

Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

Draft Inception Report

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IPE Global Limited

IPE Global House, B - 84, Defence
Colony, New Delhi - 110 024, India
www.ipeglobal.com

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1. INTRODUCTION

1.1. Background and Context

COVID-19 has impacted the health systems, service delivery, and welfare of most economies across the world including India. It has impacted a large section of the population in India and created severe stress and disruption of routine health, education, child protection, nutrition, and other basic services for women and children. In India, more than 7 million people have been affected. The impact of the COVID-19 has been felt more by the vulnerable section of the population.

From the onset of the epidemic, UNICEF India has worked in close coordination with WHO and the Ministry of Health and Family Welfare focusing its efforts to support coordinated action for the preparedness, containment, and mitigation of the outbreak. UNICEF's response plan has been designed to primarily address two major issues: minimizing the impact of the outbreak on the population, with a focus on women and children, and ensuring that essential services for women and children are adapted to the context and remain accessible during and after the pandemic. UNICEF has adopted a multi-sectoral approach focusing both on COVID-19 specific and COVID-19 sensitive responses. UNICEF India has a capillary presence of multi-sectoral teams in 13 field offices operating extensively in the field of health in 23 states and more intensively in more than 100 districts of the country. Most of the support provided by UNICEF has been through existing government initiatives and the support has been delivered through the central and state government department, agencies, and Civil Society partners.

UNICEF has responded to the crises across the six pillars outlined below:

Pillar-1. Risk Communication and Community Engagement (RCCE)

Pillar-2. Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention, and Control (IPC)

Pillar-3. Provision of adequate health care for women, children, and vulnerable communities, including case management, provision of essential routine health and nutrition services

Pillar-4. Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Pillar-5. Data collection and social science research on the secondary impacts on children and women

Pillar-6. National and State level coordination, technical support, and operational costs

1.2. Objective of evaluation

The overall objective of the evaluation is to assess and improve the relevance, coverage, effectiveness, and efficiency of its COVID-19 crisis response, by providing immediate feedback and recommendations for improvement across the six pillars.

The specific objectives of this Real-Time Evaluation (RTE) are:

1. Provide monthly feedback to the UNICEF India Crisis Management Team (CrMT) on the relevance, coverage, efficiency, and effectiveness of its COVID-19 response. (Feedback will be provided on one pillar per month.)

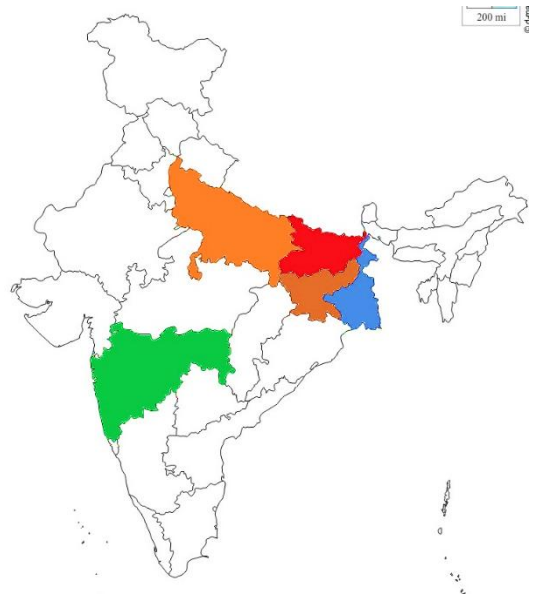
2. Identify challenges and bottlenecks in service delivery and provide recommendations for improvement.
3. Involve partners, stakeholders and beneficiaries in shaping UNICEF's crisis response to ensure it is more participatory and responsive to needs on the ground.
4. Act as real-time lessons learning exercise that adjusts and improves planning and performance, allowing for ongoing correction of the current crisis response, but also collects lessons for future health emergencies.
5. Identify and fill gaps in UNICEF India's ongoing evidence-gathering efforts.
6. Collect data for use in future evaluation/s of UNICEF's response.

1.3. Study Coverage and Target Respondents

For this RTE (pillars 1-4), which are focused on delivery and implementation, five states are purposively selected and suggested by UNICEF. These states are Uttar Pradesh, Maharashtra, West Bengal, Bihar, and Jharkhand. Pillar 5 and 6, focuses more on national level activities and functions led and managed by country office and therefore the assessment for these two pillars will be conducted at the national/union level only.

These states have been selected by UNICEF and are based on the following criteria:

1. **Maharashtra:** Transition state with a high burden of COVID-19 cases; large migration population; urban programming
2. **West Bengal:** High burden state; the mid-level burden of COVID-19 cases; allows for examining the intersection between COVID-19 and DRR response)
3. **Uttar Pradesh:** High burden state; the mid-level burden of COVID-19 cases; promising initiatives by UNICEF)
4. **Jharkhand:** Large tribal population; low COVID-19 cases)
5. **Bihar:** High burden state; mid-level of COVID-19 cases; lacking external support to the response)



2. EVALUATION APPROACH AND METHODOLOGY

2.1. Approach

A participatory, consultative and utilisation focused approach has been deployed for the RTE. The RTE is a quick and rapid assessment (rather than an in-depth evaluation) of the progress made against the six pillars and will provide recommendations, learnings and feedback for course corrections. The whole purpose of the RTE is to conduct an independent rapid assessment for feedback and course correction during the emergency situation. The evaluation will assess UNICEF's COVID-19 response for each pillar against the OECD-DAC criteria of Relevance, Coverage, Efficiency/Coherence, and Effectiveness. Additionally, the evaluation will focus on themes of gender and equity as these are integral part of UNEG norms and core focus areas of UNICEF and the ongoing work on pandemic. Considering the varying strategies/activities that have been implemented in the states for each pillar, the evaluation team will closely work with the UNICEF Research and Evaluation (R&E) team, Sector Specialists at the National and the State levels to ensure approaches and tools are appropriately contextualized to each state to generate comprehensive findings and recommendations.

A longitudinal-observation design is being used to review the data monthly/ongoing basis to provide feedback and recommendations to improve UNICEF's ongoing COVID-19 response. A combination of methods (desk review of UNICEF's share link data covering all real time data/ reports against each of the pillars, qualitative interviews, and secondary data analysis) will be used for this evaluation. The primary data collection will mainly rely on qualitative methods (Key Informants Interviews (KIIs) of a different set of stakeholders – UNICEF team members at the National and State levels, State and District/Block Government officials and Civil Society Organisations (CSO)/ implementation partners. The KIIs will be with the key stakeholders who have been partnered with or are responsible for the design and implementation, the community or beneficiary feedback and the assessment will only be conducted at a later stage through Focus Group Discussion when situation normalises for travel and face to face interviews and discussion

For this evaluation, we shall develop a pillar-wise framework covering activities, indicators (COVID-19 specific and sensitive), target vs. achievement, implementation modalities, and gaps. This will be done based on the discussion with UNICEF's R&E team followed by consultation with the national level respective program teams, state teams and desk review of various documents and reports. We have already developed a framework for the RCCE pillar (attached as Annexure-3) which has been finalized in consultation with UNICEF. The approach has been useful as it helps to address and identify the right set of questions and key stakeholders. A similar framework will be developed for each of the pillars post incorporating learnings coming out from the evaluation of ongoing pillar.

The lesson learning session and presentation will be based on our initial set of analysis and findings. This will be done based on the evaluation framework, desk review, and interviews with UNICEF's sector specialists and few other stakeholders. The lesson learning session will highlight the key success factors, bottlenecks and learnings with respect to design, coordination, roll out and convergence. Findings from LLR will support the Crisis Management Team (CrMT) in exploring key factors that have led to achievements/non-achievements.

2.2. Evaluation Matrix and Areas of inquiry

The indicative set of key evaluation questions and source of validation of information are given in the table below. Based on our desk review and discussion with UNICEF RTE, the evaluative questions provided in the RFP have been refined. It is important to note that given the varied nature, focus and set of implementation across the pillars, the evaluation questions will be contextualized for each pillar and states based on specific activities, UNICEF's role, and implementation modalities. As in the case of RCCE pillar, the evaluation questions for each of the pillar will be shared in advanced with UNICEF RTE team for consent.

The RCCE pillar evaluation Matrix has been attached as Annexure-2.

Evaluation Objectives/ Criteria	Evaluation Question/ Area of Inquiry	Information Sources
Relevance	<ul style="list-style-type: none"> To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities? 	<ul style="list-style-type: none"> National level UNICEF officials State level Govt. officials District/Block level Govt. officials CSO/Implementation partners
	<ul style="list-style-type: none"> To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states? 	
	<ul style="list-style-type: none"> To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families? 	
	<ul style="list-style-type: none"> Is UNICEF's COVID-19 response programming informed by evidence and guided by a clear ToC? 	<ul style="list-style-type: none"> National level UNICEF officials
Coverage	<ul style="list-style-type: none"> To what extent are the key stakeholders and beneficiaries of the different approaches covered under the six pillars being reached? 	<ul style="list-style-type: none"> National level UNICEF officials
	<ul style="list-style-type: none"> Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children? 	<ul style="list-style-type: none"> National level UNICEF officials State level Govt. officials District/Block level Govt. officials CSO/Implementation partners
Efficiency/ Coherence	<ul style="list-style-type: none"> To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priority areas? 	<ul style="list-style-type: none"> National level UNICEF officials State level Govt. officials District/Block level Govt. officials CSO/Implementation partners
	<ul style="list-style-type: none"> To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent and quality way? 	<ul style="list-style-type: none"> State level Govt. officials
	<ul style="list-style-type: none"> To what extent is UNICEF adapting its activities to become more efficient based on learning and a changing COVID-19 context? 	
	<ul style="list-style-type: none"> What else could be done to improve the efficiency of the UNICEF's COVID-19 response? 	<ul style="list-style-type: none"> State level Govt. officials District/Block level Govt. officials CSO/Implementation partners
	<ul style="list-style-type: none"> Are there any inefficiencies associated with the implementation of the crisis response (e.g. low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)? 	<ul style="list-style-type: none"> State level Govt. officials District/Block level Govt. officials CSO/Implementation partners
Effectiveness	<ul style="list-style-type: none"> What bottlenecks exist to the efficient implementation of the crisis response? 	<ul style="list-style-type: none"> State level Govt. officials CSO/Implementation partners

Evaluation Objectives/ Criteria	Evaluation Question/ Area of Inquiry	Information Sources
	<ul style="list-style-type: none"> • To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting women and men? • How well is UNICEF's response coordinated? • What are the key challenges faced? 	<ul style="list-style-type: none"> • State level Govt. officials • District/Block level Govt. officials • CSO/Implementation partners

2.3. Sample Size

Based on discussions with the UNICEF team, the following set of interviews will be conducted for each of the pillars to understand the effectiveness of the response. The sample size which has been drawn from the RFP and represents various set of direct stakeholders engaged in the process or programs. The sample size is indicative and might slightly vary based on requirement in each pillar. For some of the pillars we might engage and have interviews with other non UNICEF partner CSOs or local experts to have an independent opinion or observation on the progress and effectiveness of the support.

Participants for Pillars 1-4	Type of Activity	Total Activities per month	National Level	State Level				
				Bihar	Jharkhand	Maharashtra	Uttar Pradesh	West Bengal
UNICEF Delhi Programme Specialist	KII	2	2					
UNICEF Field Office Programme Specialist	KII	10		2	2	2	2	2
State level official	KII	10		2	2	2	2	2
District level official	KII	10		2	2	2	2	2
Block level official	KII	10		2	2	2	2	2
CSO/implementing partners	KII	10		2	2	2	2	2
Total per monthly round		52	2	10	10	10	10	10

Participant For Pillars 5-6	Type of Activity	Total Activities per month (National Level)
National-level participants, including government officials	KII	5
Other organizations supporting in COVID- 19 response (e.g. WHO, WFP, UNDP, ILO, WB, BMGF, etc.)	KII	10
UNICEF Delhi Programme Specialist	KII	5
Total per monthly round		20

3. WORK PLAN - TIMELINE AND DELIVERABLES

3.1. Implementation Process

A. Desk Review and consultation with UNICEF team

The desk review focused on building an overall understanding of UNICEF's COVID-19 response and set of key activities, implementation plans and processes, progress achieved through review of key documents and secondary data (e.g. UNICEF COVID-19 response plan, COVID-19 Joint Response plan, Humanitarian Performance Matrix (HPM) indicators, etc.).

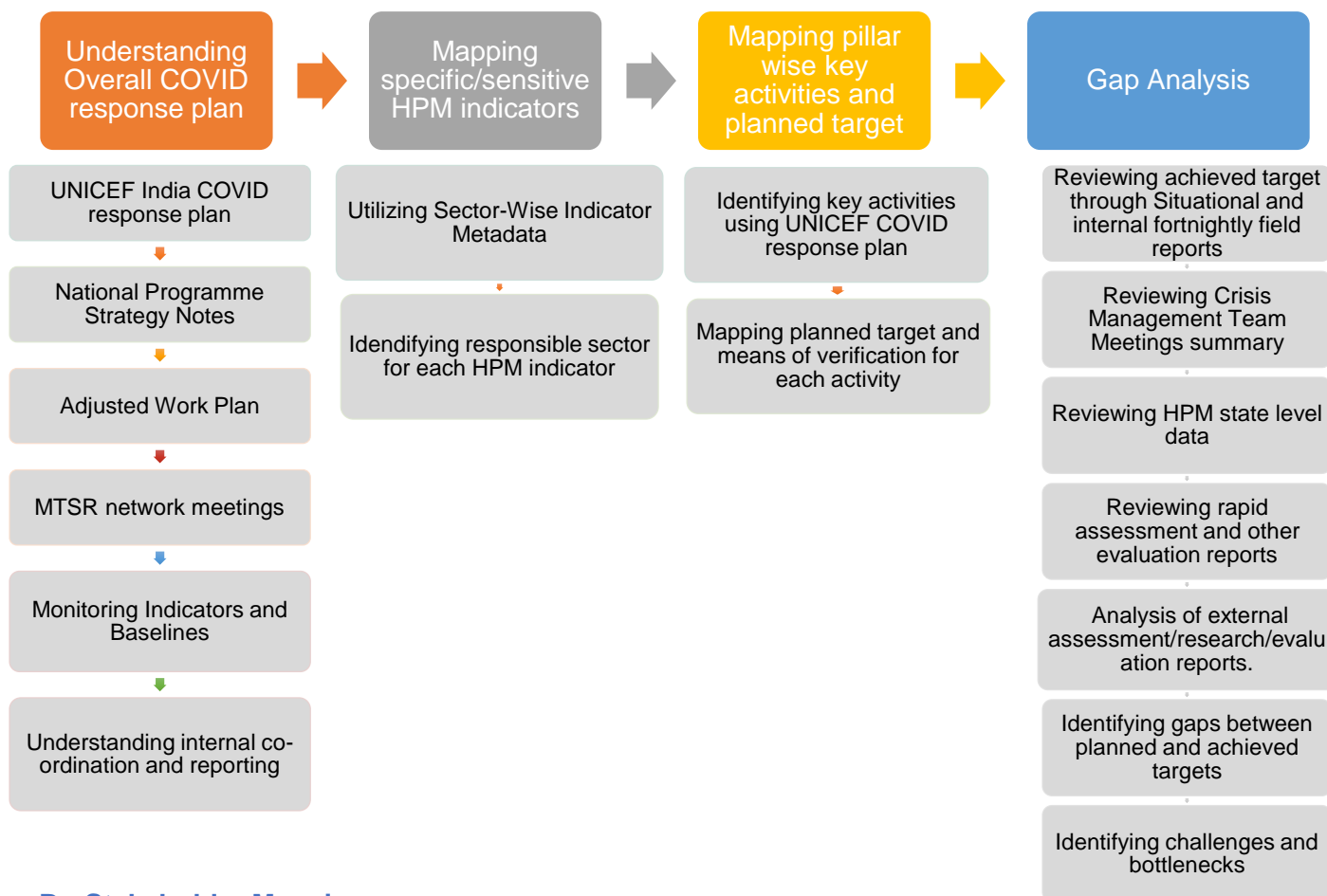
The desk review of the documents will help us to identify and select the key stakeholders for interview, framing the evaluative questions and conducting gap analysis. The Gap Analysis will be done both at national and state level for each of the relevant pillars and with respect to assessment of the efficiency and effectiveness of the implementation plan, processes and roll out. These will be further probed during the qualitative interviews and identify the areas for improvement.

The following process has been carried out in undertaking the desk review for each pillar.

DESK REVIEW- STAGES AND REFERENCE DOCUMENTS

OVERALL COVID RESPONSE	PILLAR WISE PLANNED ACTIVITIES AND TARGET	GAP ANALYSIS-OVERALL AND STATE LEVEL
<ul style="list-style-type: none"> •UNICEF India Response Plan •National Programme Strategy Notes-Sector wise •Monitoring Indicators and Baselines •Adjusted Work Plan-Sector wise •MTSR Network Meeting Reports •Guidance note on Internal Co-ordination •Procedure on corporate emergency activation for L3 •COVID Joint Response Plan India •Programme Guidance Note- Programme Continuity •UN Immediate Socio Economic Reponse 	<ul style="list-style-type: none"> •UNICEF India Response Plan •Sector-Wise Indicator Metadata 	<ul style="list-style-type: none"> •Monthly situational reports- Overall status •Internal Consolidated Fortnightly Field Updates- State wise status •Summary of Crisis Management Team Meetings •Relevant case studies updated on RCM •HPM state level data •Rapid assessment and other evaluation reports

DESK REVIEW-PROCESS FLOW CHART



B. Stakeholder Mapping

For stakeholder mapping, initially state activities will be mapped and based on the mapping, UNICEF state office will share stakeholder list for each pillar (1 to 4) based on their involvement and relevance to COVID-19 response and activities. Appropriate, discussion guide/tools would be developed and contextualized as per the stakeholder's involvement in the specific activities supported or implemented by UNICEF. For pillar-1, stakeholder mapping has been done and snapshot is given in the annexure-1. However, based on experience from Pillar-1, we suggest the following for consideration: It is important to note that this will improve the quality or robustness of findings but will take little more time and effort

- a) It was realized that there are state level variation in implementation, partnerships, and key activities, therefore, the stakeholder mapping sheet must cover key activities, interventions being supported, or implemented in the state for the particular pillar.
- b) For developing discussion guides it is important to have state specific understanding and therefore prior discussion with UNICEF state teams also need to happen well in advance.
- c) As UNICEF also support activities at the district and sub-district levels, it would be good to have a list of all relevant stakeholders for random selection of interviewees This will help us to a certain extent to avoid biased responses.
- d) Apart from the government officials and CSO partners, it would be good to capture the perspective and voices of other partners at the National and State levels (E.g. WHO, BMGF, etc.)

A revised Stakeholder mapping format has been presented as Annexure-1

C. Training of moderators

The trained moderators for each state will be deployed for the data collection at the State level under the supervision of the research team. This has been done

- A) To ensure that interviews are conducted in the local language to capture state wise nuances comprehensively
- B) To undertake data collection in each state simultaneously to adhere to the timelines

The one-day training will be conducted for moderators to build their understanding of key activities being implemented in the state including the discussion guide. A similar process will be followed for all the pillars except 5 and 6.

D. Data collection

Discussion guides will be developed based on the desk review, consultation with the National and UNICEF state team, and stakeholder mapping sheet. The guides will be finalized in consultation with UNICEF. All the KIIs will be qualitative in nature and will be done telephonically/online platform and key points will be noted. The interviews at the national level and UNICEF staff members will be done by the IPE team members. Interviews of other stakeholders will be conducted by the moderator or core team members. The interview will be conducted in English or in local language based on the comfort level of the interviewee. A debrief call with the moderators will be conducted and summary sheet of the transcription will be done for each of the interviews. A total of five sets of qualitative guides (UNICEF's National and State levels, State and District/Block Government officials, and CSO/implementation partners) will be developed to capture varied perspectives at the various levels.

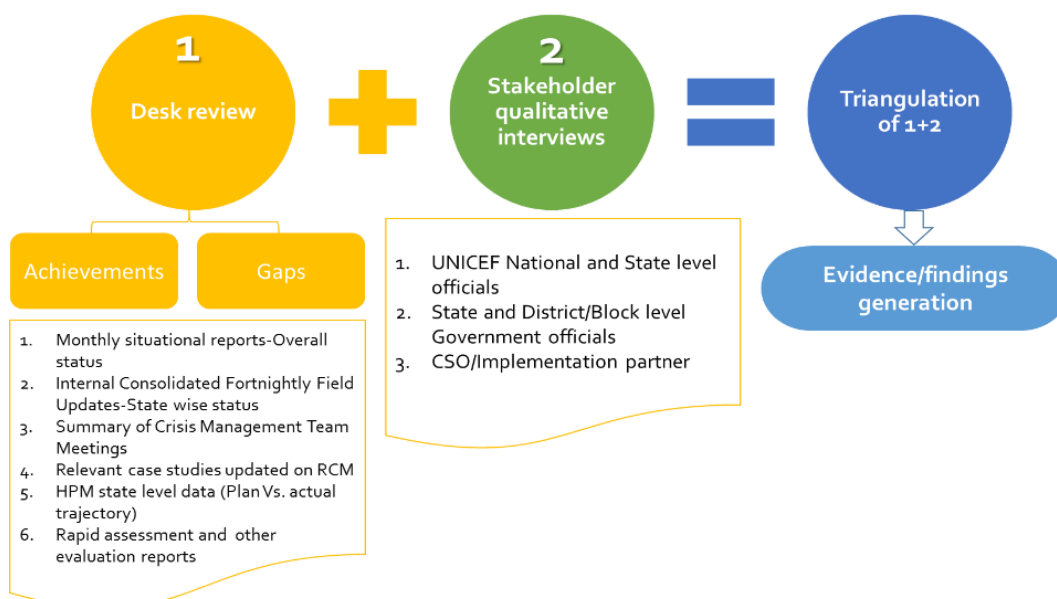
- ✓ Stakeholder consultation and KIIs with UNICEF's team at the National and State levels will be done by the qualitative researchers
- ✓ State, district and block level interviews- will be done by moderators under the supervision of qualitative researchers

The discussion guides have already been prepared for the pillar-1 and presented in Annexure-4.

E. Data Analysis and Submission of Report

Data Analysis of Primary and Secondary Data

An in-depth analysis of primary and secondary data will be carried out using the below-presented framework.



Qualitative data analysis includes the following steps:

Step 1: A summary sheet format will be developed by using key research questions. The collected information will be recorded in the summary sheet in English based on the note taken during the discussions by researchers/moderators. A sample data analysis sheet is given in the table below.

Step 2: A debriefing session will be organised with the moderators to understand overall state scenario. This will also ensure that no data and important information is lost.

Step 3: A content analysis will be conducted to generate key themes and findings.

Triangulation of Primary and Secondary Data

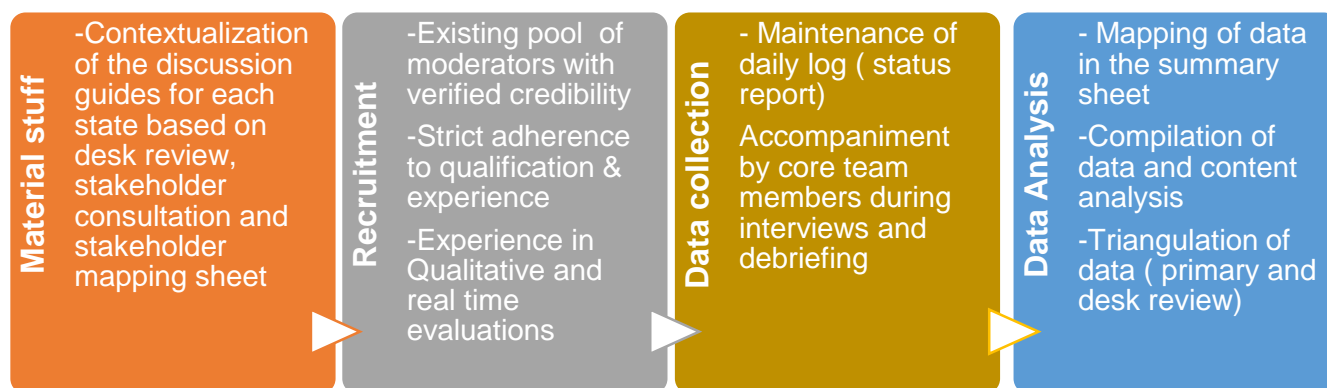
Triangulation of data will be done both for sources and methods using the UNICEF data qualitative interviews and secondary sources for cross checking the consistency of information. Triangulation of collected data will be done for deepening and widening the understanding thereby improving the quality of findings. It will not only facilitate the validation of data through cross verification from different sources but will also help in testing the consistency of findings obtained through primary and desk review.

Submission of Report

The evaluation team will submit a brief report every month for each pillar depending upon the plan. The report will cover the summary of findings, lessons learned, challenges at an overall level, and also findings against each OECD-DAC criteria including key recommendations for ongoing response. A draft template of the pillar report is in the annexure. Towards the end of the evaluation, a combined report will be submitted. The briefs and the combined report will be finalized in consultation with UNICEF.

F. Quality Control Mechanism

The quality checks will be placed over all the key-activities of the evaluation as shown below



Quality Control	Qualitative data collection quality checks	Frequency of quality updates
Evaluation team	Smooth implementation of the study; Overall monitoring of the data quality at state and district level; Organizing the debriefing sessions as and when needed with the moderators.	On daily basis
	Regular coordination with UNICEF; Sharing the data collection status report	Once in a week to UNICEF

G. Risk and Mitigation Matrix

Anticipated Risk	Mitigation plan
Over reliance on UNICEF own data	The team will conduct secondary research and impact studies conducted by other development partners or CSOs for validation of the findings
Tight timelines for completion of pillar wise assessment	Based on experience of conducting the RCCE pillar it is felt initial timeline suggested for each pillar is inadequate. The quantum of activities – large number of documents for desk review, setting up of meeting, finalising questionnaire, receiving response, analysing information- took more time than anticipated. We are in discussion with UNICEF evaluation team on prioritisation, expectation from the assignment, assessing level of deep dive necessary for the rapid assessment exercise and identifying mechanism for reduced time in coordination and response
Biased in stakeholder mapping or response	Many of the stakeholders for the qualitative interviews could be long term partners and received support from UNICEF. This might led to inherent biased in response. We suggest for conducting few interviews of few independent CSOs or agencies (who have not received UNICEF support), who are working in the state / district for independent feedback. We will also attempt to explore through our own network in identifying CSO and experts wherever possible
Data Loss during interview	There is possibility of data loss due to non-recording of interviews. For this we have trained our moderators on taking note, ensuring two people attending each of the interviews and for preparation of summary transcripts of the interviews. Core team members will also attend most of the interviews and will conduct a debrief session post interview
Delay in Timelines due to meeting	We have experienced delay in getting consent and time for meetings; Also festivals, holiday season and elections - Durgapuja, Diwali, Christmas, New year Bihar and upcoming West Bengal elections - many of the stakeholders and staff have been or expected to be on leave and unavailable;. Based on the learnings from the first pillar UNICEF RTE team and us will attempt to reach out to the stakeholders much in advance and a conduct things in parallel as far as possible

H. Ethical consideration

During data collection, attention will be paid to ensure that the evaluation process is ethical and participants in the process could openly express their opinions, protecting the confidentiality of their answers. We will explain on the anonymity and confidentiality of responses and will seek consent from the individuals at the start of the interview Overall, the UNEG Code of Conduct for Evaluation in the UN System will be strictly respected, notably independence of judgement, impartiality, honesty and integrity, accountability, respect and protection of the rights and welfare of human subjects and

communities, confidentiality, **avoidance of risks, harm to** and burdens on those participating in the evaluation, accuracy, completeness and reliability of report, transparency. The team will be sensitive to beliefs, manners and customs and will act with integrity and honesty in her/his relationships with all stakeholders, ensure that her contacts with individuals will be characterized by respect, protect the anonymity and confidentiality of individual information.

UNEG Norms and Standards, including Guidance on **Human Rights and Gender Equality in Evaluation**, will be fully applied throughout the evaluation.

Gender and Equity:

Assessing the Gender and Equity aspect of the intervention will be one of the focus of the evaluation. Women, girls, and children are the core focus group for UNICEF and they are also the most vulnerable in India's socio economic context. The evaluation will use a gender lens to assess the impact of the interventions on the women, girls and children with respect to both COVID specific and COVID sensitive response cross all the relevant pillars. We will also attempt to assess the efficacy and effectiveness of the program with respect to the poor, vulnerable and marginalised communities. This will be done in speaking to stakeholders and partners from the remote regions of the state.

4. ANNEXURE

ANNEXURE-1: FORMAT FOR STAKEHOLDER MAPPING SHEET

Table-1: Specific Activities Designed by UNICEF for specific pillar at the State level

(Instruction: State to fill in the details about the interventions and sub-activities implemented in their respective state)

Interventions	Sub activities
Development of RCCE strategy, materials and implementation plans, defining COVID specific (prevention & containment) and COVID sensitive (psychosocial care, nutrition, continuing education, parenting and child protection and online safety) behaviours.	Work with SBCC & TCNA Alliance, Advocacy with AIR, DD for broadcast of children content, IYCF and parenting content implemented through WhatsApp groups of AWWs, SHGs, etc.
Implement mass and community media that does not perpetuate gender stereotypes	Partnerships with Community Radio, Gram Vani and other media based organizations to engage communities on COVID specific and COVID sensitive behaviours.
Monitoring and documentation of communication interventions on COVID	
<u>Capacity building and orientation</u> of state/district workforce (Health, Nutrition, Education and Child Protection) and community leaders (SHGs, PRIs, TRIFED, NSS, NGO volunteers) on COVID specific and sensitive behaviours	Training of Health dept, AWW, TRIFED resource group, NGO volunteers, etc.
<u>Social mobilization</u> through networks, multiple engagement platforms and frontline workers	Partnership with NSS, NYKS, PRI, SHGs, TRIFED, interfaith Alliance, other mobilization platforms
Monitoring and documentation of communication interventions on COVID	

Table-2: Details about UNICEF support, key stakeholders and Key programs/ interventions

(Instruction: State to fill in the details about the UNICEF support, key stakeholders and Key programs/ interventions for their respective state)

UNICEF Support	1. 2.
Key Stakeholders	1. 2.
Key Programmes/interventions	1. 2.

Table-3: Stakeholder’s contact details and specific activities related to pillar:

(Instruction: State to share all the details mentioned in the below table along with the relevance to UNICEF's work (provide detailed information pertaining to all activities being managed by each individual) in their respective state). An example has been presented below.

No.	Interviewee category	Name	Designation	Organization	Relevance to UNICEF's RCCE work <i>(Provide detailed information pertaining to all activities being managed by each individual)</i>	Preferred language	Preferred mode of contact	Comments

Snapshot of stakeholder mapping sheet prepared for RCCE:

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Mapping of RCCE Key Informants against RCCE HPM Indicators and other activities															
2	Instructions: Complete the areas in blue by mapping stakeholders against RCCE activities for the Real Time Evaluation. Add additional RCCE activities at the bottom. Stakeholders should be mapped to the right. Follow the instructions in red.															
3	HPM Indicators	Definition as per FO metadata file	Target	MOVs	Interactions (based on the ICD response plus Apr 2020, reference activity nos in VISION and Response Plan in brackets)	Sub activities	State official	State official	State official	State official	CSO or other implementing partner	CSO or other implementing partner	Block official	UNICEF FO	UNICEF FO	State official
4							Dr. Kailash Bavis	Mr. Ajay Ambekar	Mr. Dilipsing Bayas	Dr. Atul Salunke	Mr. Nishit Kumar	Ms. Medha Kulkarni	Mr Nilesh Jadhav	Dr. Swati Moka Patra	Dr. Harsha Mehta	Dr. Ravit
5	# of people reached with messaging on prevention and access to services** (disaggregated by type of messaging and communication channel)	Measure of people reached with messaging on prevention of aCoV (mass media, social media, CAP). CAD will lead and collate - # of people reached through community WhatsApp groups, community radio, IVRS. CAD will coordinate with CAP to ensure that broadcast on electronic media (TV and radio) reach figures are included in the report.	15 million	Third party reports on mass media reach (BARC) Partner reports (CRS channels, WhatsApp group memberships, IVRS, automated calls, Gram Van, etc.)	Development of RCCE strategy, materials and implementation plans, defining COVID specific (prevention/containment) and COVID sensitive (psychosocial care, nutrition, continuing education, parenting and child protection and online safety) Implement mass and community media that does not perpetuate gender stereotypes (Act 15 in Response plan and Activity 4 in VISION)	Work with SBCC & TCNA Alliance, Advocacy with AIR, CD for broadcast of children content (YCF) and parenting content implemented through WhatsApp groups of A/W's, SHGs, etc.	X	X	X	X	X	X	X	X	X	X
6					Monitoring and documentation of communication interventions on COVID (Act 16 in Response Plan and Activity 5 in VISION)	Partnerships with Community Radio, Gram Van and other media based organizations to engage communities on COVID specific and COVID sensitive behaviours.	X	X	X	X	X	X	X	X	X	X
7			5 million	Third party reports of Training programmes, attendance sheets, Pre-Post tests during training, CRS,	Capacity building and orientation of state/district workforce (Health, Nutrition, Education and Child Protection) and community leaders (SHGs, PRI, TRIFED, NSS, NGO volunteers) on COVID specific and	Training of Health dept, A/W, TRIFED resource groups, NGO volunteers, etc	X	X	X	X	X	X	X	X	X	X
8	# of people engaged through RCCE actions	# of people who participated in sessions (Broadcast/online/offline) organized through networks/groups. AND through frontline workers trained and mobilized on COVID-19 response AND folk performance and other community engagement platforms. *Frontline workers includes ASHAs,	1	Monitoring reports and Dashboards	Social mobilization through networks, multiple engagement platforms and frontline workers (Act 12 in Response Plan and Activity 2 in VISION)	Partnership with NSS, NYKS, PRI, SHGs, TRIFED, Interfaith Alliance, other mobilization platforms	X	X	X	X	X	X	X	X	X	X
9	# of people sharing their concerns and asking questions/clarifications* for available support services** to address their needs through established feedback	# of feedback mechanisms established	1	Monitoring reports and Dashboards	Monitoring and documentation of communication interventions on COVID (Act 16 in Response Plan and Activity 5 in VISION)		X	X	X	X	X	X	X	X	X	X
10	# of feedback mechanisms through which people sharing their concerns and asking	# of feedback mechanisms functional (one per state)	16	Monitoring reports and Dashboards,							X	X	X	X	X	X

A	B	C	D	E	F	G	H	I	J	K
Pillar 1: RCCE										
Indicate below the informants you recommend to be interviewed as part of the RTE. Use the drop down menu to indicate their category. We recommend to include two respondents from each category where possible.										
No.	Interviewee category	Name	Designation	Organization	Email	Phone number	Relevance to UNICEF's RCCE work	Preferred language	Preferred mode of	Comments
1	State official	Dr. Kailash Bavis	Deputy Director	IEC Bureau, Public Health	dhsiec@gmail.com	+91 9158055233	IEC Bureau manages, implements and coordinates with DGIPR, NHM, State Bureau on PIP budgets, action plans and coordination with districts on SBCC activities and monitoring of activities. During Covid, MahaArogya social media platforms created awareness on C19, Stigma and Covid sensitive issues covering immunisation, nutrition, education.	Marathi	Mobile Phone	
2	State official	Mr. Ajay Ambekar	Director Publicity	Directorate General of Information & Public Relations	ajayambekar@gmail.com	+91 9869085152	DGIPR also have played a crucial role in building the capacity of media on COVID 19 and also providing support for amplification of messages through social media.	Marathi, English	Mobile Phone	
3	State official	Mr. Dilipsing Bayas	Mission Manager	Village Social Transformation	dilipsing.bayas@village transformation.org	+91 7588692645	Maharashtra Village Social Transformation Foundation, path-breaking public-private partnership in nation building between the Government of Maharashtra and India's leading corporates and philanthropic organisations. To implement a 'Village Social Transformation Mission' to reform villages affected by natural and convert them into Model Villages and create an inclusive growth model for scaling up. RCCE planning with baseline supported. There has been support for creating awareness on prevention of child marriage, creating awareness around psychosocial support and COVID 19.	Marathi, English	Mobile Phone	
4	Block official	Nilesh Jadhav	VSFT Fellow	Village Social Transformation Foundation	nilesh.jadhav@village transformation.org	9822751617	VSFT Fellow engaged at Village level to support activities of Government and Community level engagement for the Government	Marathi	Mobile Phone	
5	State official	Dr. Atul Salunke	State Coordinator	National Service Scheme	atulsalunke2007@gmail.com	+91 9422495813	NSS is a leading youth network in the state. UNICEF has supported in the capacity building of the NSS coordinators and volunteers on COVID 19, Stigma and discrimination, leadership programme, 100 percent mask use and psychosocial support. After the capacity building, the NSS volunteers have undertaken awareness campaigns all across	English, Marathi and Hindi		
6	CSO or other implementing partner	Mr. Nishit Kumar	Managing Director	Centre for Social Behaviour Change (SBC3)	nishit.kumar@sbc3.org	91 9833 620433	SBC3 is supporting state level partnership with 22-community radios with the focus on audio programmes on C19, Stigma & Discrimination and psychosocial support including restoration of essential services.	English	Zoom platform	
7	CSO or other implementing partner	Ms. Medha Kulkarni	Trustee	SAMPARK	medha@sampark.net.in	91 9833 518 713	Sampark is a voluntary organization active in the development field in Maharashtra for more than 20 years. Over the years, Sampark has developed a closely-knit network with	Marathi, English, Hindi		

Annexure-2: Framework and Key Evaluation Questions for Pillar-1 (RCCE)

DAC Criteria	KEQs	Pillar-RCCE
Relevance	To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities?	Q1. How do stakeholders at national, state and local level engage with children, women, adolescents and youth to reinforce positive behaviors and reduce negative behaviors? What are the key barriers to carry out these activities and how it is been addressed?
		Q2. What considerations are kept in mind while designing the RCCE activities? How those are aligned with the government's priorities and plans?
		Q3. To what extent is UNICEF India's response adhering to global guidance on Level-3 emergencies? How are these adjustments made to the global guidance on Level-3 emergencies to suit the Indian context?
	To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?	Q4. Which activities under RCCE are contextualized based on social economic and cultural context of the states to target women and children and vulnerable population?
		Q5. How the RCCE activities are adapted to the capacities and enabling environment of service providers and implementing partners? What kind of adjustments are made by UNICEF during its implementation? How frequently service provided are being oriented on COVID-19 and provided with handholding support?
	To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families?	Q6. Do the support and activities adequately address inclusion of disadvantaged, marginalized and vulnerable community (SC/ST/minority)? In what ways UNICEF activities meet the needs of children and families during the COVID-19 crisis?
		Q7. Whether the UNICEF's COVID response is guided by any conceptualized ToC? How RCCE pillar fits into this ToC?
Coverage	To what extent are the key stakeholders and beneficiaries of the different approaches covered under the six pillars being reached?	Q8. Who are the stakeholders involved and beneficiaries covered by the RCCE pillar? Are there any specific groups (socio-economic profile) that are being targeted by this pillar?
	Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including	Q9. What mode of communication is being utilized to implement RCCE activities? How it is being ensured that the messages are percolated down to the targeted vulnerable population? What is the plan to mitigate propagation of myths and misconceptions on COVID related message?

DAC Criteria	KEQs	Pillar-RCCE
	<p>children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children?</p>	<p>Q10. How does UNICEF's COVID-19 response (material, information) reach the vulnerable population such as (i) children with disabilities, (ii) scheduled castes and tribes, (iii) children on the move, (iv) street children, (v) children without parental care (in institutions or foster care) and/or those separated from their families, (vi) orphaned, (vii) quarantined children, (viii) victims of GBV, and (ix) out-of-school children?</p>
<p>Efficiency/ Coherence</p>	<p>To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priority areas?</p>	<p>Q11. Are the existing resources enough to meet the priorities and objectives of the RCCE pillar? Whether additional resources have been mobilised to meet the COVID-19 requirements? Are there any challenges faced in utilizing the resources optimally?</p> <p>Q12. What mechanisms are in place for RCCE to ensure distribution of resources to the vulnerable and hard-to-reach population?</p>
	<p>To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent and quality way?</p>	<p>Q13. Are the activities rolled out in a planned manner adhering to the timelines? What adjustments, if any, are made in the activities to address the evolving needs and context of the target population?</p> <p>Q 14. What is the mechanism internally and externally in place to track the progress of outcome indicators?</p> <p>Q15. How does UNICEF generate data on the knowledge, attitudes and perspectives of the following categories (i) both women and men? (ii) Among vulnerable populations (children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care)? (iii) What are constraints and opportunities of improvement pertaining to these groups?</p> <p>Q16. How well the synergies and inter-linkages between government and implementation partners' activities have been established to optimize the COVID-19 response? What are the overlaps that reduce the efficiency of the RCCE pillar?</p> <p>Q17. What is the mechanism (Frequency, monitoring platform etc.) to ensure the quality of activities undertaken by the stakeholders? How the identified bottlenecks and corrective measures are accounted and addressed to enhance the quality of preparedness and response for COVID-19?</p>
	<p>To what extent is UNICEF adapting its activities to become more efficient based on learning and a changing COVID-19 context?</p>	<p>Q18. What is the knowledge management and sharing mechanism within UNICEF? What are the innovations adopted to address the evolving crisis? How well the support and activities are flexible in adjusting to the local needs?</p> <p>Q19. In what ways UNICEF learns from the good practices of other organizations (CSOs and implementing partners) responding to COVID-19 situation in similar context?</p>

DAC Criteria	KEQs	Pillar-RCCE
	<p>Are there any inefficiencies associated with implementation of the crisis response (e.g. low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)?</p>	<p>Q20. Does the implementation of RCCE services/activities vary across the states and what are the reasons behind it?</p> <p>Q21. What are the reasons for lower uptake of RCCE activities/service? In certain geographies and population?</p>
<p>Effectiveness</p>	<p>What bottlenecks exist to efficient implementation of the crisis response?</p> <p>To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting women and men?</p> <p>What unintended outcomes are realised that need to be reinforced or mitigated?</p> <p>How well is UNICEF's response coordinated?</p>	<p>Q22. What bottlenecks are encountered in achieving the intended targets? How it affects in efficiently achieving the intended outcomes?</p> <p>Q23. How the bottlenecks are identified and addressed to achieve the outcomes equitably for the vulnerable population?</p> <p>Q24. What are the positive and negative unintended outcomes of the RCCE pillar? What is the plan for reinforcement and mitigation of the unintended outcomes respectively?</p> <p>Q25. How does UNICEF coordinate across sectors (multi-sectoral convergence) and its field offices and implementing partners for smooth collaboration and cross learnings?</p>

Annexure-3: Analysis Framework for Pillar-1 (RCCE)

DAC Criteria	S.No	KEQs	Pillar-1	Pillar-1 Key activities	Resources / Budget/Inputs	Key achievements (Quant)	At Overall Level												
							Key achievements (Qual)	Gaps (Quant)	Gaps (Qual)										
Relevance	1	To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities?	<p>Q1. Do UNICEF and partners regularly generate evidence about and analyse the knowledge, attitudes and risks related to COVID19 and its response among children and women?</p> <p>Q2. Do UNICEF and partners actively engage adolescents and youth to inform the design of RCCE response?</p> <p>Q3. Do UNICEF supported COVID-19 evidence generating activities collect data on the knowledge, attitudes and perspectives of the following categories (i) both women and men? (ii) among vulnerable populations (children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care)? (iii) What are constraints and opportunities of improvement pertaining to these groups?</p> <p>Q4. Do stakeholders at national, state and local level perceive that the RCCE communicates the relevant information to help children and women prepare and respond to the COVID-19 crisis?</p> <p>Q5. Do stakeholders at national, state and local level perceive that RCCE engage with children and women to reinforce positive behaviours and reduce negative behaviours? In what ways positive behaviour is reinforced?</p> <p>Q6. Do stakeholders at national, state and local level perceive that RCCE is able to address key barriers to make appropriate changes in behaviours among children and women? What are ways through which these barriers are addressed?</p> <p>Q7. What considerations are kept in mind while designing the RCCE activities? How those are aligned with the government's priorities and plans?</p> <p>Q8. To what extent is UNICEF India's response adhering to global guidance on Level-3 emergencies? Q9. Are there any adjustments made to the global guidance on Level-3 emergencies to suit the Indian context?</p> <p>Q10. Which activities under RCCE are equitable and gender-responsive? How these activities are addressing the requirements of (i) both women and men? (ii) vulnerable populations (children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care)?</p>	<p>(i) Social mobilization through health frontline functionaries and multiple engagement platforms.</p> <p>(ii) Capacity building and orientation of state/district workforce to ensure effective response through traditional health networks</p> <p>(iii) Gender-responsive messages through local and folk media</p> <p>(iv) Monitoring and evidence generation</p> <p>(v) Public Communication, Advocacy and Social Media Plan that does not perpetuate gender stereotypes on caregiving will be implemented</p> <p>(vi) Capacity building and mobilization of WASH state/district workforce and frontline workers to ensure infection prevention and control in communities and high-risk public spaces</p>	1553,422 USD (Total funds available from humanitarian covid response and other resources)	<p>(i) 650 million: Number of people reached on COVID-19 through messaging on prevention and access to services</p> <p>(ii) 2.2 million: Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</p> <p>(iii) 58.2 million: Number of people who participate in COVID-19 engagement actions</p>	<p>(i) Development and dissemination of COVID-19 sensitive WASH messages for various stakeholders, including Swachhagrahis and other frontline workers, local government Panchayati Raj institutions (PRIs), CSOs, Faith-Based Organizations (FBOs), slum dwellers, migrants and youth volunteers.</p> <p>(ii) State governments to launch innovative anti-stigma and discrimination campaigns</p> <p>(iii) A comprehensive package of risk communication materials has been developed to support the Ministry of Health and Family Welfare at both the National and state level since Feb 2020.</p> <p>(iv) UNICEF co-led the development of a comprehensive toolkit for frontline workers.</p> <p>(v) COVID-19 National Tot of Frontline workers kit was held on 27th March via Zoom, over 1000 participants from across the states connected. The online orientation for anganwadi workers was conducted on 1 April 2020.</p> <p>(vi) Social Media strategy and outreach has reached more than 240 million audience by 2nd April. UNICEF's content is seen 13.6 million times every day, on average. Content is being shared across digital platforms in 8 regional languages including Assamese, Bengali, English, Hindi, Malayalam, Marathi, Tamil and Telugu.</p> <p>(vii) Collaboration with TikTok has led to a massive rise in reach, engagement and views, especially in Hindi content. One video gained more than 120 million views overnight, totaling 279 million. With 630,000 followers, UNICEF TikTok has the largest number of followers globally.</p> <p>- At the state level, six states have adapted RCCE plans based on their typology and all states are providing intensifying technical support to National Health Missions, particularly in social mobilization, engagement of all existing platforms and IEC materials development.</p>	<p>Only 36% in rural and 26% in urban lactating mothers reported to have received info on improved breastfeeding</p> <p>Risk perception related to COVID-19 is extremely low. Only 0.1% of the target population thinks that this is a highly transmissible disease</p> <p>57% comfortable with them using the same essential services (grocery store, public space and public transport</p> <p>Only 2% respondents reported social distancing as a means of reducing risk from coronavirus workforce while accessing same services</p> <p>Health workers - ASHA, AWW and ANM (41%) are sources of information for respondents, significantly higher proportion of women depend on them</p> <p>Significantly higher proportion of female respondents depend on family members</p> <p>Significantly higher proportion of male respondents depend on social media and newspaper</p>	<p>Poor mobilization by the influencers as they are not confident to send target children and families to the centre due to COVID pandemic. Extensive reliance on digital communications making difficult for changing behaviours. IPC and community engagement a challenge</p> <p>Lack of reliable monitoring systems to identify service discontinuity / most vulnerable communities</p>										
										2	To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?	Q11. Which activities under RCCE are contextualised based on social economic and cultural context of the states to target women and children and vulnerable population?	Q12. What activities of RCCE are found to be relevant by the target population?						
												Q13. How are the RCCE activities are adapted to the capacities and enabling environment of service providers and implementing partners? What kind of adjustments are made by them during its implementation?	Q14. How the activities are designed to take advantage of the local opportunities available across the states?						
										3	To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families? To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs	Do supported community find the UNICEF support relevant and whether the support is meeting their needs/ expectations?	Do the support and activities adequately address inclusion of disadvantaged, marginalized and vulnerable community (SC/ST/minority)?						
										4	Is UNICEF's COVID-19 response programming informed by evidence and guided by a clear ToC?	Q15. Whether the UNICEF's COVID response is guided by any conceptualised ToC? How RCCE pillar fits into this ToC?	Q16. How frequently UNICEF collects data and utilise the evidence in decision-making and making programme adaptations?						

Annexure-4: Discussion Guides for Pillar-1 (RCCE)

Discussion Guide-Govt. state level officials

Informed Consent

Purpose of the interview

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with IPE Global. On behalf of UNICEF India, we are conducting an Evaluation of UNICEF's response to COVID-19 in India. As part of data collection and taking into account your key role (or of your organisation/department/section), we would like to interview you for this evaluation, to understand your views on UNICEF's response to COVID-19. Your inputs are important to us as the objective of this evaluation is to assess UNICEF's role in COVID response.

The information that you will share with us will be analysed and evaluation findings and recommendations will be prepared. The evaluation findings and recommendations will help UNICEF learn from what has already been done and will give them an opportunity to revisit their current strategies and future plans to better support on COVID-19 response.

The interview should take 35 to 45 minutes to complete. Your participation in this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation is NOT being recorded, but we will be taking notes. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in any way.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No
--

Q No.	Questions
A. Alignment of communication and community engagement activities, UNICEF's contribution and Challenges	
1.	<ul style="list-style-type: none"> • What COVID-19 related messaging and community engagement (COVID-19 IEC activities, creating awareness on COVID-19 prevention and addressing stigma and discrimination) related <specify the activities> activities you are involved in? <i>Probe: When these specific activities started, when communication and messaging became Govt. priority, which specific geography was covered (Rural/Urban/both), communication material/messaging contextualized/ modified as per the state's needs?</i> • Were these activities designed at the state level or were they based on national guidelines? What all factors did you consider while designing these activities? • How well did the COVID-19 related messaging and community engagement activities reflect the local context/local needs at that time? • How has UNICEF been involved in these activities? What has been its role in COVID-19 related communication and community engagement in your state? • In what ways are UNICEF's COVID-19 related messaging and community engagement <specify the activities> were in line with the government's priorities and plans? Could you give us some examples of this alignment? • In your opinion, what has been the biggest challenge related to these activities? • Do you think these responses by UNICEF have effectively been able to respond to some of the challenges you just spoke about?
2.	<ul style="list-style-type: none"> • How much time does it take to typically implement COVID-19 related messaging and community engagement activities with the communities? Do you think activities can be implemented fast enough, given the changing nature of this crisis? What are some of your recommendations in terms of implementing these activities? • For activities that have been delayed or stalled, what are some of the reasons?
3.	<ul style="list-style-type: none"> • Are you aware of any additional work UNICEF is doing over and above fulfilling government needs and priorities?
B. Marginalized- <i>hard to reach population/ those with greater chances of being excluded from the support and services /vulnerable population- population at greater risk and need support, coverage, and media/platform used</i>	
4.	<ul style="list-style-type: none"> • Who in your state would you say are the most marginalized/the most vulnerable when it comes to COVID-19 related community engagement? Who is being left out? Are there any issues in coverage? • You mentioned that <insert here some of the population groups mentioned by the respondent earlier> groups are the ones often getting left out in COVID-19 related messaging and community engagement activities. What efforts have been made to reach out specifically to these groups? <p>PROBES: for the question(s) on the marginalized:</p> <p>Communities</p> <ul style="list-style-type: none"> - scheduled castes - tribes, - Urban slums - Migrants - economically weak (poor) - medically vulnerable (those under quarantine) <p>Women</p> <ul style="list-style-type: none"> - victims of GBV
5.	<ul style="list-style-type: none"> • Do you think the COVID-19 related messaging and community engagement activities by UNICEF are designed and implemented in such a way to increase the likelihood of reaching out to the following specific population groups: (i) children with disabilities, (ii) scheduled castes and tribes,(iii) children on the move, (iv) street children, (v) children without parental care (in institutions or foster care) and/or those separated from their families, (vi) orphaned, (vii) quarantined children, (viii) victims of GBV, and (ix) out-of-school children? How?
6.	<ul style="list-style-type: none"> • To what extent are the targeted groups/beneficiaries of the COVID-19 related messaging and community engagement activities being reached? Are there any issues in coverage? What is the evidence to support whether the activities (key messages and support) are reaching the specific vulnerable groups?

Q No.	Questions
7.	<ul style="list-style-type: none"> What are the various media sources/platforms being used for COVID-19 related messaging and community engagement? To what extent, and in what ways, these platforms are used to ensure that messages are reaching everyone, including the most vulnerable populations? (Probe: According to you which are the effective media sources/platforms for reaching out to the community especially during the lock-down situation when face to face interaction is not possible?)
C. Adaptation as per emerging local needs	
8.	<ul style="list-style-type: none"> COVID-19 has proven to be a very dynamic crisis, situations in states change quickly. According to the changing need was UNICEF able to modify/alter COVID-19 related messaging and community engagement? If yes, how (could you give us some examples?) Do you think UNICEF has been able to provide timely and adequate support with the changing nature of the crises in the state? How (could you give us some examples?)
D. Partnership and coordination mechanism	
9.	<ul style="list-style-type: none"> What partners does UNICEF work with at the State-level? Are there other development partners working with you on COVID-19 related messaging and community engagement? If yes, who are those? Do these partners work with UNICEF as well or do they work independently with you? If so, why? What different activities each of these partners are doing? How effective do you think some of these partnerships have been? How and to what extent UNICEF's COVID-19 related messaging and community engagement activities are in line with those of other key partners? Do you feel that there has been any duplication or gaps in terms of the COVID-19 related messaging and community engagement activities for your state? If yes, how it can be ensured that there is no duplication of effort? What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners? (probe: scheduled meetings, best practices sharing, how are lessons learned captured) <p><u>Note: WHO is an important partner of UNICEF and both work together on the same types of activities. So it is a partnership work. So we need to capture duplication of efforts by other development agencies like UNDP, ILO, etc. which are implementing similar activities in the same area.</u></p>
E. Monitoring and Evaluation	
10.	<ul style="list-style-type: none"> Are there any reporting mechanisms in place to track the progress of COVID-19 related messaging and community engagement activities in your state? If yes, please elaborate on the process and its frequency of reporting. (Probe: whether disaggregated data available (for male/female, age group-children, adolescents, vulnerable groups etc.) Does UNICEF support you in any monitoring/reporting related to COVID-19 messaging and community engagement activities? How do you utilize this data/findings from monitoring data, reports, case studies, documentation to inform and strengthen these activities? Could you please provide some examples? Do you have any community feedback mechanism in place where community member can share their feedback and concern related to COVID messaging? If yes, please explain. How do you incorporate the community's feedback to inform your work? What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities?
11.	<ul style="list-style-type: none"> What according to you are the areas/activities supported and implemented by UNICEF have shown progress/achievements? What are some of the areas that need to be improved/revised?
F. Challenges and Suggestions	
12.	<ul style="list-style-type: none"> What are the key challenges faced in the overall COVID response? What are three things that UNICEF can do that would significantly improve the effectiveness, efficiency, and equity (equal opportunities to engage with the most marginalized/the most vulnerable groups) for COVID-19 related messaging and community engagement activities?

Discussion Guide-Govt. district/block level officials

Informed Consent

Purpose of the interview

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with IPE Global. On behalf of UNICEF India, we are conducting an Evaluation of UNICEF's response to COVID-19 in India. As part of data collection and taking into account your key role (or of your organisation/department/section), we would like to interview you for this evaluation, to understand your views on UNICEF's response COVID-19. Your inputs are important to us as the objective of this evaluation is to assess UNICEF's role in COVID response.

The information that you will share with us will be analysed and evaluation findings and recommendations will be prepared. The evaluation findings and recommendations will help UNICEF learn from what has already been done and will give them an opportunity to revisit their current strategies and future plans to better support on COVID-19 response.

The interview should take 35 to 45 minutes to complete. Your participation in this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation is NOT being recorded, but we will be taking notes. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in any way.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No
--

Q No.	Questions
A. Implementation and contextualization	
1.	<ul style="list-style-type: none"> What communication and community engagement (COVID-19 IEC activities) activities you are involved in? Probe: When activities started, when communication became Govt. priority, specific geography (Rural/Urban)? How these activities have been designed? What parameters or issues are considered? What are the key facilitators and barriers pertaining to them? In what ways do you address these barriers? <i>What, according to you, are the key contributions by UNICEF on these activities in your district?</i> <i>Do you think UNICEF has supported you well to address some of the barriers you just spoke about?</i> What can be improved further? What can be done better?
2.	<ul style="list-style-type: none"> How COVID-19 related messaging and community engagement activities tailored to the needs/context of your district/block/municipality w.r.t. the social, economic, cultural, COVID-case-load? If you want to make any modification in the communication process (Methods, messaging, language etc.) based on the local needs, do you have the freedom to do that? How? Can you give us some examples? If some of the activities are not tailored or contextualized, what are the reasons?
3.	<ul style="list-style-type: none"> How much time does it take to typically implement COVID-19 related messaging and community engagement activities with the communities? Do you think activities can be implemented fast enough, given the changing nature of this crisis? What are some of your recommendations in terms of implementing these activities? For activities that have been delayed or stalled, what are some of the reasons?
B. Adaptation based on existing capacity	
4.	<ul style="list-style-type: none"> How were COVID-19 related messaging and community engagement activities adapted to the capacities and capabilities of the implementation cadre (SHGs, FLWs etc.)? Give us some examples. How frequently are service providers being oriented on COVID-19 and provided with handholding support for engagement and communication activities?
C. Marginalized/Vulnerable population, coverage, and media/platform used	
5.	<ul style="list-style-type: none"> Who in your district would you say are the most marginalized/the most vulnerable when it comes to COVID-19 related community engagement? What are some of the groups that are being left out or are very difficult to engage with? You mentioned that <i><insert here some of the population groups mentioned by the respondent earlier></i> groups are the ones often getting left out in COVID-19 communication and engagement. What efforts have been made to reach out specifically to these groups? Why is it challenging to reach them/engage with them?
6.	<ul style="list-style-type: none"> What are the various media sources/platforms being used for COVID-19 related messaging and community engagement? To what extent, and in what ways, these platforms are used to ensure that messages are reaching everyone, including the most vulnerable populations? Probe: According to you which are the effective media sources/platforms for reaching out to the community especially during the lock-down situation when face to face interaction is not possible?
D. Monitoring and Evaluation	
7.	<ul style="list-style-type: none"> Are there any reporting mechanisms in place to track the progress of COVID-19 related messaging and community engagement activities in your state? If yes, please elaborate on the process and its frequency. (probe: whether disaggregated data available (male/female, age group, etc.) How do you utilize this data/evidence to inform and strengthen these activities? Could you please provide some examples? Do you have any community feedback mechanism in place where community members can share their feedback and concern related to COVID messaging? If yes, please explain. What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities?
E. Partnership and coordination mechanism	
8.	<ul style="list-style-type: none"> What partners do you work with within your district for COVID-19 related messaging and community engagement activities?

Q No.	Questions
	<ul style="list-style-type: none">• What mechanisms have been used to ensure there is no duplication of effort and to ensure that objectives are clearly defined?• What are the various mechanisms through which you coordinate with other development partners/CSOs/other stakeholders/implementation partners?
F. Bottleneck and Suggestions	
9.	<p>What are some of the challenges faced by you related to the implementation of communication and community engagement activities?</p> <ul style="list-style-type: none">• Did you face any challenges pertaining to the timeliness of response?• What three things can be done to improve the overall COVID response?

Discussion Guide-CSO/Implementing partners

Informed Consent

Purpose of the interview

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with IPE Global. On behalf of UNICEF India, we are conducting an Evaluation of UNICEF's response to COVID-19 in India. As part of data collection and taking into account your key role (or of your organisation/department/section), we would like to interview you for this evaluation, to understand your views on UNICEF's response to COVID-19. Your inputs are important to us as the objective of this evaluation is to assess UNICEF's role in COVID response.

The information that you will share with us will be analysed and evaluation findings and recommendations will be prepared. The evaluation findings and recommendations will help UNICEF learn from what has already been done and will give them an opportunity to revisit their current strategies and future plans to better support on COVID-19 response.

The interview should take 35 to 45 minutes to complete. Your participation in this interview is voluntary. If we ask you any questions you don't want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation is NOT being recorded, but we will be taking notes. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in any way.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Q No.	Questions
A. Implementation and contextualization	
1.	<ul style="list-style-type: none"> • <i>What</i> COVID-19 related messaging and community engagement (COVID-19 IEC activities, creating awareness on COVID-19 prevention and addressing stigma and discrimination) related <specify the activities> activities you are involved in? <i>Probe: When these specific activities started, when communication and messaging became Govt. priority, which specific geography was covered (Rural/Urban/both), communication material/messaging modified as per local requirements?</i> How these activities have been designed? • <i>What</i> all factors did you consider while designing these activities? What are some of the challenges faced by you while implementing these activities? In what ways do you address these challenges? • <i>How has UNICEF been involved w.r.t to these activities in your area? Do you think UNICEF has supported you well to address some of the barriers you just spoke about?</i> • <i>What more can UNICEF do to enhance the COVID-19 related messaging and community engagement activities?</i>
2.	<ul style="list-style-type: none"> • Are activities around COVID-19 related messaging and community engagement tailored to the local needs/context of your district/block/municipality w.r.t. the social, economic, cultural, COVID-case-load before being implemented? • If some of the activities are not modified (tailored or contextualized), what are the reasons?
3.	<ul style="list-style-type: none"> • Are the COVID-19 related messaging and community engagement activities been rolled out as planned (in accordance with planned timelines)? • For activities that have been delayed or stalled, what are some of the reasons?
B. Adaptation based on existing capacity	
4.	<ul style="list-style-type: none"> • How COVID-19 related messaging and community engagement activities were adapted to the existing capacities of the implementation cadre (SHGs, FLWs etc. - enough HR available, logistics-smart phone, internet, etc.)? Give us some examples. • Were these cadres able to implement these activities as per their existing capabilities (ability to do given their workload and multiple engagements in various activities)? Give us some examples. • How frequently are implementation cadre (SHGs, FLWs, etc.) being oriented on COVID-19 and provided with continuous guidance and for COVID-19 related messaging and community engagement activities? • Have you made any adjustments as per the existing capacities and capability of the implementation cadre? If yes, what are those adjustments made?
C. Marginalized- <i>hard to reach population/ those with greater chances of being excluded from the support and services /vulnerable population- population at greater risk and need support, coverage, and media/platform used</i>	
5.	<ul style="list-style-type: none"> • According to you who are the most marginalized/vulnerable groups/individuals when it comes to COVID-19 related messaging and community engagement in your block/municipality? Who is being left out? Are there any issues in coverage? • You mentioned that <insert here some of the population groups mentioned by the respondent earlier> groups are the ones often getting left out in COVID-19 related messaging and engagement. To what extent are the targeted groups of the COVID-19 related messaging and community engagement activities being reached? Are there any issues in coverage? What efforts have been made to reach out specifically to these groups?
6.	<ul style="list-style-type: none"> • Do you think the COVID-19 related messaging and community engagement activities are designed and implemented in such a way to increase the likelihood of reaching out to the following specific populations' groups: (i) children with disabilities, (ii) scheduled castes and tribes, (iii) children on the move, (iv) street children, (v) children without parental care (in institutions or foster care) and/or those separated from their families, (vi) orphaned, (vii) quarantined children, (viii) victims of GBV, and (ix) out-of-school children? How?
7.	<ul style="list-style-type: none"> • What is the evidence / findings from monitoring data, reports, case studies, documentation to support whether the activities (key messages and support) are reaching the specific vulnerable groups?
8.	<ul style="list-style-type: none"> • What are the various media sources/platforms being used to implement COVID-19 related messaging and community engagement activities? Are there any other platforms being used for implementation?

	<ul style="list-style-type: none"> To what extent, and in what ways, these platforms are used to ensure that messages are reaching everyone, including the most vulnerable populations? Probe: According to you which are the effective media sources/platforms for reaching out to the community especially during the lock-down situation when face to face interaction is not possible?
D. Monitoring and Evaluation and Partnership	
9.	<ul style="list-style-type: none"> Do you have any monitoring mechanism in place to track the implementation and progress of COVID-19 related messaging and community engagement activities? If yes, please elaborate on the process and its frequency of reporting (probe: whether disaggregated data available for male/female, age group-children, adolescents, vulnerable groups etc.) Do you have any community feedback mechanism in place where community member can share their feedback and concern related to COVID messaging? If yes, please explain. How do you incorporate the community's feedback to inform your work? Are there any challenges in terms of monitoring and tracking the progress of the activities? If yes, please elaborate? What is the advantage of working with UNICEF on COVID-19 related messaging and community engagement activities? What are the things that are working out better, and what things are still challenging?
10.	<ul style="list-style-type: none"> According to you which COVID-19 related messaging and engagement -activities have shown progress/achievements? What activities should be intensified/scaled up to increase coverage? Why? What are some of the areas that need to be improved/revised?
E. Challenges and Suggestions	
11.	<p>What are some of the challenges faced by you related to the implementation of COVID-19 related messaging and community engagement activities?</p> <ul style="list-style-type: none"> Did you face any challenges pertaining to the timeliness of response? Do you think that COVID-19 related messaging and engagement activities are adequately developed (contextualized) to address the local needs of your area? What three things can be done to improve the overall COVID response?



1998

Founded by Few Alumni of London School of Economics and Political Science (LSE).
MoU with Enterprise LSE.



2001

First Donor Funded Project.

2004

First International Assignment - Sri Lanka.



2007

Expands to Team of 100 Full Time Professionals.

2010

First Africa Win.



2011

Henderson Equity Partners, PLC Invests in IPE Global.

Offices in Kenya and Ethiopia Established.

2014

Acquires Triple Line Consulting, UK.

Sets Up IPE Global Centre for Knowledge and Development (IPE CKD).

Expands to Team of 800 Professionals.



2017

Worked with 100+ Clients Globally.

2018

Established Offices in Nepal, Myanmar & Philippines.

2019

Completed 20 Years of Transforming Lives.

