASH (see box), psychosocial support, and education. These were highly effective and appreciated by COs with limited experience in these topics. In terms of data collection, LACRO provided a standardized set of guidelines and methodologically tested and validated tools for rapid data collection at household level among several initiatives that facilitated the conducting of surveys. LACRO offered oversight and technical support regarding monitoring, data collection, reporting, and analysis of the COs response plans' performance indicators. Also, COs received guidance on implementing quality assurance for HACT activities, fieldwork monitoring, and guidance and technical support on planning, CPD cycle, RAM, and Vision structure. In the context of a public health emergency, one critical gap was irregular compliance with biosafety protocols for the continuity of health services, despite the support provided by LACRO and COs in elaborating norms and trainings for health staff and partners.

> LACRO provided **national WASH response plans** to UNICEF COs to help the WASH sector address the emerging challenges in this area. The plan was used partially or entirely in 9 countries including El Salvador and Dominican Republic.

(51) Aware of asymmetry in the regional context, the RO, following its mandate as a technical advisory entity for the COs, established a COVID-19 Response Coordination Secretariat to structure the regional response and provide support to country offices in the implementation of their COVID-19 response plans. Also, a COVID-19 Secretariat was

established to provide multisectoral support. In cases where critical themes arose, the COVID-19 Secretariat established working groups and committees to tackle these specific issues.

2.2.4. UNICEF's ability to ensure/sustain **community engagement/AAP mechanisms.**

(52) Overall, COs mentioned that the switch to a remote working emergency mode had reduced UNICEF's capacity to regularly engage with targeted vulnerable groups. Despite the adoption of new ways to interact with beneficiaries (based on technologies) and positive efforts at COs level, AAP was negatively affected. Ad-hoc AAP measures (e.g.: complaint systems via email or WhatsApp, helplines, local consultants) were not sufficient to overcome connectivity issues with remote or particularly vulnerable populations considering they do not always have access to email or phones.

(53) Small COs unexpectedly operating in an L3 emergency mode, under lockdown and restrictions, experienced difficulties in combining emergency actions and, in parallel, setting-up and managing accountability mechanisms with beneficiaries. UNICEF faced significant challenges, especially during the first months of the pandemic, adjusting to the new contexts. Community engagement and AAP mechanisms were considered indirectly in many cases. However, as the emergency began to be controlled, UNICEF rapidly tried to fill the gaps in this regard, despite the limitations for consultation processes due to sanitary restrictions.

(54) The main challenges in implementing AAP in the COs came down to lack of funding and other resources for AAP. Staff did not have any expertise in applying AAP, and there was a lack of guidance tools on procedures. According to the 2020 regional survey, 67 percent of COs did not have an explicit AAP strategy or framework; close to 70 percent did not have a designated AAP focal point; and 51 percent did not have a systematic way of obtaining feedback, listening to, and responding to community feedback.

(55) LACRO carried out five U-Report regional polls that amplified the voices and perceptions of 40,000 adolescents and young people between the ages of 13 and 29. The gender and violence poll conducted in June involved nearly 4,000 participants from Argentina, Bolivia, Honduras, Guatemala, and México. LACRO conducted the first regional survey on Accountability to Affected Populations (AAP) to strengthen and scale up people-centered response at the country level in terms of capacity building.

2.3. How COs utilized preparedness and contingency planning during the COVID-19 response; and how COs revised COVID-19 response plans based on the evolving needs of the population.

The pandemic is the first L3 emergency that the region has ever experienced. Most of the emergency response planning existing in the LAC region was not suitable for public health emergencies and the proportion and magnitude of the COVID-19 crisis. Moreover, most existing L3 mechanisms and protocols were designed to react to other types of emergencies, such as disasters, migration flows, or national or subregional health crises. However, the RTA team observed that COs developed response plans as the pandemic evolved, adjusting procedures over time in close coordination with national partners and other UN agencies.

(56) At the global level, UNICEF revised its Humanitarian Action for Children (HAC) appeal to meet the increasing needs of countries in terms of protection against the disease and in addressing COVID-19's collateral impacts. The appeal, amounting to US$651.6 million, was launched together with an IASC appeal for US$2.01 million on March 25th, 2020. The appeal aimed at supporting preparedness and response plans in countries with weaker healthcare systems, and providing short and long-term assistance to the health, wellbeing, and development prospects of children. Specifically, the UNICEF appeal focused on the following priorities:

- Strategic priority 1: Public health response to reduce novel coronavirus transmission and mortality 1.1) Strengthening risk communication and community engagement (RCCE) 1.2) Providing critical medical and WASH supplies and improving Infection Prevention and Control (IPC)

- Strategic priority 2: Continuity of health, education, and social services; assessing and responding to the immediate secondary impacts of the COVID-19 response. 2.1) Supporting continued access to essential healthcare services for women, children, and vulnerable communities, including case management 2.2) Supporting access to continuous education, social protection, child protection and GBV services disrupted by the pandemic 2.3) Data collection and analysis of secondary impacts on children and women.

(57) At a country level, the response plans were reviewed and updated as internal monitoring, and national partners identified emerging themes or changes in the pandemic's evolution, generally every two to three months. COs participated in multisectoral and inter-institutional fora where information was shared and analyzed to identify progress and emerging challenges. Urgency and uncertainty limited the use of more sophisticated monitoring systems and scenario generating tools.

2.4. What was known about needs in each focal country and how UNICEF COs in the region determined and verified these needs.

Close coordination with governments, LACRO, UN agencies and national partners provided substantial inputs for monitoring and assessing the needs. Despite data collection limitations, particularly in Venezuela, COs succeeded in generating data, through remote monitoring and operational research, to inform UNICEF's response and, also, national decision makers. Overall, CO efforts to understand and describe the impact of the pandemic and regularly assess needs were instrumental in guiding UNICEF's operational response and reinforcing UNICEF's credibility and legitimacy with national actors, donors, and society.

(58) UNICEF carried out around 30 national surveys on the pandemic's impact on families and children. This was undertaken in collaboration with other agencies and national organizations and provided regular evidence about emerging and evolving needs, as well as influencing national policies on social services or budget allocation. UNICEF research is meant to feed into policy dialogues and to be used proactively to engage governments. Also, data sharing across sectors and partners, and rapid assessments of target vulnerable populations were commonly used at country level to monitor the evolution of the crisis. Interinstitutional coordination mechanisms fostered a better calibration of needs identification and task distribution among the UN agencies.

> In Argentina and Mexico, COs conducted robust household surveys that collected information on the effects of COVID-19 on children and their families. These exercises were completed in three rounds, and **results were shared with the highest national authorities to inform the public about the response to the pandemic**. Similar exercises were developed in El Salvador, Brazil, the Dominican Republic, Jamaica, Panama, Trinidad and Tobago, and Saint Lucia.

(59) From a regional perspective, UNICEF LACRO also provided COs with methodological guidance and tools. Moreover, together with UNDP, LACRO published a series on the socio-economic impact of COVID-19 in the region, which served as a benchmark analysis to support regional and national advocacy actions. Of particular relevance were the results of the regional rapid household survey on the impact of COVID-19 on households in Latin America and the Caribbean (August 2020). The survey served to inform another significant report, "Education on hold. COVID-19: A generation of children in Latin America and the Caribbean are missing out on schooling" (November 2020). UNICEF also produced documents serving as regional references in other fields such as social policy.

(60) Analytical services were an important line of action; microsimulation analysis to estimate the impact of COVID-19 on child poverty and simulate likely social protection effects was carried out in Saint Lucia, Colombia, Peru, Ecuador, and El Salvador. This work led to a sound research agenda for the COVID-19 aftermath. UNICEF's results were used by the Ministry of Finance in Peru and the IMF in Ecuador. In Guatemala, UNICEF, the Ministry of Social Development, the IMF, and the World Bank are currently designing and implementing social protection programs and discussions about their financial sustainability. In El Salvador, UNICEF also developed a position paper on the intergenerational effects of debt (pre- and post-COVID19), evidencing the need for a sustained fiscal space for investing in children. In addition, in partnership with the World Bank and the Inter-American Development Bank, a pipeline of ECD investments was developed and included in the 2021 National Budget.

QUALITY

2.5. What we know about the **quality** of the UNICEF response to COVID-19

2.5.1. Effects of the crisis and related constraints on lockdown and movement upon UNICEF's **ability to deliver quality.**

Despite severe restrictions on the freedom of movement, political unrest, and an unprecedented economic crisis, the four COs managed to navigate this volatile environment and deliver essential child protection services and humanitarian assistance through national, local governments and implementing partners. In terms of quality, and as a complement to the CCC quality programming standards, the RTA identified four quality dimensions in UNICEF's response across the four COs reviewed: i) Leadership to engage in high-level policy dialogue and promote social awareness of prevention measures, ii) Alliances with various actors (government, CSOs, private sector) to federate efforts around children's needs and expand programmatic coverage, iii) Knowledge generation to support evidence and decision making for essential public programs and humanitarian interventions, and iv) Innovation to introduce new programmatic approaches and enable UNICEF programs to deliver services remotely for vulnerable populations.

The quality of UNICEF's response seems to have been affected by insufficient multisectoral coordination and programming. While partnerships are key in delivering quality, alliances with other agencies and key actors, notably IFIs, showed potential for further development. Lastly, UNICEF's information management system generated additional workload, as reported by the COs.

(61) Despite severe restrictions on the freedom of movement, political unrest, and an unprecedented economic crisis, the four COs managed to navigate this volatile environment and deliver essential child protection services and humanitarian assistance through national, local governments and implementing partners. In Venezuela, UNICEF's capacity to deliver was the result of the CO's ability to maintain the neutrality of the humanitarian space dedicated to children in a context of strong polarization and tension, through a great effort in public communication, dialogue with all political actors, transparency, and logistical capacities. To a lesser extent, expertise, neutrality, and institutional diplomacy were also determining factors in consolidating UNICEF's positioning as a reliable partner for the new administrations in the Dominican Republic and El Salvador.

(62) The RTA's capacity to assess the quality of service (apart from the dimensions of coverage, timeliness, and focus on vulnerabilities) was somewhat limited by the overall constraints of the RTA exercise pointed out in section 1.2. However, four quality dimensions were identified in UNICEF's response across the four COs reviewed:

- Leadership to engage in high-level policy dialogue and promote social awareness on prevention measures. All four COs established a dialogue with highest ranking national authorities (President of the nation in Argentina, ministers of education in Venezuela, the Dominican Republic and El Salvador) and provided regular technical support to senior-level officials. UNICEF's public visibility also increased among the general public during the crisis.

- Alliances with various actors (government, CSOs, private sector) to federate efforts around children's needs and expand programmatic coverage. The private sector's involvement in the Dominican Republic and El Salvador, supporting logistics and focused fundraising illustrated this topic. In Argentina and Venezuela, new agreements with CSOs allowed increased coverage and reach, particularly amongst vulnerable segments of the population.

- Knowledge generation to support evidence and decision making for essential public programs and humanitarian interventions. LACRO and COs played a useful role in generating reliable information for governments and providing data to consistently advocate for the reopening of schools, or the adaptation of social policies to the crisis.

- Innovation to introduce new programmatic approaches and enable UNICEF programs to deliver services remotely for vulnerable populations (see box and examples in Implementation section). Innovation, in terms of new technologies and approaches, was particularly relevant in education and protection.

> UNICEF El Salvador supported the virtualization of educational content for the 'Modalidad Flexible de Educación Acelerada de Básica' (Flexible Mode of Accelerated Primary Education) and the 'Módulos de Iniciación Laboral' (Vocational Training Initiation Modules), aimed at retaining children and adolescents in the education system.

(63) UNICEF's response also suffered from shortcomings which affected the quality of the response. As discussed in previous sections, insufficient multisectoral coordination and programming resulted in inefficiencies and probably hampered gains in coverage and scalability.

(64) While partnerships are key in delivering quality, alliances with other agencies and key actors, notably IFIs, showed potential for further development. Only one relevant alliance with an IFI was identified in El Salvador; in this case, the alliance with the World Bank was strategic in leveraging funds to mitigate the educational gaps aggravated by COVID-19 and may serve as a reference to articulate other collaborations with financial institutions in the region.

(65) Finally, UNICEF's bureaucracy and information management issues generated confusion and additional workload for the COs at the critical moment of the emergency response. (e.g.: competing demands from LACRO, New York and Geneva during the onset of the pandemic, multiple communication channels, adoption of new tools, changing and evolving procedures), as reported by the COs.

2.5.2. Timeliness of UNICEF response to COVID-19

In the four countries, UNICEF provided a timely operational response to the COVID-19 crisis, supporting health, WASH, education, and risk communication as priority actions at the onset of the emergency. In addition, UNICEF integration into national response coordination mechanisms facilitated UNICEF alignment with national priorities as well as the distribution of tasks among partners. However, procurement of medical equipment and PPEs had a slow start, except in Venezuela, where the early arrival of medical supplies made a difference reinforcing UNICEF's role as a major humanitarian actor with appropriate response capacities.

(66) Many LAC countries reacted swiftly by adopting strict social distancing and sanitary measures to contain the spread of COVID-19. While the rapid containment response initially slowed the infection rate (see annex VI), high levels of informality, lack of social protection and limited health infrastructure (test capacity, contact and tracing strategy) made the situation in the region challenging. With close to 60% informal employment, social distancing has, in many cases, been impossible to respect[73,74]. The response of COs was as expedited as possible considering the general situation regarding logistics and mobility that derived from the government's regulations.

(67) Immediately after the WHO declaration of the COVID 19 pandemic, governments in the four countries declared national states of emergency and activated restriction measures. In turn, COs also drafted their Response Plans in coordination with national authorities, UN country teams and LACRO guidance, as shown in the graph below.

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[73] OECD Policy Responses to Coronavirus (COVID-19). COVID-19 in Latin America and the Caribbean: An overview of government responses to the crisis.
[74] Fondo Monetario Internacional (2020) Las Américas; La persistencia de la pandemia nubla la recuperación. Washington

Figure 4: Activation of COVID-19 national restriction measures (COVID-19 Stringency Index) and elaboration of CO Response Plans

COs Response Plans
ARG: April 7th
DOM: April 6th
SALV: April 14th
VEN: March 18th

Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last updated 12 March, 05:21 (London time)

WHO announces COVID-19 pandemic. **Mar 11**

UN Publication of the GHRP **Mar 25**
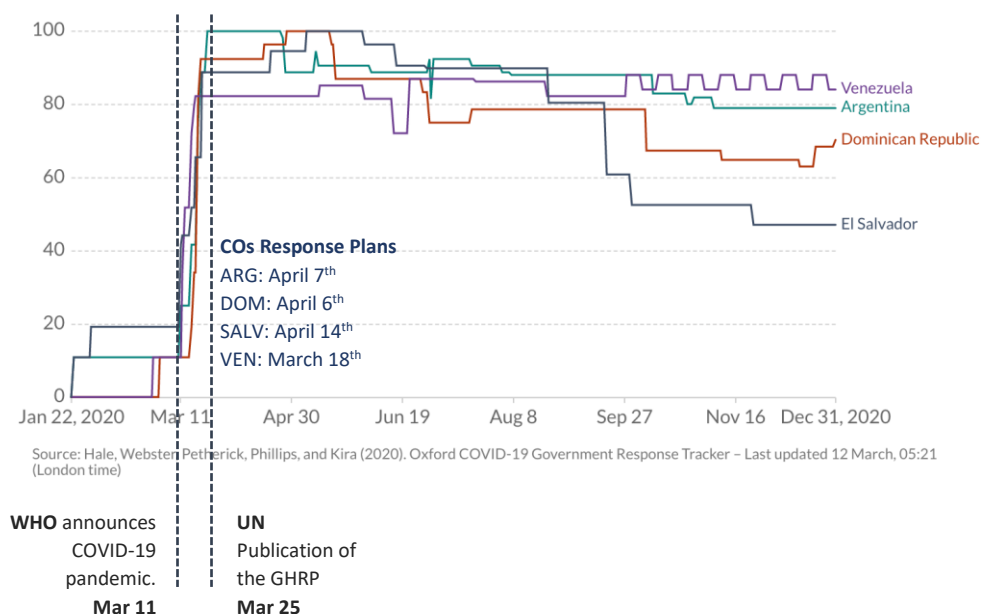
(68) At the onset of the pandemic, priority was given to health, WASH, education, and risk communication. The procurement of lifesaving commodities such as PPE equipment, ventilators, or oxygen concentrators, which were critical for the immediate response to the threat of an infectious disease, was affected by the global shock on supply networks. The exception was Venezuela, which was prioritized by UNICEF Supply Division, and received two cargo flights within the first six weeks after the declaration of a national state of emergency.

(69) Key factors determining COs timeliness in responding to COVID-19 are presented in the table below.

Facilitators	ARG	DOM	VEN	SAL
▪ UNICEF's emergency mindset, mandate, and experience in humanitarian crisis	✓	✓	✓	✓
▪ Anticipation	✓	✓	✓	
▪ Professionalism and sustained commitment of human resources	✓	✓	✓	✓
▪ Human resources with humanitarian experience		✓	✓	
▪ Engagement in evidence generation	✓	✓		✓
▪ Adoption of new fundraising strategies	✓	✓	✓	
▪ L3 procedures	✓		✓	✓
▪ UNICEF IT platforms and systems globally	✓	✓		✓
▪ Alignment with governments	✓	✓	✓	✓
▪ Support provided by LACRO and Headquarters	✓	✓	✓	
▪ Leadership to engage in high-level policy dialogue and promote social awareness	✓	✓	✓	✓
▪ National state of emergency declarations	✓	✓	✓	✓
▪ Local suppliers	✓		✓	✓

Inhibitors	ARG	DOM	VEN	SAL
▪ Sudden and intense workload	✓	✓	✓	✓
▪ Lack of human resources	✓		✓	✓
▪ Human resources with limited experience in UN and humanitarian action			✓	
▪ Political and social context (elections, change of government)	✓	✓	✓	✓
▪ Limited adaptability of national partners		✓	✓	✓
▪ Overlaps between UNICEF organizational levels and bureaucracy	✓	✓	✓	✓
▪ L3 procedures	✓	✓	✓	✓
▪ National constraint measures	✓		✓	✓
▪ Limited financial resources	✓	✓	✓	✓
▪ Late delivery of medical supplies and shortage of local supplies	✓	✓		✓
▪ Lack of access to territories, data collection to conduct needs assessments		✓	✓	✓

2.5.3. How UNICEF COs **ensured quality** of the response, and **processes and verification systems** used to ensure quality

UNICEF's investments in setting-up the COVID-19 Program Monitoring and Analysis Framework, new technological platforms and tools (e.g.: sharepoint, www.tableau.com), specific procedures (COVID-19 Program Monitoring and Analysis Framework), and training for staff and partners have provided a common ground to homogenously monitor the emergency response. Nevertheless, despite sustained efforts, the monitoring framework only allowed a limited examination of response quality (including equity, gender, and specific vulnerabilities) due to external factors (e.g.: data collection restrictions, inability to conduct field visits) and internal gaps (e.g.: the definition of indicators, heterogeneity of tools, non-compliance of procedures, and challenges in the estimation of targets).

(70) All UNICEF staff interviewed reported that their COs confirmed that the standard UNICEF or IP mechanisms for monitoring and verifying implementation had taken place as planned in the COVID-19 context. Moreover, all respondents also confirmed that their COs verified that the standard UNICEF or IP mechanisms for ensuring supplies distribution had taken place as planned. Due to restrictions, COs used a combination of onsite follow-up through local implementing partners and other remote monitoring tools (e.g.: video calls in Venezuela, use of survey field applications such as KoBo or Survey 123, or the recruitment of local consultants in Argentina). Given the importance of distribution of medical supplies and equipment to respond to a public health crisis, the use of remote monitoring tools has been effective to verify the final destination and control the quality of UNICEF's donations. In Venezuela for example, field partners and final users (health staff, frequently) have engaged in monitoring activities, in coordination with field offices or the monitoring team in Caracas, and facilitated the elaboration of comprehensive monitoring reports. It is important to mention that in terms of remote data collection tools, COs used different applications (KoBo, Survey 123, KNACK). Argentina and Venezuela used geographic information systems (www.tableau.com) which significantly reinforce the quality of the monitoring function and the accountability of aid distribution.

(71) CO capacities to allocate resources (financial and human) to the monitoring function resulted in disparate monitoring approaches and tools. Venezuela allocates 4% of every grant to PM&E, whereas in El Salvador the Monitoring and Evaluation Officer has to perform several different functions.

(72) The UNICEF COVID-19 Program Monitoring and Analysis Framework defined 18 SitRep indicators. Each CO was tracking a different number of indicators in support of the COVID-19 response (17 in Dominican Republic, 12 in Argentina and Venezuela and 11 in El Salvador), because COs worked on different areas/indicators. In addition to SitRep indicators, Argentina developed a comprehensive monitoring matrix encompassing a total of 152 indicators. Disaggregated data for the high-frequency SitRep was not being systematically collected and reported, limiting an in-depth analysis of the response. Figure 5 shows the level of achievement of targets of COVID-19 SitRep indicators (all pillars; March-December 2020). More than a third of the indicators greatly exceeded the initial targets (over 120% of achievement) and 11% exceeded the initial targets (between 100-120% of achievement). Only 15% of indicators under-achieved targets (<50%) and almost one third are not reported. The analysis of UNICEF performance, based on UNICEF data (and triangulated information), shows clear positive results. However, as discussed earlier, these figures have to be taken with caution due to the conditions under which data was collected and the existing gaps in the monitoring system. Also, highlighting actions related to cross-cutting topics, such as gender, was difficult to achieve. Additionally, the monitoring system was not adequate for measuring activities in areas that have become a substantial part of CO efforts, such as advocacy, policy dialogue and technical assistance.

Figure 5: Achievement of targets - Breakdown of UNICEF Global COVID-19 SitRep indicators (March – December 2020)
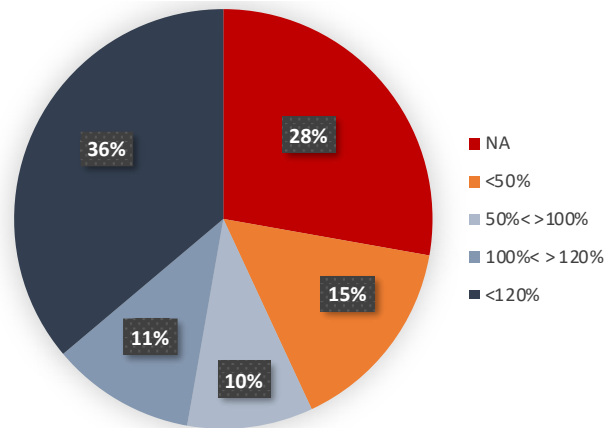
(73) Mid-frequency indicators are not being reported. Several feedback mechanisms from beneficiaries and partners (e.g., helplines, end-user monitoring surveys) were used to complement the COVID-19 monitoring framework. Still, their heterogeneity makes them insufficiently representative of the quality of response.

3. EMERGING THEMES/CONCLUSIONS

(74) Conclusions are presented below at the strategic, operational, and organizational levels. These distinguish strengths and weaknesses of UNICEF's response to Covid19 in LAC. LACRO RTA is an organizational learning kick off point. To be effective, organizational learning requires continuous assessment of organizational performance, looking at successes and failures, ensuring that learning takes place to support continuous improvement.

EMERGING POSITIVES ACROSS THE 4 COs	CHALLENGES ENCOUNTERED ACROSS THE 4 COs
Strategic level	
POSITIONING - UNICEF was able to establish policy dialogue and provide advice at the highest level (e.g.: presidency in Argentina and Ministers of Education in the four countries) and maintain regular technical work with all ministerial departments concerned with the roll-out of government responses in Argentina, Dominican Republic, El Salvador and Venezuela. The organization managed to overcome the risk of aid politicization, developed technical support for national partners, conducted advocacy actions and outlined the recovery process. UNICEF was able to transform a complex crisis into an opportunity to reinforce the UNICEF brand in a region where PAHO is traditionally perceived as the key agency in health, including public health emergencies. As a result, **UNICEF strengthened its position as a key humanitarian and development partner through its COVID-19 response in the four countries. It is clearly recognized by Governments as the lead organization for assisting and protecting child rights in a period of profound political change (elections in the four countries and political disruptions in Dominican Republic and El Salvador) and social unrest.**	**SUSTAINING THE RESPONSE - UNICEF faced operational dilemmas related to a persistent multidimensional crisis that further exacerbated pre-existing vulnerabilities and overwhelmed national governments, the UN and its capacities.** Despite the efforts made, UNICEF's actions fell short of responding to the broad spectrum and intensity of vulnerabilities. COs prioritized communities, partners, programs or geographical areas, which meant making strategic and operational choices with implications in terms of coverage, scale, or vulnerability. In the context of a large-scale humanitarian crisis, with steadily growing needs and weakened government response capacities, UNICEF took on the role of supporting essential public services and systems, driven by the principles of 'no one left behind' and 'no regret'. **In 2021, the transition to UNICEF's Corporate Emergency Level 3 Sustain Phase added institutional and operational pressure.** In a regional scenario of persistent pandemic and aggravated needs, UNICEF will be exposed to increased operational pressure and limited resources, which raises questions about the limits and sustainability of UNICEF support.
	JOINT PROGRAMMING – Consistent joint programming as part of national government response plans appeared to be insufficiently developed, despite the UN's comprehensive response frameworks and the strategic collaborations between UNICEF and other agencies (e.g.: COVAX, UNDP, UNESCO). The magnitude of the crisis called for reinforced joint efforts both in the short term and the recovery phase ('building back better'). Public officials in all four countries recognized UNICEF's alignment with national strategies, particularly in Venezuela and El Salvador, where UNICEF coordinates several clusters, and in Dominican Republic where UNICEF was acting as interim UN resident coordinator. Two significant challenges requiring strategic and robust partnerships arose: 1. The preparation of COVID-19 vaccination readiness campaigns, requiring the extensive mobilization of national and international resources. 2. Governments' requests to the UN system in general (and UNICEF in particular) to reinforce complementarity and strategic programming

	among agencies to provide a more comprehensive response that is better aligned with national strategies and plans.
PERFORMANCE – UNICEF's interventions adopted new and innovative delivery modalities and were effective at three levels: policies, systems, and communities in targeted areas in the four countries. New technologies (e.g.: teleconferencing platforms), approaches (e.g.: social media, remote monitoring) and partnerships (e.g.: CSOs) helped to counterbalance the effects of lockdowns and movement restrictions on the traditional ways of supporting national counterparts and providing assistance. UNICEF successfully advocated with governments to scale up social measures based on sound data and legitimacy. Secondly, it supported the continuity of essential services in health, nutrition, WASH, education, inclusion, and protection, within the limits of available resources in targeted areas. Thirdly, it also provided front line workers and communities with critical supplies and information to prevent disease transmission and adopt prevention measures. Political and technical advocacy was also a relevant area of UNICEF's performance. Despite the difficulties in measuring these activities, there was a consensus that UNICEF strengthened its role as a benchmark organization when it comes to advising public institutions. Among the public, UNICEF also played a remarkable role as a reliable institution in risk communication and high-quality data delivery.	'SILO' APPROACH – Despite achievements in coverage and complementarity with public policies and other humanitarian interventions, the 'silo' approach inherent to some of UNICEF's programs hindered the potential for multisectoral programming and geographic convergence, in some cases leading to inefficiencies, and reduced quality of interventions. Much of UNICEF's effectiveness seems to lie in its long-standing experience in sectoral interventions (e.g.: health, nutrition, education, protection, WASH), which are supported by decades of experience, strong technical expertise, and logistical capacities. In some cases, sectoral interventions operated with little interaction or integration with other sectors (in what is called the 'silo' effect). Limited integration also occurred outwards, i.e., with local partners working with UNICEF.
Operational level	
EMERGENCY RESPONSE WITH SYSTEMIC IMPACT – UNICEF skillfully identified and supported emergency actions to ensure the continuity of national and local government essential services, extend coverage for aggravated vulnerabilities during the crisis and, in turn, contribute to reinforcing national systems (protection, education, health). UNICEF contributed to adapting child protection systems to a highly constrained environment by establishing psychosocial support services. The integration of these services with mental health or juvenile justice services allowed to identify cases of violence, including gender-based violence. UNICEF used the crisis as an opportunity to update educational materials that take into account different socio-cultural contexts (e.g.: indigenous communities), and reinforce diversity and inclusiveness (e.g.: gender, disability), as well as to virtualize learning modalities that will remain in place after the crisis.	PARTNER CAPACITIES – Implementing partners were hardest hit by the effects of lockdown constraints on movement, which limited their ability to support UNICEF's emergency response at the outset of the crisis. Many national CSOs and public bodies were not prepared for, –or equipped (in terms of technology, tools, procedures, or organizational structures)– to swiftly switch to remote coordination, delivery, and monitoring modalities. UNICEF's pre-existing technological platforms and organizational capacities to respond to large scale crises were significantly more developed than those of most of its partners. Under these circumstances, UNICEF experienced additional operational pressure, had to assume a stronger role to ensure implementation capacities, and some programs had to be paused. As part of UNICEF's emergency response, additional efforts were required to strengthen partners' capacities to adapt to new ways of working.
CONTINUITY OF SERVICES FOR TARGETED AREAS – Well established interaction and linkages (at political and technical levels) with governments, UNICEF's expertise and ability to deliver allowed the organization to act as a stabilizer for States' capacities to partially mitigate disruptions in regular public services. UNICEF prioritized areas with pre-existing vulnerability indicators – e.g.: poverty rate, morbidity and mortality indicators, access to essential services, SGBV, schooling and drop-out rates, etc. – or	MEASURING QUALITY, EQUITY AND GENDER –The COVID-19 HAC M&E system allowed for a proper assessment of coherence in terms of alignment with global frameworks – WHO Strategic Preparedness and Response Plan (SPRS), Global Humanitarian Response Plan (GHRP), UNDSG Socio-Economic Response Framework – – and, to a lesser extent, of the effectiveness of UNICEF's emergency response. The

those prioritized by national authorities in Argentina, El Salvador, and the Dominican Republic, where the epidemic could exacerbate the needs. Support was particularly appreciated in countries experiencing elections and change of government (Dominican Republic, El Salvador, Argentina), where newly elected administrations with no previous government experience had to deal with the crisis.	**extent of the quality, equity and gender dimensions of UNICEF's response is barely captured by the COVID-19 HAC M&E system.** The design of the M&E system (e.g.: difficulties in defining targets) and the challenging conditions under which the monitoring function was performed (e.g.: remote data collection), hindered a consistent assessment of quality, equity, and gender dimensions.
Organizational level	
PEOPLE – **UNICEF adopted a comprehensive duty of care policy for staff and partners, which, together with staff commitment, was essential for maintaining operational capacity under completely new implementing modalities, sustained uncertainty, and stress.** UNICEF provided support for teleworking and to ensure a work-life balance, including coaching and psychosocial support which helped staff to maintain professional engagement during a long period of time.	BURNOUT – **The HR measures implemented were not enough to address burnout, and the process of returning to office work after lockdown will probably take place amidst stress and fatigue.** The transition to UNICEF Corporate Emergency Level 3 Sustain Phase for the global COVID-19 Pandemic Response represented an unprecedented decision for the organization, extending stressful working conditions for UNICEF and partner teams for a period of almost two years. In a scenario of persistent pandemic and compounding crises, staff resilience may be stretched to the limit, eventually affecting the organizational capacity to stay and deliver.
FUNDING – **The four COs succeeded in mobilizing additional national resources to fund the emergency response (the funding gaps in Dominican Republic, El Salvador and Venezuela were lower than the UNICEF LAC regional average gap), swiftly adopting new fundraising strategies (virtual campaigns in Argentina and Dominican Republic, private sector collaboration in Dominican Republic), and effectively negotiating with donors**. This helped mitigate the drop in funding through traditional channels.	FUNDING GAPS - **Despite positive COVID-19 fundraising results at national level, the expansion of emergency operations and coverage achieved during 2020 (and its sustainability or intensification) seems to be volatile** and strongly exposed to the availability of funds being affected by donor fatigue or the decline of international aid.
L3 PROCEDURES – **L3 SOPs and the simplification of procedures allowed for more flexible and responsive management at CO level.** Procedures such as electronic signature, the establishment of new or expanded agreements with IPs, local staff recruitment, and acquisition of local supplies facilitated administration and logistics.	BUREAUCRACY AND INFORMATION MANAGEMENT –The **competing demands of LACRO and HQ for data generation and adopting ad-hoc procedures, new tools (monitoring), and new coordination mechanism**s generated confusion during the initial months of the response and required additional efforts from COs and partners.

MACROECONOMIC CONSEQUENCES

- Latin America and the Caribbean (LAC) has been severely affected by the COVID-19 pandemic, from both a health and an economic perspective. Pandemic-control measures, risk aversion among households and firms, and spillovers from a shrinking global economy resulted in an estimated 6.9 percent GDP contraction in 2020, the deepest among the six emerging market and developing economy (EMDE) regions. A modest recovery to 3.7 percent growth is projected for 2021 as restrictions are relaxed[75], vaccine rollouts gather pace, oil and metal prices rise, and external conditions improve. Risks remain tilted to the downside, however. Key risks include a failure to slow the spread of the pandemic, difficulties distributing a vaccine, external financing stress amid elevated debt, a resurgence of social unrest, and disruptions related to climate change and disasters.

SOCIAL CONSEQUENCES

- The region faces a social crisis borne out of political instability, social unrest, fragile health systems, and, perhaps most importantly, longstanding inequality in income, healthcare, and education. It is estimated that 231 million people in Latin America were living in poverty by the end of 2020 (reaching a level last seen 15 years ago). Latin American countries have long had some of the highest income inequalities in the world, and they are predicted to worsen[76].

- The syndemic[77] nature of the pandemic—a combination of viral infection and non-communicable diseases embedded in social inequities—is acute in the region. Although some countries, including Brazil and Costa Rica, have a universal healthcare system, most Latin American countries have large gaps in accessibility caused mainly by out-of-pocket health expenditure, accounting for 34% of total health spending. The relative fragility of health systems and gaps in universal health coverage make responding to the pandemic more difficult.

- The increase of physical and sexual violence, violation of rights, and social risks, will have severe consequences in early childhood and adolescence (unintended pregnancies, work, conflicts with the law, suicides, youth gangs). Under a scenario of persistent pandemic, this will place the capacities of protection systems at the limit of their possibilities.

- Displacement of people has soared in central America, and the Venezuelan migrant crisis is impacting the region. Rising inequalities have driven domestic political tensions and social unrest in several countries of the region.

- Gender inequalities are also important in Latin America's pandemic and gender-based violence is increasing[78]. The coronavirus pandemic has exacerbated the risk of gender-based violence since enforced lockdowns have trapped many women with their abusers and available shelters have reduced capacity. In many Latin American countries, there has been a significant increase, a doubling in some cases, in reports of domestic violence, sexual violence and murders of women and girls. In addition, it is estimated that the pandemic, once over, will have left 118 million women and girls in poverty in the region. The reduction in economic activity primarily affects informal workers who lose their livelihoods almost immediately, without access to networks or possibilities to replace the overall daily income. More than half of women work in sectors at high risk of being

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[76.] CEPAL, 2020. https://repositorio.cepal.org/ bitstream/handle/11362/ 45784/4/S2000470_en.pdf

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affected by the economic downturn and in the health sector, where women are over-represented in the first line of response, but with minority participation in decision-making in the face of the pandemic.

IMPACT ON UNICEF AGENDA

- UNICEF faces a sharp increase in the multisectoral needs of children and families, together with demands from States and national partners in a region with weak economies, reduced fiscal space, and existing and potential humanitarian crises. Strengthening and broadening partnerships could leverage efforts and strategically address national challenges.

- UNICEF is faced with the challenge of drafting long-term programming in a highly volatile context and uncertainty about the pandemic's economic, social, and political consequences.

- In the very short term, impacts on key priorities include the reopening of schools (in highly politized contexts), the roll-out of COVID-19 vaccination campaigns (and the reinforcement of regular vaccination programs and health services), the improvement of WASH services and facilities (in schools and health facilities) and reinforcing gender equality mechanisms in UNICEF programming.

3.2. (Re)focusing UNICEF's programming to reach vulnerable children in the medium to long term [e.g., to include additional/new opportunities; need to act differently or transform, etc.)

The list below summarizes key emerging themes mentioned by the COs and partners at both programmatic and organizational levels during the data collection process. The list is not intended to provide an exhaustive analysis of potential interventions to be developed in the short term.

Strategic level

- Coordination with other UN agencies (e.g., UNESCO for education, PAHO for health and nutrition, ILO for vocational training, IOM and UNHCR for migration, WFP, UNDP and ILO for social protection, WFP for nutrition)
- Establishing partnerships, especially with international financial institutions, to guarantee support to social protection systems in a context of reduced fiscal space
- Preparation to operate in a protracted and evolving pandemic scenario and respond to new hazards and humanitarian crises in the region

Health and nutrition

- Tailoring UNICEF support for COVID-19 vaccination to specific national contexts and challenges
- Recovery of coverage levels in national immunization, maternal, child health, and nutrition programs
- Strengthening psychosocial support and mental healthcare for particularly vulnerable segments of the population
- Expansion of e-health strategies to extend health coverage to communities with access barriers to conventional health services
- Advocacy for stronger application of International Health Regulations by governments
- Development of specific guidance on early childhood nutrition
- Support the nutrition of school-age children, adolescents, and maternal nutrition services.

WASH

- Supporting the delivery of quality WASH services in health facilities and schools (adopting an integrated programming approach), considering the specific needs of young girls

Education

- Advocacy with governments and the educational community (teachers, unions, families) for the safe return to school
- Development of mixed learning models that combine face-to-face and remote learning adapted to a persistent or new crisis, which integrates psychosocial support measures
- Capitalizing on remote education experiences based on new technologies to improve the accessibility and quality of education systems in the long term
- Reinforcement of programs aiming at supporting the transition from school to vocational training and labor market integration for adolescent populations

Social Policies and Social Protection

- Evidence generation and technical support to governments to develop redistributive social policies and advocacy for universal coverage and family benefits granting minimum purchasing power levels
- Development of locally adapted responses to the needs of vulnerable communities and population segments with greater vulnerability (e.g., single-parent families, children with disabilities, or migrant families)
- Development of research on the effectiveness and complementarity of humanitarian cash transfer approaches using national social protection systems in the region

Protection

- Strengthening health center and school capacities to detect and refer cases of violence, especially gender-based violence and rights violations, to child protection institutions
- Supporting national protection systems to develop adaptive social protection approaches for emergency responses
- Integration of psychosocial support lines developed within national child protection systems
- Strengthening community-based protection mechanisms

Transversal topics

- Advocacy to facilitate priority access to COVID-19 vaccine for all health, education, and protection services staff to ensure continuity of essential services in a persistent pandemic scenario
- Continued RCCE support to UNICEF programs to reinforce communication on hygiene and protection, supporting governmental efforts to disseminate accurate information, and launching population-wide campaigns

4. LESSONS LEARNED

LESSONS LEARNED

- **TECHNOLOGY FOR PROGRAM INNOVATION AND KEEPING ESSENTIAL MANAGEMENT FUNCTIONS** – The use of technology has been essential to conceive and develop innovative program approaches in critical activities (new models of distance learning in education; psychosocial support lines in protection – see examples in the Implementation section) and to enable continuity of services, despite connectivity gaps. New technology tools (e.g.: Tableau, social media applications, videoconferencing platforms, digital signature) have also allowed UNICEF to maintain essential management functions, especially coordination and monitoring.

- **LOCALLY TAILORED RESPONSES AND FIELD PRESENCE FOR INTEGRATED PROGRAMMING AND GEOGRAPHICAL CONVERGENCE** – Field offices in Venezuela have fostered better integration among programs, geographical convergence of UNICEF's actions and engagement with local actors. In Buenos Aires, the work with community-based organizations in marginalized neighborhoods has also contributed to integrated programming and to better address the broad spectrum of existing vulnerabilities and needs locally (food aid, GVB, protection, referrals to specialized services). In both cases, stable presence on the ground has been instrumental to strengthening UNICEF's relations with implementing partners, engaging with local authorities, and gaining local knowledge. This approach has contributed to expand coverage and reach highly vulnerable populations.

- **BALANCING UPSTREAM AND DOWNSTREAM APPROACHES** – UNICEF has strategically combined upstream work with governments to advocate and influence decision-making and public policies with downstream work to reach vulnerable communities and gain direct knowledge (and data) on needs. Upstream work based on UNICEF's relevant support to research and generation of data about the impact of COVID-19 has been instrumental to increase coverage and inclusiveness of social policies. Downstream interventions have provided UNICEF with legitimacy and visibility which have been essential to credibly speak of governments and society. Both approaches are mutually supportive in reaching UNICEF's aim and reinforcing UNICEF's pivotal role amidst a large variety of actors working to protect children's rights.

- **MONITORING** – Monitoring methods have proven to be critical to cope and adapt emergency responses to complex situations like COVID-19, despite some limitations. Robust and reliable evidence will be a crucial element for UNICEF's response in the coming months in a context of persistent pandemic and during the recovery years.

- **RTA METHODOLOGICAL APPROACH** – Remote real-time assessments based on participatory approaches, internal buy-in, availability of recent secondary data from diverse sources, dedicated local support, and alignment with organizational planning processes are a practical methodology to adapt COVID-19 programming and field operations.

5. SUGGESTED RECOMMENDATIONS

(75) The recommendations listed below are supported by evidence and conclusions stemming from the four CO reports and were developed with the involvement of relevant stakeholders during the validation workshop with the LACRO team on February 2, 2021. This helped LACRO define priority actions needed to better support the response of COs to COVID-19. These actions should be implemented over the next six months.

A) Recommendations to strengthen UNICEF's quality of the response in LAC COs.

STRATEGIC LEVEL RECOMMENDATIONS	Specific actions	WHEN	WHO
UNICEF Policy dialogue and advocacy across the region is grounded on evidence generation	**PRIORITY ACTIONS:** UNICEF LACRO strengthens its **evidence generation** capacities to provide guidance & TA to COs, governments & regional bodies. Thus it: - **Develops an evidence agenda** on key topics (e.g., schools reopening; the impact of the virus on children, mental health, and psychosocial support; how youth have been particularly affected by COVID-19) that covers regional and country perspectives. - Coordinates with COs to **monitor which research initiatives are in the pipeline at national level**. **OTHER ACTIONS:** LACRO provides guidance to COs to: - **Support CO policy dialogue and advocacy** to promote child rights. - Ensure UNICEF COs interventions include measurable results and are **scalable.** - **Help COs identify and share good practices** to help better position the organization in a fast-changing context.	▪ Feb 2021-June 2021 (tbc)	LACRO: ▪ Social Policy ▪ Program & planning ▪ Evaluation ▪ Communication providing Guidance, Technical Assistance and Quality Assurance to COs Partners: ▪ National counterparts and public administration ▪ Universities and academia ▪ National statistical agencies
LAC alliances and joint programming at the CO level are prioritized to advance child rights	**PRIORITY ACTIONS:** - To support comprehensive governmental strategies, **LACRO maps alliances** and supports CO foster them with key stakeholders (UN system, IFIs, private sector, and CSOs). - **Strengthen collaboration with IFIs and development banks in a context of reduced fiscal space for social policies.** **OTHER ACTIONS:** LACRO to provide guidance to COs to:	▪ Feb 2021-tbc	LACRO: ▪ PP (lead) ▪ SP ▪ RPP ▪ EVAL ▪ PFP and Safe and Clean Environment Section

	- Enhance joint UN programming developing specific joint initiatives or using existing **frameworks.** - Establish new **partnership modalities** with the private sector and CSOs (which have played a key role in reaching particularly vulnerable populations).		providing Guidance, Technical Assistance and Quality Assurance to COs
OPERATIONAL LEVEL			
LACRO strengthens UNICEF's multisectoral and multilevel programming in the region	**PRIORITY ACTION:** LACRO supports COs in developing further geographic convergence and multisectoral programming (as done in Argentina), such as to provide comprehensive responses to vulnerable groups and gain in efficiency. **Strategic interventions, such as the resumption to school, may serve as a delivery platform around which different sectors** (e.g., nutrition, WASH, psycho-social support, protection) can structure their actions ('program convergence').	▪ Feb 2021-June 2021 (tbc)	LACRO: Survive & Thrive, Education, WASH, gender, protection ▪ Planning M&E ▪ Dep Rep ▪ DRD providing Guidance, Technical Assistance and Quality Assurance to COs Partners: ▪ Ministry of Health ▪ Ministry of Education
In 2021, UNICEF LACRO supports COs and national governments to strengthen their preparedness and response mechanisms. This support also strengthens the humanitarian-development nexus (as a core element of alliances and NDMAs)	**PRIORITY ACTIONS:** - LACRO ensures that **all new CPDs incorporate risk-informed programming** and risk mitigation measures. - Identify risk-**informed CPD review** as a 2021 AMP priority **OTHER ACTIONS:** - LACRO strengthens **preparedness and response mechanisms** of COs and national governments for future emergencies in a region traditionally affected by a wide variety of hazards. - LACRO supports COs' **operational flexibility and transitioning between emergency responses and regular programming**. - **Peace nexus** (e.g., Venezuela)	▪ Feb 2021-June 2021 (tbc)	LACRO: ▪ Program team & planning (lead) + emergency Emergency (lead)

ORGANIZATIONAL LEVEL			
LACRO actively supports CO in boosting human and financial resources	**PRIORITY ACTION:** - LACRO adopts **additional measures to address CO staff burnout** and support LAC staff to cope with a persistent crisis.	▪ Feb 2021-June 2021 (tbc)	LACRO: ▪ HR providing Guidance, Technical Assistance and Quality Assurance to COs
	PRIORITY ACTION: - LACRO supports COs' **fundraising efforts by exploring new partnerships**, non-conventional donors, or developing sub-regional programs to mitigate the decline in national and international funds (B4R in CPD and UNSPDCF).	▪ Feb 2021-June 2021 (tbc)	LACRO: ▪ Private Sector Fundraising ▪ Program & planning providing Guidance, Technical Assistance and Quality Assurance to COs

B) Recommendations to strengthen LACROs oversight role vis-à-vis the implementation of CO responses to COVID-19 in the region.

ORGANIZATIONAL LEVEL			
Increase UNICEF's Adaptive and innovative management in LAC	**PRIORITY ACTION:** - LACRO supports **lighter and iterative planning** implemented in the region. **OTHER ACTIONS:** - Enhance UNICEF's response to the pandemic in the region; in coordination with HQ, the RO could develop a **simple Monitoring and Evaluation framework**. This framework could inform country level strategic choices and measure programmatic performance. The M&E framework could outline both CO and RO roles, responsibilities, timeframes (regularity) and indicators. - Once the 1st phase of the RTA is finalized, LACRO to engage in **phase 2**. Issues to be looked at in the real time assessment will be jointly defined with COs at the forthcoming RMT (e.g., back to school).	▪ By the end of Q4 2021	LACRO: ▪ Regional Planning and Monitoring section together with the evaluation section in consultation with DAPM and the Evaluation Office LACRO evaluation section together with CO Reps and RO Senior Management and Section Chiefs

6. ANNEXES

ANNEX I: LIST OF PEOPLE INTERVIEWED (LACRO & COs)
ANNEX II: WORKSHOP CALENDARS (LACRO & COs)
ANNEX III: KEY DOCUMENTS CONSULTED (LACRO & COs))
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ANNEX VI: INITIAL RESPONSE – KEY DATES AT COUNTRY LEVEL
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KIIs summary table

	Argentina		Dominican Republic		El Salvador		Venezuela		LACRO		Total	
	W	M	W	M	W	M	W	M	W	M	W	M
UNICEF Staff	9	2	7	3	6	1	11	8	8	6	41	20
Ministries	6	1	2	2	1	4	2	3			11	10
Partners	6	2	4	2	5	2	7	4			22	10
Total	21	5	13	7	12	7	20	15	8	6	74	40

UNICEF LACRO	Name	Title
UNICEF Latin America and Caribbean Regional Office	Youssouf Abdel Yelil	Deputy Regional Director
	Maaike Arts	Regional Adviser Survive & Thrive
	Rada Noeva	Regional Chief of Program and Plan
	Monica Rubio	Regional Adviser Social Policy
	Margaret Sachs-Israel	Regional Adviser Education
	Claudio Santibañez	Regional Adviser Partnerships
	Michele Messina	Regional Adviser Emergency
	Lilian Reyes	Emergency Manager
	Sebastian Carrasco	M&E Specialist
	Shelly Abdool	Regional Adviser Gender
	Kendra Gregson	Regional Adviser Child Protection
	Maryvonne Christ	Regional Chief of Operations
	Renan Lizano	Regional Chief of Human Resources
	Pierre Charles	Corporate Fund-Raising Specialist

ARGENTINA	Nombre	Cargo
UNICEF	Fernanda Paredes	Inclusión social
	Carolina Aulicino	Inclusión social
	Luciana Lirman	Especialista en Salud
	Ornella Lotito	Especialista en Educación
	Alexa Cuello	Especialista en Protección
	Mercedes Eisele	PFP
	Natacha Carbonelli	Comunicación
	Olga Isabel Isaza	Representante adjunta
	Sebastián Francinelli	Adquisiciones
	María Marta Nanfito	RH
	Antonio Canaviri	M&E
Ministerio de Educación de la Nación	Pablo Gentili	Secretario de Cooperación Educativa y Acciones Prioritarias

Ministerio de Educación de Tucumán	Cielo Linares	Subsecretaria de Educación
Ministerio de Salud	Mariela Rossen	Asesora del gabinete del ministro
Ministerio de Salud	Valeria Isla	Directora Nacional de Salud Sexual y Reproductiva / Coordinadora General Plan ENIA
Ministerio de Salud	Soledad Lopez	Directora de Salud para los Pueblos Indígenas
Secretaría Nacional de Niñez, Adolescencia y Familia	Alejandra Shanahan	Directora nacional de promoción y protección integral
Ministerio de Justicia	Carina Rago	Coordinadora del programa Las víctimas contra las violencias
La Poderosa	Laura Estefania Toledo	Coordinadora
Caritas	Sofía Terek	Coordinadora del Área de Ayuda Inmediata y Emergencias
Caritas	Silvana Bertolini	Responsable de Desarrollo de Recursos y Relaciones Corporativas
Fundación SES	Alejandra Solla	Directora
Fundación SES	Nancy Fior	Coordinadora del proyecto
OPS	Cecilia Marzoa	Consultora
Consultor independiente	Sergio Sánchez Gómez	Consultor terreno
SNU Oficina coordinador residente	Pablo Basz	Strategic Partnerships and Financing for Development

REPUBLICA DOMINICANA	Nombre	Cargo
UNICEF	Rosa Elcarte	Representante
	Eduardo Gallardo	Representante Adjunto.
	Sara Menéndez	Programa en Salud, Nutrición y VIH
	Cristina Alonso	Especialista en alianzas corporativas
	Gavino Severino	Programa de inclusión y protección social
	Vianka Olivero	
	Lilen Quiroga	Comunicación para el Desarrollo
	Lissette Núñez	Educación
	Felipe Diaz	M&E
	Angelina Sosa Lovera	Trabajo de UNICEF-RD con Línea de ayuda psicosocial
Ministerio de Educación 2020	Ligia Pérez	Viceministra
Ministerio Servicio Nacional de Salud	Chanel Chupany	Ex director
Ministerio Servicio Nacional de Salud, Dirección Materno infantil	Christian Mateo	Director
Ministerio Servicio Nacional de Salud	Cornelio Rodríguez	Director
ONG en Salud	Giselle Scanlon	Directora
PNUD	Xavier Hernández	Representante Adjunto
PNUD	Pilar Palomino	Jefa de la Oficina del Coordinador Residente
Asociación Grupo Paloma	Ingrid Bretón	Directora-
SIUBEN	Jefrey Lizardo	Director
	Jatnna Tavares	Comunicadora y Embajadora Nacional de UNICEF

VENEZUELA	Nombre	Cargo
	Paola Franchi	OIC Chief Field Ops

UNICEF	Veronica Argudo	Movilización de recursos
	David Simon	WASH
	Elena Cerdán	Salud
	Mónica Rodríguez	Nutrición
	Andrés Felice	Educación
	Paola Scelzl	Protección
	María Isabel Gamez Salazar	C4D
	Arturo Rombolli	Jefe de PM&E
	Sonia Silva	Jefe FOs Bolívar
	Cecilia Torres	PM&E
	Alessandra Donvito	Jefe FOs Zulia
	Vinicius Brum Ribeiro	IM PM&E
	Roman Argenis Rodriguez	PA PM&E
	Regine Weber	Adquisiciones
	Veronica Argudo	Movilización de recursos
	Herve Ludovic De Lys	Representante
	Klervi Congard	RH
	Javier Alvarez	Dep Rep Programs
Gobierno	Rosangela Orozco	Vice Ministra de Educación
	Adela Padrón	Min Aguas
	Ing Gerardo Briceño	Min Salud
	Dr Marin	Min Salud
	Eudys Almeida	Director Nacional del Servicio Consular Extranjero
Socios	Sergio Gelli	CICR
	Noelbis Aguilar.	Directora del Programa Nacional de Escuelas
	Lisceth Rojas	Directora
	Lily Torres	Presidenta (Apoyo a servicios especializados de protección de NNA)
	Ninoska Zambrano	Coordinadora Técnica General
	Carlos Dini	Director Ejecutivo
	Anny Sanchez	Doctora
	Manuel Figuera	Director
	Lerisnel Rodríguez	ALINCA
	Rina Rodríguez	Promotora en salud
	Gabriel Dicelis	OCHA

EL SALVADOR	Nombre	Cargo
UNICEF	Yvette Blanco	Representante de país
	Begoña Arellano	Representante Adjunta
	Lourdes Saldaña	Jefa operaciones OP
	Marcela Pleites	Oficial de Monitoreo y Evaluación
	Karen Panameño	Oficial de Salud, Nutrición y WASH y punto focal de Emergencias
	Roberto Rodríguez	Especialista en Protección
	Marta Navarro	Especialista en Educación
Gobierno	Carlos Alvarenga	Viceministro de Salud
	Mirian Hirezi	Asesora del Despacho Ministerial Ministerio Educación
	Wilfredo Alexander Granados	Director Nacional de Educación Media (III Ciclo y Media)

	William Hernández	Director Nacional Dirección General de Protección Civil
	Cosme Durán	Jefe de Proyectos Comisión Presidencial de Proyectos Estratégicos
Socios	Carlos Arenas	Delegado de Cruz Roja Española
	Evelyn López	Coordinadora Servicio Social Pasionista
	Brenda Del Cid	Coordinadora Seguridad Alimentaria y Nutricional Save the Children
	Karen Ramírez	Gerente de Programas PROVIDA
	María José Figueroa	Coordinadora Fundación Silencio
	Jaako Valli	Representante Adjunto PMA
	Sonia Molina	ISNA

	Argentina	Dominican Republic	El Salvador	Venezuela	LACRO	Brazil
Kick-off Workshops	10/11/2020	06/11/2020	11/11/2020	05/11/2020 10/11/2020	17/11/2020	09/03/2021
First Draft Submitted	24/12/2020	06/01/2021	08/02/2021	18/01/2021	03/02/2021	---
Validation Workshops	18/12/2020	12/01/2021	11/02/2021	19/01/2021	02/02/2021	---
Final Report Submitted	02/03/2021	02/03/2021	19/03/2021	02/03/2021	15/03/2021	---

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65. RED-ACTÚA - (julio 2020) COVID-19 Valoración y Monitoreo continuo del Impacto Socioeconómico en Hogares, Informe de resultados

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67. UNICEF - Folleto Programa de Cooperación entre el Gobierno Dominicano y UNICEF 2018-2022

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87. Fichas Campaña: Yo Comparto Amor

88. Fichas: Centro de cuarentena Y albergues

89. Fichas: Nutrición, Pan para tu Matata

90. Fichas: Salud Mental – Fundasil

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101. ONU/EHP - (09/2020) Plan de Respuesta Humanitaria El Salvador

102. ONU/EHP - Reporte de Monetización. Acciones del EHP en la Respuesta Humanitaria COVID-19. Presentación

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114. UNICEF - End of Year Results Summary Narrative 2020

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123. UNICEF/GIZ/Fundasil/SICA. - Fichas: Juntos en Cuarentena_Manejo de Pérdidas y Duelos

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125. UNICEF/REACH - (07/2020) Indicadores de Riesgo Relacionados en El Salvador con el COVID-19. Evaluación Rápida Multi-sectorial en Latino América y el Caribe

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142. PM&E - Monitoreo de los Establecimientos de Salud. Principales Resultados del 6 al 19 de Agosto 2020

143. PM&E - Monitoreo de los Establecimientos de Salud. Principales Resultados del 20 de agosto al 2 de septiembre 2020

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147. PM&E - Monitoreo de Terreno: avances del 11 al 24 de Junio de 2020

148. PM&E - Monitoreo de Terreno: avances del 25 de Junio al 9 de Julio 2020

149. PM&E - Monitoreo de Terreno: avances del 10 al 22 de Julio 2020

150. PM&E - Monitoreo de Terreno: avances del 23 de Julio al 5 de Agosto, 2020

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209. UNICEF LACRO - Slides: Maternal Health-Impact on Institutional Delivery: Q2 vs Q3. Impact on Immunization–Penta 3 Coverage, Q2 vs Q3

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213. UNICEF LACRO - Data Sitrep Covid-19

214. UNICEF LACRO - Chart 2018 /2021 Executive Management

215. UNICEF LACRO - (11/2020) Social Policy Unit Briefing Note

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Summary of achievements - selected indicators per country (% achieved - Target / Result)

CV-01 - Risk Communication and Community Engagement (RCCE)	ARG	DOM	SAL	VEN
Indicator 1	315%	104%	65%	118%
Indicator 2	44%	99%	0%	66%
Indicator 3	12%	112%	0%	0%
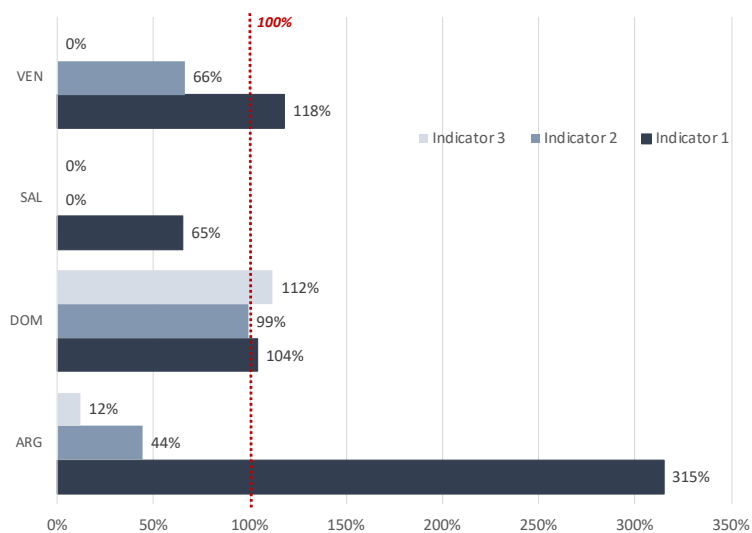
CV-02 - Provision of critical medical, water supplies and improving infection and control	ARG	DOM	SAL	VEN
Indicator 1	290%	216%	254%	126%
Indicator 2	100%	767%	230%	168%
Indicator 3	0%	122%	0%	126%

63
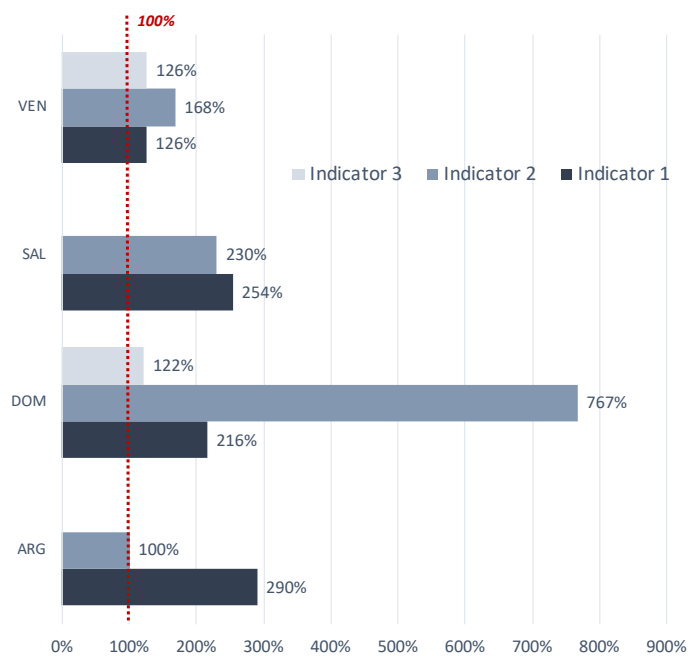
CV-03 - Continuity of healthcare for women and children	ARG	DOM	SAL	VEN
Indicator 1	0%	470%	28%	143%
Indicator 2	0%	5327%	0%	77%
Indicator 3	110%	106%	230%	68%
Indicator 4	124%	2%	3124%	345%
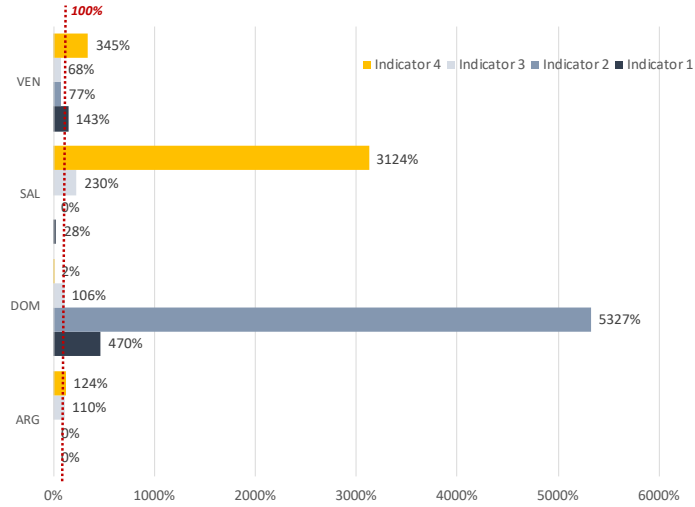
CV-04 - Access to continuous education, child protection and GBV services	ARG	DOM	SAL	VEN
Indicator 1	37%	21%	405%	1022%
Indicator 2	0%	14%	0%	0%
Indicator 3	12%	357%	0%	0%
Indicator 4	112%	0,1%	173%	67%
Indicator 5	41%	122%	0%	47%
Indicator 6	45%	239%	0%	0%
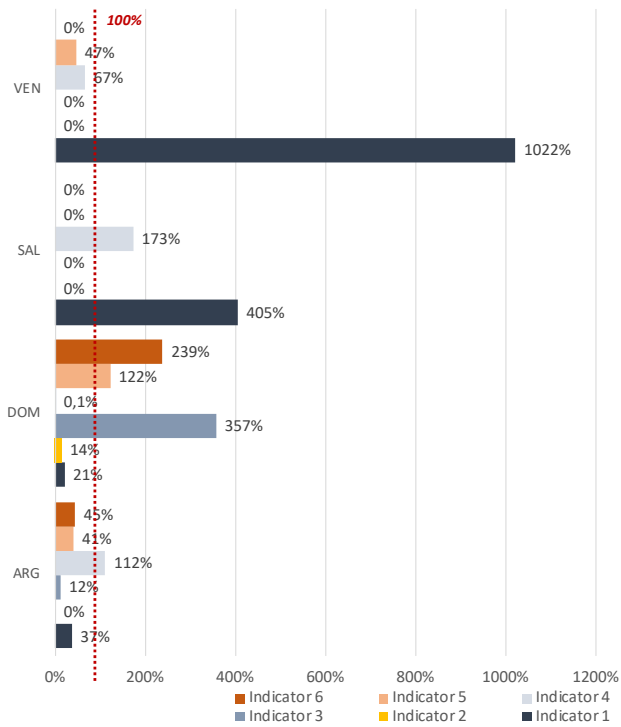
CV-05 - Social Protection	ARG	DOM	SAL	VEN
Indicator 1	0%	100%	405%	0%
Indicator 2	0%	391%	80%	0%
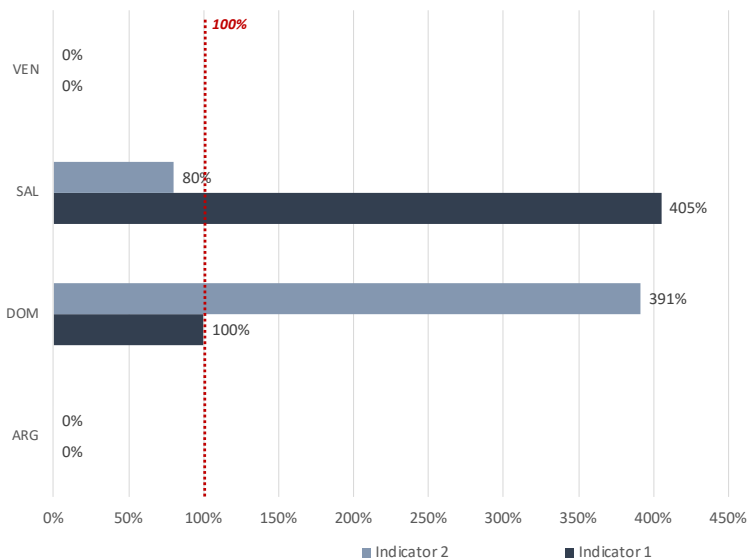
M&E TOOLS AT COs LEVEL

|	ARGENTINA	VENEZUELA	DOM.R.	EL SALVADOR
High-frequency SitRep indicators (monthly): 18	12 indicators reported (Insight dashboard)	12 indicators reported (Insight dashboard)	17 indicators reported (Insight dashboard)	11 indicators reported (Insight dashboard)
Mid-frequency indicators (quarterly): 31	None (excel matrix)	None (excel matrix)	None (excel matrix)	1 (excel matrix)
Reporting tools	• Excel matrix (152 indicators) • Insight dashboard	• Excel matrix (13 indicators with 25 sub-indicators: 12 SitRep indicators and 1 additional indicator) • Insight dashboard • 'Tableau' and currently transition to ArcGIS	• Excel matrix (19 indicators: 11 SitRep indicators with sub-indicators and 4 additional indicators) • Insight dashboard • 'Pizarra de actividades'	• Excel matrix (9 indicators: 8 SitRep indicators and 1 Mid-frequency indicator) • Insight dashboard

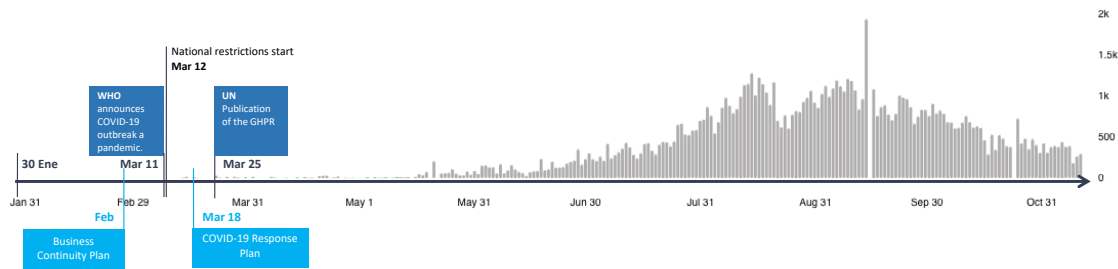|	HAC Funding Requirements	HAC Amount Received	HAC Amount Pipeline	HAC Estimated Amount Received	Funding GAP
Argentina	7.300.000	413.570	96.500	510.070	6.886.430
Dominican Republic	1.610.000	2.370.340		2.370.340	-760.340
El Salvador	2.500.000	1.398.940	400.000	1.798.940	1.101.060
Venezuela	26.828.520	13.380.659	6.350.000	19.730.659	13.447.861
Rest of LACRO	139.577.042	62.155.403	15.637.500	77.792.903	77.421.639
TOTAL LACRO	177.815.562	79.718.912	22.484.000	102.202.912	98.096.650

ARGENTINA
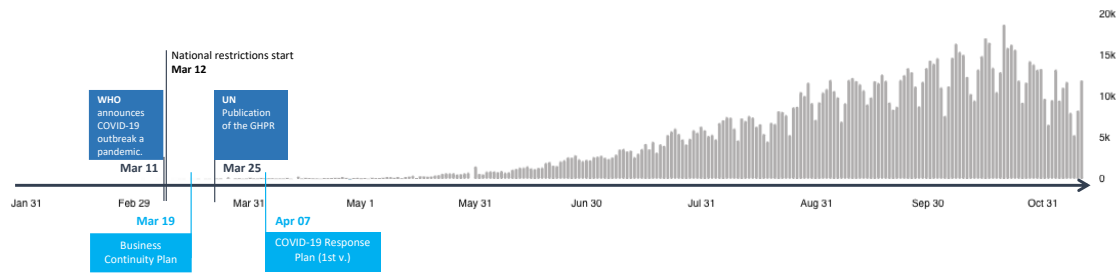
REPUBLICA DOMINICANA

VENEZUELA

EL SALVADOR