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

Final Synthesis Report

Volume 1: Main findings

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Acronyms

AAC	Augmentative and Alternative Communication
BFHI	Baby-friendly hospital initiative
CNETIF	Centrul National de Educatie Timpurie si Informare a Familiei
CO	Country Office
CP	Child Protection
CSO	Civil society organization
ECARO	Europe and Central Asia Region Office
ECD	Early childhood development
ECE	Early childhood education
ECI	Early childhood intervention
EI	Early Intervention
EQ	Evaluation question
FERS	Faculty of Education and Rehabilitation Sciences
GBV	Gender-based violence
HRBA	Human-rights based approach
ICT	Information and communication technology
IP	Implementing Partner
IR	Inception Report
KII	Key informant interview
LEPL	Agency for State Care and Assistance to the Victims of Human Trafficking
LPA	Local public authorities
MoE	Ministry of Education
MoES	Ministry of Education and Science
MoH	Ministry of Health
NICU	Neonatal Intensive Care Units
NGO	Non-governmental organization
PCA	Programme Cooperation Agreement
PPE	Personal protective equipment
RO	Regional Office
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
UPHV	Universal-progressive home visiting
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Executive Summary

Evaluation purpose, objectives, and scope

Evaluation purpose: The evaluation's overarching purpose was to provide UNICEF Country Offices (COs), UNICEF Europe and Central Asia Regional Office (ECARO), and national governments and partners with a critical assessment of the key adaptations made in UNICEF's Early Childhood Development (ECD) programmes in the region to meet the needs of young children and families in the context of COVID-19. The secondary purpose was two-fold. First, it was to generate insight to inform further development of the evaluated ECD activities. Second, it was to provide evidence to inform future ECD efforts in similar emergencies. The evaluation was carried out in Croatia, Georgia, Moldova, and Ukraine.

Evaluation scope: The evaluation focused on interventions that: • were introduced directly in response to COVID-19 or adapted to the context; • entailed capacity building or information support for frontline workers; • and were viewed by a given UNICEF CO as useful to have feedback on for future programming. These entailed both newly started interventions and those adapted to COVID-19 that have already been part of ECD programmes. The evaluation concerned interventions implemented between March 2020, when the COVID-19 pandemic was declared, and August 2021.

All selected interventions were assessed in terms of their relevance, effectiveness, and sustainability. They were assessed in the context of broader UNICEF ECD and COVID-19 programming.

Evaluation methodology

Evaluation approach: The evaluation process was based on a developmental evaluation approach due to a.) the dynamically changing context of the evaluated interventions and b.) their innovative nature. As such, the evaluation focused on generating real-time evidence and learning for UNICEF Croatia, Georgia, Moldova, and Ukraine COs that can be used to enhance current programs. The evaluation also included elements of a formative evaluation to highlight how the adapted or new initiatives are working and what can be learned for future programming. During the evaluation, simplified theories of change for the nine more deeply assessed interventions were developed. The effectiveness of the remaining interventions was assessed based on results as provided in the documentation, where available.

Data collection: The methodology was based on rapid data collection and analysis cycles, timely feedback, and evaluative synthesis and reflection. A mix of qualitative and quantitative research methods was used to collect and analyze the data. Desk research encompassed primary and secondary sources concerning ECD in four in-depth countries, UNICEF's programmes, and COVID-19 related activities in these countries, as well as the assessed interventions specifically. Two to three cycles of data collection per country, depending on the CO preferences, were conducted. Each cycle included: • a survey with frontline workers; • Key Informant Interviews (KIIs) with frontline workers, Implementing Partners, selected governmental officials, local leaders of public services, and UNICEF CO staff; • a reflection workshop (with exceptions), to discuss findings from Analytical Briefs, from which takeaways were recorded. In addition, the evaluation team completed Key Informant Interviews with UNICEF staff and Implementing Partners of selected interventions.

Limitations: Collecting "good enough" evidence outweighed methodological rigor and involvement of rights holders in the evaluation process. Online surveys may have excluded frontline workers with few digital skills and ICT equipment from participating in the evaluation. Limited secondary and primary data were available on interventions not covered by the rapid data collection cycles. The evaluation process also revealed certain limitations for UNICEF to implement a developmental evaluation (DE) approach to guide adaptation to complex, unpredictable situations such as the current global health crisis.

Evaluation context

Various restrictions introduced to prevent the transmission of the virus and control the COVID-19 pandemic have affected early childhood development programmes in the ECA region in multiple ways. Some of the main disruptions have entailed: i) loss of access to high-quality early learning;[1] and ii) partial or complete suspension of other face-to-face child and family support services, including ECI, nutrition and vaccination programmes, and routine health services for children and pregnant women.[2] The insights generated on previous epidemics show that the long-term consequences of such disruptions for children may include threats to child survival and health, and risks for child safety.[3]

The implications of these disruptions were not evenly distributed and affected vulnerable children and families the most. The global health crisis remains a particularly challenging experience for children with developmental delays and/or disabilities, at risk of harm, from families with low socioeconomic status, living with single parents, from remote areas. It puts young children at risk of falling behind because they and their caregivers often do not receive adequate support and do not possess sufficient resources, knowledge, and skills to adjust to the changes instigated by the emergency. In addition, social isolation affects the emotional state of family members, especially women. During the pandemic, the burden of caring responsibilities was disproportionally higher for women than men, particularly during preschools and other care facilities closure.[4]

Key findings

Relevance

The findings show that, in general, the adaptations in the UNICEF-support for ECD-related services were well-suited to respond to the COVID-19 implications in addressing the needs of caregivers and children, including those from vulnerable groups. The support concentrated on the caregivers' immediate needs for (i) information and guidance to address the new context and stresses in daily

[1] Pascal, C., Bertram, T., Cullinane, C. and Holt-White, E. (2020). COVID-19 and Social Mobility Impact. Brief #4: Early Years, Research brief from July 2020, The Sutton Trust. Available here.
[2] UNHCR (2020). UNHCR COVID-19 Preparedness and Response. Published on 28 August 2020. Available here.
[3] United Nations (2020). Policy Brief: The Impact of COVID-19 on children, available here, and Tirivayi, N., Richardson, D., Gavrilovic, M., Groppo, V., Kajula, L., Valli, E. and Viola, F. (2020). A rapid review of economic policy and social protection responses to health and economic crises and their effects on children - Lessons for the COVID-19 pandemic response, Innocenti Working Paper 2020-02, UNICEF Office of Research – Innocenti, Florence.
[4] Survey data also reveal the greater toll of the pandemic on women's mental health: women with young children were more likely to report feeling lonely and depressed Eurofound, 2020.

routines, for enhancing care and learning; (ii) safeguarded access to services adapted to the new reality; (iii) access to PPE and hygiene supplies.

The core purposes of assessed interventions fit well with UNICEF ECD programming and remain valid in an emergency context. They respond to systemic gaps exacerbated by the pandemic, such as the lack of access to tailored information and support, including mental health support, weak coordination among child-related services and policies, neglected health education and promotion, limited parent-frontline worker cooperation, and insufficient competencies among ECD staff to provide services in the pandemic context. However, without further efforts to strengthen and prioritize building strong ECD systems in the ECA region, the systematic bottlenecks may impede the longevity of the COVID-induced interventions.

However, service provision during the pandemic (especially using remote technologies) and related trainings for frontline workers have not always considered the specific needs of different groups of young children and their families and the ECD professionals working with them. Evidence shows that digital solutions are not equally accessible and relevant for all groups, types of services, and issues to be addressed. It means that without sufficient infrastructure, equipment, and skills, the online mode of delivery alone may decrease access to opportunities for vulnerable children and parents and frontline workers in disadvantaged regions. In addition, the online trainings/meetings appeared to be more difficult for the frontline workers to stay engaged and motivated. Without the possibility of real-life simulation, they were also described as less suitable for gaining very practical skills. Finally, attitudes towards remote services – their perception as less attractive, useful, or trustworthy – can also become a barrier to take-up. For instance, more resistance was noted among caregivers to engage on issues related to psychological or emotional problems or engage in their children's ECI. However, in the latter's case, traditionally high reliance on institutional care and the need to be relieved from caregiving duties, e.g., to socialize, have also played a role.

The findings indicate that needs assessment is essential for relevant and flexible COVID-19 response. While a systematic approach to determining needs has been rather difficult to implement during the emergency, less sophisticated pre- and post-training needs assessment has been viewed as helpful in capturing the changing needs throughout the pandemic and serving as a feedback mechanism. A factor that partially compensated for the limitations in this area and ensured access to information on current needs related to the ECD services was **the collaboration of line ministries, UNICEF, and other donors.**

Effectiveness

The evaluated interventions equipped the frontline workers with skills and knowledge on how to (i) safely deliver face-to-face ECD services, (ii) deliver ECD services remotely, and (iii) support caregivers in organizing learning and implementing ECI for their children at homes. Shifting the capacity-building activities to an online mode enabled continuity in training provision. In turn, adapting the content of the trainings and e-courses to new COVID-19 realities helped improve the frontline workers' awareness and preparedness to adjust the way they provide ECD services. Depending on the intervention, from 87% to 100% of the frontline workers surveyed apply the knowledge and skills gained from the trainings, courses, and mentoring sessions in their daily work.

Coupled with providing direct information, guidance, and ECD services to the rights-holders, **the interventions contributed to continued ECD service delivery for young children and their families**

in the context of COVID-19 pandemic. The interventions also delivered on many critical needs of young children and their families that existed before the pandemic, thus contributing to the broader UNICEF and national ECD goals in the countries. This was mainly achieved through improving the frontline workers' competencies in using modern, child-centered, and family-centered ECD practices.

The online mode for capacity-building activities or providing ECD Information and services directly to the rights holders enabled a broad reach. Many of the interventions far exceeded the planned number of beneficiaries trained. They also yielded **unintended effects**. First, according to the key informants, they popularized online professional development in the four countries. Second, the savings made by shifting trainings from face-to-face to the online mode enabled the development of additional outputs (e.g., manuals or supplementary materials).

However, the online mode reduced the attractiveness of the trainings for some frontline workers. Integrating opportunities for group interaction and follow-up mentoring was seen as necessary to alleviate this shortcoming. In addition, requiring digital skills and equipment was considered **less effective in reaching the most vulnerable young children and their families.** In this context, UNICEF's efforts to ensure access to ICT equipment and assistance for the caregivers were assessed as valuable facilitating actions. Distributing information offline and on social media also increased the accessibility of the assessed services for the most vulnerable.

At the same time, **due to their one-off nature, the majority of the assessed capacity-building interventions have not been able to fully prepare the frontline workers to carry out their work in the targeted areas.** ECD frontline workers who shared their views with the evaluators reported needing substantial further mentoring, guidance, and peer-to-peer support to do their work. In the context of the pandemic, the need for more guidance on how to (i) provide remote ECD services and (ii) work with caregivers and support them in organizing ECE and ECI at home was frequently voiced.

The effectiveness of the interventions was limited by the low preparedness of caregivers to engage in structured activities that support children's learning and development in the family context, poor digital skills, and limited access to ICT equipment among frontline workers and the caregivers, and the current policy and regulatory environments. Regarding the former, the evaluation showed that caregivers are often skeptical of the effectiveness of online support modalities and lack the confidence to become the main providers of structured ECI and ECE for their children.

Finally, COVID-19 exacerbated pre-existing weaknesses in the policy and regulatory environment that continued to impact the interventions. These included insufficient financing, poor quality of ECD services and infrastructure, lack of multi-sectoral coordination, inadequacies in the legal frameworks, insufficient support for professional development and low wages of ECD workers, and lack of financial and legal bases for remote provision of ECD services.

Sustainability

UNICEF COs in Croatia, Georgia, Moldova, and Ukraine have taken steps to ensure the sustainability of the assessed adaptations introduced in response to COVID-19. There are plans to continue them in a new format and context, make them more targeted, include them in national policies, and make the learnings available for a wider audience. Notably, **the experiences gained from some of the responses to COVID-19 are used as an opportunity to strengthen policies and systems concerning**

ECD. Including them in ECD policy and planning contributes to the sustainability of their results and more resilient ECD service provision. At the same time, policy – or the lack of it – can hinder the sustainability of interventions assessed in this report. For instance, several issues in the regulatory and institutional framework concerning EI affect effective ECI service provision in Croatia and Ukraine.

Prospects for sustainability also increase if the intervention outputs are embedded in a professional development system and have the support of relevant stakeholders. Some considerable efforts and plans have been identified in this regard, such as the inclusion of manuals, recommendations, and online courses into regular professional development programmes.

Ensuring wider access to the adapted approaches to capacity-building activities is essential to achieving sustainable outcomes. In this sense, **activities directed at building a broader understanding and awareness among peer frontline workers and a wider audience promoted the sustainability of the results and measures. This refers to issues such as the importance of preparedness and response to the COVID-19 pandemic, positive parenting, cooperation between ECD staff and their engagement with parents, or the quality of remote service provision.** A range of tools and steps implemented across the interventions have been identified to address them with potential for further dissemination of the interventions' outputs and experiences.

In their effort to adapt their ECD programmes in response to COVID-19, UNICEF COs and RO also aim to enhance the longer-term resilience of ECD systems to render them better suited to withstanding similar shocks in the future. In this regard, they applied the following main resilience-enhancing approaches: 1) alternative and flexible modes of delivering services; 2) coordination of activities across government and key stakeholders; 3) organizational learning culture responsive to crises. While it was not possible to assess conclusively to what extent these approaches improve the resilience of services, especially in the long run, the report presents some notable achievements in this regard.

Conclusions

In general, the adaptations in the UNICEF-supported ECD services were well suited to respond to the COVID-19 context in **addressing the needs of caregivers and children**. They addressed caregivers' immediate needs for information and guidance to adjust to the new reality of their child's development and safeguarded access to services, PPE, and hygiene supplies. Vulnerable groups have been at the center of UNICEF ECD programmes and their adaptations during the COVID-19 pandemic. However, crucial challenges emerged for reaching out to disadvantaged groups via remote modalities. The reasons for this included limited/lack of information about vulnerable children and families and their needs and not enough specific guidance on using remote technologies for these target groups.

Increased digitalization of capacity-building activities and service provision in the ECD area was one of the main changes accelerated by COVID-19. It made it possible to continue the ECD service provision and professional development of ECD staff during the pandemic. The flexibility and cost-effectiveness of this form of delivery made the interventions more accessible in remote geographical areas. Moreover, there is now greater scope for applying distant forms of interaction. However, digital solutions are not equally relevant and effective for all groups, types of services, and problems. Without sufficient infrastructure, equipment, and skills, choosing an online mode of delivery as the only option may decrease access to opportunities for vulnerable children, parents, and frontline workers.

The evaluation findings highlight a **great need for creating more opportunities for current and future frontline workers' professional development**. The main area where improvements are needed to increase staff preparedness is the lack of continuous supervision and support to ensure the quality of services. More opportunities for networking and exchanging knowledge with peers and/or other professionals are also needed. Frontline workers require more guidance and support in delivering modern ECD services both in and beyond the context of the pandemic. Communication between frontline workers and caregivers is a key area where frontline workers need more training and support.

The COVID-19 pandemic has exposed some **systemic bottlenecks** and gaps in the level of preparedness among state actors for a global health crisis, which hinder the effectiveness and sustainability of the assessed interventions.[5] **Caregivers' awareness and attitudes** towards pandemic-related changes in service provision is another key factor that hampers quality ECD provision during the pandemic.

UNICEF and its partners' **rapid and responsive reaction** to COVID-19 helped ensure ECD services' continued relevance. UNICEF's management of the interventions and focus on activities directed at learning from COVID-19 represent a good example of an adaptive approach. They also reflect the flexibility and adaptability of UNICEF COs in an emergency. This was facilitated by collecting "good enough" evidence during the emergency to grasp the key needs and respond appropriately.

Lessons learned

Lesson learned # 1: The long-standing collaboration between UNICEF, line ministries, civil society actors, and donors makes UNICEF and its partners better equipped to cope with the unprecedented context and contributes to organizational resilience.

Lesson learned # 2: Designated strategies to ensure the inclusion of the most vulnerable groups are needed when using ICT solutions to deliver ECD services and information to young children and their families.

Lesson learned # 3: Comprehensive information and methodological and mental health support for caregivers are essential to provide effective remote ECD support to young children and their families.

Lesson learned # 4: Delivering capacity-building activities entirely online should be opted for only when face-to-face contact is impossible, and hybrid mode should be preferred otherwise.

Lesson learned # 5: The COVID-19 crisis magnified the value of rapid-learning to adapt the support and service delivery to the emergency context.

Recommendations

SYSTEMIC BOTTLENECKS

- Continue supporting COs to enhance their overall ECD system strengthening efforts to further ensure the effectiveness of the response provided during COVID-19 and other emergencies.

[5] Gromada, A., Richardson, D., and Rees, G. (2020). Childcare in a global crisis: the impact of COVID-19 on work and family life. UNICEF Innocenti Research Brief 2020-18. Available here.

- Support COs to promote the sustainable implementation of remote modalities in service provision and capacity building of practitioners in ECI, health, and ECE through the development of regional assets and guidance, establishing a repository of relevant documents and good practices and facilitating horizontal knowledge sharing.
- Provide technical support to COs to develop national models of coordinated, family-centered ECI policies.
- Leverage partnerships at the regional level to expand advocacy, capacity building, and technical support to COs for building national models of family-centered ECI systems.

THE MOST VULNERABLE GROUPS AND THEIR NEEDS

- Support UNICEF COs to develop monitoring and reporting systems and programmes (including data collection solutions) to gather up-to-date knowledge about vulnerable groups and their specific needs.
- Encourage governments, CSOs, and other partners to develop and implement solutions that ensure data on the most vulnerable groups of children during pandemics.
- Maintain diversity of partnerships and work collaboratively with CSOs, authorities, and donors at the country and regional level who have deep knowledge of local contexts and reach the most vulnerable groups.

DISTANT MODE OF SERVICE DELIVERY

- Support COs to advocate for and support revision of plans and strategies on remote ECD service provision in line with the lessons learned from COVID-19 experiences.
- Advocate for and support the revision of competency frameworks for ECD staff to include digital skills and digital provision of services.

FURTHER GUIDANCE AND SUPPORT

- Develop technical resources and tools, and facilitate knowledge sharing that can support COs' work toward establishing effective national systems for continuous pre- and in-service professional development of a qualified ECD workforce.
- Establish online platform/s with core training packages in national languages for self-paced online trainings in the area of ECD during COVID-19 or other emergencies.

AWARENESS AND ATTITUDES

- Support COs to develop long-term strategies to address social attitudes and norms, parental knowledge and skills that affect the demand for quality ECD services, and parental ability to engage in developmentally stimulative practices with their children and provide an optimal level of care.
- Partner with parental and other CSOs in the ECD area at the regional level to develop and implement joint awareness-raising campaigns targeting families with young children and support parental advocacy activities.

1.0 Introduction

The resilience of societies heavily depends on how governments and civil society organizations design and implement policies for mitigating risks, preparing for, reacting to, overcoming, and learning from disasters.[6] **The COVID-19 pandemic has shown some disturbing gaps in the level of preparedness among state and non-state actors for a global health crisis. It also exposed the significance of and the need for support for ECD**, ECD workforce, and parents/caregivers to ensure the continuity of various care-, learning - and protection-related services for children and their families during and after the current crisis.

The current crisis has stimulated innovative approaches – often involving new technologies – on the part of governments, partners, and providers in support of early childhood development and affected it in predictable and less predictable ways. Settings, daily programmes, and staff teams have had to be radically reconfigured, e.g., to offer distance service solutions, meet public health requirements for staff and children, and meet child needs to achieve their full potential. Settings have also had to adapt to frequent changes in government guidance as the pandemic developed and again when emerging from the crisis.[7]

As this report presents, UNICEF's early childhood development (ECD) teams across the Europe and Central Asia (ECA) region have played a critical role in developing national responses to COVID-19. Efforts were recalibrated to address the immediate needs of young children and their families. This included re-purposing and strengthening available resources and workforce to provide information and services in the circumstances of home confinement, reduced availability of ECD services, and an ongoing public health threat.

Given the unprecedented nature of the situation, evidence is needed on appropriate and effective ways to increase preparedness and response to such challenging situations. Accordingly, the main lessons learned need to be distilled from the pandemic experiences to develop long-term recovery plans and budgets for ECD services to strengthen the resilience of ECD systems across ECA. **However, to date, there is little systematic, 'good enough' evidence available that would contribute to a better understanding and implementation of the COVID-19-induced adaptations and their capacity to make sustainable improvements in the ECD services and their resilience in general**.

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

This report synthesizes findings from the four in-depth study countries and a reflection workshop with UNICEF representatives from RO and COs from the ECA region. It covers selected UNICEF-supported ECD response to COVID-19 – both continuing at present and discontinued – implemented from March

[6] SEREN4 webinar on "Human factors, and social, societal, and organisational aspects for disaster-resilient societies", 19 May 2020. Available here.
[7] UN (2020). The Global Humanitarian Response Plan. COVID-19. Progress Report, Second Edition, 31 August 2020. Available here.

2020 to August 2021 to respond to COVID-19 pandemics in Croatia, Georgia, Moldova, and Ukraine. It summarizes the evaluation team's assessment of the relevance, effectiveness, and sustainability of UNICEF's ECD response to COVID-19, followed by a set of lessons learned and recommendations focusing on ECARO. The audience for the synthesis report is UNICEF's Regional Office, but the findings are also useful to UNICEF COs starting their new programme cycles in 2022 to reflect on the lessons learned that apply to their contexts.

The evaluation team would like to express their gratitude to the staff of UNICEF COs for their continuous support. We also thank the governments of Croatia, Georgia, Moldova, and Ukraine, the Implementing Partners, and all the frontline workers from a range of institutions who shared their experiences and views with us. Finally, we thank the staff from the UNICEF ECARO Evaluation and ECD teams for their invaluable inputs, guidance, and management of the evaluation.

1.1 Evaluation purpose, objectives, and scope

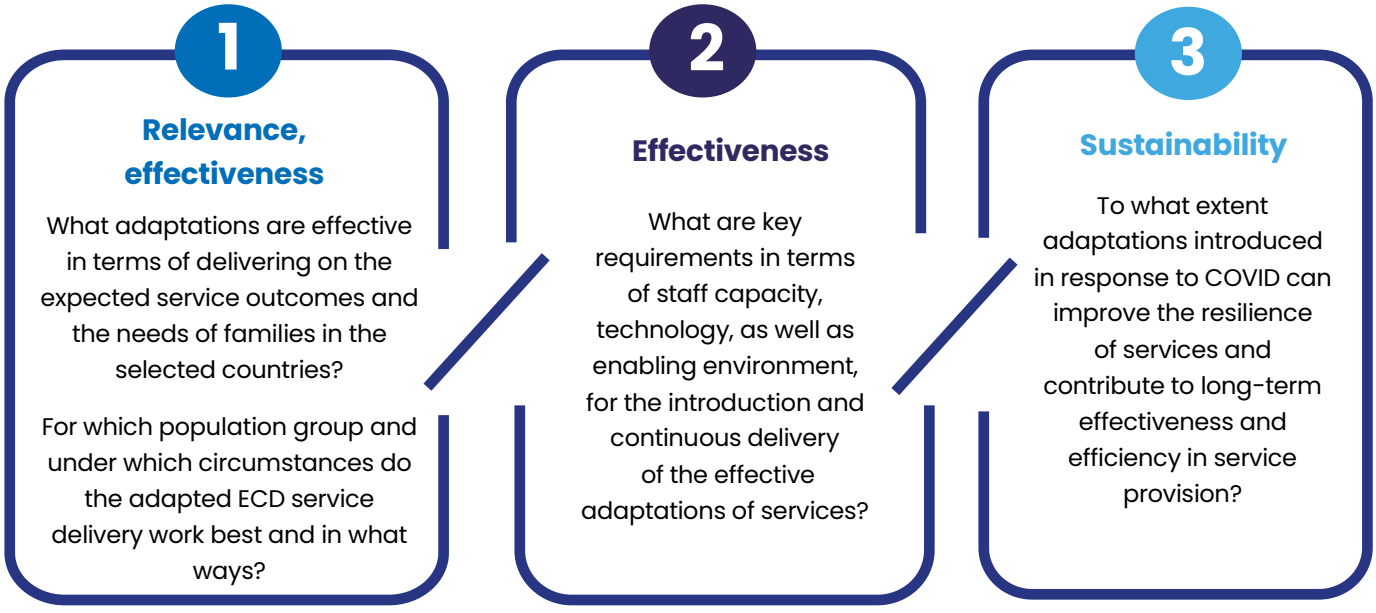
1.1.1 Evaluation purpose and objectives

This evaluation's overarching purpose was to provide UNICEF COs in Croatia, Georgia, Moldova, and Ukraine, UNICEF ECA Regional Office, and national governments and partners with a **critical assessment of the key adaptations made in UNICEF ECD programmes in the ECA region to meet the changing needs of young children** and **their families.** The secondary purpose of this evaluation was twofold: 1) to provide **real-time feedback and generate learnings to inform the further development of the assessed ECD activities** adapted or newly designed to respond to the COVID-19 pandemic; and 2) to provide evidence to inform future ECD efforts in similar emergencies.

The objectives of the evaluation were to:

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

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



Source: ToR

Based on these questions, a list of sub-questions was developed that is presented in Annex 1, Volume 2 of this report.[8]

1.1.2 Evaluation scope

In terms of its **geographic scope**, the evaluation entailed an in-depth study in four ECA countries: Croatia, Georgia, Moldova, and Ukraine. The current report combines and triangulates all feedback gathered at earlier evaluation stages, i.e., during the research in four in-depth study countries, and incorporates findings from additional desk research and the reflection workshop with other COs from the region. The **temporal scope** of the evaluation was from March 2020, when the COVID-19 outbreak started, and up to the moment of their evaluation (completed interventions were evaluated up until their end).

As to the **substantive scope (evaluation object)**, specific interventions for evaluation were selected based on a set of criteria developed during the Inception Phase. Covering all ECD-related interventions and adaptations implemented in response to COVID-19 was impossible for their sheer volume and extent. Thus, the evaluation focused on interventions which:

- were either introduced directly in response to COVID-19 or in some way adapted to its new realities; and
- entail(ed) capacity building or information support to the frontline workers; and
- were viewed by the UNICEF COs as especially useful to have feedback on for future programming.

At the same time, activities that do not fall under these criteria, as requested by ToR, and were not delivered through "a workforce" (frontline workers), were not covered by the evaluation.[9] Therefore, the primary data collected focused on the frontline workers' trainings. Other components of the interventions have not been assessed. For example, reference to the PPE and other necessary supplies was made only if it related to findings on frontline workers' capacity-building activities. The table below provides a summary of all activities that were covered by this evaluation.

Country	Intervention name
Croatia	The augmentative and alternative communication (AAC) programme
	Tele-intervention for children with developmental delays and disabilities
	The Neo-Baby-Friendly Hospital Initiative (Neo-BFHI)
	Human Milk Bank
	E-education for Pregnancy and Parenting during COVID-19

[8] Given the purpose of the evaluation, only three criteria (relevance, effectiveness, sustainability) were included in the ToR. No cost analysis is included because efficiency analysis was not considered a priority for the context and approach.
[9] Excluded interventions: interventions which focus on the provision of COVID-19-related guidelines and recommendations to government bodies and other actors, provision of learning/health kits to children/mothers, or the provision of training directly to the caregivers without training or preparing the frontline workers.

Georgia	Child Hotline 111
	Shared medical appointments (SMAs)
	Pilot training "Supporting Implementation of Early and Preschool Education National Standards in Adjara Region through preschool-based coaching."
Moldova	COVID-19 response for women and their children in 12 Perinatal Centers from the Republic of Moldova
	Strengthening capacities of preschool staff, parents, and LPAs to ensure a state of preparedness and response to COVID-19 pandemic
	Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans
	Development of Early Intervention (EI) Services for young children with developmental delays and disabilities at the regional level, phase 2
	Preventing and Responding to COVID-19 in selected countries in Europe and Central Asia.
Ukraine	Trainings for preschool teachers in Donetsk and Luhansk oblasts on inclusive education
	"Developing the capacity of professionals and parents for advocacy and provision of early intervention (ECI) service"
	"Intervention to strengthen the mother and child health care system with integrated packages of services, universal-progressive home visiting (UPHV) model and promotion of safe health care in the conflict-affected areas of Ukraine (government-controlled)" (hereafter referred to as UPHV with telemedicine):
	A series of policy support measures
	Data collection to assess preschools' readiness for school re-opening
	#LearningAtHome awareness-raising campaign
	Health systems in conflict settings
	Baby Box
	A series of child protection measures

More information on the interventions can be found in Annex 6, Volume 2 of this report.

1.1.3 Intended use(rs)

UNICEF ECA Regional Office is the primary intended user of the evaluation. The findings will also be useful for national governments and partners and those UNICEF COs who are starting their new programme cycles in 2021 to reflect on the lessons learned that are applicable to their contexts.

The evaluation findings will inform ECD programming in the near future in relation to situations similar to COVID-19 to ensure the continuity of ECD-related services delivered to children and families.

1.2 Approach and methodology

In line with the developmental evaluation approach, the evaluation focused on a) collecting and analyzing real-time data ("good enough" evidence as per ToR) to answer the evaluation questions and b) supporting the use of the obtained evidence for ongoing programme adaptation. For this purpose, **nine interventions were selected by UNICEF Country Offices for in-depth analysis** of their relevance, effectiveness, and sustainability during **rapid assessment cycles**. Each cycle focused on one intervention, selected per the criteria outlined above.

At the beginning of each cycle, the evaluators re-constructed basic theories of change (ToCs) using desk review and scoping interviews with the respective UNICEF COs. They were to provide an overall picture of the analyzed projects since none were developed before. As such, they had a more illustrative purpose and were used for developing interview/survey questions, but not for rigorous evaluation against them.

For each cycle, the evaluators collected and analyzed data on the intervention, provided rapid feedback to the CO, and facilitated evaluative reflection and programming adaptation. The **data collection methods included a mix of qualitative and quantitative techniques**: desk review, online surveys (hereafter referred to as "the evaluation surveys") with frontline workers who took part in assessed activities[10] and Key Informant Interviews with selected stakeholders (including duty bearers), frontline workers, and UNICEF COs from Croatia, Georgia, Moldova, and Ukraine (refer to the Evaluation Matrix and Data Collection Tools in Annexes 2 and 4, Volume 2, respectively, for more details). **Respondents for interviews were selected based on a stakeholder mapping** carried out jointly by the evaluators and the CO staff during the inception phase (please see Annex 3, Volume 2). For each intervention analyzed in-depth, stakeholders were mapped according to the degree of (i) their influence on the intervention and (ii) the impact of the intervention on the stakeholders. Stakeholders with the most influence and impact were selected for individual interviews. Representatives of duty bearers (government, civil society organizations) were also invited to participate in the evaluation reflection workshops, review analytical briefs, and join the Evaluation Reference Group (ERG).

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

The key findings, conclusions, and preliminary recommendations were drawn up in Analytical Briefs (attached in Annexes to the Country Reports) based on each rapid assessment cycle. The briefs were reviewed by the RO and the COs and revised based on their feedback.

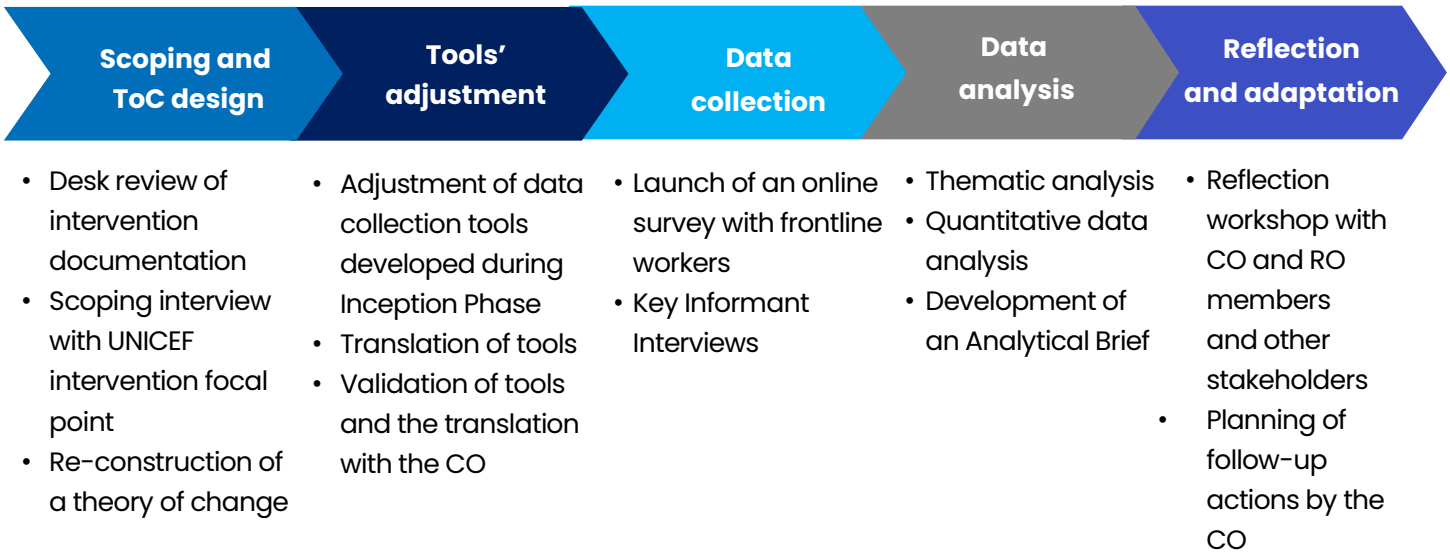
After the cycles, **reflection workshops** were organized with each CO, the ECARO, and relevant key stakeholders. The primary purpose of the workshops was to provide space for evaluative reflection,

[10] The online surveys were distributed to all of the frontline workers to whom e-mail addresses were available.

prioritize and refine the recommendations, and discuss how they could be best implemented. The secondary purpose was to build capacity for evaluative thinking, increase understanding and ownership of the findings, and, accordingly, the likelihood that they will be used.[11] After the workshops, the evaluators prepared a short note with key takeaways from the meeting (see Annexes to the Country Reports). Based on recommendations from the Analytical Briefs and workshop discussions, the COs prepared a list of key actions to be taken. It is the evaluators' understanding that these actions were implemented or planned to be integrated into the formal management response of the evaluation, fulfilling the objectives of the developmental evaluation.

Figure 1 outlines the key steps taken as part of each rapid assessment cycle and a mix of qualitative and quantitative research methods to collect and analyze the data.

Figure 1: Key steps within each rapid assessment cycle



In addition to the in-depth analysis carried out through the rapid assessment cycles, other interventions which fulfilled the selection criteria were analyzed based on desk research, primarily in terms of their relevance. The evaluation also included a review of primary and secondary sources concerning UNICEF's broader ECD programming and COVID-19 response in the in-depth countries. The documents reviewed are enlisted in the Country Reports.

Finally, as mentioned earlier, the evaluation entailed an element of a **formative inquiry** to help shape the future of ECD programming in the four countries concerned.

1.2.1 Ethics

The evaluation methodology did not foresee data collection with child participants or representatives of other, particularly vulnerable groups. However, it did involve respondents through the survey and interviews. Consequently, the team followed the highest standards of ethics, including the *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021)*, the UNEG Ethical Guidelines for Evaluation (2020)[12], and the research protocol designed for this study

[11] Patton, M. Q. (2008). Utilization-focused evaluation (4th ed.). Thousand Oaks, CA: Sage Publications.
[12] http://www.unevaluation.org/document/detail/2866

(please see Annex 5, Volume 2). The evaluation team respected the following principles[13] throughout its engagement with UNICEF: Respect for dignity and diversity; Fair representation; Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); Redress; Confidentiality; and Avoidance of harm.

1.2.2 Limitations of the evaluation

The key limitations to analysis included:

- Focus on collecting 'good enough' evidence to provide rapid feedback that makes adaptations in real-time possible (developmental evaluation approach) outweighed methodological rigor. Hence, upon agreement with the ECARO, interviews or surveys with the final beneficiaries - rights holders (i.e., children and their families) - of the interventions were not included in the methodology not to jeopardize the rapid nature of the data collection and analysis cycles. In effect, the evaluators had to rely on secondary evidence and the views of frontline workers to generate findings on the relevance and effectiveness of the interventions for the final beneficiaries. For a similar reason, reconstruction of detailed ToCs and heavy reliance on ToCs were not possible, and the participation of other duty bearers (government, CSOs) was relatively limited.
- Limited secondary data was available on desk-reviewed interventions, where no interviews or surveys were envisaged to complement desk research results. Consequently, this report is mostly based on findings from three cycles of rapid data collection.
- Quantitative information was collected using online surveys, which may have excluded frontline workers with few digital skills and ICT equipment from participating in the evaluation. In addition, many of the email addresses to the frontline workers received by the evaluators were generic institutional e-mails. This impacted the response rates in the surveys.
- The availability of gender-disaggregated data was marginal. For many of the interventions, UNICEF did not collect gender-disaggregated data. The collection of such data was attempted for the first rapid assessment cycle, but because women heavily outnumbered men as respondents in the surveys in general, no sensible gender analysis could be conducted.
- Operational efficiency, and efficiency in general, were not within the scope of this evaluation. Focus on monitoring and evaluation was made only from the perspective of their contribution to achieving outcomes/outputs.
- The evaluators were not involved in the process of change inspired by the evaluation findings as different interventions were assessed throughout the three rapid data collection cycles (instead of repeating the assessment of one). Such an approach was agreed with the UNICEF ECARO to collect more data and increase the utility of findings for future programming.
- Upon request of the UNICEF CO and ECARO, the analysis covered the COVID-19 context only, i.e., the interventions were not analyzed from a broad child rights perspective.

Finally, the evaluation process reveals certain limitations for UNICEF to implement a developmental evaluation (DE) approach to guide adaptation to complex, unpredictable situations such as the current global health crisis. These limitations arise from: • COs staff too overburdened to engage in ongoing inquiry; • expectations shifting from DE towards conventional formative evaluation (with a

[13] As per UNEG Ethical Guidelines for Evaluation (2008)

strong focus on ToCs, results, "lessons learned", and predefined evaluation questions that have to be answered); • lower acceptance for findings based on small samples, which are "trade-offs between the level of certainty and speed";[14] • assessing interventions that have already been finalized; and • capacity (procedural requirements) for implementing suggested changes in assessed interventions along the way. Other, less demanding approaches that also envisage engagement of COs and focus on lessons learned could be considered.

[14] https://www.evaluationinnovation.org/insight/are-you-really-ready-for-developmental-evaluation-you-may-have-to-get-out-of-your-own-way/

2.0 Evaluation context

As emphasized in the United Nations Secretary-General's Policy Brief, children are at risk of being amongst the most severe victims of COVID-19.[15] There is ample evidence that children bear a heavy burden from the disruption of essential services, increased social isolation, and loss of family income, which is particularly acute for children who have been experiencing marginalization before the outbreak.[16] Since infectious diseases are an emerging trend that becomes "more prevalent and harder to control", supporting children, their families, and care providers is critical during and after the current global health emergency.[17]

The following sections set the context for the evaluation of UNICEF's ECD response to COVID-19 in Europe and Central Asia by summarizing the main implications of the 2020-2021 pandemic on children, their caregivers, and frontline workers, the reasons behind them, and the adaptations made by UNICEF in the ECD sector in response to the global health emergency.

2.1 Implications of the COVID-19 pandemic for ECD in the ECA region

2.1.1 Implications for children and caregivers

2.1.1.1 Disruption of early learning services

All national governments from the assessed countries and the rest of the ECA region closed early childhood education (ECE) services at the outset of the pandemic, leaving children under the exclusive guidance for learning to their caregivers between March and summer 2020. The lockdown was introduced without prior verification by local authorities if the family arrangements were conducive to ensuing learning and adequate care for children. Caregivers were often unprepared to engage in their child's physical, emotional, social, or cognitive development, especially in previously unknown and challenging circumstances. ECE was therefore predicated on caregivers' educational background, teaching capacities, access to external support, and the time and amount of work needed to sustain family economic stability. **This unprecedented situation has left many preschool-aged children, particularly those with insufficient family support or in precarious family situations, without access to high-quality or, in fact, any early education**.

Since the support for early learning and contacts between parents and educators during the lockdowns and quarantines heavily relied – with various results – on remote technologies, the

[15] 1) United Nations (2020). Policy Brief: The Impact of COVID-19 on children. Available here. 2) UNICEF (2020). Strategic Guidelines to Prioritize Early Childhood Development in the COVID-19 Response. Prepared by the Latin America and the Caribbean Regional Office. Available here.
[16] 1) International Step by Step Association (ISSA) (2020). Webinar on Early Childhood Intervention in the Time of COVID-19; 2) UNICEF (2020). Strategic Guidelines to Prioritize Early Childhood Development in the COVID-19 Response. Prepared by the Latin America and the Caribbean Regional Office. Available here.
[17] OCHA (2019). Global Humanitarian Overview 2020. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in collaboration with humanitarian partners across the world. Available here.

pandemic has revealed underlying inequities created by the digital divide.[18] On the one hand, the issue of a digital gap has imposed significant obstacles for many preschools to organize the educational processes during the pandemic.[19] For instance, various studies have revealed that many kindergartens did not achieve complete coverage with remote services, leaving many children completely withdrawn from preschool interactions.[20] **The most affected by this situation were children whose caregivers do not possess sufficient digital skills, lack access to digital tools and the internet, and have been systematically deprived of access to quality education** (e.g., children from economically unprivileged households and Roma children).[21] For those children, and for all children in general, the deprivation of the critical preschool year seems to be particularly detrimental as it is most likely to widen the already existing school readiness and attainment gaps.[22]

2.1.1.2. Disruption of healthcare and social services

Various restrictions introduced at an unprecedented scale to prevent the transmission and control the pandemic also had profound implications for healthcare and social services.[23] Compared to the year before COVID-19, **the Country Offices (COs) from the four case study countries noted declines in areas such as: newborn health care, protection and promotion of breastfeeding programmes, home visits by social service/justice workers, disability health-related services, support child protection interventions, and gender-based violence (GBV) risk mitigation.**[24]

There were various reasons reported for these implications. COs highlighted the closure and postponement of services (or facilities) and lockdown restrictions to service users' and providers' mobility and transportation as impacting child protection service and use. Reduction in demand due to the fear of infection and closure of services/facilities or postponed services were top reasons for health service disruption.[25] This includes antenatal and postnatal care services neonatal, and child health care. For the same reasons, nutrition services were disrupted in the evaluated countries, but in this case, personnel gaps due to sickness, mobility restriction, or fear have also played a key role.

The most vulnerable to disruptions in health care provision and other child-supporting programmes were children with disabilities and special needs, children living in poverty and areas of armed conflict, ethnic minorities such as Roma, migrant, and refugee children, and those with

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[18] 1) UNICEF (2020). Country Office Annual Report 2020. Croatia Available here. UNICEF (2020), Country Office Annual Report 2020. Georgia Available here. 2) UNICEF (2020). COVID-19: At least a third of the world's schoolchildren unable to access remote learning during school closures, new report says. UNICEF's Reimagine campaign calls for urgent investment to bridge the digital divide, reach every child with remote learning, and, most critically, prioritize the safe reopening of schools. Available here.

[19] Hendal (2020). Generating evidence on the socio-economic effects of Covid-19 on children and families in Croatia. A study carried out upon UNICEF Croatia request.

[20] Ibid.

[21] 1) European Commission (2020). Overview of the impact of coronavirus measures on marginalized Roma communities in the EU. Available here. 2) UNICEF. (2020). Annual Situation Report - 2020, Country Office in Croatia. Available here.

[22] The Education Endowment Foundation (EEF) (2020). Impacts of school closures on the attainment gaps. Rapid Evidence Assessment. Available here.

[23] UNHCR (2020). UNHCR COVID-19 Preparedness and Response. Published on 28 August 2020. Available here.

[24] The data draws on periodic Country Office reporting against an evolving questionnaire, collected between March and late August 2020. Due to reliance on estimates made by combining varying sources, figures and responses may not accurately represent the full national response to the COVID-19 pandemic. Available here.

[25] UNICEF (2020). Country Office Annual Report 2020. Available here.

housing and food insecurity.[26] The high costs related to COVID-19 and its implications that children bear due to their vulnerable situations include famine and nutritional deficiencies, exclusion from attention and access to the severely stretched health systems, increased risk of physical, psychological, and sexual abuse – particularly for girls, and reduced opportunities to encounter supportive adults and to access the justice system and child protection services.[27]

2.1.1.3. Disruption of family routine/life

The pandemic had equally far-reaching negative consequences for family life and routine. **Caregivers were often overwhelmed by balancing work and childcare arrangements, anxious about being furloughed or losing their job. They were also stressed about not being able to provide their children with access to devices and services necessary to engage with distant services**.[28] While during the lockdown, primary care providers spent more time caring for their children, they felt that parenting was more challenging than in a non-crisis situation.[29] One reason for this was their limited mental and emotional capacity to cope with the hardship. They were also not prepared to engage in stress-reducing activities with their children to ease children's anxiety and respond to their need for more attachment and higher demands on a parent, which are common during times of stress and crisis.[30] All this has negatively affected children and their caregivers' mental health and emotional well-being, but the most severe effects of these implications concern children with disabilities and those facing material deprivation. Their primary caregivers have been disproportionately more often forced to use their annual leave and reduce food, heating, or children's education expenses.[31] Evidence shows that parents of children with disabilities for whom community services were often suspended reported the highest need for professional help and psychological counseling related to childcare.[32]

The additional burden of extra-care was disproportionately and systematically placed on women, who play the role of primary caregiver and educator in a household.[33] The increased time spent at home also meant an increased risk for vulnerable women and exposure to gender-based violence (GBV) due to job loss, lack of income, domestic tension, and lack of access to information on where to seek help.[34] The lockdowns not only exposed children to the increased risk of witnessing abuse, but

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[26] 1) Franic, T., and Dodig-Curkovic, K. (2020). Covid-19, child and adolescent mental health – Croatian (in)experience. *Irish Journal of Psychological Medicine.* 2) UNICEF (2020). UNICEF in Georgia 2020 – Newsletter. Available here.

[27] 1) The United Nations World Food Programme (2020). Global Monitoring of School Meals During COVID-19 School Closures. Available here. 2) UNICEF (2020). UNICEF joins global leading organizations to call for action to protect children from violence and abuse during COVID-19. Press release from 13 April 2020. Available here. 3) United Nations (2020). Policy Brief: The impact of COVID-19 and OECD (2020). Combatting COVID-19's effect on children. Updated 11 August 2020. Available here.

[28] OECD (2020). Combatting COVID-19's effect on children. Updated 11 August 2020. Available here.

[29] Hendal (2020). Generating evidence on the socio-economic effects of Covid-19 on children and families in Croatia. A study carried out upon UNICEF Croatia request.

[30] WHO (2020). Mental health and psychosocial considerations during the COVID-19 outbreak. Available here.

[31] In all researched countries, the child poverty rate is projected to rise, in Ukraine alone affecting as many as 1.8 million children. It is also expected that an increased poverty of caregivers will lead to a higher number of institutionalized children. Sources: 1) Hills, S.D. et al. (2021). Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: a modelling study. 2) UNICEF & Development Analytics (2020), Microsimulation Model for Estimating the Impact of COVID-19 on Child Poverty in Georgia. Available here. 3) UNICEF (2020). Fighting COVID in Ukraine: Initial estimates of the impact on poverty. Available here.

[32] Ibid.

[33] UN Women (2020). Assessment of COVID-19 impact on gender roles. Available here.

[34] For instance, in April 2020, the number of Moldavian women who requested support increased by 35 per cent compared to March 2020. Periodic Country Office reporting against an evolving questionnaire.

they also substantially increased the risk of their experience of physical and psychological violence, particularly among children with disabilities.[35] The crisis intensified the occurrence of violence and "harsh disciplining" due to parental stress related to financial hardship, social isolation, and lack of contact with social services.[36] These and other immediate disruptions caused by COVID-19, coupled with a prolonged economic crisis that is likely to ensue, may compromise children's healthy long-term development.

2.1.2 Implications for ECD workforce

The pandemic had immense repercussions on frontline workers, who are usually hit the hardest during disease outbreaks. At the early stages of the outbreak, **ECD services suffered from shortages in personal protective equipment (PPE), hygiene, and medical supplies**. International supply chains were disrupted, and national procurement processes could not sufficiently respond to such a large-scale public health emergency.[37] **There were also no clear guidelines on carrying out the services in these new circumstances**, particularly during the first months of the crisis.[38] This made frontline workers (especially from the healthcare sector) and their closest families more vulnerable to infection.[39]

This new, unpredictable situation made ECD staff prone to face greater stress, fatigue, and exhaustion. In addition to fears related to personal safety, the stress level was also intense due to existing shortages of staff and resources, high workload, caring for their own children's learning at home, and handling caregivers' anxiety.[40] Furthermore, **the sudden need to effectively switch the services online under immense time pressure left many frontline workers struggling to manage challenges connected with providing the same quality services via the internet**.[41] It also exposed their insufficient digital skills and the need to adapt to the new forms of collaboration in the digital environment, including a redefinition of their relations with caregivers who had to undertake a more partnering role in service delivery.[42]

In this context, the unprecedented impact of the COVID-19 pandemic on the education and early years sectors required a massive and quick effort from governments and humanitarian agencies to respond to the various ways in which child support services were affected by this crisis. Developing flexible, alternative approaches to ECD programmes to serve families and support frontline workers were given priority by UNICEF to build an immediate pandemic response to the emerging and/or

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[35] Already prior to COVID-19, compared to children without disabilities, children with various disabilities (e.g., cognitive, language, sensory or motor disabilities) were more likely to experience severe physical violence from their caregivers. Source: Hendricks, C., Lansford, J.E., Deater-Deckard, K. and Bornstein, M.H. (2014). Associations Between Child Disabilities and Caregiver Discipline and Violence in Low- and Middle-Income Countries. 2) UNICEF (2020). Education and COVID-19 in the Republic of Moldova. Available here.

[36] UNICEF. (2020). UNICEF in Georgia 2020 – Newsletter. Available here.

[37] UN Moldova (2020). COVID-19 Social economic response and recovery plan. Available here.

[38] Andguladze, N., Gagoshidze, T., Kutaladze, I. (2020). Early childhood development and education in Georgia, UNICEF.

[39] MSMPS (2021). COVID-19. Epidemiological situation. Available here.

[40] UN Women (2020). Assessment of COVID-19 impact on gender roles. Available here.

[41] 1) UNICEF (2020), UNICEF in Georgia 2020 – Newsletter. Available here. 2) UNESCO (2020). The survey to assess the impact of COVID-19 on the early childhood education workforce in the region included UNICEF, Asia-Pacific Regional Network for Early Childhood (ARNEC), the Early Childhood Workforce Initiative (ECWI) and International Step by Step Association (ISSA).

[42] Andguladze, N., Gagoshidze, T., Kutaladze, I. (2020). Early childhood development and education in Georgia, UNICEF.

aggravated challenges.[43] The following section summarizes UNICEF's support to ensure continuity of services in the new operational context.

2.2. UNICEF support to ECD in selected ECA countries in the context of COVID-19

UNICEF has introduced a plethora of COVID-19-related adaptations in its ECD-related programmes to mitigate the needs caused or aggravated by the global health emergency. In general, the mix of response and preparedness measures could be divided into three groups focused on providing: i) information and guidelines, ii) capacity building and technical assistance, and, iii) equipment and other supplies. A brief description of these interventions is presented below.

2.1.3 Information and guidance/guidelines

The primary set of UNICEF's initiatives, aiming to expand basic preventive behaviors and COVID-19 awareness, is centered around the Risk Communication and Community Engagement pillar. Within the education sector, UNICEF helped to prepare and promote the guidelines on basic preventive measures (such as safe use of transport, use of masks) or the protocols on school reopening and safe operating of kindergartens.[44] Furthermore, it helped provide inclusive preschool education by providing information on including children with disabilities and supported translating existing guidelines into minority languages.[45] It has also backed ECD staff with various guides, such as a teachers' guide for organizing effective distance learning that considers the individual needs of children and their families or guides on positive parenting.[46]

UNICEF provided information on newborn care, breastfeeding, nutrition, and immunization to support caregivers affected by limited access to healthcare services.[47] It also supported initiatives such as online courses, a mobile application, and infographics on pregnancy, birth, and breastfeeding during the COVID-19 pandemic in different linguistic versions.[48] With the support of prominent ECD and health experts, UNICEF provided materials to help caregivers of young children maintain physical and mental health during the crisis.[49] It also offered a comprehensive counseling guide for healthcare professionals on how to talk with patients about COVID-19 to promote positive behaviors and reduction of COVID-19 related stigma and discrimination.[50]

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[43] UNICEF (2020). Strategic Guidelines to Prioritize Early Childhood Development in the COVID-19 Response. Prepared by the Latin America and the Caribbean Regional Office. Available here.
[44] UNICEF (2020). Situation Report, period: 1 April 2020 to 30 June 2020, Country Office in Croatia
UNICEF (2020). Situation Report, period: 12 June 2020 to 22 July 2021, ECA Regional Office.
[45] UNICEF (2020). Situation Report, period: 1 April 2020 to 30 June 2020, Country Office in Croatia.
[46] UNICEF (2020). Humanitarian Situation 2020, period: 1 April 2021 to 30 June 2021, ECA Regional Office.
[47] UNICEF Georgia (2021). Breastfeeding safely during the COVID-19 pandemic. Available here.
UNICEF (2021). Breastfeeding and relationships in the early days video. The Baby Friendly Initiative. Available here.
[48] In Croatia, these initiatives were aimed at mothers and fathers living in remote areas and from ethnic minorities. The activities were conducted with NGO RODA. Source: UNICEF Croatia and RODA. (2020). E-education for pregnancy and parenting during COVID-19. RODA. Available here.
[49] UNICEF ECARO (2020). Humanitarian Situation Report, period - 24 June 2020 to 22 July 2022, ECA Regional Office. Available here.
[50] UNICEF (2020). Flash Report, period: July 2020.

2.1.4 Capacity-building and technical assistance

Since the pandemic started, UNICEF has been actively assisting the development of governments' crisis response plans, adaptations of ECD services, and the capacity of ECD professionals by offering technical and training activities to better adjust to the crisis. Examples of UNICEF's ECD response in these areas include:

- organization of training sessions for ECD workers in pandemic-related issues to support the adaptation of and/or strengthening the existing services for families with young children during the pandemic;
- making adjustments to previously planned interventions, such as moving the regular training for ECD staff online;[51]
- designing and preparing alternative education programmes through online channels, radio, and television to ensure the continuity of learning and access to remote learning programmes.[52]

UNICEF has also supported the digital initiatives in the healthcare systems within the ECA region[53] and participated in activities strengthening the infrastructure needed for infection prevention and control (IPC) measures for better protection of children and their mothers.[54]

Finally, the data collection, research, and analysis carried out by UNICEF contributed to evidence-based policy-making dedicated to young children and their families during the pandemic.[55] Among others, these efforts assisted in defining the existing gaps and needs in WASH, assessing the socio-economic impact of COVID-19 on families and children, or estimating COVID-19 infant isolation and care capacity.[56]

2.1.5 Equipment and other supplies

Despite the significant disruptions in global supply chains, UNICEF delivered critical supplies, principally to states and communities experiencing the most severe consequences of the WASH gap and digital divide. Backed by donors and governments, UNICEF was among the first to procure and facilitate the distribution of personal protective equipment (PPE) to ECD frontline workers, including staff from health centers and social welfare professionals working with children without adequate parental care and children with behavioral problems.[57] In addition, it has been supporting the

[51] UNICEF (2021). Situation Report, period: 1 September 2021 to 30 October 2021, Country Office in Georgia. Available here.
[52] For example, in partnership with the MAC Foundation, UNICEF started a joint production with the Georgian national TV broadcaster for a specialized TV program to support CWD and their parents. Source: UNICEF (2020). Humanitarian Situation Report – 2020, period: 1 April 2020 to 30 June 2020, ECA Regional Office.
[53] For example, UNICEF, together with Give Care Group, a medical company based in Ukraine, delivered 50 telehealth platforms to the communities living along the contact line in Eastern Ukraine. Source: UNICEF Ukraine (2021). New technologies will improve healthcare access for the most vulnerable communities in Eastern Ukraine. Available here.
[54] UNICEF ECAR (2020). Situation Report 2020. Available here.
[55] For example, Together with Women's Room, UNICEF conducted a rapid situation assessment on women and children's victims of gender-based violence (GBV) during the lockdown. Source: UNICEF (2020) Croatia Situation Report 2020.
[56] UNICEF (2020). Situation Report, period: September 2020. ECA Regional Office.
UNICEF (2020). Situation Report, period: 2020, Country Office in Croatia.
[57] UNICEF (2020). End of Year Situation Report, Report No. 16 - 2020, ECA Regional Office.

accessibility to healthcare services across countries by supplying vaccines and diagnostics tests at affordable market prices.[58]

The organization has also supported families and children directly. It has been supplying essential hygienic resources such as cleaning products or disinfectants. In addition, to mitigate the educational implications of the pandemic, it delivered books, educational materials, early learning kits.[59] It has also backed the early educational services by providing laptops to teachers and children affected most severely by impacts of poverty (e.g., community living in Abkhazia, the Roma population).[60]

[58] Ibid.

[59] For example, UNICEF installed 65 handwashing stations in Roma settlements and conducted hygiene promotion activities. Furthermore, through the Meteor Group program, Labud and UNICEF, has jointly donated 2 tons of disinfectants, hygienic and cleaning products in July. The hygienic products were distributed by the Ministry of Demography, Family, Youth and Social Policy to community service centers and other institutions for children with behavioral problems. Sources: 1) UNICEF (2020). Situation Report - 2020, Country Office in Croatia. 2) UNICEF (2020). Situation report – 2020, period: 1st October to 30th of November 2020, ECA Regional Office.

[60] UNICEF (2021). Humanitarian Situation Report No. 2 – 2021, period: 1 April 2021 to 30 June 2021, ECA Regional Office.

3.0 Key findings

3.1 Relevance

This section discusses the relevance of the UNICEF ECD response to the COVID-19 pandemic in the four case study countries in the five areas of concern: health and nutrition, early childhood education, early childhood intervention, family/caregivers support, and the relevance of these interventions to the broader ECD country programme frameworks. It presents evaluation findings on the relevance of the pandemic-caused adaptations supporting ECD services to changing needs and priorities of young children, their families, and the ECD workforce. The responsiveness of these adaptations to the evolving context and perspectives for services' continuation in the adapted format in the future is further elaborated. Finally, the section presents findings concerning the consistency of the results of the evaluated adaptations with goals and the expected ECD outcomes at the country level.

3.1.1 Health and nutrition

As described in section 2.1.1.2, **the COVID-19 and the measures imposed to protect health during the pandemic have affected access to healthcare services in many ways**. To address challenges related to this situation, UNICEF Cos from the in-depth study countries supported eight interventions in the health and nutrition area. Most of them were designed to address the pregnancy-related needs during the pandemic, such as:

- information on the impact of COVID-19 pandemic on pregnant women, their unborn or newborn children and other related aspects (e.g., breastfeeding, nutrition, safe access health care services, infection);
- preventing deterioration of the quality standards in the maternity wards during the pandemics;
- provision of nutrition and care for premature newborns who cannot be breastfed; and
- access to ante-natal care and specialists during the pandemic, and healthcare services/facilities in general.

Other forms of support addressed the high demand of PPE and hygiene supplies (in all countries) for health workers and hospitals, the need for updated protocols on infection prevention and control (IPC) at the primary health care level (in particular in Moldova and Ukraine), the HIV testing services for pregnant women, and WASH interventions in conflict settings (in Ukraine).

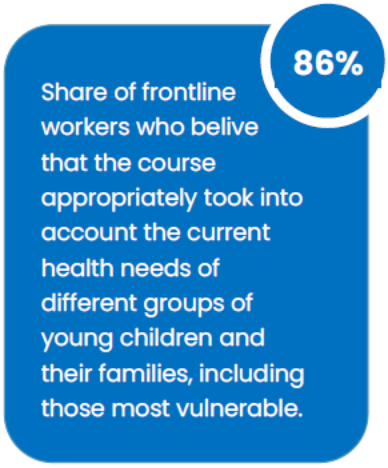
The following parts assess the relevance of these adaptations to the needs of young children and their caregivers and the frontline workers.

3.1.1.1 Children and caregivers

The evaluation findings show that, in general, the adaptations in the UNICEF support for healthcare-related services were well suited to respond to the COVID-19 implications in addressing the needs of children and caregivers. They were particularly relevant to address the new challenges in providing safe and uninterrupted healthcare services during the COVID-19 pandemic. They turned out to be suitable for addressing the inequalities in the availability of health care services

also beyond the emergency context, such as in conflict areas of Eastern Ukraine. The following evidence supports these claims:

- In **Croatia**, the relevance of UNICEF programmes such as "Neonatal-Baby Friendly Hospital Initiative", "Human Milk Bank" or "E-education for Pregnancy and Parenting during COVID-19" was assessed as high, in particular, due to their adapted content to the COVID-19 pandemic context. Since many baby-friendly practices were abandoned with the pandemic outbreak (e.g., birth companions, feeding premature or sick babies with their mothers' milk), UNICEF's advocacy, research, education, and technical assistance helped address the needs of parents of newborns for adequate treatment in maternity wards and Neonatal Intensive Care Units (NICUs), according to the Key Informants. For instance, as documented in relevant sources, Roda's "e-education for pregnancy" intervention responded to the need of pregnant women and their partners for information and guidance on pregnancy, childbirth, and breastfeeding.[61] The interviewed Key Informants highlighted that the self-paced online course directly responded to the needs of pregnant women and their partners. The course evaluation survey carried out by Roda showed that over 90% of the respondents (n=791) thought that the topics were well covered and that additional materials provided were useful.[62]
- Also, in **Moldova**, relevant knowledge and skills gained from the training on COVID-19 response for women and their children in 12 perinatal centers helped the frontline workers provide precise and reliable information about COVID-19 and its potential impact on health.[63] As further specified by Key Informants, the information and quality support received by pregnant women served as stress-reducing and comfort-adding factors in the emergency. They made them less vulnerable to COVID-19 health-related and psychological implications. The healthcare staff's preparation was perceived as helpful in supporting women to overcome their anxiety and reservations in contacting health service providers during the pandemic.



Survey with frontline workers from 12 perinatal centres (n=14)

- As indicated during KIIs, the introduction of the UPHV model with telemedicine in **Ukraine** provided "*families, who for various reasons have limited or no access to the system of quality health services, access to medical and psychological services".* They also suggested that it would help address the severe problem of access to specialists (located mainly in the cities), including psychologists and highly specialized health care professionals. The relevance of the UNICEF approach was further increased with its family-centered, holistic, and progressive approach, which is particularly important in Ukraine's context, explained evaluation respondents. This is because antenatal patronage has been abolished, and the existing medical services for young children have not provided targeted and

[61] For instance, pregnant laboring women encountered difficulties accessing healthcare during the pandemic, many did not complete a pregnancy course, quit exclusive breastfeeding during the last 24 hours of their stay in the maternity ward. From: Roda (2020). Special report by Roda and the Gender Equality Ombudsman on the availability of care for women's reproductive health during the COVID-19 pandemic. Available here and UNICEF(2021). Baby-friendly maternity wards: Breastfeeding is the key for the growth and development of every child. Available here.
[62] Roda (2020). Final Report: E-Education for Pregnancy and Parenting during COVID -19 - Responding to the Impacts of COVID-19
[63] According to frontline workers who took part in the evaluation survey.

holistic support. Contrary to the examples above, COVID-19 was not considered by some Key Informants as a vital factor causing challenges for healthcare provision, probably because the assessed intervention is implemented in areas already experiencing severe crisis and shortages. In addition, hygiene supplies were also provided to parents of newly born children together with material support and ECD information package (e.g., vaccinations and breastfeeding) as part of the government's and UNICEF's "Baby Box" initiative.

- Finally, the Shared Medical Appointments (SMAs) in **Georgia** were reported by participating women as having a calming effect on them during self-isolation by allowing them to spend time with clinicians and connect with each other.[64] Also, a UNICEF CO representative reported that the overall participant response was positive. Still, more evidence is required to confirm that antenatal consultations in the shape of SMAs were of value to participants.[65]

Vulnerable groups have been at the center of UNICEF ECD programmes and their adaptations during the COVID-19 pandemic, and the assessed interventions have generally addressed these groups' needs. For instance, the BFHI and Human Milk Bank interventions in Croatia focused on mothers of sick and premature babies and laboring mothers barred of a company at birth. The "E-education for Pregnancy and Parenting during COVID-19" intervention was also intended to focus on the most vulnerable groups of pregnant women. In Ukraine, children from socially vulnerable families are expected to especially benefit from the piloted combination of home visits (UPHV) with telemedicine. These two approaches should provide caregivers with timely advice on childcare and nurturing caregiving for optimal child development and help identify children who "dropped out" of the system and remain without medical supervision, especially in the conflict zone.

At the same time, some indications suggest that the assessed interventions faced challenges concerning the relevance of the online mode of service provision, especially when reaching the most vulnerable groups. For instance, based on the profile of the evaluation survey respondents, persons from vulnerable groups accounted for minimal shares of Roda's e-courses in Croatia, but the reasons for this are unclear. In Ukraine, some respondents pointed out the risk of negative selection of the most vulnerable families, who have problems with access to a stable internet connection, lack IT equipment and skills, from the scope of the telemedicine intervention. The online mode was also indicated as not equally relevant for all pregnant women invited to participate in Georgia. Evidence shows that many of them replied negatively to the invitation due to the lack of access to the Internet, while others resigned from participation at a later stage.[66] While there might be various explanations for this phenomenon, one Key Informant suggested discomfort with the shared/group character of service provided (i.e., SMAs) and reluctance to consult personal issues online.

Finally, **the findings on gender- and violence-related aspects of the assessed interventions are limited.** The Key Informants in Moldova said that due to the emergency mode of operation, lack of sufficient time to prepare the training, and a high number of subjects to be covered, the assessed intervention did not cover enough aspects related to abuse and violence in households. They will be addressed during similar interventions (i.e., post-partum depression and violence against children, both chosen out of observed necessity). In Croatia, gender issues were tackled indirectly, e.g., by promoting baby-friendly practices, such as birth companions. Only in Ukraine a direct reference to

[64] UNICEF (2020). UNICEF in Georgia 2020 – Newsletter, p. 24.
[65] In line with the methodology, the SMA intervention was analysed with less depth for this evaluation. In addition, evaluators did not have access to satisfaction surveys.
[66] Statistical data related to SMAs obtained from UNICEF CO.

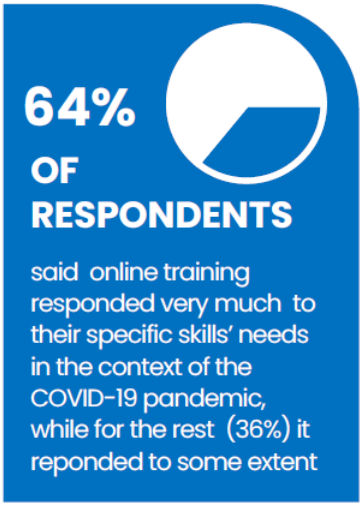
gender equality was specified in a programme document as an essential cross-cutting aspect throughout the entire intervention. Still, no specific evidence was gathered on how this was tackled so far. One example concerned the role of home visiting nurses in addressing domestic violence and discrimination. While home visitors are expected to refer a child at risk to the appropriate services, the main questions that remain for some KIIs are: i) how this referral system will work in the future, and ii) whether home visiting staff will manage to combine reporting on abuses with building trust-based relations with a family.

3.1.1.2 Frontline workers

The frontline healthcare workers were among the groups most affected by the crisis. The pandemic aggravated the already existing systemic bottlenecks in the healthcare system (such as staff and equipment shortages, outdated infrastructure), exposed general capacity and professional development needs (technical, professional, and psychological support), and generated new COVID-19-specific demands (e.g., the lack of clear protocols for emergency circumstances, limited access to protective equipment and disinfectants). It also required healthcare staff to adapt the way they work and learn to unexpected circumstances caused by the SARS-CoV-2 virus.

For frontline workers, UNICEF-supported adaptations to healthcare services addressed many of the sector's staff concerns. Acting as one of the main partners of the Ministries responsible for health, UNICEF engaged in developing technical documents and guidelines, provision of general and COVID-19 focused capacity-building programmes, and the procurement and delivery of PPE supplies. The data collected and analyzed across the in-depth study countries reveals more specific examples of the relevance of UNICEF's response in the health and nutrition sector:

- Evidence from the training on in-patient and out-patient care in **Moldova**'s 12 perinatal centers during COVID-19 found that the content addressed the most pressing issues of healthcare staff related to supporting pregnant women during COVID-19 (e.g., nutrition during pregnancy, breastfeeding, referral, and inpatient/ outpatient care of pregnant and lactating women). It also covered the latest infection prevention and control protocols at the primary healthcare level. The Key Informants highlighted the usefulness of training for adapting the disrupted healthcare services to the emergency, better responding to women's queries and needs (*"how to communicate with pregnant women, with women with newborn children in such a way that they will feel comfortable, knowledgeable, and will stay healthy jointly with their child"*), minimizing the infection, and receiving adequate treatment. A factor contributing to a better matching training content with frontline workers' expectations was a prior assessment of frontline workers' needs carried out by UNICEF.[67] It helped provide timely, accurate responses to emerging needs and maintain services' continuity when there is limited time for longer and more structured planning activities.



Survey with frontline workers from 12 perinatal centres (n=14)

[67] When the pandemic started, healthcare workers from perinatal services and primary health care were asked about their needs and suggestions to better cope with the emergency. Based on their responses, the topics for the online trainings were developed.

- Similar findings come from **Croatia**, where the adaptations introduced as part of the Neo-BFHI addressed the needs of heads of maternity wards and NICUs for practical information on providing health care during the pandemic. As described by Key Informants and respondents of the MURID survey, the webinar for health workers organized as part of the e-education on pregnancy intervention led by RODA responded to: i) hospital management's need for better coordination, staying in contact, and sharing experiences; ii) participants' need to receive: • scientific information and the latest WHO guidance (e.g., on the potential risks of COVID-19 transmission through breastfeeding), • information about the existing support for pregnant mothers and about the re-assessment of baby-friendly standards that has been moved online because of the pandemic. In addition, conducting a hybrid re-assessment provided much-needed guidance for hospitals in Croatia on maintaining baby-friendly standards during the pandemic. In consequence, it allowed verifying current practices and encouraged compliance with the standards during the current crisis.
- In **Ukraine**, the UPHV model responds to the need for a more holistic approach to ECD and family support instead of the medically focused scope of the current model of service.[68] The first training for healthcare workers in June 2021 covered topics such as the role of the home-visiting nurses, integrated management of childhood diseases, intersectoral collaboration, communication techniques, and effective interaction. A range of child development-related issues was also included (e.g., determinants of health and wellbeing of a child, the effect of stress, the role of education, safe environment, breastfeeding, immunization, and prevention of stigma and discrimination).[69] The UPHV intervention is also expected to relieve the overburdened primary healthcare personnel by complementing the services of family doctors or pediatricians and its "progressive" approach that targets the most vulnerable households.

> "When it comes to child's health, both a doctor and a nurse focus only on the diagnosis, but many problems do not lie purely in the medical field. The family is not taken into account at all, and doctors do not know how to talk to parents; they do not even know how to talk about diagnoses".
>
> Key Informant from Ukraine

In addition, **UNICEF addressed some of the major needs of frontline healthcare workers in access to PPE and hygiene supplies.** A review of documents from the Cos in Croatia, Georgia, Moldova, and Ukraine showed that UNICEF, in partnership with other donors, ensured a large share of PPE support to key frontline medical workers and vulnerable communities. WASH interventions focusing on infection prevention and control (IPC) were particularly relevant to healthcare staff needs in Eastern Ukraine, where lack of equipment for reprocessing medical devices and waste management and insufficient quantities of IPC-related supplies was already a challenge before the COVID-19 pandemic.

However, the evaluation's findings revealed that some urgent frontline healthcare workers' needs are yet to be addressed. The most evident needs are those linked to the sharp increase in the use of digital modalities of working and learning and the required relevant skills necessary to benefit from them. For instance, sufficient training on using laptops and healthcare platforms was reported as required to realize the full potential offered by this new mode of delivery. It was accompanied by challenges related to access to or better ICT equipment such as laptops, smartphones, tablets,

[68] Based on KIIs and Gotsadze, T., Gotsadze, G., Chikovani, I. (2019). Multi-Country Evaluation of the Universal Progressive Home Visiting for Young Child Well-being and Development in Europe and Central Asia Region in the period 2014-2018. Final Synthesis Report, commissioned by UNICEF.
[69] Training agenda provided by UNICEF's Country Office.

webcams, internet platforms, and reliable internet connectivity in general.[70] Other concerns relate to the need for more didactical materials and/or guidance, as mentioned by frontline workers from Croatia, and – more broadly - staff shortages, further affected by infections or quarantine.[71] The latter put staff under additional duress by causing long working hours and impeding the reconciliation of trainings with job responsibilities.[72]

3.1.2 Early childhood education (ECE)

The pandemic further deteriorated children's access to quality, inclusive and safe preschool education, revealing the fragility and unpreparedness of the early education systems in the emergency context. As the context section explained, education systems (and caregivers) were ill-equipped to engage in support of remote learning for young children, especially those from vulnerable and marginalized groups who already face multiple challenges in accessing or remaining in ECE.[73] They were also unprepared to apply specific protective measures in education and childcare settings and faced shortages of PPE and hygiene supplies necessary for preschools' re-opening and safe operation in the pandemic context.

The assessed interventions supported by UNICEF Cos from the case study countries address these challenges by implementing a range of interventions in the ECE area. They include support for:

- developing safety measure protocols measures on blended learning;
- pedagogical techniques for facilitating ECE remote learning;
- organizing inclusive preschool environment during the pandemic;
- awareness-raising and capacity-building on the hygiene practices and protocols to prevent the spread of COVID-19 in preschools;
- promoting the learning of children at home, in the family context during COVID-19-related lockdowns/quarantines;
- assessing preschools' readiness for preschool re-opening;
- developing education platforms for preschool children's development.

Other forms of support included ensuring preschool staff training by moving it to online mode and providing supplies.

3.1.2.1 Children and caregivers

The evaluation results show that the objectives of the assessed UNICEF interventions in the preschool education sector[74] were in line with the new and longer-term needs of caregivers and

[70] Based on the results of the online need assessment survey with frontline workers implemented by MURID (Croatia) and KIIs in Moldova.
[71] Based on the results of the online need assessment survey with frontline workers implemented by MURID (Croatia).
[72] Based on KIIs in Moldova.
[73] Galevski, M., Adona, V. J. A., Barbosa, B. B., Ben Yahmed, Z., Currimjee, A., Ibrahim, R., Song, C., Tazi, S. & Yacoub, R. (2021). COVID-19 and the Early Years: A Cross-Country Overview of Impact and Response in Early Childhood Development. World Bank, Washington, DC. Available here.

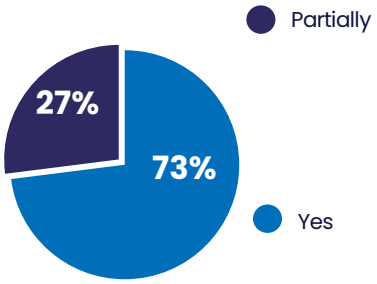
[74] There were seven such interventions included in the evaluation, out of which three were assessed with more depth.

young children caused or exposed by the pandemic. More specifically, they responded to their need for: • a safe preschool learning environment; • more robust caregivers' capacities/awareness on how to support children's learning at home; • supporting the learning of the most vulnerable groups of children; • and – more generally – the provision of undisrupted preschool services during the pandemic, including ensuring access to remote learning.

The evidence collected from Ukraine and Moldova shows that **the interventions addressing inclusive education in ECE were found to be well aligned with the change in the way education is provided to young children in the context of the COVID-19 pandemic and relevant caregivers' needs:**

- In **Ukraine**, for instance, seventy-three percent of the training participants who responded to the evaluation survey thought that the training appropriately considered the current education and developmental needs of different groups of preschool children. The Key Informants interviewed indicated that given the continuing armed conflict in Luhansk and Donetsk, the ability to adapt to distant learning was particularly relevant for children and families living in these oblasts. Together with an introduction of the #LearningAtHome awareness-raising campaign and access to Remote Learning, the UNICEF interventions addressed the families' needs on how to support children's learning at home. The E-platform NUMO provided parents with information about the development of their children and advice on how to promote child learning in the context of the family. Chatbots in Telegram and Viber made these resources from the platform available to every family.

Did the course appropriately consider the current health needs of different groups of young children and their families, including those most vulnerable?



Training on inclusive preschool education in Ukraine (n=37)

- In **Moldova,** Roma caregivers and families with children with disabilities were among the most vulnerable groups explicitly targeted for dealing with anxiety and skills related to learning at home and parenting in a crisis. With the introduction of online sessions on positive parenting for the caregivers of young children, the intervention responded to the caregivers' need for guidance on organizing educational activities for their children at home. Accordingly, the holistic approach with targeted activities for parents and advocacy/outreach activities has been assessed as appropriately addressing the need to increase enrollment and retention of children with disabilities and Roma children in ECE.

> "[...] The parents got stressed because they lost their jobs or they wouldn't receive their salaries. The children got tired of simple play or using the phone, they wanted to socialize with other children. This caused anxiety [within a family]. Through the trainings that we had, parents learned what to do with children while they are not in a kindergarten".
>
> Preschool representative from Moldova

Some interventions focused on **the need of preschool children and their families to return to a safe learning environment as soon as possible.** In Moldova and Ukraine, this concerned UNICEF's work on preparedness and response regulations, measures, and guidelines for the preschool institutions to minimize the risk of infection among children and staff. In Ukraine, UNICEF also supported data collection to assess preschools' readiness for school re-opening. In Moldova, awareness-raising efforts among caregivers to prevent the spread of COVID-19 once schools reopen were complemented by the provision of supplies. Vulnerable families

and children with disabilities were the main target groups who received protective equipment and supplies, and their return to re-opened preschools was prioritized.

The need for caregivers' information on how to talk to children about COVID-19 was also tackled by the assessed interventions in Ukraine and Moldova. In the latter case, a guide for preschool children's parents on "Organization of learning and care process in preschools during COVID-19 pandemic"[75] has been developed and adjusted to the parents' needs after piloting in five rayons. It was designed to provide families with young children with basic information on COVID-19 and guidance on communicating the pandemic-related messages to their children.

The assessed interventions in the ECE area prioritized the needs of the most vulnerable and affected families. However, without adequate investments in digital skills and ICT equipment, the most marginalized children are likely to be excluded from access to learning in a digital form.[76] For instance, according to Key Informants in Ukraine, both preschool teachers and families living along the contact line do not have (reliable) access to the internet and other supplies required for distance learning. As confirmed by the participants of the regional reflection workshop with ECA RO and Cos, the digital divide remains and will remain a serious barrier. Adequate ICT for ECD professionals and families is a huge challenge, and the deployment of technologies should not contribute to further digital exclusion, especially of vulnerable groups. One attempt to address it was providing ICT equipment in preschools for Roma caregivers in Moldova to facilitate their participation in parenting sessions and mitigate a digital exclusion of Roma families.

The evidence from Ukraine suggests that children and families' need for psychological support during the pandemic has not been sufficiently addressed and requires additional consideration. Despite some efforts in this area, some interviewees and survey respondents indicated that the UNICEF inclusive education training's content was inadequate to respond to the needs related to, for instance, dealing with anxiety resulting from pandemic-related economic, physical and mental health challenges faced by families of young children According to preschool teachers, children and their families urgently require support to deal with COVID-19 illness (or fear of illness) in the family and overall stress caused by loss of employment, isolation, and other aspects.

In most interventions on ECE that have been assessed more in-depth, issues related to gender equality and domestic violence during the pandemic were not integrated into the assessed training content. In terms of other cross-cutting issues, in Ukraine, considerable attention within the training content was placed on diversity (racial, ethnic, cultural, physical, intellectual, etc.); however, gender-discriminatory norms and attitudes were not integrated into the intervention.

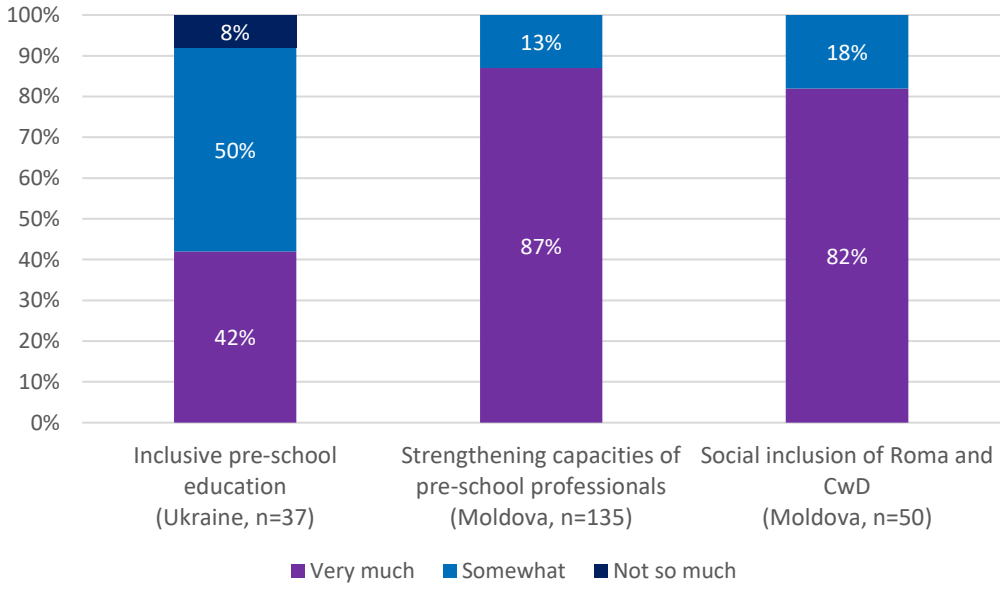
Finally, it should be noted that limited access to preschool education **in the four case study countries, in particular among the most deprived children (e.g., Roma children, families living in conflict areas, children with special education needs), is an area that required an improvement already before the COVID-19 outbreak.** The awareness of the importance of inclusive education among preschool teachers and non-didactic staff has also been low. Their response to the children's specific developmental needs remained insufficient before the pandemic.

[75] UNICEF Moldova (2021). Cum organizăm procesul de învățare și îngrijire în condițiile pandemiei Covid-19 - Ghid pentru părinți cu copii de 2-7 ani. Available here.
[76] OECD (2021). The state of school education: one year into the COVID-19 pandemic available here

3.1.2.2 Frontline workers

UNICEF-supported adaptations and interventions in preschool education responded to the needs of frontline workers for knowledge and skills during the pandemic and beyond. The modifications of the training contents to the pandemic context have further increased their relevance. Evidence shows that over eighty percent of the responding staff from two out of three ECE interventions agreed that the training/course 'very much' responded to their professional development needs. These concern support ensuring safe conditions for preschools reopening during the emergency and providing quality services to vulnerable children, and engaging with caregivers during the pandemic in Moldova. The training content that focused on inclusive learning environments in Ukraine was also seen as aligned with the current professional needs of preschool teachers. In this case, however, more respondents perceived the intervention as 'somewhat' relevant (50%) than those for whom it was 'very much' relevant (42%).

Figure 2: To what extent did the training/course respond to your knowledge and skills needs as an ECD professional?



Source: Responses of frontline workers who participated in the evaluation surveys

More specifically, the training for frontline workers was practical and tailored to their professional needs related to adjusting their work to the pandemic conditions and related challenges:

- In Moldova, the online training and follow-up mentoring sessions for ECE staff were relevant to increasing the safety and quality of preschool education services during COVID-10. With protocols, regulations, and guidelines for parents on safe hygiene practices, they addressed the need for information on how to apply safe and healthy hygiene practices and behaviors during the pandemic to diminish high health and safety risks for young children inside and outside preschools. The evidence shows that the training met frontline workers' information needs on: • applying the regulations for re-opening preschools in practice (87% of survey respondents); • using hygiene equipment for the prevention and control of COVID-19 (84%); • informing parents about safe hygiene practices (82%); • and adapting pedagogical approaches to ensure quality interaction with and between children in the context of strict

prevention measures (73%).[77] It also explained to the ECE staff how COVID-19 could spread when the knowledge about the virus was limited.

- The intervention **in Ukraine** prepared ECD staff to support the learning of children when preschools were closed. It provided the necessary guidance for preschool teachers on: • organizing preschool education remotely; • establishing remote communication with parents of children; • engaging parents to organize appropriate activities for their children at home; • organizing the work of support teams; and • implementing individual development programmes for children with special education needs. In the latter case, the COVID-19 adapted intervention on supporting an inclusive preschool environment was found to be highly relevant to the needs of preschool teachers from two conflict-torn oblasts of Ukraine (Donetsk and Luhansk). All training participants in the training who took part in the survey assessed "the preschool teacher's role in an inclusive class" module as relevant to their needs. With the outbreak of the COVID-19 pandemic, the preschool teachers and other staff required specific knowledge on how to organize preschool education that considers the particular needs of young children with special educational needs. As previously mentioned, preschool teachers in Ukraine generally have insufficient competencies to support inclusive education.

> "[…] No one has taught us about inclusion before. This is the first and only training that gave us the opportunity to understand the topic. It was very useful to learn about the legal provisions available, inclusive educational spaces, and what is inclusive classroom design in education and how to "revive" it all in practice". Training participant from Ukraine

- In **Georgia**, UNICEF-supported pilot training and a webinar for preschool managers and education specialists of Adjara kindergartens addressed their needs on: • the knowledge regarding the provision of ECE during the pandemic; • and the need to continue ECE without the disruptions during the COVID-19 pandemic.[78] The results of the survey with training participants (n=46) from June 2020, shared by UNICEF, suggest that the coaching was very interesting (76%) or mostly so (11%), and the working methods were appreciated.

However, additional needs for a more efficient learning process emerged among educators during the pandemic despite these developments. Among the more pressing issues, the Key Informants from Moldova listed a need for methodologies and guidelines to adapt the learning process to the pandemic conditions and implement online educational activities for children with disabilities and special educational needs. Additional training on using ICT technologies and online platforms and accessing professional learning platforms was also mentioned.[79]

3.1.3 Early childhood intervention (ECI)

The limited availability of services for the youngest children with developmental delays and/or disabilities has been an issue in many countries. Similar to the other challenges discussed in previous chapters, it was further exacerbated by the pandemic. The COVID-19 pandemic increased the need

[77] Based on the evaluation survey with frontline education workers.
[78] This refers to the training on "Supporting Implementation of Early and Preschool Education National Standards in Adjara Region through preschool-based coaching", and the webinar "Distance Learning in Early Childhood and Preschool Education".
[79] UNICEF's commitment in this area has already started.

to introduce EI remote delivery strategies to continue services provision when standard support forms are unavailable. However, EI service providers appear largely not equipped to respond to these new requirements. They need additional support to identify new modalities, strengthen digital and technology infrastructure, and train professionals to use these new modes of service provision.

To respond to these challenges, UNICEF Cos from Croatia, Moldova, and Ukraine, engaged in EI targeting interventions that guided remote service provision, training resources for EI practitioners, and resources for parents. Specifically, these included:

- The online course for EI practitioners on providing quality tele-intervention services during COVID-19 and trainings on positive parenting covering in the context of the COVID-19 pandemic;
- trainings for parents/caregivers on early intervention advocacy, on availability of referrals to inclusive services during COVID-19;
- organizing and supporting parent groups through parenting platform;
- information materials for community professionals and parents on ECD, EI, and other related topics, including information on COVID-19;
- on-line course on AAC for ECD/ECI professionals.

In addition, in-kind assistance was also provided. For instance, for infection prevention and control measures during the provision of EI, UNICEF CO from Moldova procured sanitizers, protective equipment, and other WASH and waste supplies to families with young children with disabilities and developmental delays. In Ukraine, the CO engaged in delivering ECD kits for EI service in the East of Ukraine.

3.1.3.1 Children and caregivers

Parents of children with disabilities are among the vulnerable groups heavily affected by the COVID-19 caused disruptions. They faced various behavioral-, communication-and learning-related issues concerning their children, accompanied by fear, psychological problems, and sometimes loss of the single ECI support service they received. **The evidence from this evaluation shows that by moving ECI services, counseling, and family support online, several needs related to these challenges were addressed by the UNICEF-supported interventions in the ECI area. Above all, this related to the need to ensure continuity of ECI service provision to young children with developmental delays and disabilities during the COVID-19 pandemic and for parental support and information about the child's development milestones:**

- By preparing ECI practitioners to provide EI using virtual technologies, the tele-intervention project in **Croatia** ensured continuity in assessing the needs for ECI support for families and children who could not access in-person services usually provided in ECI centers. The interviewees also highlighted that the intervention addressed the need to strengthen the capacity of caregivers to support child learning and development, which became even more pronounced with the start of the COVID-19 pandemic.[80] As many early intervention services in Croatia suddenly started being provided remotely, caregivers of children with disabilities and

[80] The project included an online module on how to coach parents and mentoring sessions on "Active Parent Roles in Virtual Early Intervention" aimed to equip practitioners with skills to address parents' hesitancy and involve them in the process of service provision.

developmental delays had to implement EI for their children, based on professionals' instructions. Addressing this issue is especially important because parents of children with developmental delays and disabilities have often been skeptical and apprehensive about actively engaging in early childhood interventions, as indicated by most frontline workers consulted on this.

- In **Moldova**, the capacity-building activities for preschool staff and caregivers on the education of children with special educational needs (SEN) were considered by the Key Informants as responsive to the educational needs of children with disabilities and their families. The information on organizing educational activities for children with SEN at home included in the caregiver' trainings provided much-needed practical advice on specific activities that can be arranged at home, depending on a child's condition. The training content also covered issues related to managing emotions providing psycho-emotional support for young children's caregivers, thus tackling high levels of anxiety, often leading to adverse effects on family life.
- In **Ukraine**, the Early Intervention Institute survey among families receiving EI services through online counseling revealed that during the strict lockdown, the EI services remained the only service that families continued to receive regularly.[81] This was possible because the online sessions engaged parents and equipped them with the skills necessary to support their child's development. Moreover, the intervention introduced a family-centered approach, with parents playing a pivotal role in supporting children's development, which further increased intervention's relevance for children and their families. As mentioned by some participants, the training was "*supporting parents in making decisions, without pushing priorities that the family did not choose*". Such an approach has been a novelty because parental experience supporting their child's development has been rarely recognized.[82]

In addition, one UNICEF intervention in **Croatia**, which was not a direct response to COVID-19, focused on the inclusion of children with complex communication needs by promoting the concept of AAC. In this case, all interviewed stakeholders agreed that the intervention addressed the need of young children with disabilities and developmental delays and their families for an ECI workforce skilled in using AAC technologies. The majority (68%) of the frontline workers surveyed for this evaluation believed that the training appropriately considered the ECI/ECD needs of different groups of children with complex communication needs and their families, given the new reality of the COVID-19 pandemic. An additional 28% of survey respondents said that it did so partially. Finally, even if the intervention did not intend to address the challenge of securing continuity of ECI/ECD services in the face of COVID-19 related disruptions, this need was addressed by the above-mentioned tele-intervention project. The synergy effects between the UNICEF interventions were seen as a positive factor contributing to its increased relevance and efficiency.

At the same time, the ECI interventions were not always relevant in addressing the needs of children from disadvantaged households and children with severe disabilities. This finding was particularly evident in Croatia, where the tele-intervention course was less relevant in ensuring continuity of ECI service provision in households without internet and those with children who require in-person support from an expert, such as a physiotherapist. Despite the efforts of UNICEF partners to

[81] Survey conducted by Early Intervention Institute in May 18-23, 2020 among 25 parents, who had been participating in early intervention.
[82] Analyses of feedback on the 2nd Module of the training (22.02 – 22.03.2021), provided by Early intervention Institute.

provide low-income families of children with disabilities with the necessary ICT equipment or support in setting up of mobile applications required for virtual ECI, children living in households without internet connection and those living in severe poverty were by far the most difficult to access for ECI practitioners at the start of the pandemic.[83] Also, in Ukraine, not all vulnerable families can benefit from the ECI services in the oblasts covered by the intervention. Since ECI requires significant funding from local authorities, the services concentrate mainly in large cities, while many poorer municipalities cannot afford it, especially those along the contact line. As for the training on AAC technologies in Croatia, its content was assessed by the surveyed frontline workers as less helpful in addressing the ECI/ECD needs of children with highly pronounced and multiple developmental disabilities. Similarly, in Ukraine, the frontline workers who participated in the survey showed slightly less confidence when addressing their information-related need on providing ECI services to children with multiple vulnerabilities (e.g., from poor households, from remote areas). However, their satisfaction level was still high (31% of respondents said the training fully addressed their needs and 54% - considerably).

Finally, given that women perform most caregiving work in the assessed countries, the two assessed interventions included strategies to tackle gender norms and promote an equal distribution of domestic and caregiving work among women and men. The course on tele-intervention for ECD/ECI professionals in Croatia included guidance on including both parents in early childhood intervention practices at home. Relevant gender-sensitive issues were also incorporated in the project on social inclusion of Roma children and children with disabilities in Moldova, where training participants received information on the importance of lessening the care burden on the female caregivers and fathers' active role in this process.

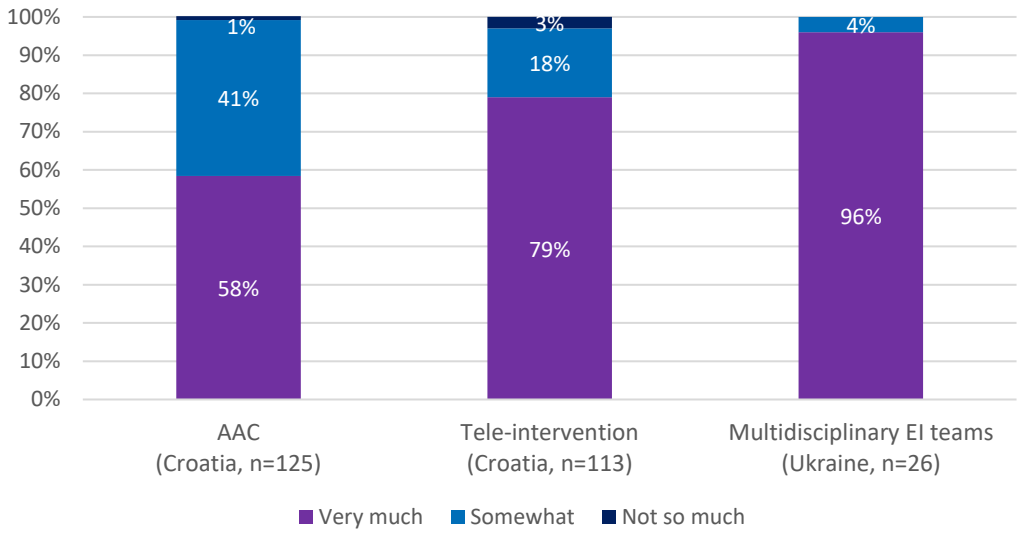
3.1.3.2 Frontline workers

The COVID-19 pandemic significantly altered how ECI practitioners provide services to young children with disabilities and developmental delays. Many ECI professionals were left without information on how to carry out ECI in the new circumstances effectively. At the same time, the emergency context made some pre-pandemic needs, such as the need for a more holistic ECI/ECD support, even more, pronounced and exposed gaps in the professional development of ECI professionals. To address this, better communication with caregivers and coordination among ECI specialists from diverse fields is necessary to generate a shared understanding of EI, its approaches and methods across disciplines, and address child development more holistically.

The interviews and the evaluation surveys show that training for EI practitioners was relevant to their professional needs. As shown in Figure 3, most of the respondents in the evaluation surveys said that the training met their knowledge and skills needs 'very much', while for the rest of the participants, the training 'somewhat' met these needs. In two out of the three more in-depth assessed interventions, no more than 3% of the respondents found them 'not so much' relevant to their professional needs.

[83] Authors' analysis of answers of MURID's survey with ECD/ECI frontline workers (2020).

Figure 3: To what extent did the training/course respond to your knowledge and skills needs as an ECD professional?



Source: Responses of frontline workers who participated in the evaluation surveys

When looking at specific countries and interventions more closely:

- The tele-intervention project in **Croatia** responded to the frontline workers' need for guidance on how to provide virtual early intervention. Most interviewed and surveyed frontline workers said that the online course, the mentoring sessions, and the materials addressed their need for instruction on involving caregivers in their child's early intervention. Accordingly, delivering the AAC training and the tele-intervention course online addressed the frontline workers' need for continued capacity-building support during the COVID-19 pandemic. At the same time, the answers in the evaluation survey in Croatia suggest that the training was less suitable for healthcare workers and preschool teachers who are the least likely to provide ECI to children with CCN in their work. Since the training targeted a diverse range of ECI/ECD professionals, the specialist content related to supporting complex disabilities had to be limited. Given the lack of coordination among the professions that hampers the effectiveness of Croatia's ECI system,[84] such an approach was appropriately aligned with the need to enable knowledge sharing and align approaches to ECI of different professionals, according to most interviewed respondents.
- In **Ukraine**, the interviewees indicated that skills related to applying a "family-centered approach" have become especially relevant during the pandemic.[85] Accordingly, the evaluation survey respondents perceived the ECI training as highly relevant to the ECI specialists needs for improving their communication with families, cooperating with other specialists, and addressing the needs of the youngest children (from 0 to 3 years). For instance, respondents mentioned that their needs were fully or considerably addressed in learning how to engage parents in ECI (62% and 27%, respectively) and providing quality EI to children with developmental delays and/or disabilities (58% and 39%). Special attention on young children

[84] RISE Institute (2020). Situation Analysis of Early Childhood Intervention Programmes in Croatia.
[85] For instance, establishing trustful relationships with families (e.g. by developing skills of "active listening"), increasing family involvement and competencies in supporting their child development, and working in a multidisciplinary team.

(0-3 years) in the training content has been appreciated since ECI professionals are not always ready to address the needs of such small children in their work (children usually come to specialists when they go to kindergarten). Similar to the coordination needs in Croatia, the focus on working in a multidisciplinary team in the training content was considered very relevant and helpful in understanding the specifics of other professionals' work. In the view of the frontline workers who participated in the survey, the intervention had met their needs for information and skills fully (77%) or to a considerable (19%) extent when working as part of a multidisciplinary team providing ECI services. Also, in terms of supervision, survey respondents representing all professions who took part in the intervention agreed that the supervision meets their needs for information and skills to a full or considerable extent.

If these interventions are sustained, they will also be relevant in the longer term (beyond the pandemic) to mitigate the consequences of the general EI personnel shortages and increase services outreach to families in underserved areas.

All frontline workers appreciated the changed mode of training delivery into an online format for its applicability in the context of the pandemic. According to the KIIs and the survey results in Croatia, it was relevant to the participants' needs and did not affect the appropriateness of the content. For 95% and 96% of the survey respondents, the online training format made their participation possible, while 86% and 92% of respondents said it has made their participation easier. In Ukraine, however, most respondents agreed or strongly agreed (83%) that the face-to-face format would have been better suited to deliver the training content, even though the online format made their participation possible or easier.

All respondents highlighted the need for continuing support and professional development of ECI professionals. Particular attention in this aspect was devoted to more training and didactical materials on working with caregivers and parental attitudes, more and/or better information and communication technologies (ICT) equipment, and extended supervision to be better supported in their work.

3.1.4 Child protection and family/caregivers support

Due to the pandemic, many vulnerable children and their families faced challenges in accessing social, health, educational services provided by the state and municipalities. They also required psychological support to deal with the consequences of the COVID-19 induced isolation and stress. The increased time spent at home for many children and caregivers meant the more significant risk of being exposed to domestic violence, abuse, or neglect.

UNICEF COs interventions assessed in this evaluation related to child protection and family support in response to the COVID-19 pandemic. They included:

- psycho-social support, information, and referral to other ECD services;
- activities related to the provision of healthcare and nutrition services;
- distribution of hygiene equipment directly among families and children, especially the most vulnerable ones.

In addition, various information and guidance materials on ECD in the COVID-10 context have also been developed and disseminated among caregivers of young children.

Specific examples of the relevance of the Cos support in the selected countries in these areas include:

- In **Georgia**, UNICEF-supported Child Hotline 111 for children and their families based on the "One call – full Service" concept was highly relevant to the needs of vulnerable children and their families in the social care area, as confirmed by the evaluation survey. The hotline staff also perceived the service as relevant in terms of providing callers with necessary information about different services and information or referral to services providing support in case of abuse and violence, and psychological support (all but one respondent indicated that the hotline responded "to the full extent" in the last two areas). According to Key Informants, children's needs have changed since the beginning of the intervention and shifted from the predominant focus on social services towards increased demand for psychological support and education. In this sense, the Child Hotline's short-term outcome devoted to psychological counseling indicates responsiveness to this development. The needs that have been covered to a lesser extent are related to housing and home adaptation and addressing more complex situations, including those that require identifying underlying problems and those dealing with gender-specific prejudices and discrimination.

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

- In **Ukraine**, introducing the UPHV model with telemedicine is relevant in addressing key geographical inequalities in the availability of health care services in Eastern Ukraine. Children from socially vulnerable families are expected to benefit especially from this model as their parents will receive timely advice on childcare and nurturing caregiving for optimal child development. When addressing domestic violence and discrimination, home visiting nurses will be trained to assess the psychological climate in a family, determine whether the child is at risk, and refer it to the appropriate services. Observing the psychosocial environment in which a child lives[86] is even more critical in a situation of chronic stress caused by the humanitarian crisis in Eastern Ukraine. However, designing this referral system and preparing staff to combine reporting on abuses with building a trust-based relationship with a family are perceived as demanding tasks. Other relevant interventions in the child protection area in Ukraine include: i) transformation of the Baby Homes to prevent further institutionalization of young children as a result of increased vulnerability due to COVID-19; ii) strengthening the capacity of the social service workforce on case management and prevention of child protection risks, including violence; iii) provision of psycho-social support and GBV/VAC prevention and response services to women, men, boys, and girls; iv) development of online courses on psychosocial support response during COVID-19, positive parenting, and other aspects.
- Other examples of support for caregivers' needs related to their mental well-being and adjusting their family routines to the new situation have been discussed in sections 3.1.2 and 3.1.2 above. For instance, in **Moldova**, parents/caregivers of children with disabilities received mini-guides (per disability type) on providing ECE and care to children with SEN. They included

[86] The report of the Commissioner for Children's Rights of the Verkhovna Rada of Ukraine for 2021 shows a surge in violence against children. Monitoring the state of observance of children's rights in the context of the COVID-19 pandemic, 2021. Available here.

advice on working with children with SEN at home and the mental health of young children and their caregivers during the pandemic.

In addition to the above, UNICEF also secured and distributed hygiene and other supplies among families with vulnerable children and institutions for children, access to which is a serious challenge in the assessed countries. In **Moldova,** for instance, sanitizers and PPE supplies were provided to 225 vulnerable families benefitting from EI for young children with developmental delays and disabilities and to district psycho-pedagogical assistance services. The Crisis Centre for women and children, survivors of gender-based violence, received necessary hygiene items to ensure women and children with quality services. Accordingly, food and hygiene packages were distributed among 300 vulnerable families affected by violence. In **Ukraine**, the caregivers of every newborn receive a 'baby box' with essential childcare items, including information materials on ECD. The intervention started on 1.07.2018 (ongoing).

3.1.5 Broader ECD country programmatic framework

The evaluated UNICEF's interventions in health and education fields and the adaptations in their delivery mode and content due to the COVID-19 pandemic outbreak are highly relevant to the UNICEF general ECD priorities and UNICEF programmes in the four countries about health education and child protection. Moreover, they are relevant to the achievement of other child rights' obligations at the country level (including, in particular, those enshrined in the Sustainable Development Goals and various international child protection treaties such as the Convention of the Rights of the Child), as well as are in line with other national policies and initiatives in the field.

The interventions in **Moldova** are in line with UNICEF Country Programme 2018-2022[87]. The training of the frontline workers in health and education is perceived as relevant for achieving Outcome 1 – Equitable, child-sensitive systems, and services and Outcome 2 – Social change for child rights. In the case of Outcome 1, the interventions contributed to the implementation of the following outputs: 1) by 2022, the health system is to improve capacity to generate demand and provide quality maternal and newborn, child, and adolescent health services, including outreach, and to advise caregivers supporting childcare, growth, and development, and 2) by 2022, schools and preschools can apply and monitor quality teaching and learning and can address violence, dropout, and absenteeism. In the case of Outcome 2, the interventions contributed to implementing the following output: by 2022, caregivers in selected districts have the capacity and skills to take responsibility for childcare, health, development, education, and protection, and encourage and practice positive behavior.

In the case of **Georgia**, since the interventions are consistent with Country Programme 2016-2021, their results feed into the achievement of UNICEF's outcomes no. 1 ("By 2020, all young children, especially the most vulnerable, are supported to survive, thrive and reach their full potential for success in school and later in life") and no. 2 ("By 2020, vulnerable children are benefiting from a proactive, child-sensitive social protection system that promotes social inclusion and the right to supportive and caring family environment").[88]

[87] Unicef (2017). Country programme document 2018-2022, Moldova, E/ICEF/2017/P/L.7.
[88] UNICEF (2015). Country programme document2016-2021, Georgia, E/ICEF/2015/P/L.14, p. 12.

The UNICEF interventions in **Ukraine**, particularly the UPVH home-visiting model, inclusive education, and EI trainings, are relevant to the achievement of objectives of the Country Programme 2018-2022[89]. In the field of access to healthcare for mothers and children, they feed into output 4 "By 2022, all children and pregnant women in Ukraine, including situations of a humanitarian crisis, utilize improved quality and affordable mother and child healthcare services". As expected in the Programme, the interventions under the implementation aim at "improving children's access to quality health services", "ensuring uninterrupted access to services in the conflict-affected areas", as well as "will also foster positive and equitable parenting". The inclusive education interventions in Ukraine are relevant for the achievement of in line with output 1, which focuses on early learning ("The education system can provide greater access to children aged 3-6 years, especially the most disadvantaged, to quality and inclusive early learning services") under outcome 3 "By 2022, all children and adolescents in Ukraine, especially those disadvantaged and affected by the conflict, have access to inclusive and quality school education and early learning". In the field of Early Intervention, UNICEF interventions are highly relevant to the CPD output 2: "In at least 10 priority regions with the highest needs, national and local capacity and resources exist to provide adequate early intervention services for young children and their families", under outcome 2: "By 2022, the most vulnerable children in Ukraine benefit from more-child-friendly and family-oriented social welfare and justice systems".

Finally, the interventions in **Croatia** are relevant for the achievement of the objectives of Country Programme 2017-2022[90], in particular, Outcome 1 "by 2021, the Government implements appropriately resourced inclusive ECE and multisectoral ECI policies at national and subnational levels, with a special focus on the most vulnerable children".

UNICEF interventions in all four countries are integrated into the United Nations Partnership Frameworks for Sustainable Development. For **Moldova**, they fit under Outcome 1: The people of Moldova, in particular the most vulnerable, demand and benefit from democratic, transparent, and accountable governance, gender-sensitive, human rights- and evidence-based public policies, equitable services, and efficient, effective, and responsive public institutions and Outcome 4: The people of Moldova, in particular the most vulnerable, demand and benefit from gender-sensitive and human rights-based, inclusive, effective and equitable quality education, health and social policies and services. (SDGs: SDG 1, SDG 4, SDG 5, SDG 8, and SDG 16)[91]. For **Ukraine,** they are in line with Outcome 2: By 2022, women and men, girls and boys, equitably benefit from integrated social protection, universal health services, and quality education, and Outcome 4: By 2022, communities, including vulnerable people and IDPs2, are more resilient and equitably benefit from greater social cohesion, quality services and recovery support (SDGs: SDG 1, SDG 3, SDG 4, SDG 8 and SDG 10)[92]. For **Georgia**, the UNICEF interventions are consistent with Outcome 1: By 2025, all people in Georgia enjoy improved good governance, more open, resilient, and accountable institutions, the rule of law, equal access to justice, human rights, and increased representation and participation of women in decision making, Outcome 2: By 2025, all people in Georgia have equitable and inclusive access to quality, resilient and gender-sensitive services delivered in accordance with international human rights

[89] UNICEF (2017). Country programme document 2018-2022, Ukraine, E/ICEF/2017/P/L.9.
[90] UNICEF (2016). Country programme document 2017-2022, Croatia, E/ICEF/2016/P/L.13.
[91] UN-Moldova, United Nations Partnership Framework for Sustainable Development (2018-2022).
[92] UN-Ukraine, United Nations Partnership Framework 2018-2022.

standards (all SDGs)[93]. Finally, the UNICEF interventions in **Croatia** align with SDG outcomes for this country (SDGs: SDG 3, SDG 4)[94].

The evaluated ECD interventions in all four countries are also found to be highly **relevant to strengthen the implementation of children's rights enshrined in national instruments, such as the Code on the Rights of the Child (Georgia) and international agreements ratified by the four countries, such as the Convention on the Rights of the Child or the Convention on the Rights of Persons with Disabilities**. They are **consistent with national ECD strategies and other initiatives at the national and supranational levels,** e.g., for Croatia, the UNICEF interventions are relevant for the activities implemented under the EU Child Guarantee Programme (Country Office has been supporting the testing of a two-year programme titled *Fulfilling the Child Guarantee for the most vulnerable children* in the Međimurje County). The evaluation found **a number of synergies between the evaluated interventions and other ECD initiatives in response to the COVID-19 pandemic at the country level,** e.g. the tele-intervention and AAC programme in Croatia are also complemented by UNICEF's ongoing advocacy for the implementation of an integrated ECI system, the SMAs in Georgia synergize and cohere with COVID-19-related activities focusing specifically on infant and maternal health and more broadly on improving primary healthcare, the interventions in Moldova are integrated into Governmental annual action plans and are part of larger governmental and donors' efforts to ensure safe access to health services and early learning and care for young children during the COVID-19 pandemic such as Government COVID-19 Emergency Response Plan[95], MECR's 'Preparedness and Response Plan for the Management of COVID-19 Situation in Education in General and Technical Vocational Education', Moldova COVID-19 Response and Recovery Window under the Moldova 2030 SDGs Multi-Partner Trust Fund.

3.2 Effectiveness

This section summarizes the main results of the assessed interventions and considers how they contribute to broader UNICEF's ECD and COVID-19 goals and objectives. We outline the interventions' strengths and weaknesses, zooming in on remote modalities to (i) provide frontline workers with training and guidance and (ii) provide the rights-holders with information, guidance, and ECD services. By doing so, we identify the key features that make the interventions effective. Importantly, we also highlight the remaining gaps and further support needed by frontline workers to enable them to provide adequate ECD services during and beyond the COVID-19 pandemic. Finally, we outline the key factors related to the current demand for ECD services and enabling environments in Croatia, Georgia, Moldova, and Ukraine that render the adaptations less effective.

3.2.1 Strengthening frontline workers' skills and knowledge

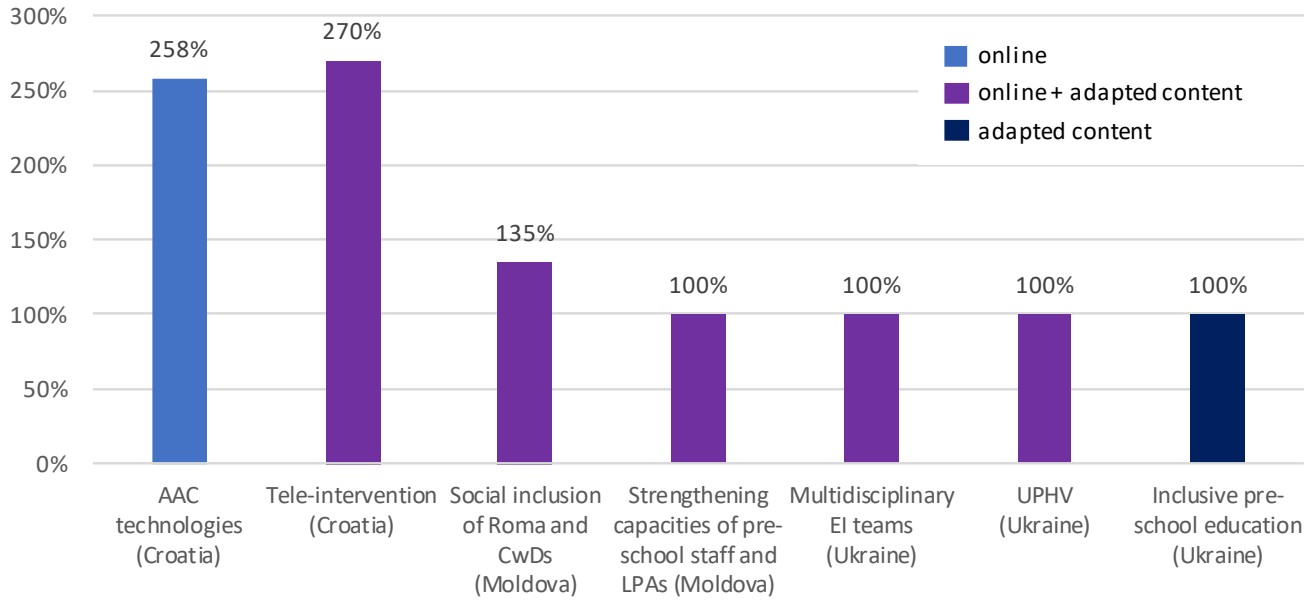
The majority of the interventions assessed were centered on the capacity building of ECD frontline workers. Previously planned interventions were adapted by3 changing the mode of the trainings and mentoring sessions from face-to-face to online and/or adapting their content to reflect the new realities of providing ECD service provision during the pandemic. Most of the assessed previously planned interventions underwent both types of adaptations. As regards newly introduced trainings,

[93] United Nations Sustainable Development Cooperation Framework Georgia 2021-2025.
[94] Croatia. Voluntary National Review of the UN 2030 Agenda for Sustainable Development Implementation.
[95] Government COVID-19 Emergency Response Plan, 2020. Available here.

all were delivered online and devoted to addressing the frontline workers' professional skills' needs that emerged in the context of the COVID-19 pandemic.

The target numbers of trained ECD professionals either exceeded or achieved across the adapted or newly introduced capacity-building interventions. Figure 4 below shows the outputs achieved as a percentage of outputs planned for interventions for which output targets were defined in programme and project documentation. Notably, most of the online trainings and e-courses that were open to all relevant professionals achieved output indicators that far exceeded the indicators planned. This included trainings with and without new content adapted to COVID-19 realities.

Figure 4: Frontline workers trained (as % of planned) in interventions with defined output targets



Source: Programme and project documentation of Croatia, Ukraine, Georgia, and Moldova Country Offices

The majority of other outputs planned as part of the assessed interventions were also achieved. In addition to training professionals, the capacity-building interventions also entailed the development of guidance materials for frontline workers and caregivers, the development of online e-learning platforms, mentoring sessions, and trainings for caregivers. A review of available programme documentation shows that progress is underway towards achieving the remaining outputs planned for the second half of 2021 or postponed. The KIIs and documentation indicate that they will be achieved in all four countries.

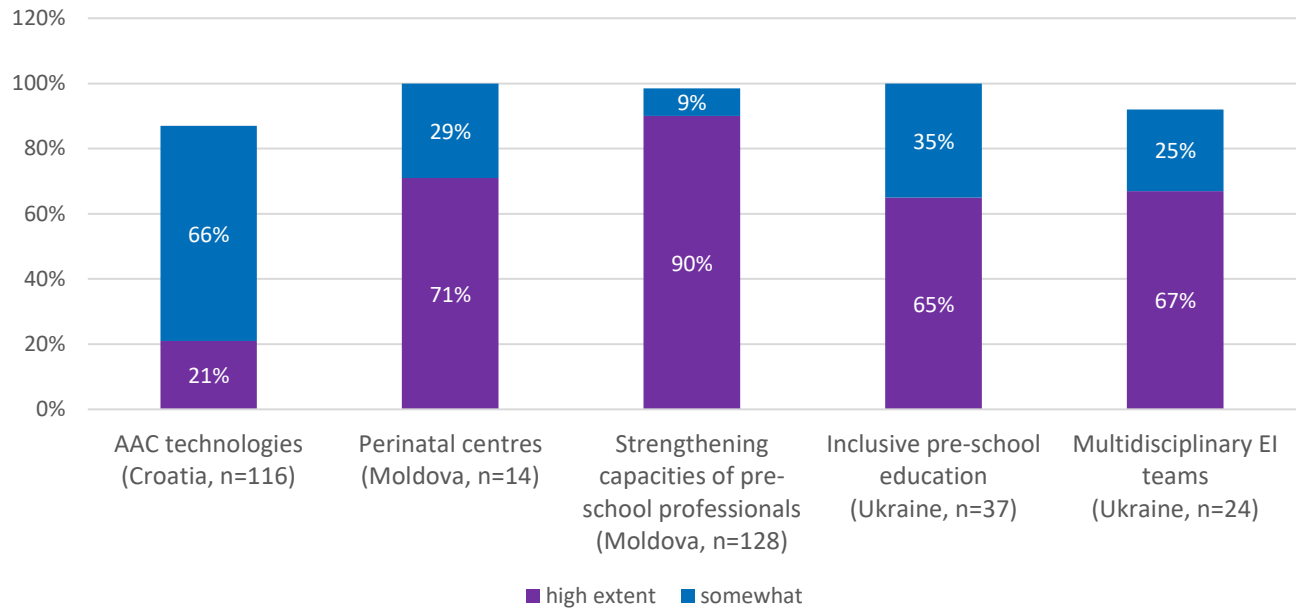
The assessed interventions yielded serval types of results. Firstly, some interventions **equipped the frontline workers with information about COVID-19 risks and IPC measures, preparing them to deliver safely ECD services in the context of the pandemic.** This was notably the case of the two interventions at Moldova, which boosted the health workers' and preschool workers' competencies for applying IPC practices. The majority of the survey participants indicated that the training fully prepared them to deliver ECD services aligned with strict IPC measures. Greater preparedness to deliver ECD services in the context of the pandemic was also reported by ECD workers in Ukraine who participated in trainings on inclusive education and family-centered EI provision. Both trainings were adapted to include content on COVID-19 risks and relevant prevention and control measures.

Secondly, several interventions **equipped the frontline workers with knowledge and skills on delivering ECD services remotely.** In Croatia, 52% of the surveyed ECI practitioners reported that the online course on virtual early intervention provided them with a strong understanding of virtual early intervention. Another 45% indicated that the course helped them understand the basic concepts. In Ukraine, half of the surveyed frontline workers trained on multidisciplinary EI provision reported that the support 'fully' or 'considerably' prepared them to provide remote early intervention services. Another 46% said the intervention prepared them to do so 'somewhat'. Similarly, the interviewed health workers who completed online trainings in 12 perinatal centers in Moldova said that the activities helped them (i) apply innovative approaches in antenatal care (hybrid contacts with pregnant women); and (ii) develop detailed plans for providing face-to-face and remote antenatal services.

Thirdly, **most interventions strengthened the capacities of frontline workers to guide caregivers on how to organize learning and implement ECI for their children at home.** Preschool workers trained on inclusive education in Ukraine and parental education in Moldova learned how to guide parents on organizing learning activities for their children at home. The training in Moldova also equipped the frontline workers with skills to support caregivers for positive parenting practices. In Croatia, the e-learning on virtual early intervention helped ECI practitioners support caregivers of children with disabilities and developmental delays in organizing child learning and development at home.

The majority of the frontline workers surveyed apply the knowledge and skills gained from the trainings, courses, and mentoring sessions in their daily work. As shown in Figure 5, the shares of surveyed frontline workers who apply the knowledge and skills gained from the training varied between 87% and 100% across the interventions. The two interventions centered on the safe delivery of services in the context of COVID-19 yielded the highest shares of frontline workers who apply the acquired skills in their work. Almost all of the surveyed frontline workers who participated in the trainings on IPC in perinatal centers and abiding by sanitary regulations in preschools in Moldova used the new know-how. In addition, most of them (90% of the preschool workers and 71% of the health workers) said that they apply it to a significant extent. Somewhat lower shares of frontline workers who apply the knowledge and skills gained during the trainings were noted by the participants in the ECI-focused trainings. However, considering the highly specialist nature of the ECI trainings, the obtained results are still notable. For instance, in Croatia, the online course and accompanying mentoring sessions on tele-intervention encouraged 33% of surveyed ECI workers to start implementing the virtual early intervention.

Figure 5: Shares of frontline workers who say they apply the acquired knowledge and skills



Source: Responses of frontline workers who participated in the evaluation surveys

The adaptations contributed to the continuity of ECD services for young children and their families during the COVID-19 pandemic. Nevertheless, as outlined in the section on relevance, **not all young children and families could benefit** from the educational, health, early intervention, and child protection services provided during the pandemic. For instance, it was particularly difficult for early intervention professionals in Croatia to provide tele-intervention to low-income families. Similarly, in Ukraine, the pandemic further impaired the already difficult access to ECI services for families living in rural and remote areas.

The interventions also delivered on many critical needs of young children and their families that existed before the pandemic, thus feeding into broader UNICEF and national ECD goals in the countries. This was mainly achieved through **improving the frontline workers' competencies in using modern, child-centered, and family-centered ECD practices**. For example, preschool teachers in Ukraine and Moldova improved their awareness and knowledge of organizing inclusive education. ECI workers in Croatia and Ukraine strengthened their skills to provide family-centered ECI. Lastly, health workers in Ukraine acquired an understanding of family-centered health care.

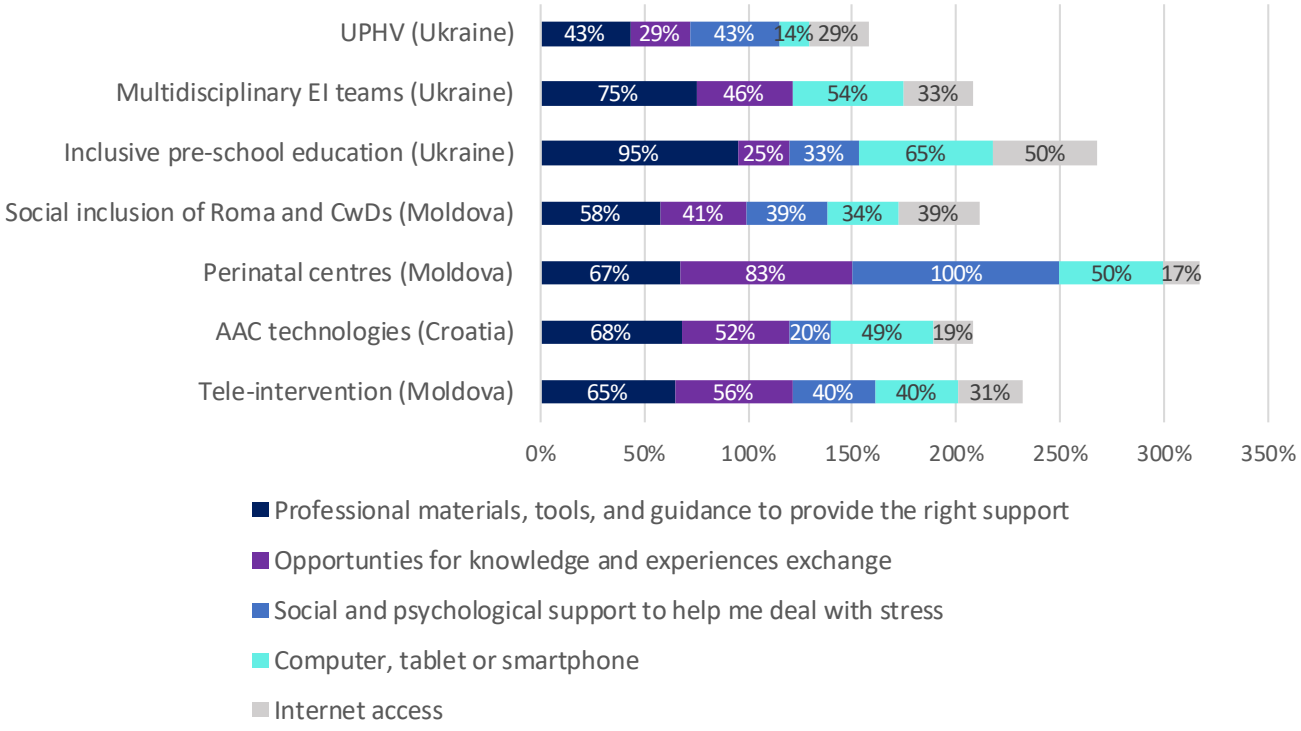
At the same time, due to their one-off nature, the majority of the assessed capacity-building interventions have not been able to fully prepare the frontline workers to carry out their work in the targeted areas. In the case of nearly all the interventions, most of the surveyed frontline workers said that the training/mentoring/course prepared them 'to some extent'. This was especially the case of interventions aimed to equip frontline workers with skills to provide complex and/or fully remote services. As the interviewed UNICEF representatives from the COs underlined, no single intervention can fully address the frontline workers' knowledge and skills needed in a particular area. Continuous capacity building is needed to achieve that. They also highlighted that the contribution of the

interventions to broader ECD goals[96] takes place only in conjunction with other interventions supported by UNICEF and its partners.

ECD frontline workers who shared their views with the evaluators reported needing substantial further mentoring, guidance, and peer-to-peer support to do their work. Across the interventions, frontline workers voiced the need for more frequent opportunities for professional development. As shown in Figure 6, the need for further 'professional materials, tools, and guidance to provide the right support' was indicated by most frontline workers surveyed. Open-ended answers in the surveys show the need for more guidance and methodological support to apply relevant and modern ECD practices. **In the context of the pandemic, the need for more guidance on how to (i) provide remote ECD services and (ii) work with caregivers and support them in organizing ECE and ECI at home was frequently voiced.**

It is thus not surprising that **the participants perceived trainings and courses which entailed an element of mentoring in small groups as the most effective.** Integrating mentoring or guided group discussions were seen as especially important for interventions offering self-paced courses or learning in large groups. The **availability of printed or online guidance materials** for the training participants was another key feature that helped improve the participants' learning outcomes. According to the survey respondents, the materials helped them implement the knowledge they gained during the trainings and courses in their daily work.

Figure 6: Further support required by the frontline workers



Source: Responses of frontline workers who participated in the evaluation surveys

Other key requirements of the frontline workers surveyed included psychological support to help them deal with occupational stress, access to ICT equipment, and better connectivity. As shown in

[96] As defined by UNICEF CPDs.

Figure 6, psychological support was indicated as a pressing need by all of the surveyed participants in the training in perinatal centers in Moldova and by 43% of participants in the training on UPHV. Confirmed by the interviews, this indicates that **health workers, in particular, require psychological support to help them deal with stress.** The interviewed health workers trained on UPHV in Ukraine also mentioned that the training content did not sufficiently address the young children and their families' needs for psychological support. The interviewed professionals reported needing guidance on how to help the families deal with pandemic-related anxiety. Their need for more and better ICT equipment and Internet connectivity is discussed in the following section.

3.2.1.1 Using online modalities for capacity building activities

Shifting previously planned trainings from face-to-face to the online format allowed the continuation of capacity-building activities for ECD frontline workers in two main ways. Firstly, the strategy was used to deliver previously planned trainings such as the training on AAC technologies in Croatia and the trainings on the UPHV model and multidisciplinary early intervention in Ukraine. Secondly, it made it possible to organize new trainings on providing ECD services and information during the pandemic. This was notably the case of the two trainings for preschool workers and health professionals in Moldova and the e-course on virtual early intervention in Croatia.

The online mode facilitated considerable reach of the trainings and courses open to large pools of professionals. The vast majority of the surveyed frontline workers said that the online format of the training and/or mentoring sessions made their participation possible. As explained by several interviewed participants, protection from infection afforded by the online mode was an important reason for this. Another reason was not needing to travel when workloads were soaring.

The lack of time was the main reason why some professionals signed up for online trainings but, in the end, did not start or complete them. Testimonies of early intervention workers in Croatia and preschool workers in Moldova also show that organizing online sessions during working hours may disfavor participation. Other reasons for non-participation across the countries included a limit on the number of participants and the lack of appropriate digital technologies or skills.

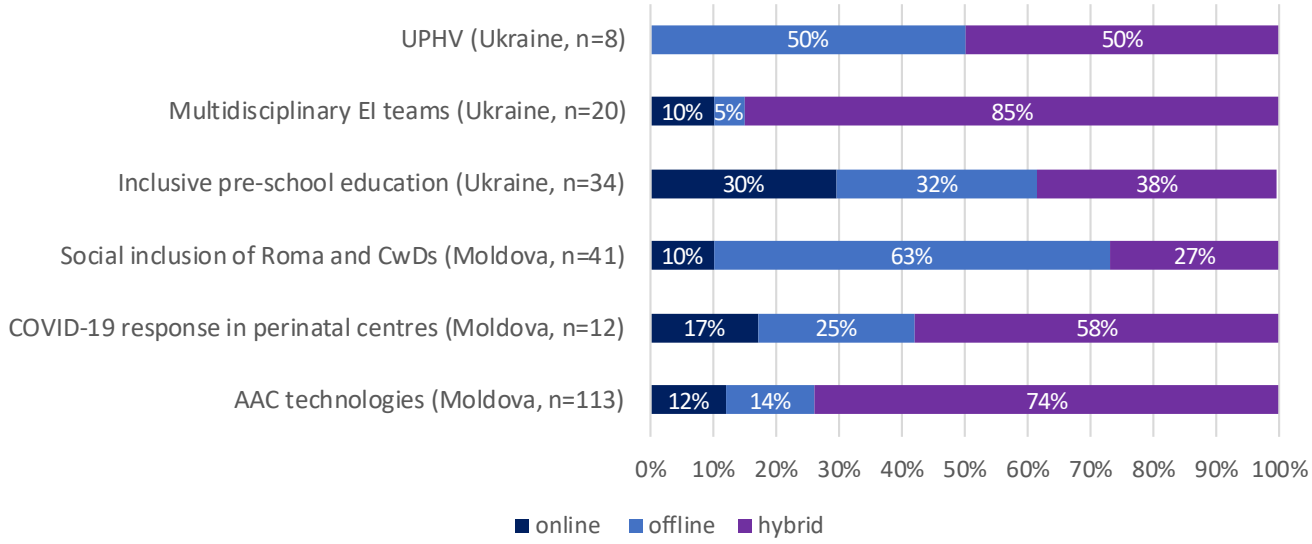
The majority of the surveyed participants were satisfied with how the online learnings were delivered and organized. Both self-paced e-courses and online trainings delivered in real-time were assessed as attractive by the participants. Self-paced modules were appreciated for their flexibility, while real-time sessions - for their interactive nature.

Yet, **some participants in the online trainings complained about insufficient opportunities for interaction.** For example, some training participants on the safe re-opening of preschools in Moldova regretted that discussions in break-out rooms were not organized. They also noted that some trainers struggled to engage their audiences via the online platforms. The online format made it difficult for almost half of the respondents to stay engaged and motivated. The limited possibility to learn through practical simulations was listed as a shortcoming of using remote technology by some in Croatia, Georgia, and Moldova. This issue was raised explicitly by the health workers trained on IPC in Moldova and ECI professionals trained on AAC devices in Croatia.

In a context of no health emergency, most of the surveyed frontline workers would like future similar learning opportunities to be delivered in a hybrid mode (see Figure 7). The face-to-face mode was indicated as the second most preferred option in the case of most interventions. Generally, the hybrid mode was indicated as the preferred alternative across the age groups, with a slight tendency for older persons to favor face-to-face solutions. No discernable trend between urban and

rural areas was identified. However, rather than suggesting no correlation, this could be due to the skewed geographical distribution of the survey respondents, out of whom the vast majority described themselves as being from urban areas.

Figure 7: Frontline workers' mode preference for similar trainings in a context of no health emergency



Source: Responses of frontline workers who participated in the evaluation surveys

The attractiveness and accessibility of ECD professionals' online capacity-building activities are diminished by suboptimal digital skills and a lack of quality ICT equipment. When asked about the primary skills they should improve, approximately half of all surveyed frontline workers pointed to skills related to the use of remote technologies. Moreover, some frontline workers were excluded from participating in the online interventions altogether because they lacked the necessary digital skills. For instance, 19% of preschool teachers in Moldova could not be trained on parental education due to a lack of digital skills required for subsequent delivery of trainings to the caregivers.[97] Across the interventions, interviewed stakeholders underscored the need for training on using ICT technologies, equipment, and online platforms to address this.

In some cases, these challenges were partly overcome by bringing together ECD professionals in their workplaces to participate in trainings delivered online using institutional computers. However, inadequate ICT equipment was reported to negatively affect optimal training even then. For example, during training for preschool workers in Moldova, the training participants had to share one computer while keeping physical distance, limiting their possibilities to interact with trainers. In this context, initiatives to improve the frontline workers' digital skills may be more promising, provided that sufficient ICT equipment is also secured. A notable example of such efforts is Ukraine, where UNICEF and Step by Step Foundation organized a webinar on using remote technologies during the pandemic.

[97] Information shared by UNICEF with the evaluators.

Unintended effects

Organizing online learning opportunities for ECD workers appears to have yielded two types of unintended effects.

Firstly, anecdotal evidence suggests that **the online trainings and courses helped to raise the awareness and popularity of online opportunities for continued professional development.** Interviewees in Croatia and Moldova highlighted that the online activities implemented by UNICEF and the Implementing Partners were a first-time experience for many of the frontline workers. They believed that the interventions helped many training participants overcome their reservations and start using online platforms and ICT equipment in their practice.

Secondly, as highlighted by many UNICEF and Implementing Partner interviewees, **the cost-effectiveness offered by the online mode enabled the development of additional outputs, such as guidebooks and manuals.** For example, in Croatia, savings were made due to shifting a training that was previously planned as face-to-face training to the online mode and used to develop a manual on AAC technologies. The manual was subsequently integrated into the in-service training of ECI professionals at the University of Zagreb.

3.2.2 Remote provision of services and information for young children and their families

The evaluation covered three interventions which entailed using online or offline solutions to provide remote ECD services for young children and their families during the pandemic. These included the Child Hotline 111 in Georgia and shared medical appointments (SMAs) and e-education for pregnancy in Croatia. All three were introduced directly in response to COVID-19.

Out of the three interventions, **all planned outputs were achieved under Croatia's "E-education for Pregnancy and Parenting during COVID-19" intervention.** These included (i) Output 1.1. Women and their partners have access to continuity of care through e-courses on pregnancy, childbirth preparation, and breastfeeding; (ii) Output 2.1. Women and their partners have access to updated and relevant pregnancy health care indicators through the Expecting App; (iii) Output 3.1. Women and their partners, including those from marginalized communities, reached by WHO infographics about pregnancy, birth, and postpartum; and (iv) Output 4.1. Health care providers and policymakers have access to a webinar on critical information and lessons learned on e-learning tools to reach pregnant and postpartum families during the COVID-19 pandemic.[98]

Under the Child Hotline 111 in Georgia, the achievement of outputs was partial. Output 1 – the hotline becomes fully operational – was partly achieved. The evaluation showed that the hotline is operational, i.e., the number functions, the hotline can and does receive calls, and staff can provide information and referral and psychological counseling. However, one may question whether the hotline is indeed fully operational. The hotline lacks: (i) essential resources such as a directory of child-related services and a mapping of those services throughout the country, (ii) documented and sufficiently detailed standard operating procedures and referral pathways, as well as (iii) certain technical links to other similar services, e.g., the emergency hotline 112 or the hotline 1505 maintained

[98] Roda (2020). Final Report: E-Education for Pregnancy and Parenting during COVID -19 - Responding to the Impacts of COVID-19.

by the Ministry of the Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs.[99]

The achievement of the second output of the Child Hotline 111 – a database with case progress recorded – also raises some questions. The hotline documents data on the number of calls per day and the general issues that the calls refer to (e.g., social, health, education, psychological counseling, violence against children). Yet, it is not clear based on the data available to the evaluators to what extent the cases are documented beyond such general information. The interviews indicate that the hotline does not collect sufficient data related to its work and does not have a monitoring and evaluation system to assess the quality of support provided by the hotline staff.[100] As a result, the extent to which Child Hotline 111 achieved its intended outcomes is also partial.

Available evidence indicates that all three interventions contributed to improved access to service provision for the rights holders. **The hotline improved access to a range of social and psychological services for young children and their families during the pandemic.** While several hotlines or emergency lines are also relevant, there has so far been none devoted purely and comprehensively to children's and parents' needs. Additionally, emergency hotlines such as 112 have been overwhelmed during the pandemic. Thus, the possibility to receive information or services through one call was a major direct benefit of the intervention for young children and their families.[101]

In turn, **the antenatal e-learning course in Croatia and the SMAs in Georgia provided pregnant women with information and advice on pregnancy and breastfeeding when traditional information channels were not available or seriously limited.** Of 781 participants who completed the e-pregnancy course evaluation survey (15% of total users) in Croatia, 98% would recommend the courses to friends. Almost one-third (28%) reported that after the course, 'they know a lot' after the course, and 65% said they 'know enough'.[102] No data was made available to the evaluators, which would allow us to determine how effective the SMAs have been in increasing the participants' knowledge and awareness about the COVID-19 prevention measures, pregnancy-related issues, and further antenatal services, which was the SMA's stated objective as per the project description provided by UNICEF.

The e-education for pregnancy and parenting intervention in Croatia achieved notable unintended results. As reported by Roda, all three e-courses developed as part of the intervention were integrated by the Medical Secondary School of Dubrovnik into the institution's training curriculum.

Using the online mode to deliver information and advice to pregnant women in Croatia and Georgia helped achieve considerable reach. As of 2020, the intended target of 5,000 women who complete courses on pregnancy, childbirth preparation, and breastfeeding in Croatia was almost met. Over 7,000 women, amounting to one in five pregnant women over nine months, took part in at least one antenatal e-course.[103] In Georgia, 26,000 – or one in three – pregnant women in Georgia participated in virtual shared consultations.

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[99] Ecorys (2021). Country Report: Georgia.
[100] Ibid.
[101] Ecorys (2021). Country Report: Georgia.
[102] Roda (2020). Final Report: E-Education for Pregnancy and Parenting during COVID -19 - Responding to the Impacts of COVID-19.
[103] Roda (2020). Final Report: E-Education for Pregnancy and Parenting during COVID -19 - Responding to the Impacts of COVID-19.

However, based on the available evidence and the observations of UNICEF representatives, **the Child Hotline 111 and the antenatal education e-courses were less effective in delivering on the needs of the most vulnerable groups.** Based on the profile of the evaluation survey respondents,[104] persons from vulnerable groups accounted for very small shares of Roda's e-courses. Only 1.5% of the survey respondents reported a mother tongue that is not Croatian, and only 2% indicated that they did not complete their secondary education. Further, only 12.5% of the evaluation course respondents said they live in rural areas, and 2.5% live on islands. While the reasons for this are unclear, evidence from around the world shows that digital education can exclude the populations without access to ICT equipment or a lack of digital skills.

Indeed, **shortages in digital skills and ICT equipment on the part of both rights holders and frontline workers severely limit the online provision of ECD services across all the four countries studied in-depth.** The lack of laptops, tablets, or computers, adequate access to the Internet, and digital skills among the caregivers/patients and the frontline workers were raised as key barriers to the effectiveness of the online ECD services by preschool, medical, and ECI workers alike. A survey with 110 ECD frontline workers in Croatia carried out by MURID in October, and November 2020 showed that 21% of the respondents did not provide services online during lockdown because of a lack of relevant ICT or digital skills. This is despite the efforts of UNICEF and its partners to provide ICT and support in setting up mobile applications for the most vulnerable groups of young children and their families.

The evaluation showed that **distributing information offline and on social media increased the accessibility of the assessed services for the most vulnerable.** Based on observations of a UNICEF representative interviewed, the SMAs in Georgia effectively reached out to the rights holders due to the use of individual phone calls from the staff of responsible agencies. In Croatia, distributing (i) printed infographics among health centers and (ii) digital infographics on social media allowed pregnant women and young mothers from Roma communities to see them. According to the final programme report, both types of infographics were well-received, although the extent to which their translation to Bayash was necessary is questionable. Feedback from hospitals in the two counties showed that the majority of the Roma women in those counties could not read in Bayash but were able to read Croatian.

Evidence suggests that **having a targeted information campaign and using specific information channels is necessary to reach out to vulnerable groups.** In Croatia, the distribution of printed infographics on pregnancy and parenting among health centers in locations with marginalized groups and centers catering to asylum seekers helped to ensure the coverage of vulnerable groups. In contrast, in Georgia, the channels to spread the information about the Child Hotline 111 were assessed as limited by the key informants. The information campaign about the hotline did not include a targeted communication to reach out to vulnerable groups using specific channels, hindering the service's accessibility for the most vulnerable**,** such as homeless children.

3.2.3 Caregivers' attitudes and demand for ECD services

The role of caregivers in supporting their child's ECD is paramount. It has become even more critical since the pandemic as access to ECD specialists and official service delivery channels were disrupted. At the same time, the evaluation revealed that many caregivers have reservations towards

[104] According to the intervention's Final Report, information on the sex of the participants was not collected for ethical reasons. Evaluation survey respondents represent 15% of all of the participants in the e-course.

remote ECD services and lack the confidence and preparedness to actively engage in structured activities for learning and development at home. The collected evidence suggests that this reduces the effectiveness of the programmatic adaptations and interventions rapidly introduced by UNICEF in response to the pandemic.

The analyzed programme documentation and interviews show that **many caregivers are hesitant to receive ECD services online, even with the relevant digital skills and ICT equipment.** As reported by key informants in Moldova, a dislike of online interaction among many of Moldova's adults created challenges with the delivery of online sessions on positive parenting. In some cases, the online mode of the trainings with parents was reported to have negatively affected parental engagement in the sessions, particularly in discussions on psycho-emotional problems and disability. In Croatia, many frontline workers reported that the caregivers were skeptical about the benefits of virtual early intervention. As one respondent said: "most parents do not use online applications for such purposes, they are afraid of how it will be, and whether there will be any benefit for their child". Respondents of the MURID survey also noted a reluctance among the caregivers to let a professional into their home.[105] Similarly, as a UNICEF Georgia representative perceived, a distrust towards online service provision may have been one of the factors for a relatively high share of pregnant women resigning from participating in the SMAs.

Since positive attitudes can help future mainstreaming of online service provision, building them may be an essential component of future actions. Increasing the quality of such services can also boost the population's trust towards them. The evaluation also found the need to promote ECD awareness and behavior change among caregivers, especially those with children with disabilities and belonging to Roma communities, to ensure demand for ECD services in general.

In Croatia and Ukraine, **a shift from a child-centered to a family-centered approach in early childhood intervention driven by an uptake in virtual ECI exposed the caregivers' low preparedness to engage in early intervention for their children actively.** As observed by several UNICEF staff members, most caregivers of children with disabilities in the ECA countries still heavily rely on specialists to provide early intervention, without always seeing how critical their role is in the process. In addition, as reported by several frontline workers in Croatia, caregivers are often hesitant to engage in their child's ECI because they **lack a conviction that they can competently do so.** As a result, some families did not benefit from the ECI offered via virtual means during the first months of the pandemic.[106]

In addition, UNICEF's experiences with delivering support to Roma families with young children in Croatia and Moldova show that many Roma parents of young children are not aware or convinced of the importance of ECE. Interviewed Croatian authorities, who were involved in distributing ECD kits to families with young Roma children, noted that many Roma children dropped out of preschool during the pandemic.

3.2.4 Enabling environment

A range of systemic bottlenecks in Croatia, Georgia, Moldova, and Ukraine was identified to impede the short-term and long-term effectiveness of the adapted and new interventions.

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[105] Ecorys (2021). Analytical Brief: Tele-intervention project.
[106] As reported by ECI professionals who completed the MURID survey and/or the evaluation survey.

Firstly, the **ECD systems in the four countries are underfinanced**, negatively affecting both the supply and demand for ECD services. For instance, in Croatia, the evaluation of the tele-intervention project and the AAC programme showed that many organizations and professionals who completed the training would not be able to start providing ECI virtually or using AAC devices without continuous support. At the same time, as indicated by the key informants, the resources dedicated by the government to the professional development of ECI professionals in Croatia are marginal. Moreover, there is a lack of a proper financing system for AAC technologies for families with children with disabilities and developmental delays, precluding them from fully benefitting from ECI in general. Across the four countries, key informants believed that the **working conditions of ECD professionals** are poor and negatively impact the frontline workers' capacity to put their newly gained knowledge and skills into practice.

In Georgia, the effectiveness of a pilot training aimed at strengthening the knowledge and competency of preschools staff will depend on systemic factors, such as the **infrastructure and resources available** in kindergartens**.** Research shows that spending on resources per child is minimal. Data from 56 municipalities reveals that 62.5% spend less than 10 Georgian Lari per child annually on educational resources (some spend as low as GEL 0.73 and 1.11).[107] ECEC services located in high mountainous or ethnic minority communities do not have access to the resources necessary to meet children's needs or plan respective developmental activities.

Similarly, the effectiveness of the Child Hotline 111 **in responding to the needs of children and their families is limited by the poor quality and availability of relevant ECD services in the country**. The service provided by Child Hotline 111 heavily depends on the availability and responsiveness of other child-related services in the country. Yet, the surveyed hotline operators noted problems with poor quality of relevant services (5 out of 7 responses) and shortages of services and support programmes (5 out of 7 responses) available to vulnerable children (especially with disabilities) and families in Georgia in general and in their respective location (e.g., municipality, town/village).

In addition, while ECD systems in the four countries are being developed, **multi-sectoral cooperation for comprehensive ECD provision is still generally lacking.** For instance, in Croatia, the lack of a comprehensive ECI strategy and action plans and coordinated intersectoral planning significantly hinders ECI programme development. The lack of a common ECI policy and coordination mechanisms contributes to the fragmentation of services. As a result, there is a lack of a common framework for a holistic EI provision, and early intervention is understood differently across the different professional groups providing ECI services. In effect, the effectiveness and sustainability of measures to strengthen the capacity of those who provide early intervention in Croatia are limited. The formation of the intersectoral National ECI Commission represents some progress. However, the Commission has not yet developed common standards for early childhood intervention. The recent efforts of UNICEF and its partners to develop and pilot approaches to coordinated ECI provision in selected counties are promising. However, UNICEF should ensure the engagement of the central government to safeguard national buy-in and commitment to upscale the solutions developed.

There are also **specific legal and institutional barriers** that negatively impact the functioning of ECD services and the effects of the interventions. For instance, in Ukraine, the division of responsibilities between the assistant of a preschool teacher and preschool teachers is not well defined, complicating the effective organization of inclusive education in kindergartens. According to the

[107] Peeters, J., Hulpia, H. (2018). Study on quality of early childhood education and care in Georgia. Summary, UNICEF, p. 11.

evaluation respondents, this introduces misunderstandings and demotivates the assistants since while the requirements for their education are high (higher education at the master's level), they are often perceived as support staff. This affects the extent to which the preschool staff will be able to apply the solutions they learned during the trainings on inclusive preschool education.

Moreover, there is a **lack of financial and legal basis for the remote provision of ECD services in the four countries.** For example, in Ukraine, the current budgetary framework for preschool education was described by the key informants as complicating the issue of remuneration of employees in conditions when preschool institutions work remotely. Specifically, since preschool education is financed from local budgets, some oblasts did not pay full wages to kindergarten staff during remote ECE provision. Reportedly, there were cases when special educators were not paid for their services. Similarly, no models on how to cost telemedicine or tele-intervention are available.

Respondents across the four countries noted that **current spending on ICT equipment for frontline workers and caregivers with young children is also marginal**, **considerably affecting accessible and quality professional learning and ECD services during the pandemic.**

3.3 Sustainability

Assessing innovative, alternative, and/or flexible ECD responses to COVID-19 that increase resilience programming to find new and effective ways to serve families and support frontline workers is a priority to build sustainable preparedness, response, and recovery capabilities.[108] This section presents the evaluation's findings regarding the sustainability of UNICEF-supported interventions and their contribution to building more resilient services. First, it reveals whether the results of adaptations in the UNICEF-support to ECD services are (or can be) mainstreamed forward and last over time. Second, it looks at approaches applied when implementing these interventions that make ECD services better prepared for other challenging situations similar to COVID-19. For this, respondents' perceptions on the value and sufficiency of the assessed adaptations to face future crises were analyzed together with information on measures already put in place or planned to ensure the continuity of the interventions' results.

3.3.1 Sustainability of current responses

Some tangible steps have already been taken to ensure the sustainability of the assessed ECD adaptations introduced in response to COVID-19. There are plans to continue them in a new format and context, make them more targeted, include them in national policies, and make the learnings available for a wider audience. The following part summarizes the opportunities for the sustainability of the results and measures that can contribute to long-term effectiveness in service provision.

3.3.1.1 Integration into national policies

The experiences gained from the responses to COVID-19, if applied, provide an opportunity to strengthen policies and systems concerning ECD. Moldova is a good example of using the training results from the health (perinatal) area, together with the positive practices and protocols from other countries in the region, for the development of Standards for the supervision of pregnant women in ambulatory conditions (approved through the MHLSP Order N890) and for the development of National Clinical Protocols on COVID-19. In the education area, the sustainability of the intervention's results is likely to be supported by implementing the Education Strategic Plan 2021-2030 and the Plan of Action for 2021-2024. Both documents were developed by the MECR, with the support of UNICEF and the Global Partnership for Education, in response to the pandemic.[109]

In one case, the Child Hotline, new governmental regulations were introduced to facilitate the intervention's establishment in a short period, support its operation, and coordinate with different state institutions. Although initiated as an immediate response to the pandemic crisis, the Child Hotline service is envisioned as a long-term, durable, and expanding programme. It is governed by Georgian laws and child protection procedures, legitimizing its further development and financing. Georgia has also begun to create an institutional framework at the level of municipalities that could support the work of the Child Hotline 111 in the future. Every municipality now has a structural unit for child protection and child support. Nevertheless, to ensure the durable operation and further

[108] UNICEF (2020). Strategic Guidelines to Prioritize Early Childhood Development in the COVID-19 Response. Prepared by the Latin America and the Caribbean Regional Office. Available here.
[109] UN Coordinated Education Task Force for COVID-19 in Moldova (2020). Education and COVID-19 in Moldova: Grasping the opportunity the learning crisis presents to build a more resilient education system.

development of the Hotline, a comprehensive development strategy is needed to determine, among others, the extent of cooperation with other stakeholders. It will increase the service's potential to become a preventative tool and create a coordinated system of services with a long-lasting impact on children's needs.

In addition to building the capacity of frontline workers, some interventions have specific forms of built-in support contributing to their lasting effects directly. For instance, to achieve progress at the institutional-, policy-, and system-level, the project on Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans (Moldova) envisages advocacy and technical assistance increase the local authorities' budgets for preschool education by 2%. This achievement is expected to improve the overall conditions for preschool workers for further strengthening and using their skills in providing early education to children with special educational needs (SEN) and other vulnerable children. Another example is legal, and cost-effectiveness modeling analysis carried out as part of the universal-progressive home visiting model (Ukraine) to facilitate the development of a legal and regulatory environment in support of home visiting. However, in this case, national-level changes to legal and financial regulations on mother and child health services will be necessary if the model is to be incorporated into broader health care and social service systems.

At the same time, policy – or the lack of it – can hinder the sustainability of the interventions assessed in this report. For instance, several issues in the regulatory and institutional framework concerning EI affect effective ECI service provision in Croatia and Ukraine. These include the lack of information and guidance on virtual ECI, such as ECI Standard Operating Procedures (Croatia), and no guidelines for implementing the current legislation/policy on EI services (Ukraine). The insufficient interagency cooperation between social, medical, and educational services in the ECI area (Ukraine) and the insufficient equity focus considering the needs of the most vulnerable children and families in emergency preparedness and response plans (Croatia) have also emerged as elements of the policy environment hampering sustainability. Thus, establishing an enabling policy environment with financial and institutional support to organizations to help them integrate the learned practices and experiences into their regular ECI programmes will determine their wider-scale adoption.

Evidence:

Frontline workers need **additional information and guidance on how to carry out virtual ECI**, including comprehensive Standard Operating Procedures, manuals, briefs, etc. **Over 65%** of the survey respondents indicated this to be the main form of support they need.

Tele-intervention for children with developmental delays and disabilities (Croatia)

Similar concerns relate to organizing inclusive ECE during and beyond the lockdown. As reported by the respondents from Ukraine, preschool educators need a sufficient regulatory and institutional framework concerning preschool education, followed by concrete instructions addressing their most practical preoccupations related to service provision during COVID-19 (such as: How to work with children during a lockdown? What techniques to use to comply with sanitary conditions and provide a developmental environment and content to children?).

Yet, without strong political commitment to ECD/ECI, it is hard to expect that resources will be mobilized to provide additional support to practitioners. According to respondents from Ukraine and Croatia, budgetary limitations concerning ECI and inclusive education negatively affect the prospects for continuing and implementing interventions in these areas. For instance, municipalities

in Ukraine do not have sufficient financial resources for implementing EI services and the capacity-building of community professionals. Thus, despite progress in the development and implementation of ECI policy, **the overall policy and organizational environments continue to hinder the sustainability of the interventions, including investment in the capacities of the local workforce.** In the nearest future, their results are likely to be supported and sustained by UNICEF and its partners' efforts as they are a part of UNICEF's broader ECD framework.

3.3.1.2 Plans for continuation and institutionalization

The prospects for sustainability increase substantially if the intervention outputs are embedded in a professional development system and benefit from the support of relevant stakeholders. Some considerable efforts and plans have been identified in this regard, such as including manuals, recommendations, and online courses in regular professional development programmes. For instance, the University of Zagreb approved a manual on AAC tools as official university literature, and plans were made to integrate the manual into FERS' lifelong learning programme. In Ukraine, the online course developed as part of the intervention targeting EI services was submitted to governmental partners (the Ministry of Health and the Ministry of Social Policy) for integration into in-service professional development programmes. There are also plans for developing and adopting recommendations on ECD/UPHV for medical universities and colleges to ensure access to continuous professional medical and thus secure the sustainability of the UPHV. The key healthcare stakeholders expressed interest in the UPHV model of services for children and their families. Discussions are underway to establish a permanent oblast training-resource center for continuing medical education of doctors and nurses. Also, in Croatia, there is enthusiasm among ECI providers for continuing the provision of virtual ECI in the longer term, even after the COVID-19 pandemic, and plans to integrate virtual ECI into regular programmes. In this case, however, there is a need to clarify whether and how it will continue. Similarly, the hybrid re-assessment of baby-friendly standards carried out by the UNICEF-supported BFHI team is likely to continue in Croatia or other countries in the region that have already taken up the solution.[110]

Some assessed interventions envisage the continuation of their activities but with modifications in the content and target groups. More emphasis on skills and support that emerged as necessary during the healthcare crisis is expected in future activities. For instance, the training course for healthcare frontline workers from Moldova's 12 Perinatal Centers will be more focused on improving the communication of frontline healthcare workers with families, women, and children (mainly in a vulnerable situation) on prevention of infection, vaccination, and treatment. More practical simulations are also envisaged together with more training for frontline health care workers from the rural areas as they work with pregnant women in more challenging conditions and have limited access to information. Similar targeted training is planned for capacity-building activities for preschool staff to ensure the safety of the educational and care processes in education facilities. It will occur in two formats: one for those who need advanced skills and another for those requiring more basic skills, and it will address frontline workers' needs regarding digital skills enhancement.[111] Finally, in Georgia, the governmental institutions unofficially plan further improvement and expansion

[110] Interview with a Key Informant.
[111] The information provided on infection prevention will be excluded because the post-training survey showed sufficient knowledge and skills among training participants

of the Child Hotline service, as reported by KIIs. This will depend on expanding cooperation with various actors and enlarging/updating the pool of the existing services.

The extent to which these results continue beyond the pandemic will depend on whether further resources are dedicated to the frontline workers' professional development. Firstly, frontline workers need additional information and guidance on how to carry out services in specific areas (e.g., ECI, ECE) and circumstances (e.g., lockdown), and how to use specific devices (e.g., AAC). It also includes further know-how on supporting and empowering parents to assume their critical role of partners to practitioners in ECI, ECE, and early stimulation to achieve positive outcomes for children. Secondly, more opportunities for networking and exchanging knowledge with peers are needed to facilitate problem-solving and teamwork. Establishing professional communities or networks could multiply the effects of the interventions by the distribution of materials and knowledge sharing among members, reaching those who were not previously engaged in the intervention. Thirdly, regular and personalized mentoring and supportive supervision is required, for instance, to help frontline workers deal with more complicated cases. Fourthly, a factor that could amplify trainings' attractiveness and uptake is integrating the training in the university curricula on service provision in emergencies and post-graduate courses. Lastly, appropriate ICT equipment and devices and internet access are necessary to continue distance learning and the digital mode of service provision. These are necessary conditions for frontline workers to consolidate their knowledge and follow-up learning, have access to information sources at all times, and participate in future trainings, most likely in the hybrid (online and face-to-face) format.

Evidence:

Most of the frontline workers (96%) who took part in the evaluation agreed that the ECI training should continue even after the pandemic is over, preferable in a hybrid mode.

A promising option for effective and long-lasting training delivery could be the **online capacity-building platform for healthcare and education frontline workers**. Such a platform should have an integrated training needs assessment questionnaire and feedback mechanism and be flexible for developing and posting new trainings as per the identified needs. This would offer training relevant to frontline workers' needs and increase their chances of participation given their busy schedules and care responsibilities at home. The establishment of the training platform would also require the development of proper regulation and cooperation with the medical university to take the lead.

3.3.1.3. Disseminating experiences and promising practices

Using knowledge gained during the COVID-19 crisis by ensuring wider access to created and accumulated knowledge is essential to achieving sustainable outcomes of the assessed interventions. In this sense, **activities directed at building a broader understanding and awareness among peer frontline workers and a wider audience promoted the sustainability of the results and measures in question**.

The following tools and steps have been identified with potential for further dissemination of the interventions' outputs and experiences:

- extensive distribution of training packages on strengthening capacities of preschool staff, parents, and LPAs to ensure a state of preparedness and response to the COVID-19 pandemic (Moldova), and posting all developed information materials, including the guide for parents, on the MECR and Chisinau municipality websites;

- methodological guidance regarding the online trainings on positive parenting, informational materials on positive parenting during the COVID-19 pandemic, and a paper on lessons learned from the education sector's response to COVID-19 (Moldova);
- plans to develop a video library with training content, recorded sessions, and a separate "questions and answers" session to better disseminate the training on COVID-19 response for women and their children in Moldova's 12 Perinatal Centers among non-participants (Moldova);
- training instructions and accompanying materials for teachers as tools to assess the individual needs of children and families, cooperate with support teams, establish contacts with the Inclusive Resource Centers, and engage with parents more effectively, which can be used beyond the current pandemic (Ukraine);
- ECI training instructions and materials that help specialists understand family's needs, assess children's and their families' strengths, establish contact with a child, provide support to and empower the parents to engage them more effectively, and cooperate with other specialists within the multidisciplinary teams (Croatia);
- access for EI practitioners to an online course, guidelines, and resources on providing quality tele-intervention service for children with developmental delays and disabilities during the COVID-19 pandemic (Croatia);
- a series of capacity development activities for preschool educators and managers for improved services for young children and an event for all municipalities of Adjara planned to share achievements, challenges, and next steps from the eight pilot preschools in Batumi and Khulo (Georgia).[112]

With the acquired knowledge, the above-listed developed materials, instructions, and recommendations could be further used for training and self-study and part of the continuous professional education.

3.3.2. Resilience-enhancing approaches

Resilience in the ECD area is crucial because it facilitates the continuity of service provision in times of crisis. The most commonly understood definition of resilience is the ability to withstand a major disruption (difficulty or shock), recover quickly, or spring back into shape.[113] In this evaluation, resilient early childhood education or healthcare system (or services) can be defined as "a system that is able to prepare for, manage and learn from shocks", such as the COVID-29 pandemic.[114]

The COVID-19 pandemic reinforced the importance of resilience building-strategies to prepare for, prevent, and mitigate crises. It has provided an opportunity to see and test what works and what should be improved to navigate this and other crises and support a sustainable recovery in the in-depth study countries. To use this opportunity properly, it is particularly important to analyze

[112] UNICEF, Situation reports of 19th May and 21st June 2021.
[113] Thomas, S., Sagan, A., Larkin, J., Cylus, J. et al. (2020). Strengthening health systems resilience: key concepts and strategies. World Health Organization, Health Systems and Policy Analysis, Policy brief 36, European Observatory on Health Systems and Policies. Available here.
[114] Ibid.

experiences from COVID-19 responses, interpret the findings, and promote the reflective practice to learn from them to increase preparedness for similar emergencies in the future.[115]

This subsection discusses improvements in the resilience of services resulting from the adaptations introduced in response to COVID-19 and the capacity to address similar situations in the future. In doing so, it looks at three main resilience-enhancing approaches (or strategies) applied by UNICEF COs and RO through their interventions: 1) alternative and flexible approaches to deliver services; 2) coordination of activities across government and key stakeholders; 3) organizational learning culture that is responsive to crises.[116] While it was not possible to assess conclusively to what extent these approaches improve the resilience of services, especially in the long run, the data collected reveals some notable achievements in this regard. Progress in the three approaches, as discussed below, allows concluding that adaptations introduced in response to COVID-19 have the potential to improve the resilience of ECD services and make them better prepared for another challenging context in due course.

3.3.2.1. Alternative and flexible approaches to deliver services

The unprecedented impact of the global COVID-19 pandemic on the education and early years sectors required a massive and quick effort from governments and UNICEF to respond to the various ways in which child support services were affected by the crisis. In doing so, alternative and flexible approaches were implemented to deliver essential services without major disruption. In the literature on resilience, there are three main areas of achievements that indicate that these approaches contribute to increased resilience, namely: i) ensuring the provision of services for at-risk population groups; ii) crisis preparedness training and training for additional skills; and iii) training of frontline workers to serve specific or at-risk population groups.[117] These are briefly discussed below.

Ensuring the provision of services for at-risk population groups

The assessed interventions focused directly or indirectly on ensuring services, particularly for at-risk population groups. The OECD says it is one of the main pillars of action aligned to the child well-being and a policy challenge in the post-COVID-19 decade and the longer-term goals.[118] The UNICEF COs' responses display several approaches undertaken to ensure continuity of ECD services in the new operational context influenced by the pandemic. Some were introduced directly to respond to the global health crisis, and some were adapted to the new circumstances. These interventions prioritized the needs of vulnerable children and – in some cases –addressed personnel/provider shortages in underserved areas or when in-person services are not feasible. In addition to being used for future emergencies, some of these solutions can also be used to provide information or services for hard-to-reach populations in general.

Crisis preparedness training and training for additional skills

[115] Ibid.
[116] The typology or framing of strategies/approaches and subsequent areas that indicate if they contribute to an increased resilience was inspired by a review of existing literature in Policy Brief 36 on "Strengthening health systems resilience. Key concepts and strategies" published by WHO Regional Office for Europe.
[117] Thomas, S., Sagan, A., Larkin, J., Cylus, J. et al. (2020). Strengthening health systems resilience: key concepts and strategies. World Health Organization, Health Systems and Policy Analysis, Policy brief 36, European Observatory on Health Systems and Policies. Available here.
[118] OECD (2021). Securing the recovery, ambition, and resilience for the well-being of children in the post-COVID-19 decade, OECD Policy Responses to Coronavirus (COVID-19). Available here.

Crisis preparedness and response training and guidance focused directly on strengthening infection prevention, response, and control capacities and/or improving/enabling service delivery in crisis settings. The majority of surveyed frontline workers agreed that the competencies acquired from the assessed interventions would be useful in the case of other public health emergencies beyond the COVID-19 pandemic. The respondents also concluded that having staff who know how to respond to health emergencies makes their institutions better prepared to deal with future shocks and crises and, in consequence, adds to a stronger and more resilient ECD system. In addition, some of the basic training materials adapted to the COVID-19 situation, after minor modifications, can be used for any other health care emergency.

Examples:

The Child Hotline 111 in Georgia is seen as a potential source of evidence for policy-makers on the needs regarding child protection and early childhood development and gaps in existing services. Almost all hotline operators (7 out of 8) have agreed that, in the context of the COVID-19 pandemic and within their remits, they can fully respond to the immediate needs of children under the age of 7 and their families with different types of vulnerabilities who call the Hotline.

UNICEF's ECD response to COVID-19 in Croatia entailed the roll-out of new solutions for service provision and technical assistance in the country, which can be used for future emergencies and provide information or services for hard-to-reach populations in general.

Figure 8: Views on training usability in crisis settings, beyond the COVID pandemic

- **Access to the EI services for families with children with developmental delays and/or disabilities (Ukraine):** The majority of survey respondents (87.5%) agreed that the skills and knowledge gained/strengthened through the training and supervision would be helpful in the case of other public health emergencies beyond the COVID-19 pandemic.
- **Quality of Education (part of the Safe School Operation Framework, Ukraine):** Almost one in nine (89,5%) survey respondents believed that the training improved their capacity to provide early learning support to preschool children and their families in crisis settings in general, beyond the COVID-19 pandemic.
- **Strengthening capacities of preschool staff, parents, and local public authorities (LPAs) to ensure a state of preparedness and response to COVID-19 pandemics (Moldova):** All KIs agreed that the intervention contributed to strengthening the resilience and long-term effectiveness of ECD services beyond the context of a public health emergency.
- **COVID -19 response for women and their children in Moldova's 12 Perinatal Centers (Moldova):** Almost all survey respondents believe that intervention contributed to strengthened resilience and long-term effectiveness of ECD services beyond the context of a public health emergency. Out of 14 responses received, 12 surveyed frontline health care workers think that the training course improved their capacities to deliver perinatal and postnatal care services to women and their children in crisis settings beyond the COVID pandemic and should continue even after the pandemic is over.

The trainings also covered many essential aspects not directly related to infection prevention and control but highly relevant in the pandemic context. The evaluation findings indicate that demand for additional skills, such as those to engage (with) caregivers or peer frontline workers and deliver/access services online, increased considerably because of the new circumstances of service provision. A good example is the early learning sector, where parents became an inevitable mediator between teachers and children and thus an even more indispensable partner in addressing their children's educational needs. Focus on building skills and conditions for good relations between preschool staff or ECI professionals and caregivers can help make the ECD system more resilient in case of future shocks.

Examples:

In Ukraine, the shift from a child-centered to a family-centered approach in ECD/ECI is focused on changing existing practices, and the mindsets of frontline workers and caregivers, whose role in child health, development, and EI is pivotal, especially during current crises.

In Moldova, guidance on supporting children in pandemic conditions helped both frontline workers and caregivers adapt to the new situation and cope with their new tasks and stress related to the unexpected situation.

Training of frontline workers to serve specific or at-risk population groups

As discussed in the context and relevance sections, vulnerable children and families are the most affected by the crisis and need the most support. Hence, the preparation of frontline workers to reach and support them helps to react faster and in a more targeted way at times of crisis. The evaluation shows that **training for frontline workers who work with specific or at-risk population groups was an essential component of the assessed adaptations**. Some were designed to reach vulnerable children early in life, when it matters most, and include activities that increase children's educational success and empower vulnerable families.[119] From the resilience perspective, such an approach strengthens the potential of a system to address the vulnerabilities of the ECD final beneficiaries during COVID-19 and other emergencies.

3.3.2.2. Coordination and collaboration between sectors and relevant key stakeholders

The long-standing cooperation between UNICEF and various national and local authorities and partners played an enabling role in coping with the unprecedented context. Firstly, most UNICEF's COVID-19 related activities involved the government or other state actors. The national, regional, and local government stakeholders were brought on board to advise, discuss, validate the intervention frameworks, and facilitate the engagement of other stakeholders. It helped to be up-to-date with the most urgent needs, facilitated the coordination of the response to the multiple needs in the ECD system and its actors, and avoid duplication of interventions. Secondly, the interventions were delivered by strong, local implementing partners with experience in supporting access and quality of ECD locally. Together with previous experience of collaboration with UNICEF, effective collaboration

[119] OECD (2019). Changing the Odds for Vulnerable Children: Building Opportunities and Resilience, OECD Publishing, Paris. Available here.

with implementing partners (NGOs) was reported as a facilitating factor for the interventions smooth roll-out and outreach to populations most affected by shock situations.

The cooperation between the intervention participants can become an opportunity to extend their contacts beyond the project timeline. For instance, although not officially intended as the training result, some crucial collaborations formed during the implementation of the intervention continue. For instance, in the case of the "Social Inclusion of Roma Children and Children with Disabilities in the Western Balkans project" (Moldova), the collaboration between the Psycho-pedagogical Assistance Services and the kindergartens continues even if their jointly implemented task ended in 2020. Also, in Moldova, public authorities from several communities, in a joint effort, requested the central government to support them to create the required conditions for re-opening preschool facilities. As a result, they received permission from the Ministry of Finance to use unspent budgets to improve the overall infrastructure (inside toilets, water pipe systems, boilers for hot water, sanitizers, computers), which helps deliver services a more appropriate setting.

Examples:

According to the interviewed stakeholders from Croatia, UNICEF's leadership and long-standing experience in advancing ECD in Croatia, both during the COVID-19 pandemic and before it, has been a key factor enabling the intervention's relevance, effectiveness, and sustainability. Even if state financial support could not be secured, national and local government stakeholders were brought on board to advise, discuss, and facilitate the engagement of other stakeholders.

In Georgia, the involvement of the MoESCS in pilot training for preschool staff in Adjara is an important factor, which can help mainstream the service in other regions of the country. The intervention is now led by the TPDC, a legal entity of public law of the MoESCS. This partnership is a significant achievement, as TPDC is the focal agency for determining in-service training requirements for preschool educators. These requirements are currently minimal (66 hours) and, because of the intervention, could be expanded to include more intensive and practice-based supervision/coaching for all preschool educators in the future.

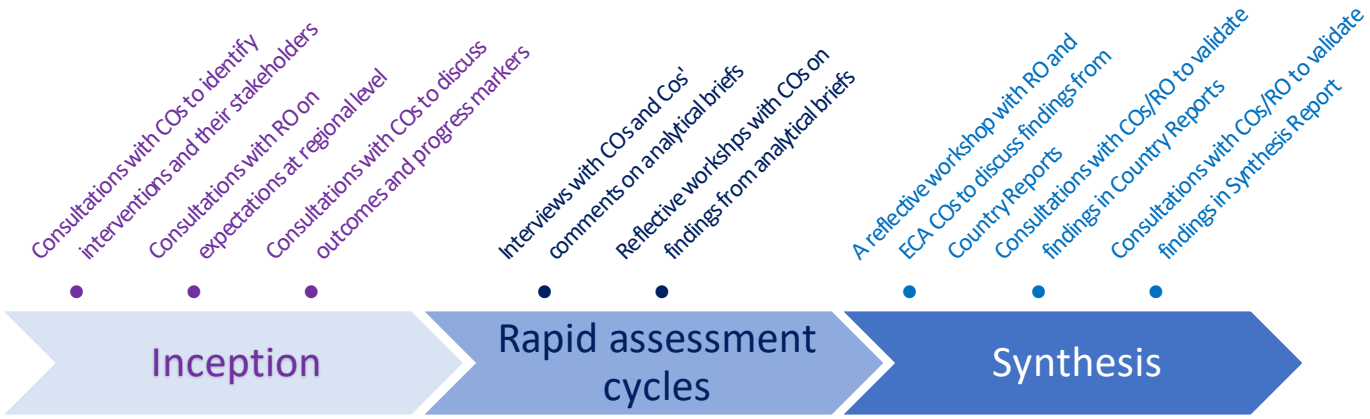
In Ukraine, the KIIs reported that solid relations with the authorities had been established at the local/oblast level and the motivation and understanding of the importance of UPHVM initiative are very high. At the central level, negotiations are underway with the National Health Service. At the institutional level, the key healthcare stakeholders are motivated to participate in the intervention. For instance, the hospital management is interested in developing a UPHV model of services for children and their families.

3.3.2.3. Organizational learning culture responsive to crises

A quick effort to provide an adjusted reaction to various ways in which child support services were affected by COVID-19 reflects the flexibility and adaptiveness of UNICEF COs in an emergency situation. Accordingly, the activities directed at learning and adaptation among COs, ECARO, and stakeholders, build an evidence base for an informed and timely response during current and future emergencies. This evaluation is a good example of applying a learning approach to review the emerging evidence from the crisis, which is vital for addressing current and future shock experiences effectively (see a figure below on reflection and learning points during the evaluation). It promotes sharing lessons and experiences within and between COs, which can catalyze knowledge mobilization across ECD sectors and disciplines. Such an approach creates the potential to build a

more coherent response to a crisis in the future as more coherent systems or service provision are generally believed to be also more efficient and adaptable to various shocks and disruptions.[120]

Figure 9: Main reflection and learning points in evaluation phases



Recognizing the main learnings from COVID-19 and integrating them into future activities is critical for preparedness and response to a crisis situation. In addition to the reflection and learning points above, continuous monitoring and assessment of current solutions – before their more permanent introduction – are necessary to achieve this.[121] While all the assessed adaptations managed to include monitoring and feedback mechanisms to various extent, there is still some room for improvement in a more rigorous approach to data collection. Tackling it during post-shock "normality" is a viable option as it can be challenging to develop and plan proper monitoring and evaluation procedures during an emergency.

[120] Our definition of "coherence" allows for a certain degree of diversity that enables the system to function well and be resilient; in other words, it is not synonymous with "sameness." From: Evaluating_Complexity.pdf
[121] Thomas, S., Sagan, A., Larkin, J., Cylus, J. et al. (2020). Strengthening health systems resilience: key concepts and strategies. World Health Organization, Health Systems and Policy Analysis, Policy brief 36, European Observatory on Health Systems and Policies. Available here.

4. Conclusions and recommendations

It is a demanding task to develop responses to challenges that emerge in an uncertain context, where the external environment is changing unpredictably. The COVID-19 crisis clearly revealed how important is to be prepared for such disasters and develop a coordinated response, particularly in the ECD sector. Exploring effective ways to increase preparedness to such situations requires more profound insight into the nature of the challenges throughout the pandemic and quick conclusions about what does and does not work. Accordingly, to make these lessons "learned", the most promising elements of responses to the crisis should become a part of a broader intervention or emergency preparedness activities.

This concluding section, as the whole report, contributes to the pool of knowledge on relevance, effectiveness, and sustainability of ECD response to COVID-19 pandemic. It first summarizes the implications of the evaluation findings and offers a set of lessons learned from the interventions and the evaluation process. Then the report presents recommendations that should be implemented going forward to better respond to (changing) needs and services provided and ensure conditions to make continuous adaptability and resilience inherent parts of a broader system. The key points below related to challenges and proposed solutions were discussed and validated during the ECA reflection workshop.

4.1 Conclusions

SYSTEMIC BOTTLENECKS

The COVID-19 pandemic has exposed some systemic bottlenecks and gaps in the level of preparedness of state actors for a global health crisis, which hinder the effectiveness and sustainability of the assessed interventions.[122] The main gaps include: • lack of coordinated government strategy/policy and supporting institutional instruments and insufficient funding for ECI, preschool, and inclusive education; • lack of a sufficient number of ECD services and their unequal geographical distribution as compared to the needs; • staff shortages across key sectors and services (healthcare staff, specialists, and ECE staff in general, especially qualified with child centers, play-based, inclusive ECE); • low considerations for emergency planning preparedness; • limited availability, responsiveness and coordination between child-related services; and • no sustainable system of supply of qualified service providers and their professional development. These gaps expose the need for continuous efforts to strengthen key ECD systems to prevent disruptions in services in the context of health emergencies, particularly for the most vulnerable to shocks groups.[123] Lack of such support is an obstacle to building resilient and sustainable ECD services.

THE MOST VULNERABLE GROUPS AND THEIR NEEDS

In general, the adaptations in the UNICEF-supported ECD-related services were well-suited to respond to the COVID-19 implications in addressing the needs of caregivers and children. They addressed caregivers' immediate needs for information and guidance to adjust to the new reality of

[122] Gromada, A., Richardson, D., and Rees, G. (2020). Childcare in a global crisis: the impact of COVID-19 on work and family life. UNICEF Innocenti Research Brief 2020-18. Available here.
[123] Ibid.

their childcare and learning and safeguarded access to services, PPE, and hygiene supplies. At the same time, vulnerable groups have been at the center of UNICEF ECD programmes and their adaptations during the COVID-19 pandemic.

However, the new modalities for service provision enforced by the pandemic were not equally relevant solutions for all beneficiaries. Some crucial challenges emerged concerning reaching out to disadvantaged beneficiary groups and addressing their specific needs. This concerned mainly the provision of online services for children with disabilities and special educational needs, and low-income families. One of the main reasons for this was the limited/lack of information about vulnerable children and families and their needs. Without such knowledge, it was difficult for frontline workers to understand and develop an appropriate response to address the situation of children with disabilities and their families during and beyond the emergency period. A related factor that hampered the effectiveness of remote service provision was the lack of sufficient guidance on using remote technologies for such purposes. For instance, the evaluation showed that any guidance regarding preschool education using remote technologies must separately consider the specific needs of different preschool children (e.g., with special educational and developmental needs) and the ECD professionals working with them. Finally, the pandemic has further impaired the already difficult access to lower-income families and families living in rural and remote areas. The case of EI services shows that reaching caregivers with relevant information on the availability of services is an urgent issue to increase their participation and use. Without tackling these issues, it can be expected that COVID-19 or other similar emergencies will widen disparities and put already vulnerable children at particular risk.

ONLINE MODE OF DELIVERY

Increased digitalization of capacity-building activities and service provision in the ECD area was one of the main changes accelerated by the COVID-19-caused disruptions. It has brought about certain advantages for both frontline workers and caregivers. First, it made it possible to continue ECD services and professional development of ECD staff during the emergency. Second, it addressed staff shortages in specific locations or/and professions. Third, it facilitated communication and collaboration between the frontline workers and caregivers. The flexibility and cost-effectiveness of this form of delivery made capacity building and support programmes more accessible in remote areas. They allowed the transfer of knowledge and skills to non-participants, contributing to more inclusive early childhood services. With an increased awareness of the benefits of digitalized learning and service provision among frontline workers (though mainly in a hybrid form), there is now greater scope for applying distant forms of interaction.

However, digital solutions are not equally relevant and effective for all groups, types of services, and problems. Without sufficient infrastructure, equipment, and skills, choosing an online mode of delivery as the only option may decrease access to opportunities for vulnerable children, parents, and frontline workers. First, evidence shows that shortages of ICT equipment, devices, sufficient internet infrastructure, and connectivity were serious constraints to distance learning and the digital mode of service provision. Second, insufficient digital skills among frontline workers and caregivers prevented some from providing/benefitting from online services during the lockdown. Lack of such skills is an obstacle for building resilient ECD services, it limits the efforts to adapt to the current emergency context and similar contexts in the future. Third, the online trainings/meetings appeared to be less suitable for developing practical skills, for which face-to-face or hybrid mode of training is preferred after the pandemic. Participants also seem more difficult to stay engaged and motivated to participate. Fourth, the attitudes towards remote services – perceived as less attractive, useful, or

trustworthy – can also become a barrier in take-up. It can negatively affect parental engagement, especially in psychological or emotional problems and disability sessions. However, in the latter case, traditionally high reliance on institutional care and a need to socialize and relieve from duties also play a role.

FURTHER GUIDANCE AND SUPPORT

Frontline workers are critical agents in providing social and emotional support to children and their families in the emergency context and require support to cope with the current crisis.[124] The evidence confirms that capacity-building activities for ECD staff that tackled issues related to COVID-19 content were highly demanded by the participants in the trainings. It also exposed a great need for creating more opportunities for current and future frontline workers' professional development. Therefore, additional efforts are needed to strengthen the capacities of the ECD workforce in areas that are crucial for relevant, effective, and sustainable ECD preparedness and response to the emergency.

The main area where improvements are needed to increase staff preparedness is the lack of sustainable mechanisms to provide continuous supervision and support to ensure the quality of services. Almost all frontline workers highlighted the significance of a follow-up system that offers ongoing mentoring and supervision, information, and guidance to provide the proper support and adapt to pandemic conditions. They also pointed out the need for more networking opportunities and the exchange of knowledge and experiences with peers and/or other professionals (e.g., through dedicated platforms). Important areas where frontline workers need more support or felt less prepared included among others: • clear methodologies and guidelines for adapting services to COVID-19 reality (e.g., how to carry out virtual EI services or use necessary devices; how to adapt the inclusive education to pandemic conditions); • interaction with other medical and social providers, and with caregivers; and • identifying risks associated with parental mental health. Also, an increased need for mental health support to frontline workers has been reported. The lack of sufficient support to deal with stress while working under immense and unprecedented pressure puts their well-being and resilience at risk.

The pandemic accelerated content relevance on (inclusive) education, parenting skills, and interaction between frontline workers and caregivers in the assessed interventions. Since not all services can be moved online, parents take additional responsibilities for their child's development, as COVID-19 has shown. As a result, they become mediators between teachers and children and indispensable partners in addressing their children. Thus, creating conditions for good relations between ECD staff and caregivers and providing further support for parenting skills development can help make the ECD services more resilient in future shocks.

However, the communication between frontline workers and caregivers has been one of the key challenges of ECD frontline workers before and during the pandemic. Some groups are challenging to contact and engage with. At the same time, due to the new, challenging context of service provision, the frontline workers had to change how they work with caregivers and required guidance on how to do that. For instance, learning how to involve caregivers as partners in ECD services and increasing family involvement and competencies for supporting their child's learning and

[124] As mentioned earlier, the survey was implemented by UNESCO Bangkok together with UNICEF, ARNEC, ECWI, and ISSA. More information at: UNESCO (2020). The impact of COVID-19 on ECCE sector: Lesson learned and promising practices from the Asia-Pacific. Available here.

development have become especially relevant during the pandemic. It also responded to the caregivers' need for support on organizing daily routines for their children at home and engaging in their development. For this to succeed, good communication and mutual understanding are key. It helps build trust between ECD staff and the caregivers community that (altered) services and parental role in child-support are for a child's good.

AWARENESS AND ATTITUDES

In addition to already existing reluctance to use ECD services among some caregivers[125], awareness of and attitudes towards pandemic-induced adaptations in service provision can become an important factor that hampers the effectiveness of the adaptations. This applies mainly to the caregivers' reluctance to engage in ECI since the attitudes of many caregivers remain a crucial challenge for the effective provision of adapted ECD services in circumstances of restricted face-to-face contact. Caregivers' heavy reliance on specialists contributes to difficulties involving families in online sessions or activities to support their child at home. The reasons for this could be threefold: denying them of a rare opportunity to relax and socialize when their children are at the facilities receiving professional support; a fear that they are not adequately prepared to carry out such activities; and a resistance to allowing ECI professionals to "enter" their family life via online mode of interaction. The new approaches to parental engagement and service provision are also challenging for frontline workers. For instance, the family-centered approach requiring a new caregivers' role is still not well-rooted in professional practice, which still does not recognize the parental experience in addressing their own child's issues and does not involve parents as partners. In addition, frontline workers also have reservations about using online and blended models of service provision and professional development, e.g., due to their quality, effectiveness, and necessary skills.

UNICEF'S ADAPTABILITY

Adaptability became a decisive factor for rapidly addressing the disruptions caused by the pandemic. UNICEF's support contributed to the adaptation of the ECD services by offering quick adjustments to the various ways child support services were affected by COVID-19. The adaptations introduced in response to COVID-19 can improve ECD services' resilience and prepare them for other challenging situations in the future. However, while they are perceived as highly valuable in withstanding disruptions, the findings also imply that they are not entirely sufficient. For instance, reaching out to the most vulnerable groups, which is among key elements of a resilient system, emerged as a less effective component of the assessed interventions—also, bolstering frontline workers' skills in certain areas and developing staff support mechanisms (e.g., mentoring, supervision, networking) emerged as a vital issue for having a well-supported workforce that can perform under pressure. Without an adequately supported ECD workforce, the capacity to adapt to shocks is significantly lowered.[126]

UNICEF's management of the interventions and focus on activities directed at learning from COVID-19 represent a good example of an adaptive approach. They also reflect the flexibility and adaptiveness of UNICEF COs in an emergency situation. This was facilitated by collecting "good enough" evidence during the emergency to grasp the key needs and respond appropriately. Various quick feedback collection mechanisms were applied for this purpose that helped to constantly

[125] The Key Informants indicated that the skepticism of the Roma children caregivers about structured early learning led many Roma children to drop out of preschools during the pandemic.
[126] United Nations (2020). Policy Brief: The Impact of COVID-19 on children. Available here.

monitor the interest in the topics covered during the training sessions and make real-time adjustments, if necessary. Gathering lessons from this experience can help create a pool of solutions and main steps to be applied in a crisis context and beyond. This would be a simplification in similar emergencies in the future.

4.2 Lessons learned

The findings and conclusions from this evaluation show that despite its severity, the current crisis offers an opportunity to learn from the response to COVID-19 and identify aspects that impede its relevance, effectiveness, and sustainability. In doing so, the following main lessons learned were distilled from the assessed interventions and proposed for consideration in future ECA RO actions:

Lesson learned # 1

The longstanding collaboration between UNICEF, line ministries, civil society actors, and donors makes UNICEF and its partners better equipped to cope with the unprecedented context and contributes to organizational resilience. Such a collaborative approach was among the main factors that contributed to achieving positive interventions' results. Strong involvement of governmental and/or local actors in all evaluated interventions created better prospects for their sustainability and opportunities for the interventions to have stronger and broader effects. The pandemic also revealed the importance of the UNICEF convening role that helped connect the work of key ECD stakeholders from various sectors, which facilitated the provision of quick and well-adjusted response. The COVID-19 experience is a good testing ground for developing fast-track procedures with key stakeholders to ensure that the response to a similar health crisis is available quickly and targets the highest needs.

Lesson learned # 2

Designated strategies to ensure the inclusion of the most vulnerable groups are needed when using ICT solutions to deliver ECD services and information to young children and their families. The evaluation showed a high risk of excluding the most vulnerable groups when using online modalities to provide ECD services. Specifically, children and their caregivers from low-income households are likely to fall through the cracks of such interventions. Therefore, ICT solutions must go hand-in-hand with investments that enhance access to digital infrastructure and equipment for disadvantaged young children and their families. Access to devices such as computers, smartphones, printers, and reliable Internet for the providers of the services needs also to be secured. Meanwhile, interventions that rely on ICT solutions should be complemented with other forms of support accessible for the vulnerable groups, such as printed materials with easy-to-understand infographics or television/radio campaigns. Direct outreach through offline information campaigns remains the only effective approach to address the needs of some vulnerable groups, and specific channels of information dissemination are needed to reach them.

Lesson learned # 3

Comprehensive information and methodological and mental health support for caregivers are essential to provide effective remote ECD support to young children and their families. In the face of the pandemic, caregivers had to assume much of the responsibility for their children's learning, including implementing ECI and organizing structured learning activities at home. As the evaluation showed, however, in addition to struggling to balance their domestic and professional

responsibilities, caregivers in the ECA countries are often unprepared to do so. This is true, especially for the most vulnerable groups, such as families with children with disabilities and Roma families. Comprehensive support for caregivers is needed to equip parents with the skills and confidence to engage in support of their children's learning and development at home. Programmes to support parental well-being and mental health and efforts to increase awareness of modern ECD practices are thus required, considering the time constraints faced by caregivers when engaging with their children at home. Yet, to be effective, they should be coupled with other forms of support reducing the sources of stress, e.g., related to meeting the basic family needs or accessing social and health assistance programmes.

Lesson learned # 4

Delivering capacity-building activities entirely online should be opted for only when face-to-face contact is impossible, and hybrid mode should be preferred otherwise. The evaluation revealed that although online courses, training, and mentoring allow reaching out to large numbers of professionals, they do not allow for sufficient spontaneous interaction and level of engagement of the participants. Online capacity-building events in larger groups should always be accompanied by small group mentoring or discussions. The combination of self-paced online modules (giving flexibility) with mentoring groups (giving opportunities for interactions) can also be an attractive option. The collection of the most promising practices in this aspect, implemented during COVID-19, and sharing them among ECD key stakeholders is a good starting point. However, if the epidemiological conditions allow, some parts of similar trainings may be delivered offline to enable learning based on practical simulations, networking, and spontaneous exchanges.

Lesson learned # 5

The COVID-19 crisis magnified the value of rapid-learning to adapt the support and service delivery to the emergency context. Therefore, a quick collection of the best available knowledge is essential to trace the changing pandemic context, determine what works for whom in which contexts, and modify the response based on emerging findings. For this, mechanisms that facilitate recurring peer learning and stocktaking activities should be inherent organizational components that reduce isolation to address unpredictable and complex situations. They offer space to share experiences on the advantages and weaknesses of applied solutions and think beyond a "one-time intervention" approach. In the longer term, they build an evidence base for rethinking and updating ECD strategies and reducing the potential for failures in the future, which contributes to more resilient service provision.

4.3 Recommendations

The next set of recommendations directed to the ECA Regional Office was developed based on the summary of the findings from the Country Reports for the four in-depth case study countries in this evaluation and a summary of the key challenges for UNICEF ECD response (Section 4.1) presented during the workshop with UNICEF representatives from RO and COs from the ECA region.

The following actions are recommended for UNICEF ECA Regional Office to improve UNICEF ECD response:

SYSTEMIC BOTTLENECKS

Beyond the immediate needs created by the pandemic, the outbreak of the global health crisis exposed and aggravated some significant shortcomings in the ECD service provision. The recommended actions to address the main challenges identified in this evaluation include:

- **Continue supporting COs to enhance their overall ECD system strengthening efforts to ensure the effectiveness of the response provided during COVID-19 and other emergencies.** This includes: • re-assessing the availability and quality of ECD service provision, including the impeding factors; • focusing programming on improving: ECD-related policies, availability of funding, staff capacity, data collection systems.
- **Support COs to promote the sustainable implementation of remote modalities in service provision and capacity building of practitioners in ECI, health, and ECE through the development of regional assets and guidance, the establishment of a repository of relevant documents and good practices, and facilitating horizontal knowledge sharing** related to: • existing state guidance on remote service provision, • legislation, • funding arrangements/investments in digital transformation, • protection of personal data, • technological solutions, and • skill building. Support the use of digital technologies in existing ECI programmes and adjust them to the individual needs of children with SEN, based on successful experiences from similar efforts.
- **Provide technical support to COs for development of national models of coordinated, family-centered ECI policies** including: • development of guidelines for a holistic, family-centered EI provision; • improving interagency cooperation between social, medical, and educational services; • sufficient budgetary allocation for ECI services.
- **Leverage partnerships at the regional level to expand advocacy, capacity building, and technical support to COs for building national models of family-centered ECI systems.**

THE MOST VULNERABLE GROUPS AND THEIR NEEDS

Reaching out to and maintaining regular support and contact with disadvantaged families is essential during an emergency. To achieve this, the following recommendation is proposed based on the evaluation findings:

- **Support UNICEF COs to develop monitoring and reporting systems and programmes (including data collection solutions)** to gather up-to-date knowledge on the situation of vulnerable groups and their specific needs, including developmental and socio-emotional-related needs in various epidemiological scenarios. • Encourage the use of methodologically sound pre- and post-training/intervention assessment approaches to collect "good enough" evidence in emergency situations. • Increase efforts to evidence and understand the impact of the pandemic on women and men, including through systematic collection and analysis of sex-disaggregated data and the engagement with advocacy groups and regional partners.
- **Encourage governments, CSOs, and other partners to develop and implement solutions that ensure data on the most vulnerable groups of children during pandemics.** • Include provisions in Programme Cooperation Agreements (PCAs) with CSOs or other partners that can be activated in emergencies to allow them to promptly engage in conducting a rapid assessment of the status and needs of the most vulnerable groups.
- **Maintain diversity of partnerships and work collaboratively at the country and regional level with CSOs, authorities, and donors. They have deep knowledge of local contexts and reach**

the most vulnerable groups. Jointly: • design child-sensitive and gender-sensitive emergency preparedness and responses programs that prioritize services and support for the most vulnerable children and families; • identify and support the scale-up of the most effective COVID-19 responses for addressing the needs of the most vulnerable children and families; • identify the best ways to mobilize resources to provide them with targeted and relevant support in the emergency context. • Advocate for combining direct outreach strategies with remote support to assist the most vulnerable groups.

DISTANT MODE OF SERVICE DELIVERY

While switching to remote or online mode of delivery helped to continue service provision during the pandemic, families with young children and ECD staff faced various challenges to benefit from such modification fully. To improve remote ECD service delivery, it is recommended to:

- **Support COs to advocate for and support revision of plans and strategies on remote ECD service provision in line with the lessons learned from COVID-19 experiences**. Focus on: • ensuring that the most vulnerable groups have access to remote services; • ensuring that the key constraints faced by frontline workers, caregivers, and young children are addressed; • rolling out of successful digitalization practices for meaningful participation of preschool children, professionals, and parents in online learning • ensuring diverse and accessible (nondigital) formats are available when access to online services is not possible; • quality assurance and monitoring.
- **Advocate for and support the revision of competency frameworks for ECD staff to include digital skills and digital provision of services.** • Call for strengthening digital literacy skills and the use of new technologies (including for training, supervision, peer support, and service delivery) through pre- and in-service professional development programs.

FURTHER GUIDANCE AND SUPPORT

The lack of sustainable continuous professional development of the ECD workforce to prepare them for public health emergencies, such as COVID-19, is a significant obstacle to building resilient and sustainable ECD systems. To support capacity-building of frontline workers, it is recommended to:

- **Develop technical resources and tools and facilitate knowledge sharing to support COs' work toward establishing effective national systems for continuous pre- and in-service professional development of a qualified ECD workforce**. • Recommend and support building systems that i) strengthen competencies in inclusive early childhood education; ii) integrate sustainable forms of mentoring and supervision; and iii) integrate COVID-19, mental well-being, communication skills, and gender-related content in the training curricula.
- **Establish online platform/s with core training packages in national languages for self-paced online trainings in the area of ECD during COVID-19 or other similar emergencies.** Focus on: • inclusive education, • ECI, • home visiting, • maternal and child health, • play-based approaches and parenting support.

AWARENESS AND ATTITUDES

The caregivers' awareness and attitudes towards ECD in the pandemic conditions and beyond are crucial for their engagement in supporting their child's cognitive and emotional development. Therefore, it is recommended to:

- **Support COs to develop long-term strategies to address social attitudes and norms,** parental knowledge, and skills that affect the demand for quality ECD services and parental ability to engage in developmentally stimulative practices with their children and provide optimal care. • Devote particular attention to ECI and inclusive education (e.g., early learning and early intervention).
- **Partner with parental and other CSOs in the ECD area at the regional level to: • develop and implement joint awareness-raising campaigns** targeting families with young children on issues related to positive parenting and well-being in challenging situations; • support parental advocacy activities.

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