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

Country Report: Georgia

Volume 2: Annexes

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

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A0: Stakeholder mapping

Stakeholder category (government body, NGO / CSO, private sector, other)	Organization (incl. department / cell if relevant)	Name of key contact person	Type of contact details available (Phone, email)	Phone number	Email address	Position / role in project	Impact Project/ intervention impact on a stakeholder (Low, Medium, High)	Influence Stakeholder's influence over the project/intervention (Low, Medium, High)	Strategy for engaging the stakeholder (ERG, quarterly meetings, interview)	Comments
<i>Child Hotline 111</i>										
UNICEF	Child Protection Section, UNICEF Georgia	Nona Tsikhelashvili	Phone and Email	<i>confidential</i>	<i>confidential</i>	Project coordinator	High	High	ERG and interviews	-
Implementing Partner (Child Hotline 111)	LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking	Meri Malaperidze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Director of State Care Agency,	High	High	ERG and interviews	-
Governmental - central or regional	Human Rights and Civil Integration Committee of the Parliament	Miranda Tskadadze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Managing project from parliament side	High	High	ERG and interviews	-

	of Georgia aiming									
Governmental - central or regional	Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs	Tatia varamadze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Head of Social Protection Policy Division	High	Medium	ERG and interviews	-
Local leaders of public services	Batumi municipality	Nino Lomtadidze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Batumi Coordinator	Medium	Low	Interview	-
Local leaders of public services	Zugdidi municipality	Ia Ekhvaria	Phone and Email	<i>confidential</i>	<i>confidential</i>	Zugdidi Coordinator	Medium	Low	Interview	-
Local leaders of public services	Nadzaladevi municipality	Lidia Nodia	Phone and Email	<i>confidential</i>	<i>confidential</i>	Nadzaladevi Coordinator	Medium	Low	Interview	-
Local leaders of public services	Gori municipality	Maia Gogidze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Gori Coordinator	Medium	Low	Interview	-
Local leaders of public services	Sighnaghi municipality	Nino Vardiashvili	Phone and Email	<i>confidential</i>	<i>confidential</i>	Sighnaghi Coordinator	Medium	Low	Interview	-

Frontline workers	LEPL	Nino Iarajuli	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-
Frontline workers	LEPL	Ana Kandelaki	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-
Frontline workers	LEPL	Sopho Tsiklauri	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-
Frontline workers	LEPL	Sophie Tavberidze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-
Frontline workers	LEPL	Sophie Tsikhelashvili	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-
Frontline workers	LEPL	Salome Chkhaidze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-
Frontline workers	LEPL	Bachana Baliashvili	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-

Frontline workers	LEPL	Tamar Pridonashvili	Phone and Email	<i>confidential</i>	<i>confidential</i>	Hotline operator	High	Medium	Interview	-
All interventions										
Governmental body	Education Department, Ministry of Education, Culture and Sport of Adjara	Natso Beridze Gabaidze	Email	<i>confidential</i>	<i>confidential</i>	-	High	High	ERG	-
Governmental body	Birth Registry Office, Medical Statistics Department, National Center for Disease Control and Public Health	Levan Kandelaki	Email	<i>confidential</i>	<i>confidential</i>	-	High	High	ERG	-
UNICEF	Child Protection Section, UNICEF Georgia	Teona Kuchava	Phone and Email	<i>confidential</i>	<i>confidential</i>	-	High	High	ERG	-
UNICEF	Health and Nutrition Specialist, UNICEF Georgia	Tako Ugulava	Phone and Email	<i>confidential</i>	<i>confidential</i>	Project coordinator of shared medical appointments (SMAs) intervention	High	High	interview	-

UNICEF	Education Officer, UNICEF Georgia	Ana Janelidze	Phone and Email	<i>confidential</i>	<i>confidential</i>	Project coordinator of educational project in Adjara	High	High	interview	-
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A1: Analytical briefs

A.1.1: Analytical Brief #1

Analytical Brief # 1

Georgia

1st Rapid Assessment Cycle

Introduction

This Analytical Brief is part of the Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in the Europe and Central Asia region and the first analytical brief of a series of two. It summarizes the main results of the first rapid assessment cycle carried out in March 2021, which focused on the **National hotline for children** that aims at responding to the immediate service provision-related needs of the children in Georgia during the pandemic period. The analysis is **based on data gathered via a survey with frontline workers, a series of Key Informant Interviews (KIIs) with selected stakeholders, frontline workers, and UNICEF COs, and desk research**. Altogether, there were 7 survey responses received (out of 8 sent) and 9 KIIs that took place during the first cycle of data collection (please see Annex 4). The desk research entailed the analysis of intervention planning (e.g. expected output and outcomes indicators), monitoring data (progress toward output and outcomes indicators), as well as any relevant household data collected by UNICEF and its partners, etc.) and other relevant sources (as listed in Annex 3).

Intervention overview

The Child Hotline 111 is an initiative of the Human Rights and Civil Integration Committee of the Parliament of Georgia created as a response to the COVID-19 pandemic outbreak. **The main purpose of the service is to: i) facilitate access to services (social, health, educational) and benefits for children and families offered by state and municipal structures; and ii) provide psychological support to children and families during COVID-19 pandemic.**

The Hotline began operating in the end of April 2020 under the supervision and management of the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (LEPL) under the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs. The legislative basis for launching the hotline service was a Resolution No. 701 issued on 21 April 2020 by the Government of Georgia, as part of the legal framework developed in response to the pandemic. The hotline was set up with the financial and technical support of UNICEF.

The hotline service is free of charge and operates on weekdays from 10 a.m. to 7 p.m. Its staff consists of 11 persons including 8 hotline operators, 2 psychologists, and a coordinator. At the outset of hotline service, **the hotline operators received online training on services and procedures within**

government structures and on hotline specification, effective communication - asking the questions in the right manner, using clarifying questions, and determining the problem and response, psychological counselling. The hotline staff is supported by additional personnel of the LEPL when required.

The hotline assists parents/caregivers of young children (0-7) by providing them with information about state and municipal services and benefits for children and families or referring them to the particular state providers of different services. In June 2020, the Child Hotline expanded its operational scope to address the mental health and psychosocial needs of adolescents and young people during COVID-19.

In the period from 27 April to 11 November 2020, the hotline responded 1,242 calls out of which more than half (54.2%) entailed an inquiry for social services or consultations (see Annex 2, Figure 1).

Intervention relevance

Relevance to the needs of young children and their families

It has been indicated by the respondents that during the pandemic a significantly higher demand for social services has been observed across the country. This has been connected to the pandemic related restrictions, such as the closure of social and educational services, limited access to goods and services, and restricted movement across the country among others. The calls received by the hotline service confirm that the information most sought for by caregivers of young children concerned social- and health- related issues (54,2% and 13,8% of calls respectively, please see Annex 2, Figure 1), including the provision of food and other social goods and health services. As one Key Informant elaborated, *"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"*. The Child Hotline is therefore the first coordinated mechanism for children and their families based on "One call – full Service" concept which makes the service adaptable to children's needs.

The hotline has been perceived as relevant in terms of providing callers with necessary information or referral upon the needs of its users. In terms of more specific needs of vulnerable children under 7 years of age and their families, these have been covered fully (57,14%) or partially (42,86%) by the hotline services according to hotline staff who took part in a survey. All survey participants agreed the hotline services fully responded to the needs of vulnerable children and their families in the social care area. Also, the needs related to the protection from abuse and violence and psychological support have been highly assessed (in both cases 85,71% of respondents indicated that the hotline responded 'to the full extent'). The needs that have been covered to a lesser extent than others are related to housing and home adaptation – according to 1 survey participant they have not been covered at all, while 4 (57,14%) pointed to a partial coverage by the hotline (see Annex 2, Figure 4).

The interviews with Key Informants implied that children's needs have been changing since the beginning of the intervention – they gradually shifted from the predominant focus on social services (e.g. food provision, cash assistance, health care) towards increased demand for psychological support and education. They also indicated that **the cases of violence are still rarely reported, although violence against children is a serious problem in Georgia.**

Relevance to the needs of ECD frontline workers

At the beginning of the service operation, the frontline workers, including operators and psychologists, received a 4-day intensive training on efficient communication, the efficiency of information transmission, reporting and assertiveness. They were also advised on the existing state services and programmes that target children in the country.

All hotline staff surveyed (N=7) reported that they received sufficient information, support, and supervision to effectively carry out their work as hotline operators. They agreed/strongly agreed that the training helped them consolidate or strengthen their communication skills (e.g. asking the questions in the right manner, using clarifying questions, etc.) and entailed useful instructions on how to determine a problem and appropriate response.

However, **they expressed less certainty was expressed when it comes to receiving sufficient knowledge on government services available for children and families in need and on addressing the calls which fall outside the regular scope of their tasks** (i.e. calls which require more than simple information or reference, for instance, to identify the “hidden” problems behind the reported issue).

One hotline worker’s interview responses did not reflect the survey results and revealed that learning on the job was their main source of knowledge:

“While I am able to follow-up the conversation with the hotline users and understand what type of needs they have, this skill is mainly based on the practical experience of working as a hotline worker, not a result of the intensive and constant training”. (KII with a Hotline Operator).

All hotline operators pointed to some skills they think they should improve, with the most needed type of skill mentioned by most of the survey respondents (6 out of 7) being technical and methodological skills specific to their role (a perception shared with the IP representative). **Other areas where skill enhancements would be useful include communication with people with diverse social, educational, ethnical backgrounds and abilities, preparedness to pose adequate questions and the ability to identify the unspoken needs of hotline users.** Regular updates on state-provided services for children and their caregivers have also been mentioned as a step to ensure that the hotline staff is well-informed to respond to the queries effectively (see Annex 2, Figure 3).

The key challenges hotline service providers face in responding to the needs of children and their families are mainly of external, systemic nature and are related to communication with different state/municipal agencies. The frontline workers confessed that in some cases they are not sufficiently informed about the existing state services and amendments related to those services. Thus, while the cases initiated thanks to the hotline that require social workers’ involvement are usually addressed in a timely manner, the responses that concern some other services, including those offered by municipalities, are sometimes delayed or not provided:

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

The training did not cover themes related to gender discriminatory norms and attitudes, gender-related biases, prejudices, and harmful practices in households. At the same time, the primary data collected did not reveal any cases when hotline operators addressed such issues; they have not been reported by the Key Informants either. The Key Informants indicated that the experience of LEPL in operating a different hotline service for female victims of domestic violence suggests that the

violence against the children does not entail gender-specific forms and therefore can be faced equally by the girls and boys. As for the database of calls received by the hotline, the absence of cases related to violence among the inquiries has been explained by the informants by: i) limited access of victims of violence to this service, and ii) insufficient awareness about the service among its potential users.”.

It should be mentioned that due to the COVID-19 related lockdown, the channels to spread the information about the hotline were limited and excluded face-to-face informational campaign in the ECD institutions, schools, and other public places. It weakened the information campaign and thus hindered the service’s accessibility. The main sources of information were the TV social commercials and social media (pages associated with different state-provided social services, where the users distributed the information about the hotline.

Intervention effectiveness

Effects for frontline workers

All but one hotline operator have agreed that, in the context of the COVID-19 pandemic and within their remits, they are able to fully respond to the immediate needs of children under the age of 7 and their families with different types of vulnerabilities who call the hotline. The hotline operators participate in every stage of the hotline operation, including receiving the calls, information provision, case registration / log and categorization. The psychologists, in turn, are prepared for the provision of more immediate support, for instance, to take calls with warning signs about serious mental health issues. The local coordinators perceive the hotline staff as competent, diligent, motivated and assertive.

At the same time, the survey revealed that the main barriers the hotline workers face while providing their services are inherent in the overall system, rather than due to individual, internal factors, and include: poor quality of relevant services (mentioned by 5 out of 7 hotline operators) and shortages of services and support programs (mentioned by 5 out of 7 hotline operators) available to vulnerable children (especially with disabilities) and families in Georgia in general, and in their respective location (e.g. municipality, town/village; see Annex 2, Figure 4). Similar observations came from interviewees, who pointed out the *“inflexibility of regional services due to the operational rules, neglecting their own accountabilities, and lack of coordination and subordination policy”* being the obstacles for higher efficiency of the hotline service.

In terms of intervention-related barriers to fully respond to hotline users’ needs, the hotline staff mentioned **insufficient training in two areas: i) managing cases that support children who need a different type of services, because of their more complex needs; and ii) dealing with gender-specific prejudices and discrimination** have been mentioned. These have been attributed to limited resources allocated for the hotline staff training (KII with UNICEF).

Effects for the young children and their families

All survey respondents agreed that the establishment of the hotline contributed to improved access to service provision for young children under the age of 7 and their families during the pandemic. Thus, **the main direct benefit of the intervention for young children and their families is the possibility to receive information or service through one call.** As for **indirect gains, an up-to-date**

knowledge on children's needs that is gathered in one place has been mentioned by the respondents. More specifically, the case analysis based on calls received makes it possible to identify existing gaps with regard to ECD service provision and thus to take appropriate steps to address them.

It was difficult to assess whether all social groups in Georgia, including the most marginalized and/ or discriminated against, have equal access to the hotline. According to most survey respondents (5 out of 7) such an access is provided; one hotline operator did not agree with this statement and one marked 'don't know' option. According to interviewees, the channels to spread the information about the hotline were limited and a weak information campaign hindered the service's accessibility, e.g. for homeless children. Another challenge brought up is associated with the legislative contradiction related to service accessibility: children can call the hotline, but it is compulsory to inform them that the conversation is recorded, which in turn can have a negative impact on the openness of young users. Finally, the Key Informants raised the issue of gender blindness of the intervention but its potential effect on children and families has not been specified.

Key strengths and weaknesses of the intervention

The key strengths of the intervention are its innovative character and coverage of the provided services (*"If anyone in the country has any needs, they can call the hotline – no scope was defined"*, KII with UNICEF). It has the potential for strengthening cooperation between multiple state institutions (also representing various sectors) and concentrating their work on reaching vulnerable children.

However, due to the rapid launch of the hotline, some of its components still call for improvements. Based on responses gathered through the survey and KIIs, these can be grouped as:

a. technical issues:

- inflexible system for following-up the calls received, which prevents the identification of a user in case the call has not been finalized (interrupted);
- unfriendly automated response system, which can discourage users in poor psychological condition;
- deficient linkage to 112 (emergency number) and other hotlines that exist in the country;
- lack of technological support during case reference;

b. coordination and monitoring issues:

- insufficient data collected on the hotline's performance;
- lack of monitoring instruments or procedures to assess the quality of support provided by the hotline staff;
- insufficient coordination and arrangement of reference system;

c. capacity issues:

- insufficient training for psychologists on how to respond to children's needs;
- not always relevant (professional background or expertise?) background of hotline operators (e.g. social workers would be more preferable);
- untapped potential and capacity of NGOs providing hotline services to the different groups of vulnerable population, from whom information on different services provided is not collected.

Management and monitoring of the intervention

The hotline operators who took part in a survey are satisfied or very satisfied with the overall coordination of the hotline. The intervention's data and monitoring system is systemized and makes it possible to count the number of resolved cases and to identify the type of service provided to the service users. Each case is followed-up by a frontline worker until it is released – this allows to monitor progress in service provision, the types of most demanded cases and the whole cycle of addressing the user's need. However, the system is less effective when the operators need more time to determine which agency is relevant to provide a specific service. This limitation includes the inability to follow up the initiated call when the services and providers change and the operators are not timely informed about these changes.

At the same time, the data collected suggests that the roles and responsibilities of Implementing Partner (the agency which supervises the hotline) have not been clearly defined. This could be attributed to the rapid intervention setup of the service due to the emergency caused by the pandemic. For the same reason, the questions on how to document the findings from the hotline's functioning or what indicators and targets to use to assess its effectiveness have not been addressed. The Agency's activity in this area includes monitoring the logs and reports completed by the hotline workers and calculating beneficiaries' complaints. Due to rigid legislative requirements,⁷ the assessment of hotline service does not entail a review of audio-recorded cases (calls), which could be an important source of information on service quality.

The hotline requires regular updates of the knowledge and skills of the engaged staff, as reported by the Implementing Partner and hotline staff. The interpersonal skills and professional competences, information and guidelines, ICT equipment and infrastructure – all need constant renewal and development in order to provide quality, goal-oriented and durable services. The hotline operators said they manage to cope with their duties in terms of time sufficiency but – at the same time – they perceive their responsibility as greater than what they initially expected.

Intervention sustainability

Although initiated as an immediate response to the pandemic crisis, **the Child Hotline service is envisioned as a long-term, durable and expanding programme**, which ensures the effective and efficient provision of relevant accessible referral services that are provided by the state institutions. It has been reported by the interviewees that the governmental institutions plan further improvement and expansion of the service to make it more effective, but there is no official document that would entail this plan.

All respondents underlined the need for continuing the intervention in 2021 and beyond, and agreed that the hotline can help to better respond to the needs of children and families in the case of other future crises. They highlighted that while the hotline addressed the immediate needs of children caused by the public health emergency, **the service has the potential to become more of a preventative tool and create a coordinated system of services with a long-lasting impact on**

⁷ Article 61 of General Administrative Code of Georgia, Law of Georgia on personal data protection, requires very diligent approach to handling the personal data and thus makes it difficult to revisit the recorded case.

children's needs (*"The hotline can reveal the needs of young children as well as any areas which need to be improved as regards state services. The hotline can be a hub that connects different parties"*, KII with UNICEF).

In terms of intentions and plans for the service expansion and sustainability shared by the Key Informants, the following have been mentioned:

- increasing the hotline's accessibility and functionality for children to encourage their calls when seeking support in the case of violence, child marriage, and other issues (there is no child helpline in Georgia through which children can get support);
- ensuring access for children from the most vulnerable groups (e.g. in alternative care and street children);
- strengthening the psychological support provided through calls.

Intervention context: facilitating and hindering factors

Support for early childhood development has been identified as one of the weakest points of the social welfare system in the country over the past decades. Children are the most vulnerable part of the population and are most negatively affected by crisis situations. In the past few years, the government has begun paying more attention to the development of early childhood services and the assessed intervention can be considered as one of the steps towards the improvement of ECD services in Georgia. In doing so, as the Key Informants suggested, **the government efforts should be more focused on the creation of an integrated system of services, which combines child protection mechanisms, health care, education and judiciary systems, among others. Also, more targeted efforts by the authorities to address the needs of the most disadvantaged children (e.g. children with special needs, street children, children from ethnic minorities)** are required in the view of interviewees.

The shared understanding of the intervention's importance between the government, UNICEF and other stakeholders has been mentioned as a factor enabling the swift set up of the hotline. As noted by interviewees, governmental institutions showed full readiness for considering UNICEF's recommendations about the hotline and the LEPL foresees UNICEF as a key provider of technical expertise and financial support during the next phases of intervention development (e.g. better adaptation of the service to the particular children needs). Continuing cooperation between the governmental agencies and UNICEF is therefore perceived as crucial for capacity building of hotline staff to make them better equipped with knowledge and skills to meet the needs of children, particularly from vulnerable groups. The IP's long-term experience of cooperation with different governmental institutions in the context of crisis management and shelter provision to victims of violence has been also listed as a factor that contributed to the intervention successful operation.

The collaboration-related challenges were mentioned mainly in reference to the municipalities' work and its coordination with the hotline service provision. The shortcomings in this area listed by interviewees include: i) insufficient response to the calls by some municipality staff; ii) inadequate communication about changes in the municipality service provision to the hotline service; iii) lack of accountability of the municipality staff for following on and supporting cases referred by the hotline. Jointly, this has impeded the intervention's effectiveness and has been attributed to the limited awareness and engagement of relevant municipal units in the hotline's coordination system. The Key Informants mentioned that increased accountability and transparent service provision by the

municipalities in response to hotline queries have been observed when the Parliament of Georgia was actively engaged in hotline monitoring.

Conclusions

The assessment of the intervention concluded that:

- The service has the potential to become a powerful, well-coordinated, multi-dimensional instrument that helps address diverse needs of children and their families beyond COVID-19 crisis situation. The engagement of different state and governmental institutions around the hotline service is an opportunity to create a well-coordinated and integrated system of child-focused services in the country, with the hotline serving as an entry point and coordination mechanism across different levels of service provision.
- The hotline can be used to monitor the needs of children across the country and identify any emerging issues affecting child rights and wellbeing. It can also contribute to identifying areas and services that need to be further improved to meet the needs of children and their families. It can serve as a catalyst for emergent / new services required, and for displaying the areas where there is a clear need for bridging the gaps between existing services.
- Poor quality of the available services, shortages of some services in particular locations or throughout the country, and the insufficient collaboration on the part of municipalities for providing support to the hotline users were identified as the main systemic obstacles to ensure adequate response to the needs of children and their caregivers.
- The hotline operators are generally satisfied with the support they have received to carry out their tasks but – at the same time – they identified areas for further professional development/training.
- New governmental regulations that support the hotline's operation (e.g. telecommunication policy, free hotline number provision, handover to the State Care Agency) and coordination with different state institutions facilitated the intervention's establishment in a short period of time. The Child Hotline is governed by Georgian laws and child protection procedures², which offers a legitimised basis for its further development and financing.
- There is a need to improve the technical capacity of the hotline, which includes collecting information on users' profiles to define whether the most vulnerable children and families access the hotline and to classify issues that affect them the most.
- The Parliament's engagement played a decisive role in the coordination of the state agencies and institutions around the newly emerged service. Its decreased involvement had a negative impact on the accountability and efficiency of state and local institutions that provide response/services sought by the hotline users.

²The protocols 1, 2 and 3 on the establishment of the child rights hotline and the Ordinance No. 07-125/0 of 24 August 2020.

Recommendations

To improve relevance:

- Carry out regular children's needs assessment based on call database to: i) modify / launch services to fully respond to the existing needs and demands; ii) ensure better inclusion of children from the most vulnerable groups (e.g. children from ethnic minority groups, children living in remote areas and in extreme poverty, street children, children in alternative care); and iii) make the service / inquire system more child-friendly.
- Ensure consistent and continuous training, supportive supervision and other capacity-building activities to equip the frontline workers and supporting professionals with the necessary skills and knowledge to provide an effective response to the calls (including training on social, interpersonal and psychological skills to better cope with the inquiries coming from hotline users of different age, needs and background or other areas depending on the needs).
- Provide hotline staff with regular updates on changes to existing state programmes and the introduction of new forms of support for children and families. Organize regular meetings with state agencies / municipalities to improve access to up-to-date information about existing services for children and families.

To improve effectiveness:

- Improve technical functionality of the hotline by: i) allowing the connection of an initiated call with the relevant service, ii) developing online instruments, such as virtual platform and alternative contact system to improve its accessibility, iii) building a comprehensive data base system that indicates the main groups of users and allows analysis of their needs.
- Increase capacity of the implementing agency to establish a system for continuous monitoring and evaluation of the quality and effectiveness of the service, including through involvement of external organisations.
- Establish accountability for following up the calls for each institution engaged in service provision, including regional and municipal services.
- Define and assign clear and specific tasks and roles to all actors (i.e. from all institutions which are engaged in the operation of the service) involved in the hotline operation to foster inter-sectoral collaboration.
- Increase awareness of the hotline service, its functionality and importance through intensive and targeted outreach, including to the most vulnerable groups, informational campaign (e.g. in ECD institutions, schools, media) and coordinated efforts of different institutions.
- Analyse the barriers that some groups experience in accessing the hotline and design complimentary, targeted measures to address these (for example children in institutional care, victims of violence and other vulnerable groups).

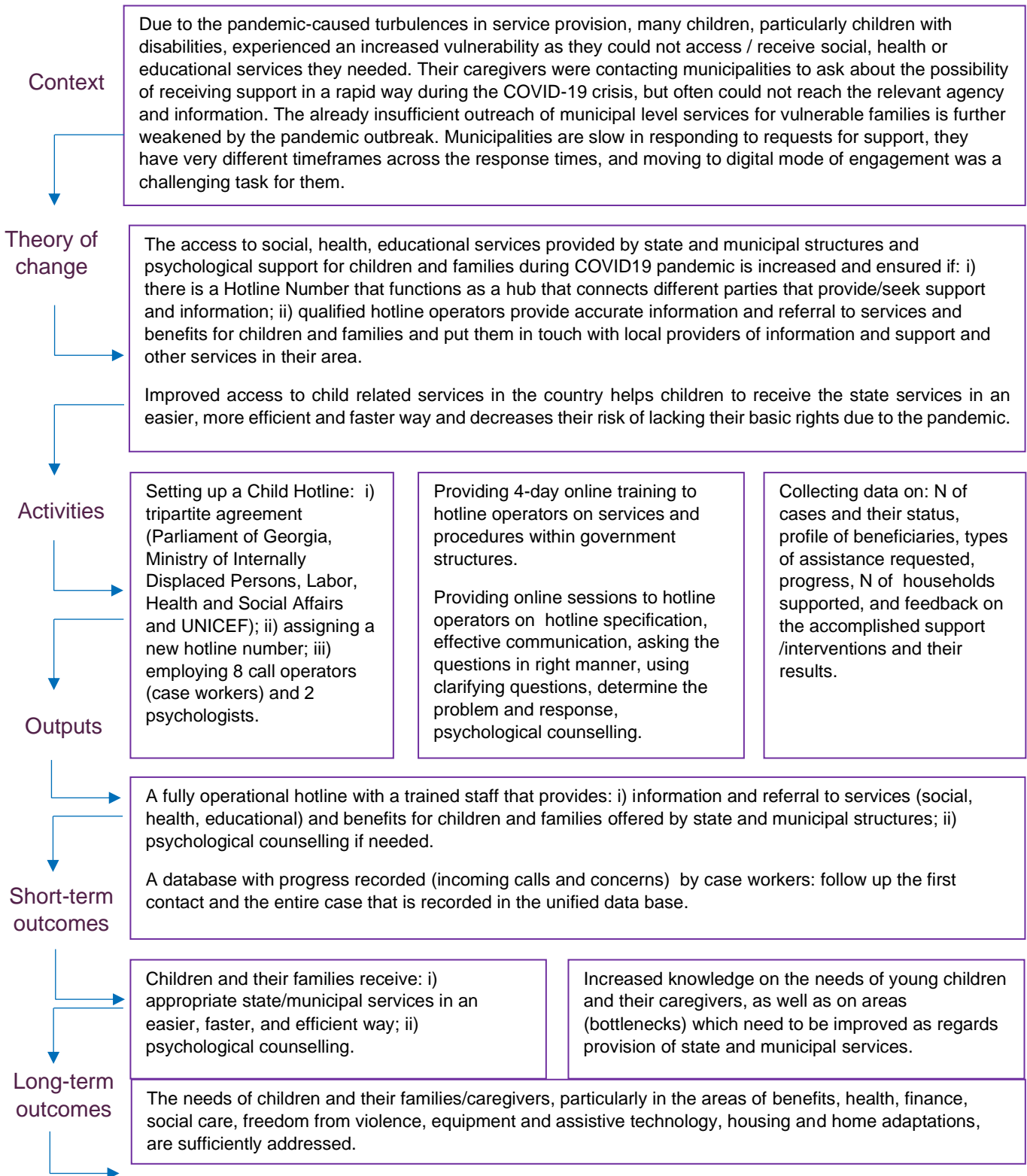
To improve sustainability:

- Support the development of national professional standards and a certified module for training of hotline workers with subsequent quality assurance mechanisms.

- Create a unified referral system which consolidates child-oriented services and becomes an easily-navigated and efficient tool providing coordinated service to beneficiaries.
- Strengthen a consortium around child-related topics that includes state and non-state actors, including private sector, and international institutions involved in the provision of different child-oriented services to improve the services and reference network.

Annex 1: Theory of Change

Reconstruction of the Theory of Change for the capacity building of Child Hotline staff³



³ The existing project was carried out without the theory of change. Annex 1 represents a simplified model based on the information collected.

Annex 2: Additional figures and tables from analysis

Figure 1: Share of the targeted calls out of total 1242 cases per category (%) for the period of Apr. 27 to Nov. 11.2020

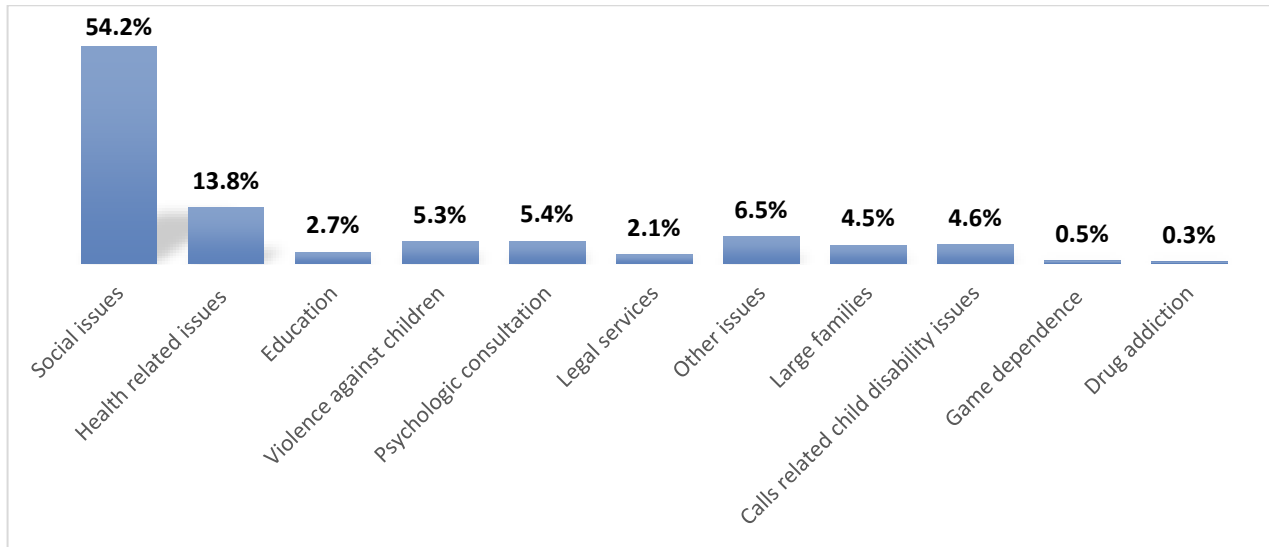


Figure 2: Frontline workers' answers to question "To what do you agree with the following statements?" (n=7)

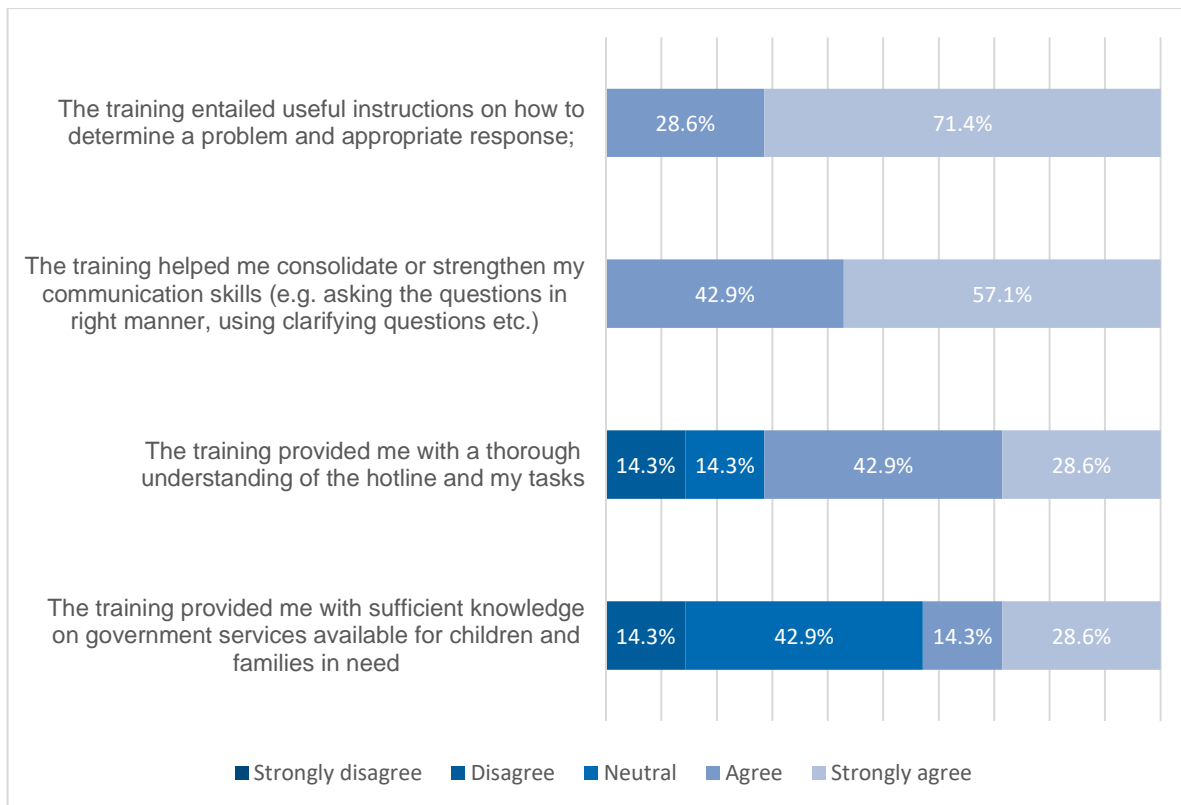


Figure 3: Frontline workers' answers to question "What type of skills, if any, would you benefit from improving?"

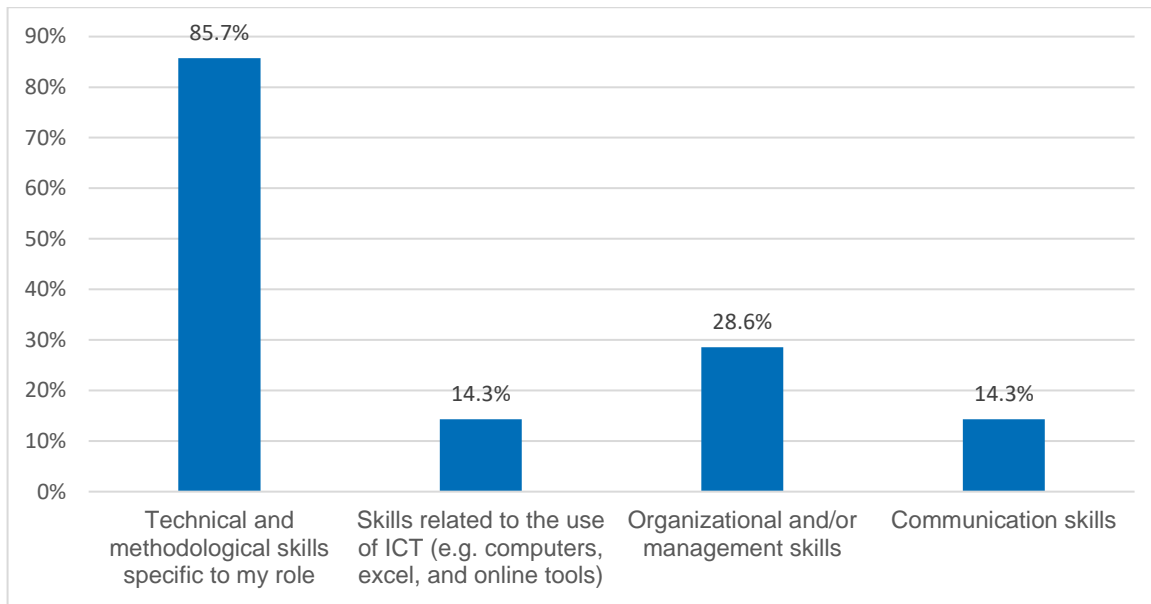


Figure 4: Frontline workers' answers to question "To what extent do the hotline services directly (e.g. through psychological support) or indirectly (e.g. through referral to other organizations) respond to the following needs of vulnerable children under 7 years of age and their families calling the hotline?"

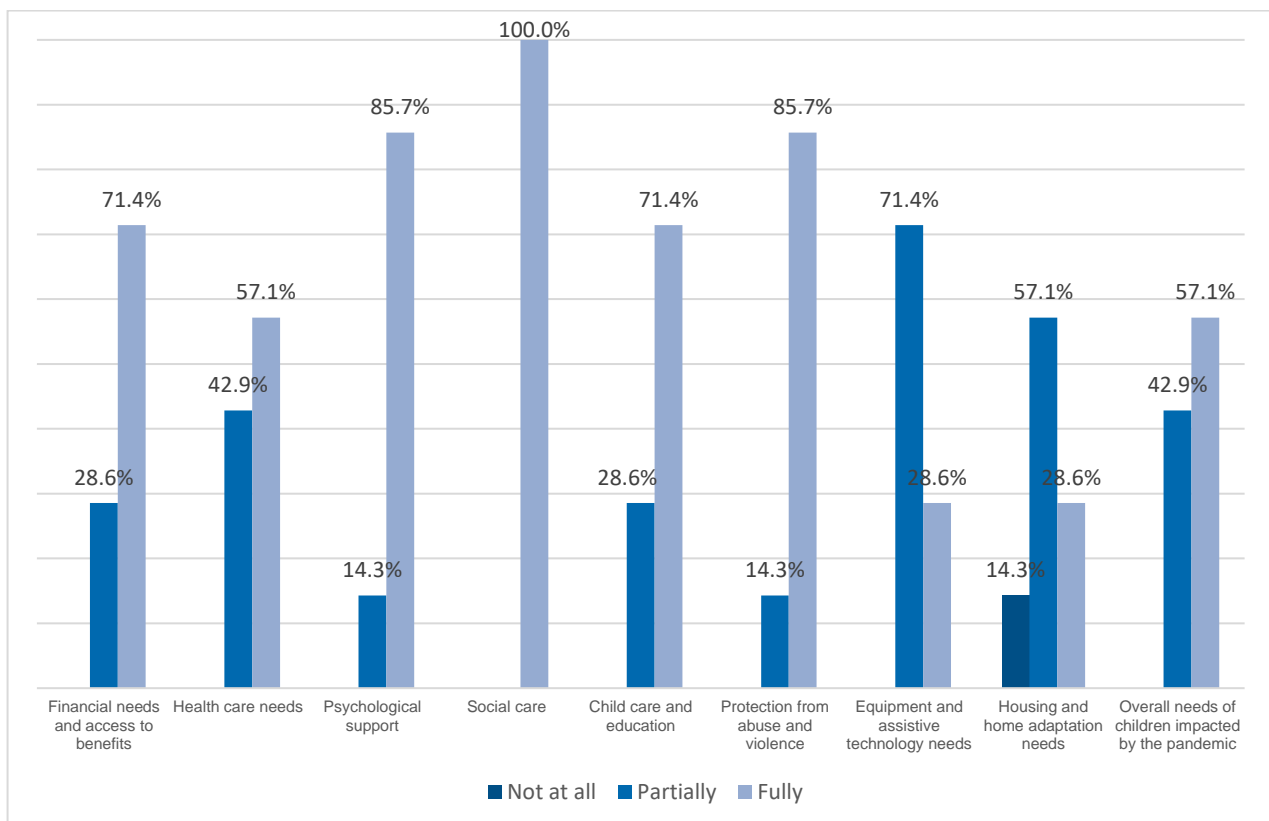
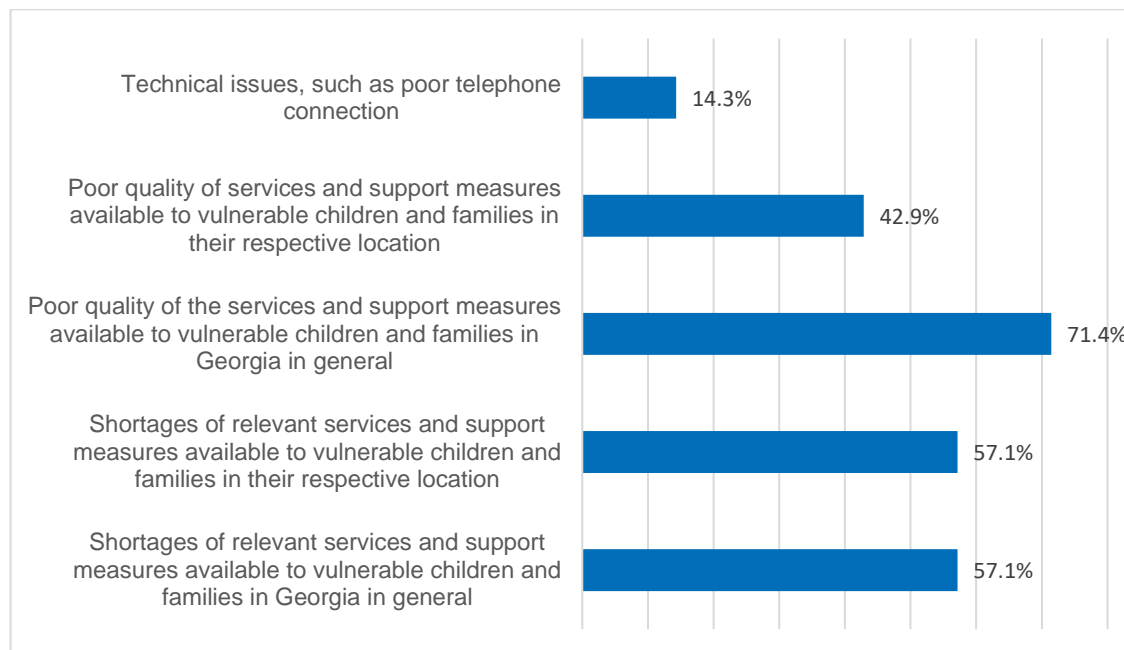


Figure 5: Frontline workers' answers to question "What barriers, if any, do you face in meeting the needs of vulnerable children and their families?"



Annex 3: List of documents reviewed

Andguladze, N., Gagoshidze, T., Kotaladze, I. (2020) EARLY CHILDHOOD DEVELOPMENT AND EDUCATION IN GEORGIA, UNICEF, Georgia, available at:
https://www.unicef.org/georgia/media/5796/file/Early_Development_Report_EN.pdf
 (accessed on 04.02.2021)

Database of the calls and issues for the period of Apr.27–Nov.11.2020

Child hotline description

Hotline proposal (short version)

Hägglund, S., Samuelsson, I., P., (2009), Early childhood education and learning for sustainable development and citizenship, *International Journal of Early Childhood* 41(2):49–63, DOI: 10.1007/BF03168878

Maani, M. (2021). FINAL REPORT AND RECOMMENDATIONS for: STRENGTHENING THE NATIONAL CHILD HELPLINE IN GEORGIA, Unicef, Georgia

Memorandum of cooperation between the Human Rights and Civil Integration Committee of the Parliament of Georgia (hereinafter referred to as the Committee), LEPL *Agency for State Care and Assistance for the Victims of Human Trafficking* under the Ministry of Internally Displaced Persons from the Occupied Territories of Georgia, Labour, Health and Social Affairs and United Nations Children's Fund in Georgia

UNICEF GEORGIA (2020) WORKING FOR EVERY CHILD DURING THE COVID-19 OUTBREAK, Newsletter, March to May 2020, available:
https://www.unicef.org/georgia/media/4441/file/Unicef_Newsletter_2020_FINAL.pdf
(accessed on 05.03.2021)

UNICEF GEORGIA, Addressing Adolescents and Young Peoples' Psychosocial Problems During COVID-19 Pandemic, concept note

UNICEF (2020) Averting a lost COVID generation A six-point plan to respond, recover and reimagine a post-pandemic world for every child (available at:
<https://www.unicef.org/georgia/media/5671/file/Averting-a-lost-covid-generation.pdf>
(accessed on: 10.02.2021)

ToR for INTERNATIONAL CONSULTANT TO STRENGTHEN NATIONAL HOTLINES AND HELPLINES FOR CHILDREN AND SUPPORT ESTABLISHMENT OF A HELPLINE FOR CHILD VICTIMS OF VIOLENCE

Annex 4: List of respondents interviewed

Category	Institution / organization (no of respondents)
Category I – Frontline workers	<ul style="list-style-type: none"> LEPL Agency for State Care and Assistance for the Victims of Human Trafficking (3)
Category II – Implementing Partners' (IPs)	<ul style="list-style-type: none"> LEPL Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (1)
Category III – Selected government officials (at the central or regional level)	<ul style="list-style-type: none"> Human Rights and Civil Integration Committee of the Parliament of Georgia aiming (1)
	<ul style="list-style-type: none"> Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (1)
Category IV – Local leaders of public services	<ul style="list-style-type: none"> Zugdidi Coordinator (1)
	<ul style="list-style-type: none"> Sighnaghi Coordinator (1)
Category V – UNICEF COs' staff	<ul style="list-style-type: none"> UNICEF Georgia Child Hotline Coordinator (1)

A.1.2: Analytical Brief #2

Analytical Brief # 2

Georgia

2nd Rapid Assessment Cycle

August, 2021

Introduction

This analytical brief is part of the Multi-Country Evaluation of the UNICEF Early Childhood Development (ECD) response to COVID-19 in the Europe and Central Asia region, summarizing the main results of the second rapid assessment cycle carried out in July 2021. It is the second and final analytical brief devoted to the national hotline for children in Georgia (Child Hotline 111). The analysis builds on the findings of the first rapid assessment cycle (finalised in April 2021), but offers deepened insight into the specific research questions developed for the 2nd cycle, particularly into finding possible solutions to identified bottlenecks and challenges. It is based on the reflections shared during Key Informant Interviews (KIIs). During the 2nd round of data collection, we conducted 3 KIIs with representatives of state institutions, 2 with representatives of the NGO sector, 3 with UNICEF Country Office staff and 5 with frontline workers (please see Annex 4). The results of KIIs have been enriched through the analysis of websites related to the hotline, the database of calls, as well as supporting documentation and literature.

Intervention description

The Child Hotline 111 is an initiative of the Human Rights and Civil Integration Committee of the Parliament of Georgia created as a response to the outbreak of the COVID-19 pandemic. **Its main purposes are to: (i) facilitate access to services (social, health, educational) and benefits for children and families offered by state and municipal structures; and (ii) provide psychological support to children and families during and after the COVID-19 pandemic.**

The Child Hotline 111 began working at the end of April 2020. It is supervised and managed by the Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (LEPL) whose operations fall within the mandate of the Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs. The hotline's launch was based on Resolution No. 701, adopted by the Government of Georgia on 21st April 2020 as part of its legal response to the pandemic. The hotline was set up with the financial and technical support from UNICEF.

The Child Hotline 111 services are free of charge. Until May 2021, the services were offered from 10 a.m. to 7 p.m. on weekdays. Since June 2021, in response to the existing needs of the target society, the hotline has provided services 24/7. Its staff consists of 11 persons including 8 hotline operators, 2

psychologists and a coordinator⁴. When required, the hotline's staff is supported by additional personnel of the LEPL.

Following the hotline's launch, its operators received online training on the services and procedures within governmental structures, the rules for hotline operators, as well as subjects such as effective communication (asking questions in the right manner, using clarifying questions, determining the problem and response) and psychological counselling.

The Child Hotline 111 assists parents or other caregivers of young children (0-7) by providing them with information about available state and municipal services, including benefits for children and families, or by referring the callers to particular state service providers. In June 2021, the hotline expanded its operational scope to address the mental health and psycho-social needs of adolescents and young people during COVID-19.

In the period between 27 April 2020 and 31 July 2021, the hotline responded to 2,821 calls out of which almost a half (47.1%) entailed an inquiry for social services (see Annex 2, Figure 1). Health issues constituted the second most frequent subject of the calls (19.8%). Until December 2020, the hotline registered 1,960 calls with an average of little above 217 calls a month. Between January and July 2021, the overall number of calls amounted to 861 with an average monthly number of calls reaching 123.

Intervention relevance

The Child Hotline 111's primary focus is on offering referral to services and providing psychological counselling. However, for the 2nd rapid assessment cycle, the evaluators were asked to focus on the hotline's potential role in providing policy-makers with evidence on child protection/early childhood development issues in the country and gaps in available services. The interviewed stakeholders were, therefore, asked how the hotline can monitor the needs and detect gaps, both ethically and effectively to feed into strategies at the country level.

Hotline's role in providing evidence for policy-makers

All interviewees underlined the potential significance of the Child Hotline 111 for gathering evidence that policy-makers could use for strengthening ECD services in the country.

Different options were suggested for monitoring to be regularly undertaken by LEPL, including additional research exercises involving qualitative analysis of randomly selected calls or post-service survey of the beneficiaries. Whichever way was to be followed, the interviewees highlighted the importance of ensuring good evidence-base through careful and meaningful data collection and analysis. The data compiled through monitoring could, on the one hand, inform the decision-makers about the quality of the services available to children and their families and, on the other, provide insight into the needs and demands that exist in the country but have not yet been fully addressed.

While additional monitoring exercises could be conducted, they cannot replace the regular documentation of cases conducted by hotline operators. In fact, a recent report for UNICEF Georgia recommended that the hotline adopt a "data collection system which will facilitate documenting and analysing data as needed", specifying what shape such a system could take, including the simplest

⁴ Information based on the results of the first data collection cycle.

Excel format but also more advanced systems.⁵ A more robust internal data collection system could be used as a basis for on-going monitoring of the needs and gaps to be complemented with additional periodic in-depth research. Resultant regular hotline reports / reviews could be a mechanism allowing the hotline to provide feedback to decision-makers on the range of problems that children face and on service shortages in the country.

The two monitoring options specified above could simultaneously allow the hotline to measure its own performance. All interviewees perceived it as necessary to improve the monitoring tools of the Child Hotline 111 service. This would help the LEPL to assess: (i) the quality of the service in terms of staff readiness to meet the needs and the needs for staff capacity building; (ii) the quality of the service in terms of successful completion of cases; (iii) level of beneficiaries' satisfaction; and (iv) challenges and gaps in coordination of service-providers. While they recognized the need for monitoring, the interviewees also saw the adoption of quality monitoring as challenging due to the lack of clear indicators and measures for data collection.

Barriers to hotline's effective use as a monitoring tool for child protection needs and service gaps

Limited interest due to poor overall service environment on which the hotline depends

With an exception of psychological counselling, the hotline's dependence on other services means that it is relevant to children and their parents insofar as it can offer appropriate and effective referrals to quality services. If the hotline is not able to refer children and their parents to trustworthy services which meet their needs, either because such services do not exist, are limited or are of sub-standard quality, it will itself not be seen by intended users as a relevant contact point. With fewer people calling, the hotline would become much less relevant as a potential vehicle for systematic monitoring of child protection issues and detection of service provision gaps.

The conducted interviews revealed gaps which exist in the country in terms of child-focused services and their relevance to the existing needs. The respondents were sceptical about the state's readiness to provide the required services to those children who need them the most. For example, while the state claims that protection of children against violence is a national priority, adequate services for victims of domestic violence do not, in fact, exist. As one interviewee put it:

I am curious to call 111 and ask the operators to which institutions they refer cases of domestic violence. I have thorough knowledge of the existing services in the country and I can assure you that there is no service which can protect women (mothers) and their children from violence committed by the spouse and father. The "service" means that the police will take the perpetrator for few weeks or maximum several months and then let them free. Another option is that the police takes the child to a special shelter for some period and then returns them home.

⁵ Nafila Maani Consultancy, Strengthening the national child helpline in Georgia. Final report and recommendations, 15 February 2021.

According to the respondents, the fact that the problem has not been resolved properly influences the victims' willingness to communicate their needs to the special services. Victims have learnt and know that they would not receive adequate support.

Another issue is the insufficient quality of services that the hotline could refer beneficiaries to. As some interviews suggest, the lack of quality services at central and municipal levels may relate to the lack of professionals or their insufficient qualifications. When children call the hotline, they are likely to be connected to a psychologist of the LEPL. The latter are overwhelmed with their caseload and unable to take and manage new cases, especially from the regions. Accordingly, they refer calls further, e.g. to a local psychologist or a social worker in the municipalities. According to the interviewees, they are also overloaded and/or do not have sufficient competences to help the children. There are also instances when a child would be provided with services over the phone by a LEPL psychologist / social worker while their situation cannot be addressed through remote means. Finally, an intervention from the police or school resource officers could be arranged, but these professionals are less qualified, or sometimes simply less appropriate, to address the existing problems. Furthermore, those children who had already experienced poor service provision may be unlikely to call the hotline again.

The service quality of Child Hotline 111 heavily depends on the quality of those programs to which the hotline refers its beneficiaries. While the operators may show efficiency, be well-informed and refer callers to the right programs or closest available services, the lack of specific services or poor service quality will negatively influence beneficiaries' perceptions, create distrust and discourage future attempts to contact the hotline, making it not only ineffective, but also less of a relevant source of information for decision-makers.

Limited interest due to problems with recognizability

The fact that potential beneficiaries may have difficulties distinguishing between the Child Hotline 111 and the 1505 hotline⁶, as suggested by a respondent, could become another barrier to the Child Hotline 111 becoming a vehicle for monitoring children's needs and detecting service provision gaps. As the interviewee noticed:

The hotline 1505 has been operating for a longer time. Even if this hotline is focused on the immediate needs and calls for urgent intervention from relevant institutions, while the Child Hotline [111] serves as a support in finding a permanent solution to child-related issues, it is quite difficult for the beneficiaries to see this difference. This means though that the 111 is very much associated with the 1505.

Depending on the scale of the confusion, the use of the 1505 hotline for systematic child-related issues would mean that children receive less specialized service and the dedicated Child Hotline 111 benefits from a less comprehensive overview of the range of existent systemic problems. While to be

⁶ This is a hotline maintained by the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. It provides information and assistance on social issues and programmes.

a source of valid information, the Child Hotline 111 should ideally become a one-stop-shop for parents and children.

The perception of the 1505 hotline as not user-friendly may also negatively affect the willingness of the beneficiaries to turn to the Child Hotline 111. This can be additionally compounded by the fact that the 1505 hotline is not entirely free of charge. As the same interviewee observed:

“Even if advertised as such, the 1505 service isn’t free of charge. One can’t call the hotline using a regular mobile deposit but needs an extra deposit in order to call the service. The state claims that the hotline is free of charge, if one calls from the landline phone. In fact, the landline isn’t widely used by the citizens and thus the accessibility of the free service is limited. This means though that if a citizen feels the responsibility and wants to report a case of violence, he or she should pay for the call. While the 1505 is the service that is more known to the population, it isn’t perceived to be user-friendly. The citizens apply their experience with the 1505 to the 111 and therefore are reluctant to use it, and even more, to talk about their problems. Among other challenges, the small visibility over the 1505 and its association with its poor service affects usage of the Child Hotline for tackling children’s needs and challenges associated with violence and psychological support. The 111 is more of a hotline that connects citizens with different social services.”

Beneficiaries may also turn to other more generic, but also more well-known hotlines which exist in the country. Some interviewees pointed out that children and their families will call 112⁷ (a general emergency service) rather than the Child Hotline 111. Another “competing” service is the hotline 116 111. The recent report for UNICEF Georgia on the national child hotline makes recommendations concerning the relation between the latter and the Child Hotline 111.⁸

In this light, there is a need for an information campaign related to the Child Hotline 111. Such a campaign should not only publicise the existence of the hotline, but also underline the scope of its operation, differentiate it from other similar services and present it as a go-to and one-of-a-kind service for child-related matters.

Staff shortages and shortages of competences

If the Child Hotline 111 is to become a source of evidence for policy-making, it should be a primary choice for contact among children and parents. Towards this end, the hotline needs to ensure quality service which will only be possible with properly qualified staff, meaning professionals who are both

⁷112 is a Legal Entity of Public Law of the Ministry of Internal Affairs of Georgia, which ensures operative response on the emergency situations. The main purpose of 112 is to protect human lives, as well as private and public property. 112 is the Emergency Response Centre that receives emergency calls from all over Georgia via unified emergency number - 1-1-2 during 24-hours. 112 service is free of charge from all fixed line and mobile networks even if the number is disconnected from both sides or there is no SIM-card in the mobile phone. 112 unifies three different services in Georgia, in particular, these services are: patrol police, fire/rescue and medical services.

⁸ Nafila Maani Consultancy, Strengthening the national child helpline in Georgia. Final report and recommendations, 15 February 2021.

well-trained and knowledgeable, but also experienced in the job. The additional capacity will also have to be developed should the hotline staff be involved in monitoring children's needs and service provision gaps.

Yet the introduction of around-the-clock services in June 2021 may have contributed to the outflow of qualified staff. Out of five operators interviewed during the 2nd assessment cycle, two had already left due to the disproportion between the workload and obtained remuneration, while two more said that they would leave, if they had better (more balanced) opportunities.

The loss of trained and more experienced operators creates a serious challenge of skills and competence gap among staff which can negatively impact service quality. The operators were trained at the hotline's initiation and no additional training was organised. The interviewed operators noted that the new personnel do not receive training, but are supported by those who are more experienced. In the respondents' view, however, experience-sharing cannot replace professional training. Further still, quick staff rotation may impede even these organic learning processes.

At the same time, the professionals did recognize that much of their ability to provide quality service results from an accumulation of practical experience over time. Over the months of the hotline's operation, they have trained effective communication and other relevant skills. Taking into account the time required for operators' professional growth and the cost of training, LEPL should develop ideas and strategies to retain its staff. For a start, these could include offering a more competitive salary and additional incentives.

The operators express the need for more training in order to be well-prepared for relevant service delivery, especially in light of the changing nature of the Child Hotline III. Since the operators identified a knowledge gap related to available governmental and local services, parts of the training should encompass provision of updated information on this subject. But, as noticed by some respondents, the support should also be provided to address the psychological burden of the job. One interviewee thus characterised the needs with respect to increasing staff competences:

When the hotline was launched, it was supposed to address the COVID-19 related needs of the children and their families. That time we were trained and it was a huge support for us to do our job well. With time, the scope of the hotline has been changing. If we used to deal with the inquiries of social character at the beginning, now there are many more inquiries about other services. This means that we need more professional knowledge and skills to handle the requirements, as well as more assistance to avoid burnout, psychological stress and to respond to children and citizens properly.

Intervention effectiveness

For the 2nd rapid assessment, the focus of the effectiveness section was on opportunities for improving coordination between different actors, such as municipalities and NGOs. In particular, the section was to explore how the hotline staff can be kept up-to-date with the changes in service provision.

The hotline's effectiveness is highly dependent on its capacity to refer beneficiaries to relevant services. Yet the interviewed operators struggle to keep up to date with the changing service landscape. They mention not being informed about new services as one of the barriers to achieving better effectiveness. The factors which contribute to this challenge include lack of cooperation between the hotline and relevant service providers, as well as more general coordination problems between different child-support services in the country. Improved cooperation between the hotline and other actors in the system is, therefore, seen as one of the ways to help boost the hotline's effectiveness. The respondents noticed two fields where such cooperation emerges as a path towards improvements in hotline's service provision – regular/on-going information-sharing and training. Some solutions were also proposed to increase coordination between all service providers under the lead of LEPL, which would benefit the Child Hotline III.

Cooperation on information-sharing

The interviewed operators reported that they are not updated by service providers on the available services. The operators frequently learn about new services or amendments to old services from the beneficiaries themselves during the calls. When the required information is not immediately available at the hotline, the beneficiaries have to call several times, which makes the hotline service less effective and efficient. The operators note, in particular, problems in cooperating on information-sharing with institutions at the municipality level.

Based on the observations of one interviewee, the parliamentary oversight of the hotline appears to have been one factor which contributed to better sharing of information with the hotline at earlier stages of its operation:

To be frank, we [hotline] were more useful when the parliament oversaw the operation. It made the respective ministries and municipalities keener to comply with the requirements and immediately share information on programs and services with us. Now, there are many cases when we have to call the representatives of different services multiple times in order to receive relevant information / response from them.

To address the challenge in information sharing, the interviewed hotline staff also underlined the importance of regular updates and meetings with representatives of institutions which run services for children and families. The meetings could be held in different formats and, considering the pandemic, be organised as online or offline. The operators would, however, prioritise meetings and live communication over other forms. The offline format would allow operators to immediately pose questions and deepen their understanding, while building relations with counterparts. While this was not noted in the interviews, such meetings could be a chance for the hotline staff to also share their insights with other service providers, e.g. on children's needs and systemic gaps. The meetings could thus be framed as more reciprocal exchanges of experiences, which could increase their overall appeal to stakeholders.

However, at the moment, email appears to be the most common way of providing operators with information on additional services and/or amendments in different state programs. While in some cases this is enough, there are more cases when additional clarifications would be beneficial for the hotline staff.

While the interviewees' focused on how the hotline staff should be updated on new or amended services by other institutions, less attention was given in the interviews to how the hotline staff could internally keep up-to-date with relevant developments. One suggestion was, however, that LEPL could map out existing services and set up dialogues with relevant institutions. With other institutions not proactively sharing information on changes in services that they provide, it may actually be easier for the Child Hotline III to assign a responsibility to review such changes to its staff and develop internal procedures for service monitoring and diffusing the knowledge internally. The hotline could nominate one or more people as responsible for regularly reviewing relevant services. Alternatively, such a task could be shared on a rotational basis by different staff members. The knowledge from such reviews could be shared internally in various ways, including through automatic updates of the hotline's resource directories, operating procedures/algorithms, databases, staff meetings/internal ad hoc training or via an internal newsletter (e.g. on a weekly, bi-weekly, monthly or ad hoc basis). While the proposed internal solutions could require some additional resources, they should not create excessive costs as compared to options suggested by the interviewees, such as regular meetings between the hotline staff and various service providers.

Cooperation on provision of training and supervision

The capacity of LEPL to offer regular training to operators has so far proven limited, despite the awareness of the need. This gap could possibly be filled through effective and goal-oriented coordination between different institutions and agencies, including state, municipal, non-state and private sector, to broaden the list of potential training providers for the hotline staff. Through various collaborations, LEPL could build capacity of the hotline in areas where the competences are lacking.

The NGO sectors could specifically be a partner for collaboration on training. For instance, the interviewed NGO representatives expressed their readiness to contribute to the hotline service development, if their competences matched the areas of qualification and knowledge which require improvement. The NGO training offer could e.g. include training focused on the needs of children with disabilities or correct forms, approaches and terminology for posing questions to the beneficiaries in order to identify the right institutions for referral.

Coordination of service provision in the country

While the hotline service is seen as one of the important instruments for child protection and well-being, and the Code on the Rights of the Child allies all state institutions around child rights, the coordination between state institutions and agencies is perceived as a key challenge by the interviewees. This is especially true towards the coordination between and with the local government institutions which are the key child-related service providers in the regions.

The interviewees emphasized the importance of coordination and perceived LEPL as a facilitator of the coordination processes between the child-oriented institutions and agencies, leading to their inclusion in the repository of service providers to which the hotline operators refer beneficiaries.

They (i.e. LEPL) should organize a broader coordination session and introduce its service to every organization working in the country on children's issues in order to ensure access to complete information about the available services and service providers in the country.

Making sure that relevant actors are properly informed about the hotline's existence and operations is the first step to ensuring successful cooperation, including with NGOs. For example, one interviewee talked about her insufficient knowledge about the hotline and its value /quality and her resultant doubts about its effectiveness. Since she had never had a chance to learn in detail about the hotline's operation, she was reluctant to introduce it to those organizations which are members of children and youth coalition unifying almost all providers of services that are available for children and youth in the country. This shows an area for improvement when it comes to spreading information about the hotline among relevant stakeholders. It also highlights that reaching out to sectoral and local leaders who can advocate for the hotline and link it to the plethora of other services can be an efficient way of ensuring wider coverage.

The coordination between service providers is seen by all informants as a precondition for effective service provision. The interviewees provided specific examples on how the coordination efforts can be consolidated for better results. The consolidated coordination can specifically help solve the challenges concerning the municipalities and local government, which were repeatedly noted by respondents. One interviewee, for example, underlined the need for a unified platform of service providers. The interviewee pointed out that the existing coalitions and working groups consolidate institutions at the central level but do not include the local levels, despite the recognition of the challenges related to efficient communication with and between the municipalities. The initiative of the Mayor of Kutaisi City recalled during one of the interviews can serve as an example of successful local coordination. As reported by the respondent, the Mayor's office managed to pull together various institutions and agencies, including non-state and private actors, in order to address a common issue. It also created a database of all services that are available from state and non-state institutions and agencies in the region. The regular meetings, exchanges of ideas and task/service-sharing between organizations was an approach which made the coordination successful.

While state institutions are obliged through the law to coordinate their operations for the sake of child's best interests, the NGO and international organisations should also be invited to join the platform. This can be done through an active information campaign to encourage their engagement or through memoranda of understanding. The engagement of NGOs could also be stimulated through 'hotline mainstreaming' in grant agreements where donor organizations would, for instance, include cooperation with the hotline as one of the grant conditions.

In addition to LEPL, the interviewees also recognized that UNICEF has a role to play in coordinating relevant stakeholders, be they state agencies and institutions, NGO sector and international society, around the hotline platform. However, during interviews opinions were voiced that opportunities to promote the hotline through other relevant projects/programs of UNICEF have not been fully utilised. . For instance, in 2020 UNICEF in cooperation with the national statistics office of Georgia launched a new project which enables "children and young people in Georgia to access statistical data in a child-friendly format through two new web portals: [KIDSTAT](#) and [TEENSTAT](#). They will receive, understand, and be able to analyse statistical information on topics that interest them, and will be able to learn more about their rights". Even if the portals were under development simultaneously with the hotline, the useful and child-friendly format and space have not been used for awareness-raising on the Child Hotline 111.

Intervention sustainability

To ensure durable operation and further development of the hotline, a comprehensive development strategy is needed. Such a strategy should determine, among others, the extent of cooperation that should be built with other stakeholders, including whose involvement is necessary, needed or desired. Since the demand for different types of services varies in intensity and priority depending on children's and families' needs, the service providers consolidated around the hotline could be engaged in different roles and to varying degrees. For instance, the social services are the most demanded type of services, while aid from specialists in dyslexia is sought less often. But while different level of importance may be ascribed to different services, it is important to consolidate all relevant services that ensure comprehensive fulfillment of the rights of the child, child protection and development. This diversity of the offer is seen as a precondition for sustained demand for the hotline's services and consequently for the sustainability of the hotline itself.

One mechanism for consolidation of relevant institutions and agencies around the Child Hotline III is the Interagency Council on the Implementation of the UN Convention on the Rights of the Child at the Administration of the Government of Georgia. The Council was established in 2017 on a recommendation and through the support of UNICEF. Following the recommendation of UNICEF to "allocate principal responsibility for the coordination and evaluation of implementation of the Convention to a single mechanism and provide regular and adequate financial and human resources to comprehensively coordinate children's rights", the council consists of the representatives of key public institutions, UNICEF and some of the child rights NGOs. It is responsible for the development of a comprehensive plan for the implementation of the UN Convention on the Rights of the Child that will be part of the Government's Action Plan on the Protection of Human Rights; coordination and monitoring of the implementation of Georgia's international and national obligations in protecting child's rights; ensuring compliance of the Georgian legislation with the Convention and other international standards; collection of relevant data and information and ensuring implementation of the concluding observations of the UN Committee on the Rights of the Child⁹. The council could provide an excellent foundation for the coordination of all relevant institutions around the hotline.

The hotline will be able to further develop and sustain the demand for its services, if it is correctly introduced to relevant stakeholders and the society at large through channels of information, including public institutions, such as ministries, agencies and their affiliations / branches, schools, kindergartens and universities, etc. The sustainability of the hotline will depend on expanding cooperation with various actors (creating a cooperation platform) and enlarging/updating the pool of the existing services. This will allow it to serve, primarily, as an instrument for solving children's problems but also as a tool for informing decision-makers about the necessity for service modification or launching new services.

⁹ Source: <https://www.unicef.org/georgia/press-releases/interagency-coordination-council-child-rights-established-georgia>

Intervention context: facilitating and hindering factors

Georgia has 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. About 200 social workers and 64 coordinators on the Code on the Rights of the Child have been trained. These institutions and staff could constitute a resource to be used towards building a systemic response to children's needs and problems. However, much work remains to be done in this respect. In many cases, the new units have only been set up formally, but in practice are not yet able to effectively tackle the existing problems. The coordinators do not yet have sufficient knowledge and readiness to perform properly. Some staff may have been appointed without proper consideration of their qualifications. One interviewee gave an example of an accountant working at the municipality appointed as a representative of the unit. These factors affect the quality of child protection and ECD services. As long as the municipal institutional framework does not reach a sufficient standard of service provision, its potential to facilitate the work of the Child Hotline 111 will be limited.

In 2019, Georgia adopted the Code on the Rights of the Child which constitutes a comprehensive legislative platform for child-focused actions. However, documents which give effect to children's rights and the principles enshrined in the code, such as the multi-year strategy and action plans, have not been yet developed. This means that it is hard to determine the hotline's role and place in the overall system. It also creates difficulties in defining the quality standards against which the hotline's operation can be measured, complicating the monitoring of this service. At the same time, it also presents an opportunity to integrate the hotline when developing these documents.

Until December 2020, the parliamentary committee on human rights was closely involved in monitoring of Child Hotline 111's operation, exercising supervision and making state institutions accountable for active coordination with the hotline. According to the operators, since the Parliament ceased to monitor the hotline and directly intervene in particular cases, the service provision worsened instead of improving. The reasons are multiple and include e.g.: (i) lack of information on amendments in and launching of the state programs, (ii) insufficient preparedness for an adequate response to beneficiaries' needs, (iii) lack of continuous training opportunities and no initial training for new staff. Other reasons which could have contributed include lack of strong leadership and accountability mechanisms for the hotline.

The awareness of the hotline's existence, both among potential beneficiaries and stakeholders, is considered low, which can negatively affect the hotline's development. The recent report for UNICEF Georgia noted that "I[i] is not advisable to have a big awareness campaign while the child helpline is still in a trial phase, the influx of contacts garnered would strain services that are still being tested and ironed out"¹⁰ which is a valid point. However, while increasing the visibility among beneficiaries could be premature at this stage, the case for building awareness of the hotline among possible partners is strong. The lack of knowledge about the hotline among stakeholders can have negative implications for the relevance, effectiveness and sustainability of the hotline. For example, it can affect coordination opportunities and can decrease the beneficiaries' chance to access available

¹⁰ Nafila Maani Consultancy, Strengthening the national child helpline in Georgia. Final report and recommendations, 15 February 2021, p. 25.

children-focused programs that are provided by the state and non-state institutions in Georgia through the hotline.

The hotline operators have good reputation among the beneficiaries which is visible e.g. in parents' reviews / comments in the social media. Parents talk about the "kind and responsive approach" that the operators present during the calls. This reflects well on the service offered by the Child Hotline III and can support its future development, e.g. by encouraging other beneficiaries to contact the hotline. By sharing their testimonies, the supported beneficiaries can in the future function as ambassadors to increase the service's visibility. At the same time, the hotline needs to guard the quality of its services and facilitate maintenance of staff competences.

Conclusions

- The Child Hotline III 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. This evidence can be provided through additional, regular research exercises, but also through a continuous systematic data collection as part of the hotline's internal data collection efforts. This would require developing a better data collection system for the hotline.
- For the hotline to serve its primary goal of supporting children and parents, but also to fully capitalise on its potential to offer insight into children's needs and service gaps, which is the subject of this brief, the effectiveness of the hotline needs to be increased, which will require addressing several gaps and barriers by taking actions at the level of the system, services and operations.
- The effectiveness of the Child Hotline III depends on its ability to refer beneficiaries to relevant services. At a systemic level, therefore, the Child Hotline III needs to be integrated with all available services for children and families. The coordination and cooperation with relevant services and state agencies need to be strengthened to facilitate an effective response to children's and family needs. The services supporting children and families can, in fact, be integrated around the hotline, making the latter a one-stop shop for children and parents. The development of various strategies and action plans to give effect to the Code on the Rights of the Child can be seen as an opportunity for the hotline's better integration into the wider system or, in fact, the consolidation of the system around the hotline. At an operational level, better integration would require among others clear referral pathways based on clearly defined responsibilities.
- LEPL is seen as a potential leader for integrating the hotline with other services and improving cooperation. As part of its first steps, it needs to map out all institutions that provide child-related services and secure additional human and financial resources to consolidate those institutions around the hotline. This is in line with the recommendations formulated in the recent report for UNICEF Georgia which also noted that the hotline should develop a resource directory which would include "listing of child-related organisations along with counselling services, addiction centres, contacts of child specialists, shelters, hospitals, police stations, local donors, ambulance services, concerned adults and sponsorship agencies"⁷⁷ If such a

⁷⁷ Ibid, p. 26.

map or directory was accessible to other service providers beyond the hotline, it would facilitate the immediate exchange of information about changes in services.

- The effectiveness of the Child Hotline III largely depends on the quality of services to which the hotline refers its beneficiaries. It is, therefore, imperative that this quality is constantly being monitored and improved in the country, with the hotline playing an active role. At an operational level, this role could be reflected in careful follow-up on referred cases and regular review mechanisms organised with other service providers.
- The quality of the Child Hotline III's service itself is another factor in determining its effectiveness. To be able to ensure quality, the hotline needs appropriate standards for its operations, follow-up procedures, referrals, data collection systems, indicators and monitoring procedures. The research suggests that the hotline requires internal and external monitoring and that a lot still needs to be done to make it fully operational and ready to respond to the potential demand.
- The preparedness of staff matters greatly when it comes to improving the hotline's effectiveness. The hotline's staff express the need for training, including on elements involving psychological well-being, and greater information sharing on changes to the service landscape. There is potential to tap into the resources of NGOs and other stakeholders to strengthen the hotline's staff capacity, e.g. through training.
- Another factor influencing the hotline's effectiveness, and thus also its relevance as a source of evidence, is its low visibility and recognizability among beneficiaries and other relevant stakeholders. This is partly due to the hotline's confusion with other services of this type, but also because the service has not been sufficiently promoted by LEPL but also UNICEF in its other projects. There is, therefore, a need for information campaigns targeting potential beneficiaries, but also a more focused information effort (low scale campaigns) addressed to various service providers and local leaders in the field of child protection and early childhood development, including NGOs.

Recommendations

Please note that these recommendations are preliminary and will be discussed, developed, and modified during a reflection workshop with the COs.

At the system level:

- Efforts should be made to integrate and coordinate the work of the hotline with other relevant services in the country or, in fact, to consolidate other services devoted to child protection and early childhood development around the Child Hotline III. Integration and coordination should encompass various actors and should be carried out at the central and local level. At an operational level, it can be achieved through cooperation mechanisms (e.g. agreements/memoranda of understanding, coordination councils/platforms, regular meetings, working groups, conferences, etc.), organisational measures (e.g. clear divisions of responsibilities, common or coordinated standard operating procedures, referral pathways incorporating different actors) and technical solutions (e.g. sharing joint service databases with different service providers).

- Clear leadership of the integration and coordination process should be established. The leadership role could be played by LEPL or, possibly, also the Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs. UNICEF can support the process.
- The Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs and other relevant ministries should use the process of developing strategies and action plans to implement the Code on the Rights of the Child as an opportunity to integrate the hotline with other services.
- The Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs could consider initiating legislative measures that oblige every state institution to report to the hotline staff on children-oriented services, their amendments and updates.
- The Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (or LEPL) could consider creating coordinating councils consisting of governmental and non-governmental actors at the central and municipal levels that would support the consolidation of the services and dialogue on improving child protection and ECD in the country. Alternatively, strengthening of the existing commission under the government administration on the implementation of the Code on the Rights of the Child¹² could be considered, including mandating it to monitor the implementation modalities at the central and municipality levels in order to make subsequent decisions on required improvements and services.
- Use can be made of the Code on the Rights of the Child which requires that the child's best interests is reflected in every legislative documentation and draft law (Article 2, paragraph 1 and 2) and establishes a deadline for the Parliament to review the legislation from the perspective of the code. This review can help identify the gaps and weaknesses in the system and lead to new, child-oriented legislation or positive amendments and, consequently, new programs and project for children. The strong programs for children well-being and protection are one of the pre-conditions for the successful, durable operation of the hotline.
- The hotline, through the activities of LEPL or the Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, should seek involvement in the efforts aimed at increasing the quality of services related to child protection and early childhood development. This could be done e.g. through regular reporting from monitoring of beneficiaries' needs and service gaps, if the hotline's monitoring capacity was increased.
- The Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs should consider creating a technical link between the Child Hotline III and its other hotline 1505.

At the service level:

¹² An interagency commission working on the implementation of the United Nations Convention on the Rights of the Child and on Child Related Issues established by the Government of Georgia, municipalities, the Public Defender of Georgia, and local and international non-governmental organisations.

- Efforts should be made to increase the hotline's effectiveness, also with a view to improving hotline's capacity to monitor children's needs and service gaps. Towards this goal there is a need for actions to improve hotline's procedures, resources, staff capacity and visibility.
- LEPL should develop standards for the hotline's operation in all areas of its activity. This should include indicators, clear standard operating procedures (including follow-up on cases) and referral pathways, building on a clearly delineated responsibilities among partners involved in providing service for child protection and early childhood development.
- LEPL should take a proactive role in mapping out all state and non-state institutions that provide child-oriented services and setting dialogues with those institutions to create a directory of services for the Child Hotline III. The exact technical solutions can range from simple Excel files to more complex databases. This directory can be technically shared with other service providers to also facilitate updates about the availability of services.
- The hotline should establish a comprehensive data collection system which would facilitate monitoring of its own performance, but also systematic monitoring of children's needs and service provision gaps. The system should include, among others, collecting information on: (i) quantitative indicators, such as the number of calls, number of calls from the same number (which could testify to the trust, demand and satisfaction with the services), call duration and number of calls per day of the week (which could be useful e.g. planning of resource use); (ii) the quality of the provided services, e.g. through a post-service survey (e.g. SMS-based); (iii) qualitative information on the specific subject of the call, proposed solution, referral, challenges encountered, as well as the follow-up results; (iv) gaps in children related services in the country.
- The hotline should consider setting up internal monitoring procedures to enhance its capacity to provide insights on beneficiaries' needs and service gaps. This could entail regular (e.g. monthly) reviews of statistics and a portion of documentation and calls (e.g. a sample of 10%) by dedicated staff and reporting on the results.
- The hotline should consider conducting periodic external monitoring to enhance its capacity to provide insights on beneficiaries' needs and service gaps, in addition to regular internal monitoring. Such monitoring could entail randomly selecting a sufficient sample of calls for their subsequent qualitative analysis by external experts.
- The hotline should develop a training schedule for its staff to continuously raise their competences and develop skills. All new hotline staff should receive relevant introductory training. Supervision should also be provided to help staff deal with the psychological burden and prevent burnout, as well as to ensure the quality of the services and its relevance to the needs of children and their families.
- The hotline should offer its staff opportunities for learning from experiences of similar hotlines in other countries, e.g. the 116 111 hotlines operating in the EU countries. But the experiences of those hotlines should also be used to implement international best practices and avoid mistakes.
- The hotline should consider creating an appropriate social and financial package for hotline staff in order to retain the trained personnel and avoid staff loss.

- It is necessary to work continuously on awareness raising and confidence building of children and their families, the society in general towards the hotline through information campaigns using traditional and social media, relevant governmental and non-governmental institutions including schools and kindergartens for children outreach. The campaigns should help potential beneficiaries to distinguish between the Child Hotline III and other services. The time and scope of the awareness-raising activities shall be well targeted and designed in a way that does not overwhelm the capacity of the line to respond effectively.
- The Ministry of the Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs and LEPL should make sure that all relevant actors, in particular various state service providers and relevant NGOs, are properly informed about the hotline's existence and operations. In addition to large-scale campaigns, low-scale but better targeted awareness-raising among professionals (e.g. teachers, medical staff) and local leaders can be considered.
- UNICEF could consider integrating support for the hotline in its completed, ongoing, and planned projects and programs by, for example, requesting that implementing partners coordinate their activities with the hotline and contribute to the training of hotline staff in their areas of competence. In other words, UNICEF could mainstream hotline support in its other program activities in Georgia.
- The hotline should consider creating an additional outreach instrument for the hotline, namely the webpage on Facebook where all updates on services (e.g. introduction or discontinuation, extension, etc.) could be immediately shared. This will help to limit the circulation of false information among the beneficiaries via social media, repetitive calls, and association of the hotline with the poorly set services and poor service delivery.

Annex 1: List of documents reviewed

Law of Georgia on the Code on the Rights of the Child:

<https://matsne.gov.ge/en/document/view/4613854?publication=0>

Nafila Maani Consultancy, Strengthening the national child helpline in Georgia. Final report and recommendations, 15 February 2021.

National Statistics Office of Georgia, Children and Youth in Georgia, statistical publication, 2020, with the support of UNICEF and the Swedish International Development Agency,

<https://www.unicef.org/georgia/media/5916/file/Childrens%20and%20Youth%20in%20georgia%20-%20web.pdf>

Online articles about the hotline / helpline services:

<http://phf.org.ge/ka/services/bavshvta-daxmarebis-xazi/>

<https://netgazeti.ge/news/457016/>

<https://www.interpressnews.ge/ka/article/602354-sakartveloshi-bavshvta-uplebebis-dacvistvis-cxeli-xazi-111-dgeidan-sruli-datvirtvit-amokmedda/>

Search of the information on hotline in the social networks: Facebook, Instagram, Twitter

Database of calls to the Child Hotline 111

Annex 2: List of respondents interviewed

Category	Institution / organization (no of respondents)
Category I – frontline workers	<ul style="list-style-type: none"> Hotline 111 (5)
Category II – Implementing Partners' (IPs)	<ul style="list-style-type: none"> Head of the coalition for children and youth (1) MAC GEORGIA, Disability Program Manager (1)
Category IV – local leaders of public services	<ul style="list-style-type: none"> Ministry of Internally Displaced Persons from the Occupied Territories, Labor, Health and Social Affairs of Georgia, Head of the Social Protection Policy Division (1) Head of Interagency Commission on the Implementation of the Convention on the Rights of the Child, The Government Administration (1) Human Rights and Civil Integration Committee of the Parliament of Georgia (1)
Category V – UNICEF COs' staff	<ul style="list-style-type: none"> ECD Officer (1) UNICEF consultant (2)

A2: Workshop takeaways

TAKEAWAYS FROM A REFLECTION WORKSHOP

1st Rapid Assessment Cycle, May 2021

1. Following up on the violence against children and gender issues

- ▶ Violence against children is a pressing issue in Georgia, while the number of cases reported is low when compared to the gravity of the situation. UNICEF plans to support the State Care Agency to tackle this area and find a way how to address this challenge.
- ▶ The capacity of the hotline operators should be improved in this respect. The hotline was not well-promoted among children because the staff did not feel adequately prepared to answer such calls.
- ▶ To make the hotline child-friendly, the Country Office should continue cooperation with the UNICEF ECARO Child Protection Section to capitalise its knowledge on operating child-friendly hotlines, including methods and tools for better inclusion of vulnerable children.
- ▶ Hotline operators are not prepared to follow up the gender-specific issues. A question to be addressed when implementing 2nd stage of hotline's enhancement: What kind of impact can gender blindness have on the intervention?

2. Acknowledging limited human capacities and resources

- ▶ The hotline is a good tool for prevention, response and system monitoring and a good detector of areas and services that need to be further improved to meet the needs of children and their families. It can help to identify the lack of services and their accessibility in specific.
- ▶ However, the institutional capacities (human and financial and resources) of both hotline and state care agencies are very limited. If the hotline should identify challenging issues or new services required, it will need more capacity (human and analytical), e.g. for recording cases, rethinking record-keeping, or assessing the satisfaction after the provision of services.
- ▶ Municipalities are not ready to follow up on such data (to gather tangible information), because their workload is high, while capacities are low. Their local units, established under the new code on the child's right, and the service delivery have not yet achieved their full capacity. In addition, the state care agencies' work culture is deeply rooted, and problems of more systemic nature cannot be solved quickly.
- ▶ To start with, advocating for a good data collection and analysis system is necessary for follow up and determine how the governmental agencies follow up on the cases and how effective they are in doing so, and whether they follow the guidelines from the respective ministries or state structures.
- ▶ State care agencies should collect data on non-governmental support offered and refer the cases to them to use their resources properly.

3. Increasing mutual understanding between the hotline staff and state care agencies

- ▶ Hotline operators and state care agencies should clearly understand each other's roles, expectations and responsibilities. It is necessary for the hotline operators to provide their services efficiently and for the follow up to be done correctly.
- ▶ Sharing the analytical brief and/or recommendations with state care agencies (municipalities) could be a good start for a dialogue with the state care agencies.
- ▶ Regular updates could begin with an agreement with different agencies that they proactively share with the hotline management their information on any changes in service provision (e.g. by providing such information in a written form and/or offering a short presentation to hotline staff).
- ▶ UNICEF is now working on a situational analysis of child protection units in municipalities and their functions (to be completed in the second part of 2021). This analysis should help capture the diversity of units and services and plan activities to support the service provision and introduction of new services.

4. Next steps

- ▶ Recommendations from the 1st data collection cycle should be prioritised, so in the 2nd cycle, the focus is on providing more insights into critical areas already identified.
- ▶ During the 2nd data collection cycle, possible solutions to the problems that have been identified should be investigated (What are the low-hanging fruits? What is next in terms of adapting the intervention in a short period?)
- ▶ In parallel to the second stage of enhancing the hotline operation being planned, there are other initiatives for strengthening social work at the central and municipal level (strengthening municipalities, child protection and service delivery) – all this will contribute to the enhancement and functioning of the hotline, but it requires time.

CO Follow Up Actions

	Action	Timeframe	Responsible Person
1.	Provide hotline staff with regular updates on changes to existing state programmes and introduction of new forms of support for children and families. Organize regular meetings with state agencies / municipalities to improve access to up-to-date information about existing services for children and families.		
2.	Improve technical functionality of the hotline by: i) allowing the connection of an initiated call with the relevant service, ii) developing online instruments, such as virtual platform and alternative contact		

	system to improve its accessibility, iii) building a comprehensive data base system that indicates the main groups of users and allows analysis of their needs		
3.	Strengthen a consortium around child-related topics that includes state and non-state actors, including private sector, and international institutions involved in provision of different child-oriented services to improve the services and reference network.		

A3: Data collection tools

A3.1: Draft survey for Georgia (1st cycle)

On behalf of UNICEF, Ecorys is carrying out a rapid evaluation of COVID-19 adaptations of early childhood services in the Eastern Europe and Central Asia region. In Georgia, we are evaluating the Hotline for Children which you are helping to implement. We would like to hear your opinion on the on-the-ground delivery of the hotline services, and learn what the type of support to do your work you received and might need in the future. Your feedback will greatly help UNICEF and its partners support you better and improve the effectiveness of the services. Your participation is fully confidential and voluntary - you may withdraw - at any point of time. Filling out the survey will take 7-10 minutes / [the call will last about 10-15 minutes].

Do you agree to take part in this survey? Yes / No

GENERAL INFORMATION

1) What is your gender?

- a.) Female;
- b.) Male;
- c.) Non-binary;
- d.) I prefer not to say;

2) What is your age?

- a.) 18-32
- b.) 33-50
- c.) 51 and above

3) What is your role in the project (multiple choice question):

- a.) I am a hotline operator / case worker;
- b.) I am psychologist;
- c.) Other, please specify...

WORKER SKILLS AND CAPACITY

4) Do you have enough time to complete all your tasks in relation to the hotline work?

- a.) Yes;
- b.) Not always;
- c.) No;

5) If "no" or "not always" in 4.), Why? Please select all the reasons that apply:

- a.) I only work in this capacity part-time;
- b.) There is more work that I can handle;
- c.) There are too few of us in the team – more human resources are required;
- d.) My responsibilities are greater than I initially thought;
- e.) I struggle to balance this work with other professional or family obligations;
- f.) Other, please specify...

6) Did you participate in the 4-day training aimed at preparing you for your role as a member of the hotline staff?

- a.) Yes;
- b.) No

7) If "yes" in 6), To what extent do you agree with the following statements? [For each option, available

answer are: strongly agree, agree, disagree, strongly disagree, neutral]

- a.) The training provided me with sufficient knowledge on government services available for children and families in need;
- b.) The training provided me with a thorough understanding of the hotline and my tasks;
- c.) The training helped me consolidate or strengthen my communication skills (e.g. asking the questions in right manner, using clarifying questions etc.);
- d.) The training entailed useful instructions on how to determine a problem and appropriate response;

CURRENT AND REQUIRED SUPPORT

8) If “no” or “to some extent” in 5), What type of skills would you benefit from improving? Please select a maximum of three types of skills which you think you should improve the most:

- a.) Technical and methodological skills specific to my role;
- b.) Skills related to the use of ICT (e.g. computers, excel, and online tools);
- c.) Organizational and/or management skills;
- d.) Communication skills;
- e.) Other, please specify...

9) Were you given sufficient information, support, and supervision to effectively do your work?

- a.) Yes;
- b.) Not always;
- c.) No;

10) If “no” or “not always” in 9), What type of information and support do you require? Please select a maximum of three support forms that you need the most:

- a.) More/better information and guidance in the form of comprehensive standard operational procedures or manuals, referral protocols, briefings, etc.;
- b.) More/better mentoring and supervision;
- c.) More/better technical assistance, such as IT support;
- d.) More/better methodological support (e.g. to handle difficult cases);
- e.) More opportunities for networking and knowledge exchange with my peers/other professionals;
- f.) Safety measures / health care for me to feel safe in my work;
- g.) Social and psychological support to help me deal with the stress at work;
- h.) Other, please specify...

11) Were you given sufficient tools, equipment and other resources to effectively do your work?

- a.) Yes;
- b.) No;

12) If “no” or “to some extent” in 9), What type of tools, equipment or other resources do you require? Please select a maximum of three support forms that you need the most:

- a.) (Better) computer, tablet or smartphone;
- b.) (Better) phone;
- c.) (Better) Internet access;
- d.) Better system for recording cases;
- e.) Better system for handling the beneficiaries’ cases;
- f.) An interactive map with available services in the country;
- g.) Better office space;
- h.) Professional materials and tools to help me provide the right (psychological) support;
- i.) Platform for information and experiences’ exchange;
- j.) Other, please specify...

HOTLINE COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS & PARENTS

13) How satisfied are you with the overall coordination of the hotline for children?

- a.) Very satisfied
- b.) Satisfied
- c.) Unsatisfied
- d.) Very unsatisfied
- e.) Neutral;

Please explain your answer:

14) How would you rate your relationships with the beneficiaries of the services and their families?

- a.) Very good
- b.) Good
- c.) Sufficient
- d.) Bad;
- e.) Very bad
- f.) Don't know;

Please explain your answer:

15) How would you rate your collaboration [e.g. information exchange, working together to handle cases] with the staff of municipal and state services to whom you make the referrals to?

- a.) Very good
- b.) Good
- c.) Sufficient
- d.) Bad;
- e.) Very bad;
- f.) Not applicable;
- g.) Don't know;

Please explain your answer:

SERVICES' RELEVANCE & EFFECTIVENESS

16) On a scale from 1 to 5 [where 1 means not at all and 5 means fully], to what extent do the hotline services directly (e.g. through psychological support) or indirectly (e.g. through referral to other organizations) respond to the following needs of vulnerable children under 7 years of age and their families calling the hotline?

- a.) Financial needs and access to benefits;
- b.) Health care needs;
- c.) Psychological support;
- d.) Social care;
- e.) Childcare and education
- f.) Protection from abuse and violence;
- g.) Equipment and assistive technology needs;
- h.) Housing and home adaptation needs;
- i.) Overall needs of children impacted by the COVID-19 pandemic.

17) What barriers, if any, do you face in meeting the needs of vulnerable children and their families?
(multiple choice question)

- a.) Shortages of relevant services and support measures available to vulnerable children and families in Georgia in general;
- b.) Shortages of relevant services and support measures available to vulnerable children and families in their respective location (e.g. municipality, town/village);

- c.) Poor quality of the services and support measures available to vulnerable children and families in Georgia in general
- d.) Poor quality of services and support measures available to vulnerable children and families in their respective location (e.g. municipality, town/village);
- e.) Administrative barriers;
- f.) Legal challenges;
- g.) Technical issues, such as poor telephone connection;
- h.) Other, please specify:

18) Do all social groups in Georgia, including the most marginalized and/or discriminated against, have equal access to the hotline?

- a.) Yes
- b.) No

19) If “no” to 20), Why not?

20) As a hotline staff member and in the context of the COVID-19 pandemic, are you able to 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 ?

- a.) Yes;
- b.) No;

If “no”, the needs of what groups of children and families are particularly difficult to respond to?

21) In your view, to what extent did the establishment of the hotline contribute to improved access to and quality provision of services for young children under the age of 7 and their families during the COVID-19 pandemic in Georgia?

- a.) To a high extent;
- b.) To some extent;
- c.) Not very much.

22) In your view, what more could be done to ensure that the hotline provides services which respond to the immediate needs of young children and parents/caregivers of young children during the COVID-19 pandemic? (if applicable)

Open-ended question

SERVICES' SUSTAINABILITY

23) In your opinion, will the establishment and operation of the hotline help to better respond to the needs of children and families in case of other future crises?

- a.) Yes
- b.) No
- c.) Don't know;

24) Do you think that the hotline should be continued even after the pandemic is over?

- a.) Yes
- b.) No
- c.) Don't know;

Thank you very much for your time!

A.3.2: Draft topic guide for KIIs in Georgia (1st cycle)

RELEVANCE	
<ul style="list-style-type: none"> ■ What have the key early childhood development needs of young (0-7) children and their families in Georgia been since the start of the COVID-19 pandemic? <ul style="list-style-type: none"> ○ How did these needs change with time starting from September 2020 until now? 	FW, IPs, GO, SEU, UN, OO
<ul style="list-style-type: none"> ■ In your view, does the intervention respond to these needs? <ul style="list-style-type: none"> ○ To what extent? Are there some needs which could have been addressed by this intervention but were not? ○ Does the intervention respond to the needs of female and male children and caregivers equally? ○ Does the intervention respond to the needs of the most vulnerable (e.g. children with disabilities, children from poor households or ethnic minorities, children and families living in rural and remote areas)? ○ Going forward, what could be improved in this regard? 	FW, IPs, GO, SEU, UN
<ul style="list-style-type: none"> ■ Were the frontline workers sensitized to engage with parents/guardians addressing gender discriminatory norms and attitudes in households as well as gender-related biases, prejudices, and harmful practices that prevail in households? 	FW, IPs, UN
<ul style="list-style-type: none"> ■ What have the key professional needs of ECD frontline workers been since the start of the COVID-19 pandemic? <ul style="list-style-type: none"> ○ <i>Prompt on: needs for skills building, needs for ICT and other remote technologies, needs for equipment, including personal protective equipment, need for technical or managerial support, or psychological need for the frontline workers themselves.</i> ○ How did these needs change with time starting from September 2020 until now? 	FW, IPs, GO, UN, OO
<ul style="list-style-type: none"> ■ What key challenges do the frontline workers face in responding to the needs of children and their families? <ul style="list-style-type: none"> ○ <i>Prompt on: shortages or poor quality of relevant services and support measures available to vulnerable children and families – both in Georgia and in the specific locality; administrative and legal barriers; technical issues such as poor telephone connection; any other.</i> 	FW, IPs, GO, SEU, UN, OO
<ul style="list-style-type: none"> ■ How did the CO define its ECD priorities in its COVID-19 response? <ul style="list-style-type: none"> ○ How were the activities designed, selected and located in COs regular programme? ○ How are the adaptations and projects introduced in response to COVID-19 feeding into the broader goals which the CO is trying to reach with government partners? ○ How does the hotline fit into these goals? 	UN, GO
EFFECTIVENESS	
<ul style="list-style-type: none"> ■ Are the current human, physical and financial resources dedicated to the intervention adequate and sufficient? <ul style="list-style-type: none"> ○ Are the capacities and resources at the disposal of the hotline operators/case workers and the psychologists sufficient for effective service delivery? Please justify your answer 	FW, IPs, GO, SEU, UN

<ul style="list-style-type: none"> ○ Are the capacities of the state and municipal government officials responsible for referring children and their families to appropriate support forms sufficient for effective referral and service delivery? ○ Is the ICT infrastructure and equipment provided adequate to effectively deliver the services? ○ What could be improved in this respect? 	
<ul style="list-style-type: none"> ■ How has the collaboration with the government in developing and implementing the hotline been? <ul style="list-style-type: none"> ○ At the operational level: Are established and approved mechanisms in place for referral of children to appropriate services? How is the collaboration of the hotline operators / case workers / psychologists with the social services' government staff been like? Do the hotline operators or psychologists receive follow-up information, feedback on the status of the referred cases? ○ At the policy level: How has the cooperation with the government been at policy level of this response been? 	FW, IPs, GO, UN
<ul style="list-style-type: none"> ■ In your view, are there certain worker capacities, information and guidance, ICT equipment and other resources, and broader enabling conditions make similar alterations in service provision for young children more effective and long-lasting? 	IPs, GO, UN, OO
<ul style="list-style-type: none"> ■ What are the key enabling conditions that affect (positively and negatively) the effectiveness of similar interventions established in response to the COVID-19 pandemic in Georgia? <ul style="list-style-type: none"> ○ <i>Prompt on leadership, coordination of response, legislation, institutional frameworks, etc.</i> ○ In your view, are overall policies and government efforts adequate to ensure best possible adaptations of early childhood development services in the context of the COVID-19 pandemic? 	IPs, UN, OO
<ul style="list-style-type: none"> ■ How well has the hotline been managed? Please justify your answer. <ul style="list-style-type: none"> ○ Are the protocols and decision-making processes clear to you? ○ Is there good communication between the different levels & units of management and implementation involved? ○ Is the data and monitoring system to track implementation of the hotline services effective? Is it used to inform future strategy and improve the response? 	FW, IPs, GO, UN
<ul style="list-style-type: none"> ■ What are the key challenges (internal and external) affecting the operation of the hotline? What are the hotline's strengths? <ul style="list-style-type: none"> ○ What could be done to address the shortcomings? 	FW, IPs, GO, UN
<ul style="list-style-type: none"> ■ What are the intervention's real-time feedback mechanisms for tracking progress and achievement? <ul style="list-style-type: none"> ○ If something goes well or wrong, how would you know that? 	FW, IPs, UN
<ul style="list-style-type: none"> ■ To what extent are/were the expected outcomes of the intervention met? 	IPs, UN
<ul style="list-style-type: none"> ■ What have been the benefits of the hotline's services for the young children and their families in terms of: <ul style="list-style-type: none"> ○ Protection from harm; ○ Socio-economic well-being; ○ Psychological well-being? 	FW, IPs, SEU

<ul style="list-style-type: none"> ○ What is the evidence to support this? 	
<ul style="list-style-type: none"> ■ Do the frontline workers (hotline staff) engage with parents to address gender discriminatory norms and attitudes in households as well as conscious/unconscious biases, prejudices, and harmful practices that prevail in households? 	FW, IPs
<ul style="list-style-type: none"> ■ Did any positive or negative changes in gender equality for children and families occur as a result of the intervention? 	FW, IPs, UN
<ul style="list-style-type: none"> ■ Did any unintended effects of the intervention occur? <ul style="list-style-type: none"> ○ <i>Probe on: if the establishment of the hotline help to strengthen the relationships / communication / information exchange between different service providers; any other unintended effects.</i> 	FW, IPs, UN
<ul style="list-style-type: none"> ■ Did (and if so, how) the results achieved help to achieve the goals and the expected ECD-outcomes at the country level? 	UN
SUSTAINABILITY	
<ul style="list-style-type: none"> ■ What are the plans for 2021 for the hotline? How can and should it be expanded? <ul style="list-style-type: none"> ○ What needs to happen so that the hotline can be expanded and effectively provide the needed support to vulnerable children and their families? 	IPs, UN, GO
<ul style="list-style-type: none"> ■ What should UNICEF's role be in terms of technical assistance for the intervention going forward? 	IPs, UN, GO
<ul style="list-style-type: none"> ■ In your view, does the introduction and running of the hotline contribute to strengthened resilience and long-term effectiveness of ECD services in Georgia, beyond the context of public health emergency? <ul style="list-style-type: none"> ○ If so, to what extent? Please justify your answer. ○ If not, why? 	IPs, UN, GO
<ul style="list-style-type: none"> ■ In your view, did the introduction of the hotline help Georgia's child protection systems be better prepared to deal with other challenging situations, beyond COVID-19? 	FW, IPs, UN
<ul style="list-style-type: none"> ■ What are the most promising innovations emerging from the COVID-19 adaptations' experience in the field of ECD? <ul style="list-style-type: none"> ○ Why do they stand out? ○ How can they be integrated into on-going programs? 	IPs, UN, GO, OO
<ul style="list-style-type: none"> ■ In your experience, what are the building blocks of resilient ECD systems? ■ How can actors such as UNICEF ensure that similar interventions contribute to building ECD systems' resilience? 	IPs, UN, GO, OO

* FW – frontline workers, IPs – Implementing Partners, GO – Government officials, SEU – Service end-users, UN – UNICEF, OO – donors and other organizations

A.3.3: Draft topic guide for KIIs Topic guide for KIIs with Child Hotline staff (2nd cycle)

On behalf of UNICEF, Ecorys is carrying out the 2nd round of rapid evaluation of the Hotline for Children in Georgia as part of UNICEF's wider evaluation on COVID-19 adaptations of early childhood services in Eastern Europe and Central Asia region. We would like to hear your opinion on specific actions that could be taken forward to improve the delivery of the hotline services. Your feedback will greatly help UNICEF and its partners support you better and improve the effectiveness of the services. Your participation is fully confidential and voluntary.

EFFECTIVENESS

Interviewer: The priority action for the Hotline for Children selected on the basis of the first data collection cycle in this evaluation refers to a) providing hotline staff with regular updates on changes to existing state programmes and introduction of new forms of support for children and families, and b) organizing regular meetings with state agencies/municipalities to improve access to up-to-date information about existing services for children and families.

- In your view, **how these regular updates could be provided** to the hotline staff? If not responded spontaneously, please ask:
 - Would you find regular meetings with state agencies/municipalities helpful?
 - If so, what form would be the most suitable form or mode of such meetings?
 - Who should be invited?
 - What specific information would be most sought for?
- Do you have other suggestions on improving communication with various agencies to ensure immediate response to the hotline?

RELEVANCE

Interviewer: Among other recommendations based on the first data collection cycle, the following have been suggested: "ensure continuous training and supportive supervision to equip the frontline workers and supporting professionals with the necessary skills and knowledge to provide an effective response to the calls (including training on social, interpersonal and psychological skills to better cope with the inquiries coming from hotline users of different age, needs and background or other areas depending on the needs)".

- In your view, would be the most effective way of receiving these capacity-building activities (continuous training, supportive supervision)? (form or mode of delivery, frequency)
 - Please explain why you think so?
- Are there any other capacity-building activities that would be valuable?

LESSONS LEARNT AND FOLLOW UP

- In your view, what the **key lessons learnt** from the implementation of the Hotline for Children are?
 - In what ways can these learnings be used to improve the hotline?
- [If not mentioned earlier] What **could have been done better** or what could be done **differently**?
[Please ask for each change/modification suggested:]
 - How? What are the options? Where to start from?
 - Who and how should be involved to optimize opportunities in this moment and the next?

- Why did you select this particular change / modification? Do you have any supporting evidence that it would make a tangible impact? What could or should happen if the change takes place?
- If you had a chance to learn from experiences of other hotlines for children, e.g. from other European or Central Asian countries, what would be the main questions you would ask them?

A4: Evaluation matrix

No.	Key Evaluation Questions (KEQs) and Evaluation Questions (EQs)	Criteria	Areas of inquiry and judgment criteria	Indicators	Data collection methods			
					Desk review	Survey*	KIIs	Workshops
KEQ1.	What pandemic-caused alterations in ECD services are more (or less) effective in terms of delivering on the needs of young children, their families, and the ECD workforce in the selected countries? For which population group and under which circumstances do the adapted ECD service delivery work best, why and in what ways?	Relevance, effectiveness	<ul style="list-style-type: none"> Whether the alterations sufficiently address and successfully support those groups they were intended to reach, including women and individuals/groups who are marginalized and/or discriminated against. Whether the activities and expected results are well suited to address the needs of all target groups, including worst-off groups. 	<ul style="list-style-type: none"> Number of respondents representing different groups who say the alterations address their needs. Evidence from intervention documentation and reports that document and align changing approach with changing needs. 	•**	•	•	
EQ1.1.	To what extent are the objectives of these alterations relevant to changing needs and priorities of young children, their families, and the ECD workforce? To what extent are they relevant and responsive to changing circumstances/context in which they are taking place?	Relevance	<ul style="list-style-type: none"> Whether the objectives, as outlined in the documentation or stated elsewhere, a.) sufficiently meet the new needs and interests of all target groups (through consultation), including worst-off groups, and b.) are well suited to address them. Whether new contextual factors that emerged from the pandemic were properly taken into consideration in setting the objectives. 	<ul style="list-style-type: none"> Evidence from intervention documentation and reports that shows alignment with the changing needs and context. Number of respondents who perceive the alterations as relevant to their needs. 	•	•	•	
EQ1.2.	What changes should be made going forward, given the evolution in the needs and services provided now and in the future?	Relevance	<ul style="list-style-type: none"> Whether certain improvements can make the interventions better responding to changing needs and services provided. Whether alternative solutions can be applied to achieve better results. Whether certain conditions can make continuous innovation and focus on resilience inherent parts of a broader system. 	<ul style="list-style-type: none"> Evidence from respondents on key challenges for frontline workers and families of young children to benefit from assessed interventions. Recommendations formulated by different respondents are actionable, measurable and specific to improve the adaptations (also in continuous manner). 			•	•

KEQ2.	What are the key requirements in terms of staff capacity, technology, as well as enabling environment, for the introduction and continuous delivery of the effective adaptations of services?	Effectiveness	<ul style="list-style-type: none"> Whether the current worker capacities, information and guidance, ICT equipment and other resources, and broader enabling conditions (e.g. coordination and leadership) are sufficient for the adaptations to be effective and long-lasting; Whether certain worker capacities, information and guidance, ICT equipment and other resources, and broader enabling conditions make alterations more effective and long-lasting. 	<ul style="list-style-type: none"> Evidence/opinions from respondents/documentation on the appropriateness of the current capacities, resources and support. Evidence/opinions from respondents/documentation on achievement (or non-achievement) of expected results due to existence (or non-existence) of certain key requirements. 	•	•	•	•
EQ2.1	To what extent are the adaptations contributing to achieving the expected and unexpected service outcomes (results), given the enabling capacities, resources, and environment available in the countries in question?	Effectiveness	<ul style="list-style-type: none"> Whether there is evidence and signs indicating that good progress is being made towards reaching expected service outcomes. Whether signs of expected (and not) changes are reported in the lives of young children, families, and frontline workers that can be attributed to adaptations to a certain extent. Whether any unintended effects as regards strengthening service provision which go beyond the direct objectives of the interventions occurred. 	<ul style="list-style-type: none"> Expected and achieved output and outcome indicators at intervention level Qualitative evidence from respondents and documentation on achievement of expected and unexpected results (or progress towards them). Evidence from respondents and documentation on what group benefitted the most and what – the least. 	•	•	•	
EQ2.2	What are the most promising innovations emerging from the COVID-19 adaptations' experience in the field of ECD? Why do they stand out? How can they be integrated into on-going programs?	Effectiveness	<ul style="list-style-type: none"> Whether there are similarities between practices and innovations between countries in terms of what is being tackled, as well as what and how is being tried. Whether certain patterns of promising (and not) approaches can be filtered and applied (or avoided) in the on-going and future programming. 	<ul style="list-style-type: none"> Evidence from respondents on promising/unpromising interventions, activities, approaches, solutions. 			•	•
EQ2.3	To what extent are the results of evaluated adaptations feeding into the broader COVID-19 response and ECD goals and objectives to be reached at the country level (with government partners)? What are the limitations of adaptations to do so?	Effectiveness, relevance	<ul style="list-style-type: none"> Whether the results of alterations are highly consistent with goals and the expected ECD outcomes at the country level. 	<ul style="list-style-type: none"> Evidence from documentation and respondents demonstrating how well the outcomes contribute to the achievement of intended goals in the country ECD sector and COVID-19 context. 	•		•	
KEQ3	To what extent can the adaptations introduced in response to COVID improve resilience of services? To what extent can they contribute to long-term effectiveness and efficiency in service provision?	Sustainability	<ul style="list-style-type: none"> Whether the alterations are considered as contributing to strengthened resilience and long-term effectiveness of services. 	<ul style="list-style-type: none"> Evidence and examples of improved resilience of services. 	•	•	•	

			<ul style="list-style-type: none"> Whether the ECD services addressed by alterations are now considered as being better prepared to other challenging situations, beyond COVID-19. 				
EQ3.1	Do the pandemic-related adaptations and their results increase the capacity and resilience to address similar situations in the future? To what extent and how do they achieve that?	Sustainability, effectiveness	<ul style="list-style-type: none"> Whether increased capacity resulting from alterations is perceived as highly valuable and sufficient to face future crisis situations. Whether the support provided visibly contributes to strengthening of country ECD systems and their resilience. 	<ul style="list-style-type: none"> Evidence of how increased capacity resulting from the adaptations/support is/can be effectively used during a crisis situation. 	•	•	•
EQ3.2	In what circumstances are positive results likely to be sustained?	Sustainability	<ul style="list-style-type: none"> Whether promising practices/alterations are likely to be mainstreamed forward and last over time if the enabling circumstances are present. 	<ul style="list-style-type: none"> Informants' opinions on opportunities for the sustainability of the results and measures that can ensure it. Expressed intention of decision-makers to support the sustainability of the intervention. 	•		•

*— CATI will be applied as a follow-up if the online survey is not sufficient.
 ** size of circle denotes the extent to which the given method will be used to assess the given question

A5: Ethical protocol

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

The following document discusses ethical issues involved in the “Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in Europe and Central Asia region.” It presents procedures which enable the implementation of the research in a manner consistent with the highest standards of ethics and with best practice for research with human subjects. The team members are required to familiarise themselves with this document and follow the procedures it outlines while conducting research activities. Further relevant procedures form part of the overall quality assurance process set up in the project.

Involvement of stakeholders in research

The “Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in Europe and Central Asia region” will involve human subjects. Therefore, it has to comply with the highest standards of ethics, including in particular *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*.

During the evaluation, we will consult four groups of people:

- ◆ Category 1 – Frontline workers,
- ◆ Category 2 – Government officials,
- ◆ Category 4 – UNICEF staff.

Even though children will not be among our respondents, other participants may display vulnerabilities. Based on the selection of projects to be assessed during the research, we expect that this could be the case among some service end-users. End-users could involve women (e.g. who have recently benefited from perinatal services), parents of children with disabilities, minority groups (e.g. representatives of the Roma community) or persons who are economically and educationally disadvantaged. Additionally, more demanding working conditions due to Covid-19 may have put frontline workers in a difficult and less comfortable position to participate in research. This should also be accounted for while conducting research with their involvement.

We will use two main data collection methods – individual interviews and surveys (online and CATI). The researchers will collect various types of data, including personal data, from the above mentioned participants. The extent of personal data collection will depend on the specific cooperation with UNICEF and its implementing partners as our gatekeepers. The exact shape of that cooperation will be decided in the course of data collection, so for the purpose of this protocol, we assume the widest possible data collection and, consequently, the highest standards. In the course of the evaluation, we will collect the following types of data:

- ▲ For the purpose of arranging data collection – respondents' name and surname, email and/or phone number, if relevant in conjunction with information on the service that they offer or use. This can take the form of lists of potential respondents provided by gatekeepers.
- ▲ Interview recordings, if consent to recording was explicitly provided;
- ▲ Interview notes/reports and/or transcripts, depending on the need;
- ▲ Surveys filled out by frontline workers.

Personal data will thus be collected for the purpose of organising data collection. We foresee pseudonymisation of interview recordings and notes/transcripts, as part of our procedures (see below), however it cannot be excluded that some of the information contained therein, even if not explicitly referring to a specific person, will be easily traceable to such a person. Further care will, therefore, need to be taken at the stage of analysis and reporting so as not to accidentally disclose such information. In relation to the surveys, they will be filled out anonymously.

Discussion of the benefits and harms of participation

The research should carry clear benefits for its participants and these benefits should outweigh any possible harms. Participants should understand both those aspects to make an informed choice about their participation.

We see the following three main benefits for participants:

- ▲ Participation in the evaluation is an opportunity for all parties to have their voice heard in relation to the services assessed. This voice will be taken into account while developing reporting documents, conclusions and recommendations.
- ▲ The research can give rise to specific actions in line with respondent feedback. This, in turn, can lead to better services.
- ▲ Participants in one country will have an opportunity to learn about the services from another country and learn from the experiences and assessment of those services.

With substantial benefits that participants can draw from this research, there are possible harms which could materialise. We assess those as unlikely, both in view of the research team's experience and the evaluation's overall design, yet they are still possible and have to be taken into consideration. These harms could include, for example:

- ▲ The fact that, in some cases, participation may trigger memories of painful experiences. This could potentially relate to data collection involving end-users, e.g. of services related to pregnancy, children with disabilities, child hotlines, etc. but cannot be excluded for frontline workers either.
- ▲ Data breaches, even if adequate procedures are put in place. They could still occur as a result of a mistake or accident, etc.
- ▲ Situations when, in the course of research, respondents report instances of abuse or another serious concern which would require immediate reaction or attention from UNICEF or its implementing partners. Such instances would constitute a limitation on privacy and

confidentiality and could trigger reporting from Ecorys to a relevant entity, so the respondent could be involved in a resulting process.

Apart from that, we are aware that, in all cases, we will be asking for individuals' time, whether it is to be spent in filling out a survey or participating in an individual interview. While not a harm, it may be an inconvenience, so it should be factored into the work on data collection, e.g. through minimization of the data collection to data that cannot be collected otherwise.

The evaluation, including in particular its data collection component, was designed with ethical considerations in mind. In order to more comprehensively address these considerations, maximize the benefits of participation and prevent or minimize the possible harms, we also developed this ethical protocol. Some of the safeguards that we applied and will continue to apply in the course of research include:

- ◆ Meticulous team selection and preparation;
- ◆ Cooperation with UNICEF and other gatekeepers;
- ◆ Minimization of data collection, in particular with respect to personal data collection;
- ◆ Informed consent procedure;
- ◆ Creation of a safe environment for interactions with participants;
- ◆ Response procedures for safety concerns and grievances;
- ◆ Procedures for protection of privacy and confidentiality, including:
 - de-identification of data through pseudonymisation or anonymisation,
 - minimization of access to data, and other physical and procedural data protection measures;
- ◆ Removal of data following acceptance of the service.

Specific requirements and procedures

Preparation of team members

a. Team members are required to abide by the laws, regulations and other binding legal standards of the countries in which they conduct research activities.

b. Team members are required to familiarize themselves with and abide by the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis which is easily available at: www.unicef-irc.org/research-facilitation.html. All procedures applied and followed in this evaluation are without prejudice to the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis.

c. Team members are also required to follow the procedures as described in Ecorys' offer and revised in the Inception report, in particular ethical principles which have also been included below in pt. 2 of this protocol.

d. If in the course of the evaluation a question of an ethical nature arises, it is to be resolved in consultation with the Team Leader, and when it cannot be resolved independently by Ecorys—also with UNICEF.

e. Team members are required to take part in training related to ethical standards organized by Ecorys. The current protocol should be shared with all evaluation team members prior to the training.

Research principles

As noted in the Inception report, the evaluation is conducted in accordance with the following principles:

- ◆ Principle 1. Safety
- ◆ Principle 2. Transparency
- ◆ Principle 3. Voluntary participation
- ◆ Principle 4. Privacy
- ◆ Principle 5. Confidentiality of data
- ◆ Principle 6. Reciprocity.

Cooperation with UNICEF and other gatekeepers

a. In accessing respondents, team members are required to closely cooperate with UNICEF, UNICEF's partners implementing specific services or other gatekeepers, among others, (1) to minimise the extent of collection and sharing of respondents' personal data, and (2) to create a safer environment for respondents to engage with the evaluation team.

b. Sharing of potential respondents' personal data between the evaluation team and UNICEF, UNICEF's partners implementing specific services or other gatekeepers should be minimized. This means, for example, that such data should be shared in bulk (in one round) rather than over multiple exchanges. This will facilitate its protection and, eventually, removal.

c. Distribution of the surveys should be carried out, to the extent possible, through UNICEF, UNICEF's partners implementing specific services or other gatekeepers to avoid processing of survey respondents' personal data by the evaluation team.

Informed consent procedure

a. Informed consent has to be obtained from all research participants before they engage in research, be that through a survey or an interview. While a written consent is not required if it is explicitly provided orally, it is preferable. In any event, the consent has to be explicit.

b. Team members who carry out interviews are required to obtain the interviewee's informed consent prior to the interview. The informed consent form has been provided in the Inception report. The informed consent form will be shared with all team members prior to the training on ethical issues to be organised by Ecorys.

c. The steps involved in obtaining the informed consent include:

1. Providing the interviewee with the Informed Consent Form prior to the interview (e.g. via email or over a communicator used),
2. Providing the interviewee with enough time to familiarize themselves with the Informed Consent Form,
3. Researcher's presentation of themselves and Ecorys,
4. Presentation of the evaluation, including the reason why a particular activity is undertaken,
5. Presentation of what will happen during the interview, possible risks and benefits of participation,
6. Clear information that if information concerning abuse is revealed, the researcher will report this fact to the evaluation Team Leader and possibly also to UNICEF,
7. Clear information that participation is voluntary,
8. Clear information that the interviewee can refuse to participate or resign at any point, and that neither refusal nor resignation carry any negative consequences,
9. Taking questions from the respondent,
10. Information that if a person agrees then they should sign the form (*alternatively* oral confirmation whether the interviewee agrees or not to take part in an interview),
11. Information that if a person agrees to recording then they should sign a separate consent and confirmation of consent for recording at the beginning of the recording.

d. The information listed under pt. c. above has to be clearly enunciated in addition to being provided in writing as part of the Informed Consent Form. If prior provision of the Informed Consent Form to the interviewee was not possible, it is the more important to take time to go through steps 3-11 above.

e. The interviewer can recording the interview only for the purpose of internal reporting. If the interviewer would like to record the interview, they need to obtain a separate explicit consent for recording. The purpose of recording, i.e. to facilitate internal reporting, should be clearly articulated prior to initiation of recording. To the extent possible, no personal data of the interviewee should be recorded.

f. If a written consent cannot be provided, the team member should make sure that it is explicitly given orally.

Creating a safe environment for interviewees

a. Prior and during the interviews, the interviewer needs to make sure that the conditions in which the interview is taking place offer safety. In particular any risks (psychological, physical, legal, social and economic) have to be considered beforehand and mitigation strategies prepared. The interviewer

should weigh the risks against benefits. If the former outweigh the latter, they should resign from interviewing a given person.

b. Interviewees should be treated with utmost respect.

c. The interviewee should be given a choice when it comes to:

- ▶ The medium of communication (e.g. MS Teams, Webex, Zoom, Skype, phone, in person etc.),
- ▶ Interview date,
- ▶ Interview time and duration, as well as breaks,
- ▶ Any follow up, e.g. they should be asked whether they would like to receive any further information about research results, whether they would be open to further contact if questions arise.

d. In setting up and conducting the interview, the interviewer should respect the interviewees' commitments, in particular work obligations or duties of care towards children or other family members, etc.

e. Prior to the interview, the interviewer is required to familiarize themselves with all background information to understand the interviewee's position in relation to the evaluation.

f. If, during the interview, the interviewee declines to answer a question, this should be respected.

g. If, during the interview, the interviewee would like to take a break or reschedule, this should be respected.

h. If, during the interview, the interviewee wants to resign from participation, they should not be solicited to continue; although the interviewer may confirm whether the participant truly would like to resign.

i. In case abuse or any other serious concern pertaining to UNICEF-related services is revealed, the interviewer is obliged to report this to the evaluation Team Leader. If deemed needed, the Team Leader will further report such cases to UNICEF. The interviewee should be informed about this during the Informed Consent Procedure.

j. Once the interview is concluded, participants should be thanked for their participation and should receive feedback on how the information they shared will be used further and when and where, if possible, they could see the results.

Protecting privacy and confidentiality

a. The researchers should minimize collection of data, in particular any personal data. Only that data which is indispensable should be gathered. No personal data should be collected through the survey.

b. Data collected during the evaluation can only be processed in connection to this evaluation and to fulfil its explicit objectives.

- c. Only evaluation team members or, upon explicit request, UNICEF staff can have access to data collected during the evaluation. Team members have access to data to the extent that it is required to fulfil their roles within the evaluation.
- d. Team members are prohibited from disclosing personal data of survey respondents or interviewees to anyone apart from other evaluation team members and, upon explicit request, UNICEF staff.
- e. When personal data of survey respondents or interviewees needs to be shared, such exchanges should be minimized, i.e. data should be shared once rather than over multiple exchanges. Any personal data can only be shared in password protected files.
- f. The names of all interview recordings, interview notes/reports and transcripts produced during the evaluation should be coded so as to de-identify the interviewees. The list of interviewees with corresponding codes which allows for tracing of a given recording, note/report or transcript to a specific interviewee should be stored separately and should be password protected. Access to such a list should be strictly limited.
- g. To the extent possible, as stated above, interview recordings should not contain the interviewee's personal data. The interview notes/reports and transcripts should be written in a way which does not reveal personal data. If there is a risk that interview notes/reports and transcripts may contain personal data, they should be shared in password protected files.
- h. Since it is impossible to control what the interviewee discloses, sharing of interview recordings even between evaluation team members should be minimized to instances when it is absolutely necessary. This can happen e.g. when it would not be possible to report on an interview otherwise. When recordings are shared, the files need to be password protected.
- i. In all reports from the evaluation, the findings should be summarized to an appropriate level of aggregation, particularly in the instance of clear negative impacts such as stigma and reprisals. The implications of the findings and any potential negative repercussions for particular groups should be considered and measures should be taken to frame the findings in such a way as to avoid these consequences. Where findings will significantly impact (negatively) on the health and well-being of groups or individuals, public disclosure and, where relevant, disclosure to specific stakeholders should be reconsidered.
- j. During the evaluation, data should be processed in an electronic format. No hard copies of documents should be required and stored, in particular no hard copies of filled out Informed Consent Forms should be kept.
- k. Evaluation team members are obliged to protect data collected during the evaluation, in particular they have to make sure that access to such data on their devices is limited and password protected. Evaluation team members are obliged to regularly change the password that protects data collected during the evaluation.
- l. Once the tasks of a given team member are successfully completed, the Team Leader will request a given team member to remove all data related to the evaluation from their devices. The team member is required to immediately proceed with data removal.

m. Ecorys will store all data necessary for reporting to UNICEF on its secure internal server. All files containing personal data collected during the evaluation will be additionally password protected. Only Ecorys staff directly involved in the evaluation will access the personal data collected during the evaluation.

n. Ecorys will remove all personal data related to the evaluation upon successful completion of the project confirmed by UNICEF in writing. Once confirmation is received, the data will be removed from the Ecorys server by the Team Leader with the assistance of the Ecorys' IT expert to make sure that it was removed in its entirety without possible restoration. The Team Leader will also make sure that all team members have removed all data related to the evaluation from their devices.

A6: Terms of reference

UNICEF ECA Regional Office: Contributing to Evidence-based Adaptation of ECD Services for Young Children in Response to COVID-19

Project Title:	Multi-Country Evaluation of the UNICEF Early Childhood Development response to COVID-19 in Europe and Central Asia region
Consultancy/Services Title:	Consultancy to conduct a developmental evaluation of the of UNICEF ECD response to COVID-19
Consultancy Mode:	National <input type="checkbox"/> International <input checked="" type="checkbox"/>
Type of Contract:	Consultant <input type="checkbox"/> Individual Contractor <input type="checkbox"/> Institutional <input checked="" type="checkbox"/>
Mode of Selection:	Competitive <input type="checkbox"/> Single Source <input type="checkbox"/>
Duration of Contract:	From: September 2020–March 2021

UNICEF Europe and Central Asia Regional Office (ECARO) seeks a consultancy to conduct a developmental evaluation of UNICEF Early Childhood Development (ECD) response to COVID-19.

1. Project title

Multi-Country Evaluation of UNICEF's Early Childhood Development response to Covid-19 in ECA Region

2. Background Information

As the first part of the year evolved, the coronavirus increasingly spread across the ECA region and ushered in a new wave of global and domestic shocks. COVID-19 is a global pandemic which threatens young children and their rights in countries across the ECA region and exposes them to massive disruption to their healthcare, education, access to basic needs and services like food, protection and social interaction with family members, teachers, peers and communities. The imposed preventative measures by the local governments such as quarantines, school and day care closures, travel restrictions and border closures and others, have a deeper impact on the wellbeing of children and their parents.

There are major health and development risks to children and their families that arise from the pressure on healthcare and education systems resulting in reduced access to routine health, childcare and early education services. Vulnerable children in need of specialized services are at high risk of compromised development during the crisis and through the recovery as these services are not easily accessible.

Children and parents from the most vulnerable groups (poor children, ethnic minorities such as Roma, migrant and refugee children, children with disabilities) are likely to be even more affected with the COVID-19 and its secondary impact. Due to the lower access to digital means of communication, reduction in outreach services, segregation and linguistic and financial barriers they have poorer access to timely information, support to parental guidance, or distance learning opportunities, increasing equity gaps and jeopardizing long-term social cohesion.

Too often, early childhood development (ECD) falls through the cracks in emergency responses – but there are key measures UNICEF and partners are taking to ensure that early childhood development is supported within the COVID-19 responses and that opportunities to strengthen policy goals with respect to young children are leveraged.

3. Purpose / Objectives / Rationale

As the crisis unfolds, adaptation of ECD-related services provided to families is taking place rapidly in response to the current, evolving context. Services may include remote pre-natal care, home visiting, parental counselling, early childhood education, or early childhood intervention for children with disabilities. Some of these services are halted, some have already been adapted to reach children and families through digital means, others are looking into expanding reach and effectiveness further.

Many countries on the region are already implementing or planning to implement various data collection mechanisms at the household level, mainly to understand the economic impact of COVID-19 in families and children. However, there is not much evidence generation and data collection taking place with respect to services that affect young children and the providers i.e. workforce who are in direct contact with families. Combining household level data with service-level data in an iterative manner can help to shape and direct decisions towards increased relevance and effectiveness of core services and support to families and children.

UNICEF ECARO seeks to guarantee business continuity of these services for young children and ensure relevance and effectiveness during the period of crisis, as well as integrating lessons learned into future planning and rebuilding of more resilient systems and service provision modalities. For this purpose, ECARO plans to undertake an evaluation of the adaptation of services for young children and their families in response to COVID-19 to response to the changing needs of the service users.

The primary purpose of this evaluation is to critically assess UNICEF's efforts in ECD programming that are being adapted to meet the changing needs of young children and families and do so with the view of going forward to be better prepared to the similar situation in the future. By collecting "good enough" evidence recurrently and dedicating resources for ongoing analysis, UNICEF and

partners can strengthen the process of adaptation of these services and their effectiveness in an agile manner. The knowledge generated from the evaluation, and the specific lessons learned that it identifies, will inform evidence-based decision-making, evidence-based advocacy, and resource-mobilization, while contributing to learning within UNICEF.

The **secondary purpose** is to document the specific substance and progress of UNICEF's work in this area to date to contribute to the final evaluation which will be conducted in 2021.

The **objectives** of the evaluation are to:

- assess the extent to which the ECD activities 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.
- assess the effectiveness of the ECD activities in improved programming and systems strengthening support to governments in the selected countries

4. Object and Scope of the evaluation

The evaluation will focus on services for young children and their families, traditionally supported by health and education delivery platforms and frontline workers but which are now being altered to fit in to the COVID-19 restrictions. Relevant services are determined at country level and may include remote pre-natal care, home visiting, parental counselling, early childhood education, early childhood intervention for children with disabilities or any other type of services to families with young children.

However, the selected project activities must be delivered through 'a workforce' (frontline workers) and fall into one of the following categories (these excluding criteria):

- moving an existing service to a digital mode of engagement or delivery or complementing the existing service with new modalities of distance support (increase effectiveness);
- introducing new services to address new needs for current service users (increase relevance);
- adapting existing or incorporating new services or service provision modalities to meet the needs of new groups of service users (increase relevance)

The evaluation will not focus on the project activities which do not fit either of the three stages of adaptation or those which do not provide service delivery through frontline workers.

The inclusion criterion for the countries is determined based on interest of the Country Office (CO) to participate, existence of respective services supporting young children prior to COVID-19 and after the onset of the crisis, relevant adaptations introduced to core services, regional representation, and ability of countries to engage directly with frontline workers, in partnership with relevant government counterparts.

The key OECD-DAC evaluation criteria which are most important to the evaluation are relevance, effectiveness and sustainability.

The time period covered is from March 2020 when the COVID-19 outbreak started and up to February 2021.

5. Intended user(s) and use(s)

The primary intended users of the evaluation are UNICEF COs selected as the ‘in depth’ study countries, UNICEF ECA Regional Office and national governments and partners. The findings will also be useful to 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 findings of the evaluation will inform the ECD programming in the near future in relation to the situations such as that of COVID-19 to ensure the continuity of ECD-related services delivered to children and families regardless of the pandemic.

6. Evaluation questions

The evaluation proposes to investigate the following main evaluation questions:

Q1. What adaptations in ECD services made in response to COVID-19 crisis are more (or less) effective in terms of delivering on the expected service outcomes and the needs of families in the selected countries? For which population group and under which circumstances do the adapted ECD service delivery work best and in what ways? (relevance, effectiveness)

Q2. What are key requirements in terms of staff capacity, technology, as well as enabling environment, for the introduction and continuous delivery of the effective adaptations of services? (effectiveness)

Q3. To what extent adaptations introduced in response to COVID can improve resilience of services and contribute to long-term effectiveness and efficiency in service provision? (sustainability)

There will be sub-questions developed for each CO to ensure contextualisation of the evaluation to their specific context and programme characteristics. Those questions will be developed and fine tuned during the inception stage.

7. The principles and approach that will guide the evaluation

The evaluation will be guided by the “Norms and Standards” and the “Ethical Guidelines for Evaluation” developed by the United Nations Evaluation Group (UNEG) and UNICEF’s corporate guidance for equity focused evaluations. The evaluation design and implementation should consider ethical safeguards where appropriate, including protection of confidentiality, dignity, rights and welfare of human subjects particularly children, and respect of the values of the local community. Please refer to UNEG ethical guidance for evaluation which outlines the ethical principles in part of evaluation intentionality, obligations of evaluators, obligations to participants and evaluation process and product.

The evaluation team should also adhere to UNICEF's Evaluation Policy and to UNICEF Reporting Standards. Evaluation team members will sign a no conflict of interest attestation.

Transparency, partnership, openness and cost-effectiveness should guide the evaluation process. In so doing, the evaluation will take the following general approach:

- Work in a way that will allow the development of a set of actionable recommendations directed to regional and country office all of which should aim toward the ultimate goal of improving UNICEF ECD response.
- Make the maximum use of ongoing and recent data collections started since the COVID-19 outbreak, with a view to reducing duplication (as well as evaluative burden) and to deepening the available data set and analysis.
- Allow for maximum ownership by CO staff and place the least possible burden on UNICEF CO staff and other informants.
- Place findings in the context of the ongoing evolution in UNICEF policies and guidance so that any related recommendations are tailored to latest developments.

The evaluation team and the evaluation process must meet the requirements and standards of the following documents:

- UNICEF Revised Evaluation Policy (12 April 2018)
- [United Nations Evaluation Group \(UNEG\) norms and standards \(2016\)](#)
- UNICEF Gender Equality Resources: http://www.unicef.org/gender/gender_57850.html
- [UNEG Code of Conduct for Evaluation in the UN system as well as Ethical Guidelines for UN Evaluations](#)
- UNEG Norms and Standards: <http://www.unevaluation.org/document/detail/1914>
- [How to design Equity-Focused evaluations](#)
- [Ethical Research Involving Children, 2013, https://childethics.com/](#)

8. Methodology

This proposal presents a developmental evaluation approach to contribute to increasing the relevance and effectiveness of the available services for young children and address current and emerging needs of the ECD workforce so they can better support families. Given the very dynamic context that is rapidly changing, the exercise will be both retrospective and prospective and will try to evaluate suitability and relevance of the adaptations to the respective context in the past, present and future times. It will look back and evaluate adaptations that were introduced at the onset of COVID-19 pandemic, even if these had been discontinued. It will equally try to assess ongoing changes and the extent to which they support current and future needs and modalities of service provision.

While the evaluation methodological approach will be finalized at the inception phase, initial advice on the comprehensiveness of the evaluation approach is expected at the proposal stage. Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology suggested in the ToR and improve on it or propose an approach they deem more appropriate. Bidders are encouraged to also demonstrate methodological expertise in.

Three-layered data collection and analysis

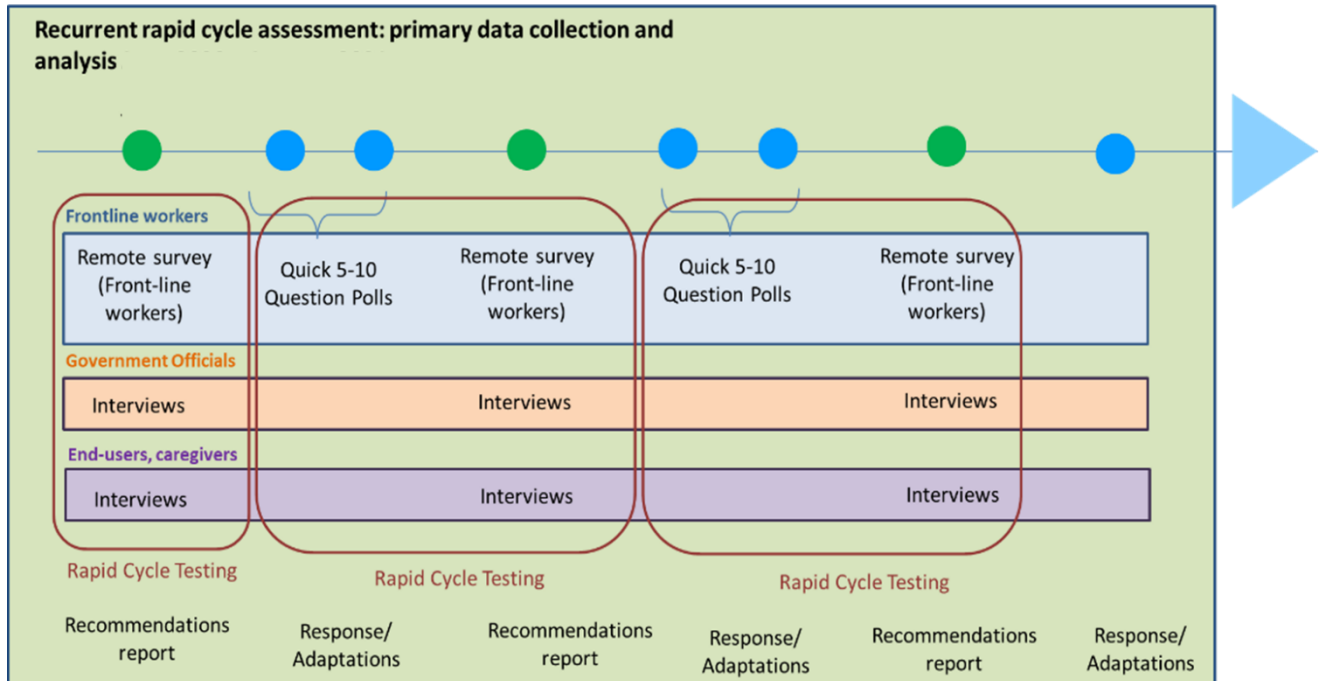
The initial step in this exercise will be to map adaptations introduced in ECD-related services across participating countries. This will be the basis for the identification of the respective service providers to participate in data collection and the key respondents for in-depth interviews. Then the following 3 main components will be conducted:

- 1. Survey design and data collection in the in-depth study countries.** This includes:
 - i. Frontline workers survey (telephone/SMS/text): sampling of workforce, questionnaire formulation; implementation of the questionnaire three times in a period of 6-9 months- through digital means or other forms (e.g. telephone). Questions should be tailored to the workforce needs in terms of access to families and children, operational challenges (access to materials, supplies, information, transport etc.), skills gaps and capacity needs to respond to the current context (e.g. availability of training and guidance, connection with the national authority, network of professionals, peers etc.), mentoring and supervision in the current context, etc.
 - ii. Key in-depth interviews with selected government officials in the depth study countries
 - iii. Key-in-depth interviews (telephone) to a small number of front-line workers in the depth study countries
 - iv. Key in-depth interviews (telephone) to selected service end-users in the depth study countries at specific times will complement the data collection process.
 - v. Other existing data available in-depth study countries, such as social media data, HH surveys, situation analysis, etc.

- 2. Data analysis and formulation of programmatic recommendations through rapid cycle testing/analysis** in the depth study countries, ideally in combination with household level data collected by UNICEF or partners, as well as other existing information available. Data analysis will aim to provide rapid inputs to UNICEF staff and national counterparts, and enable the formulation of evidence-based recommendations, advocacy and communication strategies, and programmatic decisions. The recurrent analysis (done each time after the surveys are produced)' objectives will be to:
 - i. assess if ECD workforce have relevant capacity and skills to adapt to and deliver new modalities (what is missing- trainings, technology, supportive policy, supportive supervision- which is already in the note);
 - ii. assess the support available and required by front line workers and formulate better program response;
 - iii. assess the effectiveness of the adapted tele-and remote services they are providing, how can they be improved, are there new opportunities to consider post COVID-19; and ultimately
 - iv. inform future policy formulation and adaptations that reflect lessons learned from this context

The participating in-depth study country offices will have three briefs.

3. **Regional synthesis and country level reports.** A regional synthesis of lessons learned, findings, and recommendations will be developed. Further, based on the iterative data collection at country level and the overall emerging findings. There will be a synthesis report at the end of this exercise.



The proposed period of this exercise is August – March 2021. Surveys and interviews will ideally be conducted in August, September, December. The iterative process can continue in the future.

Sampling Procedures

Timeframe As an ongoing evaluation, the evaluation will look primarily at recent developments and assess the direction of work in this area. Data collected will cover the eight-month period.

Geographical scope: The evaluation will have 'desk review' and 'in-depth' study countries. The former will include all the ECA RO 21 countries and territories that have adapted ECD-related services in response to COVID-19, while the latter will focus on **Georgia, Croatia, Ukraine, and Moldova** (see Annex 1 for project details by country). Selection of specific municipalities, cities, districts within each in-depth study country will be detailed at the inception stage. Selection of specific respondents will also be identified separately for each country.

Programming: As stated above, the programme focus is on ECD project activities which are falling under one or more of the three stages of adaptation as discussed above.

Provisions to obtain needed permissions to collect and report data:

Collection of data involving the workforce is expected to be done through the existing means of data collection which UNICEF is already employing for programme monitoring. When interviewing

respondents, the team is required to follow all the ethical requirements and obtain their consent for doing so.

Provisions to store and maintain security of collected information:

Data will be stored in a safe password-protected folder with access rights given to the evaluation team only. The evaluation team is required to suggest protocols for anonymity/confidentiality.

9. Ethical Considerations

The evaluation must be in line with the United Nations evaluation norms and standards. The evaluation must be external and independent and will be carried out in an objective, impartial, open and participatory manner, based on empirically verified evidence that is valid and reliable.

The ethical principles that will guide the evaluation are independence, impartiality, credibility, responsibility, honesty and integrity. Similarly, it is essential for the evaluation team to maintain respect for the dignity and diversity of the individuals interviewed, and to take into consideration respect for human rights, gender equity and equality throughout the evaluation process. The team will take the appropriate measures to preserve the confidentiality of information and data of the individuals involved, while respecting the right to provide information in confidence. Here, it is essential that informed consent be obtained when the information is collected.

The evaluation must also comply with UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, and according to the methodology selected and the subject evaluated, it must be reviewed by an external ethical review committee (UNICEF has a global contract for external ethical reviews). The evaluation will not be able to proceed with the data collection before being approved by the ethical review committee. If the institution has its own ethical review mechanisms, they could substitute for the external committee, provided that these mechanisms comply with the minimum quality standards established in UNICEF's policy. In its methodological proposal, the evaluation team should clearly indicate any possible ethical issues and specify the supervision and the ethical review mechanisms of that are applicable to the evaluation process.

In addition, members of the evaluation team are required to disclose in writing any past experience, of themselves or their immediate family, which may give rise to a potential conflict of interest, and to deal honestly in resolving any conflict of interest which may arise during the evaluation.

10. Roles and responsibilities

UNICEF ECARO evaluation team will be responsible for all the management issues and methodological matters and will liaise between the evaluation and UNICEF COs. UNICEF ECARO ECD team will provide technical oversight and be responsible for the technical quality of the outputs. UNICEF COs staff will be instrumental in participating in all the steps of the approach outlined above, including in working closely with contracted partner to develop relevant survey questions for frontline workers, facilitate data collection as needed, and use the recommendations of the analysis after each survey for advocacy purposes. COs will be responsible for the use of this information for shaping

their strategies and decisions. Efforts will be made as much as possible to use the exercise and build national capacity to collect similar data from frontline workers in the future.

There will be set up an Evaluation Reference Group (ERG) to act a sounding board for the evaluation to foster transparency and participation and to review key evaluation deliverables. The ERG will not have any formal evaluation management responsibilities. It will act in an advisory capacity and provide inputs on all main evaluation deliverables that are expected to strengthen the quality and credibility of the evaluation. The group will consist of ECA RO advisers and CO Representatives. In addition to this, in each in-depth study country, ERG will be set up consisting of the key partners.

11. Evaluator qualifications

The evaluation will be conducted by engaging an institution. The proposed team will consist of two international consultants and one national technical expert in each country (Georgia, Croatia, Ukraine, Moldova).

1. The senior-level Team Leader must have the following competences:
 - Having extensive evaluation experience (at least 10 years) with an excellent understanding of evaluation principles and methodologies, including capacity in an array of qualitative and quantitative evaluation methods, and UNEG norms and standards. It will be a requirement that the team leader can prove extensive expertise in developmental evaluations.
 - Having experience on ECD sector reforms – planning, implementing, managing or monitoring such programmes.
 - Holding an advanced university degree (Masters or higher) in international development, public policy or similar, including sound knowledge of policy and systemic aspects; familiarity with ECD and education programmes.
 - Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions.
 - Having in-depth knowledge of the UN's human rights, gender equality and equity agendas.
 - Having a strong team leadership and management track record, as well as excellent interpersonal and communication skills to help ensure that the evaluation is understood and used.
 - Specific evaluation experience in the ECD and education sector is strongly desired, but is secondary to a strong mixed-method evaluation background, so long as the ECD and education expertise of the other team members (see below) is harnessed to ensure the team's collective understanding of issues relating to systems strengthening from a UN or NGO perspective.
 - Previous experience of working in Europe and Central Asia context is a must.
 - S/he must have the ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.

The Team Leader will be responsible for undertaking the evaluation from start to finish, for managing the evaluation team, for the bulk of data collection, analysis and consultations, as well as for report writing in English and communication of the evaluation results.

2. The international Junior Analyst must have the following competencies:
 - Minimum 5 years' experience in quantitative and qualitative data design, collection and analysis for large scale surveys, research projects or evaluations.
 - Holding advanced university degrees (Masters-level) in Statistics, public policy or similar.
 - Familiarity in UN's human rights, gender equality and equity agendas; knowledge of ECD programming a plus.
 - S/he must have the ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.

The Junior Analyst will work under the stewardship of the Team Leader in support data collection and analysis.

3. One national consultant (one per participating country - 4 countries) must have the following competencies:
 - Holding advanced university degrees (Masters-level) in Statistics, public policy or similar.
 - Hands-on experience in collecting and analysing quantitative and qualitative data.
 - Strong expertise in equity, gender, equality and human rights-based approaches to evaluation and expertise in data presentation and visualisation.
 - Having good communication, advocacy and people skills and the ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts in written and oral form.
 - Excellent English communication and report writing skills; knowledge of local languages is obligatory.
 - Having excellent understanding of the ECD and education system in ECA region through previous experience or research work.

The national consultant will play a major role in data collection, analysis and presentation, and preparation of the debriefings and will make significant contributions to the writing of the main evaluation report.

It is vital that the same individuals that develop the methodology for the proposal will be involved in conducting the evaluation. In the review of the proposal's, while adequate consideration will be given to the technical methodology, significant weighting will be given to the quality, experience (CV's and written samples of previous evaluations) and relevance of individuals who will be involved in the evaluation.

12. Reporting requirements

It is expected that the evaluation will have a joint Inception Report, analytical briefs based on rapid cycle data collection, Evaluation Report for each in-depth country based on the briefs, and a regional synthesis report of lessons learned, findings, and recommendations based on the evaluation reports for countries.

Outlines and descriptions of each evaluation products are meant to be indicative, and include:

Inception report: The inception report (in English) will be key in confirming a common understanding of what is to be evaluated, including additional insights into executing the evaluation. At this stage evaluators will refine and confirm evaluation questions, confirm the scope of the evaluation, further improve on the methodology proposed in this ToR and their own evaluation proposal to improve its rigor, as well as develop and validate evaluation instruments. The report will include, among other elements: i) evaluation purpose and scope, confirmation of objectives and the main themes of the evaluation; ii) evaluation criteria and questions, final set of evaluation questions, and evaluation criteria for assessing performance; iii) evaluation methodology (i.e., sampling criteria), a description of data collection methods and data sources (incl. a rationale for their selection), draft data collection instruments (with a data collection toolkit as an annex), an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, a description of the quality review process and a discussion on the limitations of the methodology; iv) proposed structure of the final report; v) evaluation work plan and timeline; vi) resources requirements (i.e., detailed budget allocations, tied to evaluation activities, work plan) deliverables; v) annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework). The inception report will be 20–25 pages in length (excluding annexes), and will be presented at a formal meeting of the reference group.

Analytical briefs based on the iterative and rapid data collection in each country will be produced three times during the course of the evaluation on the analysis of the ECD project adaptations and provide overall emerging findings from the survey and interviews. There will be three briefs soon after each cycle of data collection.

Country Evaluation report for each in-depth country will answer the sub-questions relevant to each in-depth country. The report (in English) will not exceed 40 pages, excluding the executive summary and annexes. A complete draft report will include: i) Title page and opening pages; ii) executive summary; iii) brief background, purposes, scope and objectives iv) an analysis of key issues against the evaluation questions v) the lessons emanating from those experiences; and vi) annexes. These reports will be delivered in March 2021.

A Synthesis report will answer the main evaluation questions. The report (in English) will not exceed 40 pages excluding the executive summary and annexes. A complete draft report will include: i) Title page and opening pages; ii) executive summary; iii) brief background, purposes, scope and objectives iv) an analysis of key issues against the evaluation questions v) the lessons emanating from those experiences; and vi) annexes. This report will be delivered in March 2021.

All reports should be electronically delivered to UNICEF. Completed data sets should be returned (filled out questionnaires, surveys, interview notes and tapes, etc.) to UNICEF.

13. Limitations

Due to the COVID-19 outbreak, there will not be any face-to-face data collection. Hence the data will be collected through virtual means which can bring certain limitations to the quality of data and scope of data collected.

14. Procedures and logistics

This approach will require pre-agreement/partnership with government agencies that provide services and access to telephone databases or digital platforms (if applicable) of the pre-natal health care, home visiting, early childhood education, and other relevant frontline workers who support families with ECD-related services. The agreement should ideally include obtaining permission to contact frontline workers. The government agency should also be open and interested to use evidence generated through this exercise. UNICEF will benefit to ensure evidence-based advocacy to re-establish or improve the services with on the ground information and explore this issue further.

No international travel is envisaged due to Covid-19. Travel within each country by the national consultant will be facilitated by the local UNICEF CO and follow the government's measures and rules in relation to the COVID-19 situation.

Total number of days envisaged for this assignment is 150.

15. Timeline and milestones

Deliverables	Timeline*	Payment
<ol style="list-style-type: none"> Inception report Presentation of the inception report to ERGs (UNICEF and national partners) 	September 2020	30%
<ol style="list-style-type: none"> Three Analytical Briefs based on rapid data collection per country (12 total) 	September, November, January	0
<ol style="list-style-type: none"> Country Evaluation Report (answering sub-questions) (4 reports total) Presentation of the evaluation country reports to ERG and national partners 	March 2021	30%
<ol style="list-style-type: none"> Synthesis Report (answering main evaluation questions) Presentation to wider UNICEF 	March 2021	40%

16. Quality assessment of the evaluation report

The ECA Regional Office evaluation and ECD teams and country office levels will provide quality assurance on all evaluation tools and documents based on the UNEG's and UNICEF's norms, standards, processes and tools and as well as on other best practices related to programme evaluations.

Once approved, the final evaluation report will be submitted to the UNICEF's global evaluation reports oversight system (GEROS) for an independent quality review. The report and the review will be made available on the UNICEF Internet website, in compliance with the commitment for transparency of evaluation findings.

GEROS is a UNICEF organization-wide system which aims at assessing the quality of evaluation reports against global quality standards. All ratings and evaluation reports are then available to the public on UNICEF website. Therefore, the evaluation inception and final reports must be compliant with UNICEF standards:

- **Inception report** (same check-list than for Terms of Reference):
https://www.unicef.org/evaluation/files/UNICEF_UNEG_TOR_Checklist_updated_June_2017.pdf
- **Final report:**
https://www.unicef.org/evaluation/files/UNICEF_adapted_reporting_standards_updated_June_2017_FINAL.pdf

Please refer to GEROS webpage and Handbook¹³ for more details. It is also to be noted that UNICEF standards include performance indicators from the UN System Wide Action Plan (UN-SWAP). For more information on the UN SWAP Evaluation Performance indicator, please consult: www.uneval.org/document/download/2148

17. Application requirements – How to APPLY

Proposer(s) must submit a technical and a price proposal (in separate documents) that will be split between technical and commercial (price proposal) scores (an 70/30 split).

A) The **technical proposal** (70 points) should include the following information:

- Cover letter
- Presentation of the firm/research institution/consulting group and experiences
- Understanding of the ToRs and Evaluation needs
- Team composition (incl. identification of team leader), with complete CVs

¹³ GEROS webpage: https://www.unicef.org/evaluation/index_GEROS.html and GEROS handbook: https://www.unicef.org/evaluation/files/GEROS_Handbook_FINAL_full_document.pdf

- Matching the team skills with the required skills
- Proposed methodology and rationale for it
- Detailed Timeline/Chronogram and level of effort by each team member (role of each team member)
- Sample(s) or link(s) of previous Evaluation(s) by the team members

The technical proposal will be assessed with the following criteria:

Technical sub-criteria	Description	Maximum Points
Completeness of technical requirements (5 points)	Overall conformity of the proposal, including appropriate referencing and supporting documents (description of institution and key personnel, understanding of ToRs, matching team skills with required skills, proposed methodology, detailed timeline, references and written sample)	5
Qualifications of team (45 points)	Overall conformity with requirement of the Team leader	17
	International Junior Analyst	8
	National consultants	20
Quality of technical proposal (20 points)	Understanding of the ToRs (match between the proposed approach and requested scope of evaluation)	3
	Quality of the methodology and methods proposed, innovative design, rationale for the methodology	10
	Realistic work plan and level of efforts of team	4
	Understanding of ethical considerations and integration of such in the methodology	3
Maximum Score for technical criteria		70
Minimum Score for technical compliance		49

Total Maximum points for the technical proposal is **70** points. Only proposals which receive a minimum of **49** points will be considered further.

B) **Financial Proposal** should include:

1. Detailed budget as per the Financial Proposal template
2. Explanation of budget assumptions with regard to planning, team composition, field work, etc.

The total amount of points allocated for the price component is **30**. The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:

Score for price proposal X = (Max. score for price proposal (30 Points) * Price of lowest priced proposal) / Price of proposal X

Total obtainable Technical and Price score: **100**

The Proposer(s) achieving the highest combined technical and price score will (subject to any negotiations and the various other rights of UNICEF detailed in this LRPS) be awarded the contract(s).

Annex I. In-depth Country: Croatia

Project title:	Tele-intervention - Virtual Early Intervention Responding to the impacts of COVID-19 on young children with developmental delays and disabilities	Augmentative and Alternative Communication (AAC)	Neonatal care: Neo-Baby Friendly Hospital Initiative (Neo-BFHI) and Human Milk Bank
Project objectives:	The aim is to develop a digital platform for EI practitioners, training resources needed for the tele-intervention during this critical period and beyond. Based on the lessons learned from this initiative, UNICEF will advocate for institutional, programmatic and financial changes to ensure the sustainability of early interventions.	With the support of the RO, CO is also testing an integrated open-source AAC solution. The solution is getting adjusted to the national context by selecting, customizing and confirming individual symbols for inclusion in the open symbol set, and professionals from 24 institutions from Croatia are to be trained to apply the solution in their work with children with complex communication needs.	The aim of the programme is for every prematurely born child to receive the best possible care in order to overcome the health difficulties they face. UNICEF equipped all 13 units of intensive neonatology and provided capacity building for healthcare professionals to ensure all preterm and severely ill children in intensive neonatology units can have a skin-to-skin contact with their parents and to get feed by human milk.
Project end beneficiaries:	Children with developmental delays and disabilities and their families	Children with complex communication needs and their families	Parents and their prematurely born babies
The stage of the project implementation (please elaborate):	Digital platform completed https://edukacija.ranaintervencija.com/ Frist cycle of online self-paced training will be available to the EI practitioners on July 6, 2020. Under the project 10 online training cycles and mentoring are foreseen.	2 training cycles lasting 4 days, of which 2 days in the summer and 2 days in the autumn. Enrollments for online training are completed. The 1st cycle of two-day training completed (188 participants). The 2nd cycle of the two-day training will take place on July 9th and 10th	Neo-BFHI programme was introduced in all 13 NICU's and the first assessments with the WHO/UNICEF assessment tools were to start in September 2020 but due to the COVID-19 pandemic outbreak it is postponed. The Human Milk Bank, with planned national reach, was opened in Dec. 2019 and will be fully functional by the end of 2020.

Project start date (or start date of adaptations):	June 2020	June 2020	2013
Project end date (or end date of adaptations if any):	November 15, 2020	October 12, 2020	2020
Project location(s):	National	National	National
Project workforce engaged (who, how many if known):	250 ECI professionals, Caregivers	June course – 188 enlisted ECD/ECI professionals	Health professionals in 29 maternities, neonatologists and nurses; professionals in 13 NICUs; home visiting nurses
Project adaptation details:	Developing a digital platform with all the resources and capacity building activities (training and mentoring), for providing Virtual EI which otherwise would have been done face to face.	Capacity building activities on using the AAC, which otherwise, would have been done face to face are being done remotely	UNICEF provided guidelines and recommendations, advocated with the MoH; The practice of banning the parental accompaniment during the hospitalization of a child was introduced during COVID19. Based on the decision of epidemiologist, the HMB was not allowed to continue receiving donated milk during COVID, due to risk of infection; only already collected milk was processed and shared with 3 Zagreb NICUs (2 are the largest in Croatia, treating the most critical conditions of premature children). UNICEF shared concerns about the separation of infants and very young children from their parents.
Project monitoring activities:	July, August, TBD	June, July, September, TBD	July-Sept, TBD
Specifics of existing data collection:	Online self-paced course for EI practitioners following an online mentoring. The survey can be integrated into an online course and mentoring. However, the	Online course lasting 4 days, 2 days in June and 2 days in September. It is possible to integrate the survey in the course	Ministry of Health collects all relevant data from the maternities and the HMB. Survey can be shared via email with all relevant health institutions.

	3-collection point should be via email.		
Proposed objective of the evaluation:	The evaluation may explore the quality of the training (including mentoring) in terms of meeting the needs, requirements of the workforce who are trained. Relevance and effectiveness of virtual home visiting during COVID-19 and post COVID-19 (the virtual home visits will be important and beneficial for families living in rural, isolated areas, as well as for socio-economically deprived families, enabling them an intervention without travel and related costs to reach the service.)	The evaluation may explore the quality of the training in terms of meetings the needs, requirements of the workforce being trained; sustainability of the technology used; extent to which technology is useful to the end beneficiaries.	The evaluation may explore the appropriateness of COVID-19 related measures imposed to children and their families in NICUs and the use of HMB, as well as long-term effect the measures may have on children's health
Proposed scope of the evaluation	Relevance, sustainability, effectiveness	Relevance, sustainability, effectiveness	Relevance, sustainability, effectiveness

Additional remarks:

1) The programme of *Improving the inclusivity of initial teachers' education for early childhood education and care* with focus on professional development of staff at 5 Croatian Faculties for Teachers education on inclusive practices, has started in February 2020 and its' implementation has by now not been adapted to COVID-19 epidemic. Depending on the time-scope of the planned evaluation, it may eventually also be suitable for evaluation.

2) Providing early childhood education is also challenging in time of epidemic. Depending on the interest of the Ministry of Science and Education, we might explore in the following weeks (parliamentarian elections are on July 5, 2020) evaluation of the measures taken to support early childhood and preschool teachers to adapt to the closure and re-opening of kindergartens might also be worthy.

In-depth Country: Georgia

Title	Remote pregnancy care;	Hotline (child protection and adolescents
Objective	To mitigate the risks associated with coronavirus disease and to remotely provide pregnant women with qualified medical consultation on relevant	To help children and their families to receive the state services in an easier and faster way and help adolescents receive timely psychosocial support

	pregnancy related issues by qualified clinician	
beneficiaries:	All pregnant women pregnant at a time of the project (26,000)	Children 0-18 and their families; adolescents up to 24 years of age
Stage of the project	Being implemented; the project has a potential to become a modus operandi for patients' education. We are thinking to accompany the pregnant in post-delivery period and therefore.	Being implemented; The country high leadership is interested in taking this module for all hotlines of the country.
Start date	June 2020	April 2020; adolescents/youth component started in mid-June
End date	15 September 2020 – may continue	31 December 2020 with UNICEF's partial financial support, government will take over full funding in January 2021
Project location	Throughout the country	Throughout the country
Project workforce engaged	<ul style="list-style-type: none"> ▪ Group of people making phone calls to arrange online consultations of beneficiaries ▪ Representatives of the Birth Registry office of the National Centre for Disease Control and Public Health ▪ Antenatal Care Providers favored/nominated by mothers i.e. 10 clinicians. 	<ul style="list-style-type: none"> ▪ Frontline operators -4, ▪ Case workers-8, ▪ Psychologists-2, ▪ Staff from state and municipal services ▪ NGO being recruited to expand psychosocial support to children, caretakers and adolescents
Project adaptation details:	It is a new way of delivering the service i.e. remotely	It is a new way of facilitating the access to traditional services when beneficiaries call a hotline instead of physically going to the services providers
Project monitoring activities (if any):	HMP indicators + additional indicators: Pregnant' interest in participating (In case of refusal, the reasons are collected); Number of pregnant per session and its duration; Quality of information sessions and beneficiary satisfaction. Data is routinely collected and analyzed periodically	HMP indicators + additional indicators: N of calls, N of cases and their status, profile of beneficiaries, types of assistance requested, N of households helped, N of adolescents/youths improved their psychosocial situation as a result of received support; These are collected through weekly updates, bi-weekly HPM indicator reports, programme visits, Up-date from implementing partners on weekly bases,
Proposed objective of the evaluation:	Effectiveness, relevance, efficiency	Effectiveness, relevance, efficiency
Proposed scope of the evaluation:	Entire project activity; 10 clinicians; selected beneficiaries	Both components
CO cannot go ahead with both of the projects and will appreciate help to select one.		

In-depth Country: Republic of Moldova

Project title: Regional project on Social Inclusion of Roma Children and Children with Disabilities in Moldova (with a focus on early education, early intervention and positive parenting)

Project objectives: advance social inclusion and the equitable distribution of opportunities for the most vulnerable and marginalized children *viz.* children from ethnic minorities and children with developmental difficulties, including delays and disabilities.

Project beneficiaries: education and health specialists, parents/caregivers of children with disabilities (CWD) and Roma from targeted rayons, young children including Roma, children with developmental delays etc.

The stage the project is at (please elaborate): the project is at final stage

Project start date (or start date of adaptations): April 2020–start of adaptations

Project end date (or end date of adaptations if any): 01.08.20

Project location(s): Calarasi, Cantemir and Singerei rayons

Project workforce engaged (who, how many if known):

CNETIF CSO, 8 TOTs, 160 local trainers, 10 474 managerial and didactical staff (81,4% out of total number);

Voinice CSO, 11 staff members (providers of early intervention services), two teams in two localities that are trained to provide early intervention services (12 professionals)

Institute of Mother and Child Health, 7 staff members involved in programme dedicated to strengthening capacity of home visiting nurses on provision of universal–progressive HV

Project adaptation details:

16 on–line modules on positive parenting + an 1 module on COVID–19 pandemics + methodology and guidance for on–line trainings, mentoring and counseling were developed.

On line learning courses for newly established early intervention services; telemedicine – distance consultation and mentoring of health professionals in provision of early intervention services

On–line capacity building on provision of services for families with young children in context of COVID pandemics, support to breastfeeding, counselling on nutrition; support on resuming vaccination

Project monitoring activities (if any): Monitoring/mentoring/counselling sessions were organized for 19 rayons including specific recommendations on correct and efficient on–line work with parents, support to newly established teams of early intervention services

Proposed objective of the evaluation: evaluate the efficiency of on–line interventions (trainings, monitoring/counseling sessions, activities on ensuring continuity of services etc.), lessons learnt, benefit of the foreseen recommendations of the evaluation etc.

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