RTA Round 2 Inception Report

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Background

Over the course of the COVID-19 pandemic, UNICEF has supported countries with technical support on a range of topics, amongst them health, nutrition, remote learning, mental health and psychosocial support, research, and Risk Communication and Community Engagement (RCCE). As part of a global exercise, UNICEF MENARO conducted a Real Time Assessment Round one (RTA R1) to examine the response of the RO and COs to the COVID-19 pandemic. The RTA R1 was conducted between September 2020 and January 2021 and included six country case studies: Egypt, Iran, Jordan, Oman, Tunisia, and Yemen. The RTA 1 assessed the quality of UNICEF's COVID-19 response, primarily focusing on the implications that the COVID-19 response had for UNICEF's regular programme delivery, the quality of the COVID-19 response, and early insights on achievements and lessons learned during the COVID-19 response.

UNICEF has also been actively engaged in the Access to COVID-19 Tools (ACT) Accelerator initiative, including ACT-A's COVAX facility, through which UNICEF is providing vaccination delivery services. The ACT-A is a global collaboration that launched in April 2020 to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. The ACT-A collaboration framework has three pillars (Vaccines/COVAX, Diagnostics, and Therapeutics), a Health System Connector, and a Country Allocation and Access workstream. Each pillar is divided into several workstreams, with one to two organizations leading each workstream.

Under this collaboration framework, UNICEF is a key delivery partner and serves on the COVAX pillar committee under the Procurement and Delivery at Scale workstream. UNICEF is also on the committee of the Health Systems Connector under three workstreams: community-led responses, protecting front-line workers, and supply chain.

As part of its collaboration on the ACT-A, UNICEF has been working to procure and deliver COVID-19 diagnostic equipment, therapeutics, and quality-assured vaccines, primarily for low- and middle-income countries. All MENA country offices (COs) have been procuring vaccines, syringes, and safety boxes through UNICEF under the ACT-A COVAX facility except for Kuwait, Saudi Arabia and the United Arab Emirates (UAE).

UNICEF has supported 20 countries in the MENA Region as part of its engagement with the ACT-A's COVAX facility; as of 8 August 2021, UNICEF had supplied more than 18 million doses out of the allocated 49 million doses. By the end of September 2021, 288 million doses of COVID-19 vaccine had been delivered to MENA countries overall, including 46 million (16%) through the COVAX facility and the African Union. The degree to which individual countries have depended on COVAX for vaccine supply has varied, with some countries, like Sudan, Syria, and Yemen, receiving more than 60% of their COVID-19 vaccines from COVAX.

UNICEF is further supporting Algeria, Djibouti, Egypt. Morocco, Sudan and Tunisia with Ultra Cold Chain (UCC) services which include assessments, UTL freezers, ancillary items such as generators, air conditioners, PPE and other costs on deployment of UTL Freezers in readiness for the delivery of Pfizer Vaccines.

Assessment Purpose and Objective

The MENA Real Time Assessment Round 2 (RTA R2) purpose is to leverage the experiences of selected COs and RO during the initial implementation of the ACT-A to generate lessons that will inform future country and regional COVID-19 response activities and improve the quality of response delivered. The RTA R2 is intended to provide insights on the lessons that have emerged during ACT-A implementation, outcomes achieved, and how cross-cutting issues such as human rights, gender, and equity have been integrated into UNICEF's ACT-A activities. The RTA R2 will be an input into regional management reflections and the global real-time assessment process intended to improve ongoing response efforts and future pandemic responses.

By the end of the RTA R2 process, the assessment should have provided additional clarity on select UNICEF COs and RO's successes and areas for improvement during the initial ACT-A implementation. This assessment is intended to provide a basis and process for internal and external learning and reflection.

Primary users will be UNICEF management at the CO and RO levels, particularly the RO COVAX Working Group. Primary users will be able to use RTA R2 findings to improve ongoing COVID-19 response implementation. Similar to

the RTA 1, the RTA R2 will provide COs with an additional advocacy tool that examines UNICEF's response to COVID-19 thus far. The RTA R2 is thus intended to support CO communications with donors for fundraising purposes and national governments for reporting purposes. The RTA 2 findings will also provide inputs into the L3 summative evaluation of COVID-19 response that the UNICEF Executive Office will conduct in late 2021/early 2022.

Scope

The MENA Real Time Assessment Round 2 (RTA R2) will cover UNICEF's engagement in the COVID-19 ACT-A from January 2021 to October 2021, with a particular focus on UNICEF's contributions to the COVAX facility and capacity building. The RTA R2 will also document the extent to which high-quality RCCE efforts intended to increase vaccine uptake and public health and social measures implementation were of high quality. Importantly, the RTA R2 will not examine COVID-19 diagnostics or other pillars of the ACT-A with which UNICEF has had less engagement. After consultation with MENARO Evaluation staff, oxygen supply has been eliminated as a dimension of analysis for the RTA R2 because this was not one of the primary areas of focus in most COs in the region. The cross-cutting issues of gender, human rights-based programming, and equity provisions will be incorporated into the analysis of UNICEF's engagement on COVAX, system building, and RCCE.

The analytical focus of the RTA R2 will be on the United Nations Evaluation Group evaluation criteria of relevance, effectiveness, and efficiency of the UNICEF response in the aforementioned domains. This analysis will review both the supply and demand components of these domains, as applicable. The RTA R2 will also seek to identify CO and Regional Office (RO) challenges, determinants of success, and lessons learned during the implementation of ACT-A during this period.

The geographic scope of this assessment will be the RO and a group of five COs that did not participate in RTA Round 1. These COs were purposively selected by MENARO and represent a diversity of CO experiences in terms of CO size, country context, and COVID-19 caseload and mortality rates. The COs selected for case studies are: Algeria (development context, relatively small COs), Djibouti (development context, relatively small COs), Iraq (big CO, emergency/humanitarian context, State of Palestine (emergency/humanitarian context) and Syria (big CO, emergency/humanitarian context).

Description of the assessment matrix

The assessment matrix presented in Appendix 2 details the lines of inquiry and indicators that will be used for the RTA R2. As part of the inception phase, the RTA R2 team conducted scoping interviews with a small sample of respondents in the relevant COs and RO. These interviews contributed to the development of the assessment matrix. In some cases, it was difficult to organize interviews with respondents; therefore, not all COs were fully represented in these scoping interviews The list of respondents is presented in Appendix 6.

Relevance in this context refers to the relevance of ACT-A activities to population needs for COVID-19 vaccination and information, relevance of ACT-A activities to national government needs for COVID-19 vaccination, CO and RO tailoring activities according to UNICEF's comparative advantage, and the relevance of RO's ACT-A work to CO needs. Questions around efficiency focus on the role that UNICEF played in UN joint response planning, CO and RO ability to coordinate with system-wide efforts to supply vaccines, and CO and RO mobilization of required human and financial resources for ACT-A implementation. Effectiveness lines of inquiry focus on the extent to which COs and RO reached established targets, and the extent to which COs and RO have improved national government capacity.

The lines of inquiry in the lessons learned section of the matrix focus on innovations, challenges, and areas for improvement in CO and RO ACT-A implementation. The RTA will also examine the extent to which previously identified lessons learned have informed current ACT-A activities.

The RTA R2 will examine how the core elements of RCCE have been implemented with quality by focusing on four main elements of RCCE: vaccine demand generation (awareness raising and rumour management), community engagement and feedback mechanisms, coordination with partners, and policy-level influence. It should be noted

that MENARO is conducting a separate regional evaluation of COVID-19 RCCE activities during 2022; however, there is minimal overlap because the regional RCCE evaluation focuses on identifying drivers of high performance in RCCE process and implementation, with case studies in Egypt, Yemen, Morocco, and Lebanon.

The RTA R2 will also analyze gender and equity considerations in the ACT-A implementation, examining how gender-specific needs have been assessed and addressed, and how RO and COs have ensured and monitored equity in vaccine allocation, procurement, and administration. Finally, the RTA R2 will examine whether RO and COs respected human rights-based programming during ACT-A implementation by analyzing how at-risk individuals have been protected, whether and how feedback and complaint mechanisms have been functioning, and the extent to which target populations received sufficient information on vaccination to make informed decisions.

Finally, the interviews conducted during the inception phase highlighted the need for the RTA R2 to generate evidence and document particular areas of the ACT-A implementation effort. These areas include lines of communication regarding vaccine supply and allocation decisions, specific targeting and delivery strategies for populations in conflict zones, human resources constraints impacting UNICEF during ACT-A implementation, and the impact of third-party vaccine donations on COVAX implementation and equity.

Assessment approach, methodology and ethical considerations

Methodology

The RTA R2 will be conducted by a team of two external experts. The two experts were involved in RTA Round 1 in 2020. Together the experts will be able to conduct interviews and review documents in the three main languages used in the region: English, French and Arabic. Details of their workplan is presented in Appendix 1.

The RTA R2 will require the analysis of both primary and secondary data. Primary data will be collected remotely via key Informant interviews (KII) and online surveys. Secondary data has been provided by the MENARO Evaluation team and additional documentation has been provided by COs during the inception phase. It is likely that COs and RO will continue to provide secondary data while the KIIs and surveys are underway. A list of documents currently available as part of this review is provided in Appendix 9.

The RTA R2 team will conduct consultations with staff of the UNICEF MENARO, COs participating in case studies, government agencies, implementing partners (private sector and NGOs), partner agencies in the ACT-A, and frontline workers. Appendix 3 describes the major categories of stakeholders for consultation during the RTA R2 team's data collection activities. The list of specific people for consultation will be completed with input from the UNICEF RO and COs. The list of people to be consulted may evolve over the course of the data collection phase of the RTA 2 with stakeholders' input.

KIIs

The RTA R2 team will carry out semi-structured (individual) interviews through video-conference or phone as needed. The KIIs will provide an opportunity to gain detailed insight into response to the pandemic in these selected COs and RO. KII participants will be UNICEF staff, implementing partners, UN partners, government representatives, frontline workers, and other ACT-A stakeholders that COs deem relevant for the activity. KII participants will be selected using purposive sampling in consultation with the MENARO Evaluation team and CO focal points for the assessment.

Consultants will ask each CO focal point to identify three CO staff, two government counterparts, two implementing partners or ACT-A partner agency staff, and one to two frontline workers for KIIs. The focal point will receive specific instructions that individuals selected for KIIs should have specific knowledge of UNICEF's work on COVAX, RCCE,

capacity building, or health as part of ACT-A. Focal points will also receive a description of desired KII participants from the RTA R2 team. The RO RTA R2 Focal Point will identify seven KII respondents from RO who are knowledgeable in the previously mentioned domains as well as two KII respondents from other organizations partnering with UNICEF in ACT-A implementation in MENARO.

Approximatively 48 key informants will be interviewed. The makeup of proposed participants in KIIs and surveys are presented in Appendix 4. All consultations will be guided by interview protocols organized around the main assessment questions. The KII guiding questions are presented in Appendix 5. It should be noted that not all KII participants will be asked all guiding questions due to the semi-structured interview methodology and respondent time constraints; rather, KII participants will be asked to respond to the questions that apply to their area of expertise or knowledge.

Surveys

While the initial ToR mentioned a phone survey as part of the RTA 2, the RTA R2 team, in consultation with the MENARO Evaluation team has decided that an online survey will take the place of a phone survey in the interest of completing the RTA R2 in a timely and human resource-efficient manner. If survey respondents indicate that they do not have internet access to fill the survey, the survey will be administered in their local language via phone, with the support of RO and COs.

Online surveys will be distributed to suggested government, implementing partner representatives, frontline workers and select CO staff that were not selected for or were unable to participate in KIIs. There are two versions of this survey due to the different areas of engagement; one version is for government, implementing partners, and CO staff. The other version for frontline workers includes only topics of which frontline workers would have knowledge and is shorter to facilitate a higher response volume. Both surveys' questions and logic are presented in Appendices 5. The informed consent scripts are also presented in these appendices. The surveys rely heavily on close-ended choice questions to facilitate an easier survey experience for respondents and to enhance comparability. As agreed, MENARO will facilitate survey translation.

CO focal points will circulate the survey to other stakeholders with knowledge of UNICEF's work in these domains who were not selected for KIIs but are likely to want to provide input into the RTA 2. Each CO will be asked to circulate the survey to at least ten frontline workers. In cases where it is not possible to conduct KIIs with government partners, the CO focal point will lead the process of asking these partners to fill out the survey. The minimum number of administered survey is expected to be 50 surveys.

Data analysis

Survey responses will be collated and compared. Descriptive statistics will be generated for close-ended survey items. Open-ended survey items will be thematically coded using themes set out in the Assessment Matrix and then compared with KII responses on the corresponding topics. KII responses will be thematically coded using the topics set out in the Assessment Matrix, and the RTA R2 team will generate new codes as necessary. The RTA R2 team will then combine the coded qualitative data with descriptive statistics gathered and literature review findings to construct a narrative analysis for the RTA 2, using the Assessment matrix to guide the dimensions of analysis.

The inception phase literature review revealed gaps in the existing data about the ACT-A response, and the RTA team will ask KII respondents to comment on these gaps, as appropriate, and to provide supplemental documentation, when possible. The gaps identified include written guidance on COVAX allocation decisions and communication lines, documentation of CO reporting procedures to RO, RO follow-up procedures to CO issues, and CO and RO partner mapping documents (when existent).

Ethical considerations

All questionnaires will be submitted to UNICEF for ethical clearance prior to engaging in these data collection activities. The nature of this RTA and the tools designed to be used means that all interactions will be with UNICEF staff and UNICEF partners. All online surveys and the KII guiding questions protocol begin with informed consent statements assuring informants that their identity will be kept confidential, and the findings contributed will be anonymised. With these surveys targeting staff (UNICEF, IP and government) and frontline workers, no-one under 18 years old will be involved. The RTA R2 consultants will store data in keeping with best practices, making sure that it is kept confidential and secure.

It is with the Key Informant Interviews (KII) where ethical concerns would most likely arise, if they did, in the RTA data collection process. The following sets out the ethical measures to be taken for these KIIs.

a) As mentioned above, descriptions of the RTA purpose, consent considerations, and the fact that the data will be kept confidential will be provided at the beginning of each interview have been provided in Appendix 5. This informed consent protocol ensures respondent is aware of the purpose of the RTA and that informed consent is obtained prior to KII and participation.
b) KII interviews will be conducted and written up by the RTA team. The RTA team is familiar with UNICEF guidance and standards and will apply these guidelines in the interviews.
c) The KII interviewer will read through the statement on confidentiality and provisions for anonymity of interviewees, check the informants' understanding of this and seek permission to proceed. It will be stressed that participation is voluntary, and informants offered the right to withdraw at any time. If the informant is not comfortable to proceed for any reason, then the interviewer would thank them for their time and stop the interview.
d) Interviewees will be provided with contact details for a designated person in the UNICEF regional office (not involved in the KII). This will allow follow up by interviewees if they have any anxiety about the interview and want to clarify or correct any information provided, or to allow them to complain to the office.
e) Interviewers will also provide interviewees with their own contact details (UNICEF email and phone number) in case interviewees have any anxiety about the interview or wish to clarify points later on.
f) All interviewers on the RTA R2 team have undertaken and are very familiar with the ethical guidelines of the organization and UNEG.

Risks and mitigation measures

There are several potential risks related to this exercise, most of which are related to its tight timeline. One of the main mitigation measures will be for the RO to assign an RTA R2 focal point in each participating CO. The focal point will be instrumental in identifying and coordinating KIIs and survey participation. In most cases, the CO focal point will be the Chief of the Health Section. In the regional office, the Assessment Manager will serve as the focal point.

Risk	Mitigation
Lack of access to sufficiently detailed information	Identify gaps in literature during inception phase literature review and continue to collect relevant information through the KII
Information not disaggregated by gender and age	Indicate gaps in the final report
Lack of access to informants/respondents	RO Evaluation team assign CO and RO focal points to coordinate KIIs, survey translation and dissemination
Lack of timely response to interview and survey requests (respecting deadlines)	RO Evaluation team inform CO Representatives, Deputy Representatives, and Regional Management Team of

	RTA R2 KII and survey timelines, ask for their support to conduct activities according to timeline RO Evaluation team assign CO and RO focal points to coordinate KIIs, survey translation and dissemination RO Evaluation team send periodic reminders of response deadlines, as needed
Respondent reticence to share information due to sensitivity of information	The RTA R2 team and RO and CO focal points will ensure respondents verbally and in writing that their feedback kept confidential and anonymous throughout the RTA R2 process and in the final RTA R2 deliverables.
Limited coverage of some segments of the targeted population	Identification of vulnerable and hard-to-reach populations prior to KIIs; the RTA R2 team will make specific requests to COs to choose KII participants with knowledge of these populations and will incorporate follow-up questions about response efforts serving these populations in KIIs, as appropriate
Inaccessibility of some stakeholders (ex. Israeli authorities)	If important stakeholders do not make themselves available to participate in the RTA R2, the RTA R2 team will note this in the analysis section of the final report, where appropriate, and will make every effort to collect second-hand accounts of these stakeholders' actions and involvement.

Workplan and deliverables

The full workplan with deliverables is presented in Appendix 1. As part of the inception report, the evaluation team is asking for a review of the initial time allocation and contracting terms. The justification for this modification is that Emily Goldman will require an additional six working days added to her contract for the RTA R2 assignment due to a heavier workload while conducting the desk review, drafting the inception report, designing the RTA R2 methodology and tools, the survey analysis, and the finalizing of the full report.

The draft report to be turned in on December 16, 2021 will be an outline of the final report. The estimated length is 15 pages and, as agreed in initial discussions with the MENARO Evaluation team, the draft will not include conclusions, recommendations, or appendices. The draft will include all headings and sections, with analysis in bullet point form. Case studies will be weaved into the main text of the final report, not reported as separate appendices.

A presentation to management will be turned in on December 16, 2021. It will only highlight the main findings and opportunities sections. The presentation will be approximately 5-10 PowerPoint slides.

The final report to be turned in on January 19, 2021 will be the full text of the report outlined in the draft. It will be approximately 35 pages and include appendices on anonymized KII and survey respondent participation. The likely

sections of the report will be the following, however the RTA R2 team might propose adjustments at the draft report stages, depending upon the findings:

1) Introduction
2) Overview of the Context and Response
3) Main Findings
4) COVAX
    a. Relevance
    b. Efficiency
    c. Effectiveness
5) Capacity Building
    a. Relevance
    b. Efficiency
    c. Effectiveness
6) RCCE Implementation
    a. Vaccine demand generation, awareness-raising, and rumour management
    b. Community engagement and feedback mechanisms
    c. Coordination with partners
    d. Policy-level influence
7) Gender Considerations
8) Equity Considerations
9) Human Rights Considerations
10) Lessons Learned
11) Opportunities

Roles and Responsibilities

The RO will lead initial outreach to COs and will either assign an RTA R2 focal point in each participating CO or ask the CO Representative or Deputy Representative to do so. The CO focal point will be instrumental in identifying and coordinating KIIs and survey participation. In the regional office, the Evaluation Office will serve as the focal point and will program the survey in a mutually agreed platform. The RO Evaluation Office will be responsible for survey translation. The RO and CO focal points will send out the surveys to respondents and follow-up to ensure that responses are received by deadlines.

The RO Evaluation team will lead the ethical clearance process, submitting all questionnaires and survey materials to the relevant ethics offices in UNICEF upon receipt.

The RTA R2 team will carry out all KIIs and will conduct all KII and survey response analysis. The RTA R2 team will also be fully responsible for RTA R2 report and presentation drafting.

Arrangements and management process

The RTA R2 team will have bi-weekly calls with the RO Evaluation team to update on RTA R2 process and discuss emerging trends/issues. The RO Evaluation team will follow up with CO focal points if additional support is needed securing KII or survey responses. The RTA R2 team will communicate problems and issues requiring a rapid resolution immediately to the RO evaluation team.

Issues to be agreed and information required

The RTA R2 team requires their UNICEF emails to be reactivated to gain access to UNICEF ACT-A dashboards. The MENARO Evaluation team has submitted this request.

The documents highlighted in yellow in Appendix 9 are documents referenced in the RTA R2 ToR that the RTA R2 team has not been able to locate. The RTA R2 team will require MENARO Evaluation staff support locating any of these documents that are of importance to the RTA R2 process.

Appendices

Appendix 1: Timeline

Month	Activity	Deliverable	Responsibility	# Days Catherine	# Days Emily
October 7-18	Literature review and analysis	------	Consultants	2	5
October 17-23	Inception phase interviews and analysis	Inception phase interview respondent selection table Inception phase interview questionnaire	Consultants	1	3
October 23-October 26	Development of surveys, KII questionnaire, and related documentation	Survey KII interview questionnaire	Consultants	1	3
October 26-November 10	Inception report drafting, including assessment matrix	Inception report **10/11/2021**	Consultants	1	6
November 11-15	Ethics review and approval of survey instruments and KII questionnaires Survey instruments translated by COs Send introductions to CO contacts and ask for help coordinating interviews		RO CO focal points	--	--
November 16-30	November 16-survey sent out with due date November 23 KIIs		Consultants, COs and RO	12	12

November 30-December 16	Survey and KII analysis and report drafting	Draft report and draft presentation of findings (pptx) **16/12/2021**	Consultants	10	12
Week of January 3	Presentation of preliminary findings to COVID-19 working group	Presentation (pptx) of findings	Consultants	1	1
January 3-12	Feedback from COs and RO	Comments matrix with responses	RO	1	1
January 12-19	Revise report based on comments	Final Report **19/01/2022**	Consultants	1	3
January 19 onwards	COVID-19 working groups designs management response to RTA 2		RO		
Total				30	46

Appendix 2: Assessment Matrix

Dimensions	Lines of Inquiry	*Indicators*	*Data and information Sources* *all data collected via KIIs, surveys, and document review*	Evaluability *High* *Medium* *Low*
Relevance				
How relevant has UNICEF's response with regards to the ACT in each of the target five COs and Regional Office?				
COVAX Capacity-building	Was the response relevant to population needs in each country? →Needs for vaccination, cold chain capacity →Needs for information How relevant has CO and RO response been to demonstrated needs in each country's national government? To what extent has UNICEF tailored its country-level and regional response activities according to its comparative advantage over other stakeholders, including governments? How relevant has the RO response been to CO needs during ACT-A implementation?	Periodic needs assessments and data gathering efforts with results used to inform response strategy Needs assessment of government capacity undertaken, with results informing UNICEF response Concerted efforts at the CO and RO levels to identify and capitalize on UNICEF's comparative advantage in ACT-A strategies; informants agree on and can clearly articulate UNICEF's comparative advantage Gaps in national cold chain capacity identified and addressed as part of CO capacity-building support CO and RO leadership clearly communicated UNICEF's comparative advantage, and strategies to capitalize on it, to staff Clear reporting and response procedures for RO to learn about and respond to CO needs in a timely manner	KIIs CO and RO M&E results National Vaccine Deployment Plans (NVDPs) Other CO and RO guidance documents and studies, including from ACT-A coordination partners MENARO COVAX Taskforce presentations RO and CO needs assessments and other studies	*High*
Efficiency:				
How efficiently has UNICEF been coordinating and engaging in system-wide efforts (e.g. with WHO, humanitarian country teams, UNCTs, Governments and civil society partners) to achieve a swift, multidimensional, human rights-based response to COVID-19 at country level?				
COVAX Capacity-building	To what extent has UNICEF played a clear role in specific areas of UN joint response planning and coordination mechanisms? How efficiently did UNICEF coordinate and engage in system-wide efforts to supply vaccines?	Clearly delineated, realistic UNICEF responsibilities on each of the ACT-A dimensions in both RO/global guidance and CO planning UNICEF, IP, government, and other partners understood and clearly communicated the supply situation throughout response at RO and CO levels National cold chain capacity improved during ACT-A implementation and is commonly attributed across stakeholder groups to CO capacity building support	KIIs CO and RO M&E results, including from ACT-A coordination partners Any available minutes of coordination meetings ToR and action plans of the coordination/taskforce groups, when available National Vaccine Deployment Plans (NVDPs)	*High*

		UNICEF RO and COs provided clear and well-run processes through which countries could procure Vaccine allocation (by GAVI) matched vaccine delivery; if not, RO and COs have clear communication and follow-up procedures in place to respond to delivery shortfalls	CO and RO guidance documents and studies, including from ACT-A coordination partners MENARO COVAX Taskforce presentations	
	How efficiently did UNICEF mobilize and use additional financial and human resources required for ACT-A activities (HR, finances, workload, skillsets, etc.)?	Staffing, funding, and surge capacity requested and in place to respond to areas of response in which UNICEF has main responsibility UNICEF fundraised adequately to support planned ACT-A implementation activities		
	How has UNICEF's engagement in ACT-A changed UNICEF's access to certain resources?	Evidence or mention of expanded advocacy reach, coordination possibilities, or financial resources because of ACT-A participation		
Effectiveness:				
How effectively has UNICEF been supporting the ACT in each of the selected COs?				
COVAX Capacity-building	To what extent have COs and RO been able to reach appropriately established targets?	Meeting targets set in joint response plans and reaching intended beneficiaries with interventions Revision of targets as reality in the field changed Vaccine and other materials approved and allocated were delivered in a timely manner Cold chain capacity was sufficient to store and administer vaccine doses received to target populations	KIIs CO and RO M&E results, including from ACT-A coordination partners National Vaccine Deployment Plans (NVDPs) RO vaccination data analysis CO and RO guidance documents and studies, including from ACT-A coordination partners MENARO COVAX Taskforce presentations	*Medium*
	To what extent have national changes in response capacity been attributable to UNICEF's capacity-building support?	Documented or mentioned changes in local vaccination and cold chain capacity widely attributed to UNICEF's support Timeliness of COVAX procurement as compared to plans, bilateral deals, and other countries in the region Time required to procure vaccine and to administer doses once received		
Lessons learning:				
What lessons can be drawn for UNICEF for CO and RO level to further leverage on its comparative advantage?				

COVAX RCCE Capacity-building	What have been the main innovations during ACT-A implementation? How might UNICEF improve its ACT-A processes and approaches? What are the positive and negative impacts of ACT-A engagement on UNICEF's other activities?		KIIs CO and RO M&E results, including from ACT-A coordination partners RCCE Rapid Assessments CO and RO guidance documents and studies MENARO COVAX Taskforce presentations	*High*
What are some of the major challenges, success factors and emerging learning elements from its implementation of ACT-A and continuity of learning?				
COVAX RCCE Capacity-building	What have been the main enabling factors and barriers to ensure timeliness and effectiveness in general (logistics, supply, etc.)? How used and useful were the lessons learnt and best practices developed during the initial phase of the COVID-19 response?		KIIs CO and RO M&E results RCCE Rapid Assessments Other CO and RO guidance documents and studies MENARO COVAX Taskforce presentations	*High*
How have core elements of RCCE been implemented (with quality) towards the key outcome behaviours of vaccine uptake and public health and social measures (PHSM)?				
Vaccine demand generation, awareness-raising and rumour management	To what extent has RCCE been included in national and regional ACT-A planning? How have RCCE data, including behavioural data, been collected and used to adapt messages and platforms used to increase vaccine demand and manage misinformation?		KIIs CO and RO M&E results, including from ACT-A coordination partners RCCE Rapid Assessments National Vaccine Deployment Plans (NVDPs) SitReps CO and RO guidance documents and studies, including from ACT-A coordination partners Regional Guidance • 2020 HAC ACT-A • "Inclusion of Refugees and Migrants in COVID-19 Vaccine Planned National Plans" (WHO) • "Roadmap Strengthening RCCE"	*High*
Community engagement and feedback mechanisms	Were community engagement efforts appropriate to population needs and context? How well have COs and RO been able to reach at-risk and hard-to-reach communities?			
Coordination with partners	To what extent has RCCE been included in coordination mechanism plans with local, national, and international partners?			
Policy-level influence	What are the policy-level actions to support RCCE, vaccination, and PHSM in which UNICEF played a key role?			

			• "Overview of the Regional RCCE Framework" • 2nd Generation RCCE in COVID Context MENA • Regional guiding framework for RCCE COVID-19 in MENA Regional Studies • Situation Analysis for UNICEF MENA Behavioural Insight Job Aids MENARO COVAX Taskforce presentations	
Gender equality **How have the COs and RO ensured that specific needs of individuals based on their gender and age have been taken into account during ACT-A implementation?**				
COVAX RCCE Capacity-building	How have gender-specific needs been periodically assessed? How they have been addressed as dynamics have evolved?	Plans to address gender-specific needs during ACT-A planning phase Gender disaggregated data collected and gender-specific challenges documented and escalated during ACT-A response Adjustments to activities based on results of inquiries into gender-specific needs	KIIs CO and RO M&E results, including from ACT-A coordination partners RCCE Rapid Assessments National Vaccine Deployment Plans (NVDPs) Other CO and RO guidance documents, research and studies MENARO COVAX Taskforce presentations	*Medium (information may not always be disaggregated by gender and/or age)*
Promoting equity **How has UNICEF worked to ensure equitable access to information about vaccines and to vaccines?**				
COVAX RCCE Capacity-building	How has UNICEF worked to ensure equity across COs and nationally in terms of allocation, procurement, and other resources provided and to what extent has this effort been successful? (regional geographic targeting, categorical targeting, etc.) How has UNICEF worked to ensure equity among individuals and population groups in terms of access to vaccine information and to what extent have these efforts been successful? How has equity been addressed and monitored during ACT-A implementation? What steps been taken to address inequities identified?	Common understanding amongst COs and RO of the equity considerations that make up the allocation, procurement, and resource designation processes for ACT-A activities Early and frequently updated activities to identify populations with constrained access to vaccines, information, and other resources. Integration of data collection/research findings into plans to address inequities. Extent to which attempts to deliver to hard-to-access populations has reached these populations (vaccines administered, information arrived)	KIIs CO and RO M&E results, including from ACT-A coordination partners RCCE Rapid Assessments National Vaccine Deployment Plans (NVDPs) Other CO and RO guidance documents and studies Service data MENARO COVAX Taskforce presentations	*Medium (see comments above)*

Human Rights Based Programming:				
To what extent did UNICEF pursue human rights-based programming during ACT-A implementation?				
COVAX RCCE Capacity-building	How have COs and RO protected individuals at risk? To what extent have COs and RO created and fully implemented formal feedback and complaint mechanisms? How and how well did UNICEF provide populations with the necessary information to make informed decisions about vaccination?	COs have established and enacted processes to identify and protect individuals at risk while providing COVAX, RCCE, capacity-building support COs have established and enacted feedback and complaint mechanisms as part of ACT-A implementation that are publicized via a variety of communication channels targeting diverse audiences. COs and RO have provided easily accessible and timely scientific information about vaccine safety and consent procedures that was accessed by audiences of all vaccine-eligible demographic groups	KIIs CO and RO M&E results, including from ACT-A coordination partners RCCE Rapid Assessments National Vaccine Deployment Plans (NVDPs) CO and RO guidance documents and studies, including from ACT-A coordination partners MENARO COVAX Taskforce presentations	*Medium*

Appendix 3: Stakeholder Analysis

Stakeholders	Interest in the RTA 1 and likely use	Involvement in RTA R2 (i.*e. involved in data collection, inquiries for KIIs, consulted on assessment findings, brief with final presentation, etc.)*
INTERNAL (UNICEF) STAKEHOLDERS		
UNICEF Head Office	Document successes and challenges of MENARO to feed into global lessons learning and response analysis	Use of final report to feed into global RTA R2 exercise
MENARO COVID-19 Working Group and Regional Management Team	Document successes, identify areas for improvement, incorporate lessons learned into next phases of ACT-A implementation Use RTA R2 for advocacy with donors	Involved in KIIs Consulted on assessment findings Briefed with final presentation
Country Offices	Document successes, identify areas for improvement, incorporate lessons learned into next phases of ACT-A implementation Use RTA R2 for advocacy with donors and government partners	KII and survey respondents Consulted on assessment findings Briefed with final presentation
Frontline workers	Provide feedback on experience receiving UNICEF support, with a focus on how support can be improved in the future	KII and survey respondents
EXTERNAL STAKEHOLDERS		
Governments in case study countries	Highlight successes and areas in which the government requires additional support from UNICEF	KII and survey respondents Lessons learned feed into UNICEF CO country programme consultations
WHO and other ACT-A partners	Understand how to better coordinate on ACT-A implementation with UNICEF and other partners	KII and survey respondents Lessons learned feed into UNCT and other ACT-A coordination mechanism planning
GAVI	Gain insight into how to streamline and improve COVAX pillar of ACT-A in the region	KII and/or survey respondents Lessons learned feed into vaccine procurement processes planning
Implementing Partners	Participate in continual efforts to improve joint ACT-A implementation with UNICEF COs	KII and survey respondents Lessons learned feed into future coordination and collaboration with COs

Donors	Understand the challenges and successes of the first phase of ACT-A implementation	Likely to receive lessons learned as part of UNICEF advocacy campaigns; may use RTA R2 results to target subsequent rounds of funding

Appendix 4: Proposed participants in KIIs and survey

CO Responses *Overall for 5 COs* *KII total=40-45* *Survey total=50+*		
Respondent Group	**KIIs** *8-9 KIIs per CO*	**Survey** *10+ per CO*
CO Staff	3	At-will
Government	2	At-will
IPs/ACT-A partner agency staff	2	At-will
Frontline workers	1-2	10+

RO Responses *KII total at RO=8-9* *Survey total at RO=at-will*		
Respondent Group	KIIs	Surveys
RO Staff	7	At-will
ACT-A partner agency staff	1-2	At-will

Appendix 5: Survey and KII Tools

Master Survey

Intro Script

Thank you for taking the time to respond to this survey for the Real Time Assessment (RTA) of the ongoing UNICEF Access to COVID Tools Accelerator (ACT-A). The Access to COVID-19 Tools Accelerator (ACT-A) is a global collaboration that seeks to accelerate equitable access to COVID-19 tests, treatments and vaccines. This survey focuses on the UNICEF Country Office's (CO) and MENA Regional Office's COVID-19 vaccination effort, risk communication and community engagement, and capacity building activities.

Your responses are critical to understanding how UNICEF has adapted to respond to the COVID-19 pandemic and to ensuring continuous learning and improvements. The findings and perspectives will be presented and discussed during forthcoming key meetings. The RTA process is being managed by the MENA Regional Office. The information collected through this survey will be triangulated with additional data gathering in several countries selected by the RO, including (remote) key informant interviews with key UNICEF stakeholders and partners and a desk review of existing data and evidence.

Following this survey some respondents may be contacted for clarification of responses to open ended questions if you choose to provide your contact information. Answers provided should relate to the Country Office with which you collaborate most closely. Your responses are anonymous, unless you choose to provide contact information, and all responses will be kept confidential and will be anonymized in all reports.

General Questions

1. Please select the UNICEF office that you will discuss in this survey[…] (choose one)
    a. ☐ Algeria
    b. ☐ Djibouti
    c. ☐ Iraq
    d. ☐ Syria
    e. ☐ State of Palestine
    f. ☐ MENARO Regional Office

2. What kind of organization do you work for? (choose one)
    a. ☐ Government
    b. ☐ National NGO
    c. ☐ International NGO
    d. ☐ Community-based organization / Faith-based organization
    e. ☐ Other International Organisation
    f. ☐ UNICEF Country Office
    g. ☐ Other UN agency

IF respondent chose "Government", show question #3-7

3. What type of government agency do you work with? (OPTIONAL)
    a. ☐ Ministry of Health
    b. ☐ Ministry of Information
    c. ☐ Ministry of Social Affairs
    d. ☐ Other (please enter name of Government agency)

4. What kind of support have you received from UNICEF since January 2021 for the COVID-19 response? [please select all that apply]
    a. ☐ Supplies

b. ☐ Logistics
c. ☐ Funding
d. ☐ Communication / messaging
e. ☐ Technical and Advisory support
f. ☐ Human Resources (Surge)
g. ☐ Training
h. ☐ Other [please specify] _____

5. How relevant has the UNICEF support received during COVID-19 been to the Government response and Government priorities?
    a. Irrelevant
    b. Not very relevant
    c. Somewhat relevant
    d. Very relevant

6. What role did UNICEF support play in your preparedness and contingency planning for COVID-19 response? [e.g. technical role, financial support, or a combination [open-ended]

7. In your view, what is UNICEF's particular added value to the COVID-19 response in the country or region? [open-ended]

IF respondent chose "National NGO, International NGO, or Community-based Organization, UN, International Organisations" in question #2, show question #8-11

8. Which of the ACT-A activities has your organization worked on with UNICEF? [please select all that apply]
    a. ☐ Vaccination
    b. ☐ Cold chain
    c. ☐ Risk communication and community engagement
    d. ☐ Other (please describe)

9. What are your main areas of collaboration with UNICEF since January 2021 for the COVID-19 response? [please select all that apply]
    a. ☐ Vaccine Supplies
    b. ☐ Development of the cold chain
    c. ☐ Logistics
    d. ☐ Mobilisation of Funding
    e. ☐ Communication / messaging on COVID-19 vaccination
    f. ☐ Technical and Advisory support
    g. ☐ Coordination
    h. ☐ Preparedness and contingency planning
    i. ☐ Human Resources (Surge)
    j. ☐ Training
    k. ☐ Other [please specify] _____

10. In your view, what is UNICEF's particular added value to the COVID-19 response in the country or region? [open-ended]
11. What means has the Country Office used to ensure that it is targeting and reaching the most vulnerable and excluded populations, given increased access and resources challenges?

IF respondent chose "UNICEF Country Office", show questions 12- 13

12. What means has the Country Office used to ensure that it is targeting and reaching the most vulnerable and excluded populations, given increased access and resources challenges?

13. In your view, what is UNICEF's particular added value to the COVID-19 response in the country or region? [open-ended]

[FROM HERE ONWARDS, all respondents will be asked all questions]

Relevance

14. On a scale of 1 to 10 (where 1=not at all relevant and 10=very relevant), how do you rate the degree to which UNICEF's activities in the following areas was relevant to the needs of the population? [format is a ratings table with options 1-10 for each item)
    a. Supply of COVID-19 vaccines
    b. Cold chain capacity building
    c. Risk communication and community engagement on COVID-19 vaccination
    d. Support to government vaccination campaigns

    Text box: Please include any additional observations you'd like to make on this topic

Efficiency

15. To what extent was UNICEF's role in the larger ACT-A/COVID-19 response clear to you? (select one)
    a. Very clear
    b. Somewhat clear
    c. Not very clear
    d. Very unclear

16. On a scale of 1 to 10 (where 1=not clearly and 10=very clearly), how clearly did the UNICEF Country Office communicate the vaccine supply situation?

Effectiveness

17. On a scale of 1 to 10 (where 1=not timely and 10=very timely), how timely was the UNICEF Country Office's response in the following areas?
    a. Vaccination
    b. Cold chain capacity building
    c. Risk communication and community engagement

18. From your point of view, which factors particularly impacted the timeliness of UNICEF's ACT-A response? [please select the most significant factors from the following list]:
    e. Lockdown/lack of access
    f. Assessment delays/inability to accurately assess or verify needs
    g. Late delivery of supplies
    h. Resource mobilization and funding levels
    i. Prioritization of ongoing programmes
    j. Human resources availability
    k. Lack of coordination
    l. Other (please specify) _____

19. On a scale of 1 to 10 [where 1=never reached any intended beneficiaries and 10=definitely reached intended beneficiaries all of the time], to what extent have the UNICEF interventions in response to COVID-19 reach the intended beneficiaries [please select only those applicable to your country context]
    a. COVID-19 vaccines
    b. Risk communication and community engagement

c. Capacity building

RCCE

20. On a scale of 1 to 10 [where 1=not at all and 10=a great deal], to what extent did UNICEF risk communication and community engagement efforts decrease the spread of misinformation about COVID-19 vaccines?

21. On a scale of 1 to 10 [where 1=not at all and 10=a great deal], to what extent did UNICEF risk communication and community engagement efforts reach hard-to-reach and vulnerable populations?

22. In which areas, if any, of the following areas did UNICEF support result in policy change? (select all that apply)

    a. RCCE
    b. Vaccination
    c. Public health and social measures (PHSM)

    Text box: Please include any additional observations you'd like to make on this topic

Gender Equality/Promoting Equity/ Human Rights Based Programming

23. On a scale of 1 to 10 [where 1=not at all confident and 10=very confident], how confident are you that the UNICEF Country Office has been targeting the most vulnerable and excluded populations in the following areas?
    a. Vaccination
    b. Risk communication and community engagement
24. On a scale of 1 (low) to 10 (high), how confident are you that UNICEF provided equitable * access to information and vaccines? [*refers to interventions that reduce disparities between groups]

25. How has equitable access been ensured, especially if there have been access challenges?

26. Which groups are now in most danger of being 'left out' and are the most vulnerable? (e.g. segments of populations, geographical areas, urban/rural, economic groups, etc.)

Lessons Learning

27. What have been the UNICEF Country Office's main innovations in its ACT-A response?

28. How could the UNICEF Country Office improve its processes and approaches on the ACT-A response?

29. What have been the main determinants of success?

30. To enhance programming for children, what should the UNICEF Country Office do…..?
    m. More of? Please elaborate: _____
    n. Less of? Please elaborate: _____
    o. Differently? Please elaborate: _____

31. What have been the key barriers and challenges that the Country Office has faced? What actions can the Country Office take to mitigate these elements moving forward? [open-ended]

Email address (OPTIONAL)

Frontline Worker Survey

Intro Script

Thank you for taking the time to respond to this questionnaire related to the Real Time Assessment (RTA) of the ongoing UNICEF Access to COVID Tools Accelerator (ACT-A) response to COVID-19. This survey will focus on the UNICEF Country Office's (CO) COVID-19 vaccination effort, risk communication and community engagement, and capacity building. Your responses are critical to understanding how UNICEF has adapted to respond to the COVID-19 pandemic.

Participation in this survey is completely voluntary. If you decide not to participate, there will not be any negative consequences. Your responses in this survey will not have any negative effect on any benefits or services you receive from UNICEF. Please be aware that if you decide to participate, you may stop participating this survey at any time. You may also skip any question that you do not wish to answer.

The evidence gathered will be key to ensuring that COs' findings and perspectives are presented and discussed during forthcoming key meetings. The RTA process is being managed by the MENA Regional Office.

Answers provided should relate to the Country Office with which you collaborate most closely. Your responses will be kept confidential and will be anonymized in all reports.

Survey questions

1. Please select the UNICEF office that you will discussing in this survey[…] (choose one, not multiple)
    a. ☐ Algeria
    b. ☐ Djibouti
    c. ☐ Iraq
    d. ☐ Syria
    e. ☐ State of Palestine

2. What kind of support have you received from UNICEF since January 2020 for the COVID-19 response? [please select all that apply]
    l. ☐ Vaccines
    m. ☐ PPE
    n. ☐ Communication / messaging
    o. ☐ Cold chain support
    p. ☐ Training
    q. ☐ Other [please specify] _____

Relevance

3. On a scale of 1 to 10 (where 1=not at all relevant and 10=very relevant), how do you rate the degree to which UNICEF's activities in the following areas was relevant to the needs of the population? [format is a ratings table with options 1-10 for each item)
    a. Vaccination efforts
    b. Risk communication and community engagement
    c. Capacity building

    Text box: Please include any additional observations you'd like to make on this topic

Efficiency

4. How clear was UNICEF communication on its activities related to COVID-19 vaccination and vaccination awareness-raising? (select one)
    p. Very clear

q. Somewhat clear
r. Not very clear
s. Very unclear

5. On a scale of 1 to 10 (where 1=low and 10=high), how clearly did the UNICEF Country Office communicate the vaccine supply situation?

Effectiveness

6. On a scale of 1 to 10 (where 1=low and 10=high), how timely was the UNICEF Country Office's response in the following areas?
    d. Vaccination
    e. Risk communication and community engagement

7. On a scale of 1 to 10 [where 1=never reached any intended beneficiaries and 10=definitely reached intended beneficiaries all of the time], to what extent have the following Country Office interventions in response to COVID-19 reached the intended beneficiaries [please select only those applicable to your country context]
    a. COVID-19 vaccines
    b. Risk communication and community engagement

8. If intended beneficiaries have not been reached, please briefly explain why.

RCCE

9. On a scale of 1(low) to 10 (high), how do you rate the quality of the UNICEF risk communication and community engagement campaigns?

10. Did UNICEF use the appropriate media platforms to reach the intended audience?
    a. Yes
    b. No

    Text box: Please include any additional observations you'd like to make on this topic

11. On a scale of 1 to 10 [where 1=not at all and 10=a great deal], to what extent did UNICEF risk communication and community engagement efforts reach hard-to-reach and vulnerable populations?

Gender Equality/Promoting Equity/ Human Rights Based Programming

12. On a scale of 1 (low) to 10 (high), how equitable* are UNICEF supported interventions in terms of: [*refers to interventions that reduce disparities between groups]
    a. Gender
    b. Age
    c. Migratory status (refugees, IDPs, etc.)
    d. Disability
    e. Other (please describe)

13. Which groups are now in most danger of being 'left behind' and are the most vulnerable in UNICEF's COVID-19 vaccination and vaccine awareness-raising? (e.g. segments of populations, geographical areas, urban/rural, economic groups, etc.)

14. Please provide any other information you would like to share on UNICEF's role in the ACT-A response.

KII Guiding Questions

Intro Script

Thank you for making yourself available for the interview today. UNICEF is undertaking a real time assessment of the support our regional office and country offices have provided as part of the ongoing Access to COVID Tools Accelerator (ACT-A) response to COVID-19. In particular, this assessment focuses on the UNICEF Country Office's (CO) COVID-19 vaccination effort, risk communication and community engagement, and capacity building. Your responses are critical to understanding how UNICEF has adapted to respond to the COVID-19 pandemic. Your perspective on the UNICEF response so far and advice on corrective action or new direction UNICEF should consider in the coming months will be appreciated.

The evidence gathered will be key to ensuring that COs' findings and perspectives are presented and discussed during forthcoming key meetings. The RTA process is being managed by the MENA Regional Office. Your country X has been selected to look in details at the UNICEF response. A total of 5 countries have been selected. The information collected today will be triangulated with additional data gathering via an online survey and a desk review of existing data and evidence.

Participation in this interview is completely voluntary. If you decide not to participate, there will not be any negative consequences. Your responses in this interview will not have any negative effect on any benefits or services you receive from UNICEF. Please be aware that if you decide to participate, you may stop participating this interview at any time. You may also skip any question that you do not wish to answer.

Please note all questions in this interview are with respect to UNICEF-supported interventions (for example, when we ask about supplies, it is supplies provided by UNICEF or supplies supported by UNICEF). Your responses will be kept confidential, and no one else except the RTA 2 team will have access to your responses. All responses will be anonymized, and your specific details obtained through this interview will not be stated in the final report.

The RTA 2 requests your active consent for participation in this interview. By consenting to this interview, you are giving your permission to use the information you are providing in this interview anonymously in the final RTA 2 report. Do you agree to participate this interview?

Introductory Questions

What is your exact name and title? Do you agree to be participant as a key informant?

What is / has been your involvement with UNICEF Covid-19 vaccination-related activities?

Who are your main counterparts in the ACT-A? In UNICEF?

Relevance

1. What are the key activities the RO/CO has been involved in under ACT-A and how were these activities designed/decided upon? (Including your own involvement in decision making and the relevance of these decisions to the needs of the population)
    a. COVAX facility
    b. System building component
    c. RCCE

2. What, in your perspective, are the main comparative advantages of UNICEF in relation to ACT-A activities national or regionally in any of the following areas:
    a. RCCE
    b. Vaccine distribution
    c. Cold chain support
    d. Other capacity-building support
    e. Advocacy

If "Other"--please explain

3. [If CO or RO respondent] How and how well has RO responded to CO needs during ACT-A implementation?

Efficiency

4. Who are the main stakeholders involved/UNICEF partners in the ACT-A activities at the CO/RO level and what was UNICEF's role in coordinating with them?
5. How was the response planned and what was UNICEF's role in planning and coordinating the response?
6. What were the key times at which the dynamics changed in terms of ACT-A supply? How was this communicated to the various stakeholders involved?
7. How did UNICEF mobilize additional financial and human resources for the ACT-A activities and were these efforts sufficient?

Effectiveness

8. What were the specific objectives (outcomes) of the CO/RO ACT-A activities and have these been reached?
    - If not reached: Were objectives adjusted? By whom?
    - Was the UNICEF response timely? Sufficient?
    - What have been the main barriers and enabling factors?

RCCE

9. What data collection efforts have been undertaken prior to and during RCCE campaigns, and how have these been incorporated into RCCE messaging content, messaging platform selection, and misinformation management?
10. What are the policy-level actions to support RCCE, vaccination, and PHSM in which UNICEF played a key role?
11. To what extent do you think that RCCE efforts were appropriate and coordinated?
12. To what extent were RCCE activities sufficient to reach the most vulnerable?

Gender

13. How were gender specific needs assessed and incorporated into the ACT-A/COVAX activities? Did this evolve over time?
    - If does not know: Who is important to speak with to identify measures taken to ensure gender and human-rights-based programming in the Act-A/COVAX facility activities?

Equity

14. How were equity/human-rights considerations assessed and incorporated into ACT-A/COVAX activities? Did this evolve over time?
15. How do you think UNICEF ensures an equitable access to vaccines and information for all at the individual and country levels?
    - If does not know: Who is important to speak with to identify measures taken to ensure gender and human-rights-based programming in the Act-A/COVAX facility activities?
16. What feedback and complaint mechanisms have been put in place as part of ACT-A?

Lessons Learnt

17. What have been the key innovations during the implementation or planning of ACT-A activities?
18. What have been the main barriers to achieving objectives of ACT-A activities?
19. How has UNICEF's work on ACT-A impacted its other activities?

Final Questions

20. Is there other information and data available / to share that you think we should review?
21. Is there anything else you'd like to add?

Appendix 6: Inception phase interview methodology

Of the 27 potential respondents provided by MENARO, consultants selected 11 for interviews during the inception phase via a purposive sampling process to ensure a balance between countries represented and gender of respondent. Where possible, the most senior person in each area was not selected with the intention of conducting a KII with this person later in the RTA R2 process to get their perspectives on emerging trends/findings. Eight of the 11 selected respondents were available to participate in inception phase interviews.

RCCE		
	Post	**Office**
1	C4D	Syria
2	Communications and Advocacy	SoP
Health for ACT-COVAX		
3	Immunisation	Regional Office
4	Health and Nutrition	Iraq
5	Child Survival and Development Specialist	Syria
Supply		
6	Procurement	Regional Office
7	Logistics	Syria
8	Supply	SoP

The gender and geographic breakdown of respondents was.

Male	Female
4	4

Syria	Djibouti	Algeria	Iraq	SoP	RO
3	0	0	1	2	2

Inception Phase Interview Questionnaire

1. What are the key activities the RO/CO has been involved in under ACT-A?
    a. COVAX facility
    b. System building component
    c. RCCE
2. What are the core elements of the RCCE re: vaccine uptake and PHSM?
3. What were the key times at which the dynamics changed in terms of ACT-A supply? (inflection points) How did they change?
4. Who are the main stakeholders involved/UNICEF partners in the ACT-A activities at the CO/RO level?
5. What were the specific objectives (outcomes) of the CO/RO ACT-A activities?
    a. Were targets set by CO or RO? By Section?
6. What are UNICEF's comparative advantages in country/regionally related to ACT-A activities? (RCCE, vaccine distribution, system building)
7. What are the areas in which RO/CO requires additional data or a deeper understanding of activities under ACT-A? (what does the CO/RO know it needs more information about?)
8. What have been the main barriers to achieving objectives of ACT-A activities?
9. What have been the key innovations during the implementation or planning of ACT-A activities?
10. For RO respondents: How does MENARO differ from other regions in terms of ACT-A implementation and/or planning?

11. How were gender specific needs assessed and incorporated into the ACT-A/COVAX activities? Did this evolve over time?
    a. If does not know: Who is important to speak with to identify measures taken to ensure gender and human-rights-based programming in the Act-A/COVAX facility activities?
12. How were equity/human-rights considerations assessed and incorporated into ACT-A/COVAX activities? Did this evolve over time?
    a. If does not know: Who is important to speak with to identify measures taken to ensure gender and human-rights-based programming in the Act-A/COVAX facility activities?
13. What are your expectations from the RTA R2 in term of learning and forward-looking insights?
14. Is there other information and data available / to share that you think we should review?

Appendix 7: Communication and knowledge management plan

Primary users will be UNICEF management at the CO and RO levels who can harness the RTA R2 findings to improve ongoing implementation of the response to COVID-19 as well as use it as advocacy tool with the government and donors. The findings of the assessment are also expected to be used as one of several evidence streams which will feed into the L3 summative evaluation of the response to COVID-19 that the EO plans to conduct.

RO and EO plan to conduct series of dissemination and cross learning events. The events will draw programme and operations participants from countries participating in RTA R2 and those that have not taken part. The main findings and recommendations will also be disseminated at an RMT meeting and COVID-19 Working Group meeting.
To enhance use of the recommendations, the focus countries and RO relevant sections shall develop management actions for follow up. A workshop specifically aimed at developing the actions will be conducted either at CO level or at regional level.

Appendix 8: Terms of Reference for MENA COVID-19 Real Time Assessment Round 2

Background

Prior to COVID-19, countries in the Middle East and North Africa (MENA) region were already facing diverse and significant challenges such as conflict, forced displacement, recurrent disasters, inflation, collapsing oil prices, political upheavals, and migration, amongst others.

The situation and impact of COVID-19 varies from country to country. According to WHO data, as of 8 August 2021, MENA countries registered a total of 13,127,869 cases1 and 244,836 deaths. Bahrain registered the highest, 15,848, cumulative total per 100,000, while Tunisia registered 174 death per 100,000 population.

COVID-19 pandemic and associated measures to control the spread of the pandemic in the Middle East and North Africa Region (MENAR) heavily impacted economic, social, and mental health of individuals. By mid-March 2020, almost all schools in the region were closed, interrupting education for approximately 110 million children, putting their learning and well-being at risk. An estimated total of 11 million full-time jobs were lost in the MENA region as a result of the COVID-19 pandemic, bringing the total of children living in monetary poor households to more than 60 million. Increased poverty, reduced social interactions and limited access to services, exacerbated pre-existing children vulnerabilities and gender-based violence (GBV). With significant disruption of access to health services in nine countries of the region in 2020, nearly 15 million children missed their regular immunizations schedule.2

In MENA region, UNICEF response to COVID-19 occurred in an already complex context. The economic crisis resulting from COVID-19 has impacted national budgets across the region and decreased financing regionally and globally. This reduction in resources has serious repercussions in terms of funding available for immediate COVID-19 response in targeted countries subject to this research as well as response to the secondary impacts of COVID-19.

As part of the global exercise, between September 2020 to January 2021 UNICEF MENARO conducted a Real Time Assessment Round one (RTA R1) in six countries: Egypt, Iran, Jordan, Oman, Tunisia, and Yemen to see the response of the RO and of the targeted COs to the COVID-19 pandemic. The RTA 1 aimed to assess the quality of UNICEF's COVID-19 response primarily focusing on the implications that the COVID-19 response has for UNICEF's regular programme delivery, the quality of the COVID-19 response, and early insights on achievements and lessons learned during the COVID-19 response.

RTA R1 found out that the role of the Regional Office (RO) in response evolved over time as the needs of COs and the nature of the crisis became clearer. Initially, the RO reconvened the Health and Emergency Taskforce that had been put in place for cholera response. Less than one month into the response, however, the RO changed its response management structure to mimic the more inter-sectoral Task Team structure set up at Headquarters (HQ) to include key regional sections like supply, humanitarian, evaluation, child rights, among others. With regards to the CO level response, the RTA R1 found that COs adapted their plans to be able to launch a much broader crisis response and that the pandemic affected the entire population of all countries in the region, including UNICEF's target population and UNICEF staff and partners, as well as creating acute needs within new population groups.

The RTA R1 assessment further noted significant variability in the reliability of case reporting across the region, which impacted CO's ability to plan and respond to the reality on the ground. The response was hampered in some countries by national governments that did not publicly recognize the threat that the pandemic poses.

UNICEF's response to COVID-19 pandemic in MENA

Over the course of 2020, through rapid and wide-reaching efforts of UNICEF and partners across the region, a total of over 270 million (105 per cent of target) individuals were reached on COVID-19 messaging on prevention and

[1] Annex 1. MENA cases and deaths

[2] MENARO COVID-19 SitRep for 2020

access to disrupted health and social services. Across the region, extensive community engagement interventions were carried out, engaging over 40 million people in RCCE actions (95 per cent of target).3

UNICEF experience and expertise in Communication for Development (C4D) served as a door-opener to collaborate closely with UN agency, government, and local partners. The Eastern Mediterranean/MENA regional RCCE inter-agency working group (WG) co-led by UNICEF, WHO, and the International Federation of Red Cross and Red Crescent Societies (IFRC), was formed in the early stages of the response and continues to convene every two weeks. Over time, the WG has grown to include a media sub-working group and a data strategy taskforce. It also works hand-in-hand with the regional COVAX demand planning sub-group. Some of the inter-agency group's key products include a regional RCCE framework and a comprehensive literature analysis study on norms, beliefs, and practices relevant to the prevention of COVID-19.

During 2020, UNICEF prioritized its support to the Infection Prevention and Control (IPC) activities in main three areas: the provision of WASH services/essential WASH supplies, Personal Protective Equipment (PPE) and IPC training to the health workers, education professionals, and municipal workers. IPC support was also provided at the time of school reopening by ensuring the application of safety protocols. UNICEF MENA reached nearly 18 million with critical WASH supplies in the form of hygiene kits, soap and hand sanitisers. and almost 200,000 healthcare workers received PPE supplies (including gloves and masks). Also, over 19,000 health workers and health professionals received IPC training.

Nutrition services to prevent and manage severe wasting in children under-five was disrupted due to COVID-19 containment measures and phobia, leading to a decrease in admissions. To support the efforts at the country level, UNICEF MENA developed a joint technical brief to show an impact of disruption of essential health and nutrition services on child mortality with WHO Eastern Mediterranean Regional Office (WHO EMRO) in June. In collaboration with WHO EMRO and UNFPA's Arab States Regional Office (UNFPA ASRO), UNICEF has sent out joint letters to Ministers of Health and conducted a virtual meeting with nine Ministers of Health to share and discuss challenges, lessons learned and way forward on how to continue health care for women and children in November 2020.

UNICEF is also support countries with Jump start services. The Jump Start initiative came as a response to a 2020 Lancet paper estimating up to 51,459 additional child deaths as an indirect effect of COVID-19 on essential service delivery and potential decline in utilization of child health programmes. The MENA Regional Office of UNICEF created a multi-faceted, multi-sectoral response around a Theory of Change. Country offices in the region then adapted these to particular needs within their specific country. The focus is primarily on maintaining continuity of essential health services, provision of Personal Protective Equipment (PPE), strengthening Infection Prevention and Control (IPC), water and sanitation services (WASH) and Risk Communication and Community Engagement (RCCE). These activities were incorporated into existing programming, with no separate Jump Start administrative entity created, but with few additional resources.

Education in 2020 has been one of the most impacted sectors by the COVID-19 outbreak with a growing fear of generational loss and regression in learning and skills region-wide.4 UNICEF's advocacy throughout the year has been on "Keep Learning Going", whether physical or through remote options, in-line with global guidelines and close

[3] A large diversity of collaborations and empowerment of various stakeholders included: a) religious leaders and communities (Sudan, Egypt, Yemen and Syria); b) local leaders (State of Palestine and Lebanon); c) youth networks (Algeria, Tunisia and Iran); d) women's organizations (Morocco and Yemen) and e) and civil society partners for community mobilisation (Yemen, Sudan, Djibouti and Syria). In addition, a total of 1,181,256 (50 per cent of target) people provided feedback through a variety of accountability mechanisms. UNICEF MENA's real-time assessment results showed that UNICEF's RCCE messaging was seen as independent and non-partisan.

[4] By mid-March, all 20 countries temporarily closed entire educational institutions for all age groups. In addition to the 15 million children who were already out-of-school 5 throughout the region before the COVID-19 pandemic, about 110 million students (6 million in pre-primary; 75 million in basic education; 15 million in upper secondary and 15 million in postsecondary) had their education interrupted throughout the year with high risks of regressing in their learning and. 1.3 million additional children are at risk of not coming back to education at all.

coordination with other UN organizations and the World Bank. The first step was to establish an open space for discussions and sharing of practices across countries involving Ministries of Education and UN agencies. With the harmonized advocacy messages and joint technical documents with sister agencies, UNICEF planned national responses together with governments by sharing and localizing technical guidance, guidelines and protocols, advocating for flexible academic calendar, focused curricula and never to leave children behind especially those difficult to reach.5

In 2020, many countries prioritized continuity of education and preparation for exam grades for Grades 9 and 12, including implementation of safety protocols in conducting exams. UNICEF supported several countries to administer the 2019/2020 final exams as part of safe school operations during the pandemic, using both online and school-based modalities. In the State of Palestine, for instance, where schools were opened for exams in July, UNICEF provided more than 90,000 students and teachers with information on how to protect themselves from the risk of COVID-19 infection in exam rooms. In Algeria, reusable masks and hygiene kits for 40,000 secondary school students and education staff were distributed in preparation for the exams in September in the most marginalized parts of the country.

To prepare and support school reopening, UNICEF and partners developed a regional plan of action for a "Back-to-School campaign", building on the global framework. UNICEF played a key role in convening the regional education group of UN sister agencies and planning online meetings with Ministries of Education where countries shared their plans, practices and challenges of safe school reopening and continuity of learning for all. The plan focused on guidelines and checklists for schools, preparedness training for educators, including IPC and MHPSS in schools, and community awareness-raising.6

In line with child protection principles that no child falls out of the social security and safety network, UNICEF ascertained that over 450,000 parents and children benefited from COVID-19 specific mental health and psychosocial support programmes. Social media platforms provided regular advice to parents in Arabic, Farsi and French, keeping family harmony and structured routines for learning and social interactions.

Prioritizing case management systems to include parenting support as well as psychosocial first aid in schools was ultimately UNICEF's focus related to mental health interventions during the COVID-19 pandemic. Coordinated efforts were with the justice sector agencies to take urgent action to protect children in detention and identify areas needing further support launched as another area of emphasis UNICEF. This included promoting initiatives to mitigate the negative health outcomes of the pandemic for children in detention and to use the opportunity to accelerate justice sector reforms. By the end of 2020, more than 3,000 children have been released from detention in 13 countries.7

Emergency protection measures were undertaken to support children without family care. In the region, more than 20,000 children have registered for UNICEF's support in alternative care and family reunification. Egypt, Morocco

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[5] For example, UNICEF in Jordan continues to advocate for and continued to provide special education services for children with disability living in refugee camps, supported the government to expand the coverage of education cash grant and distributed printed materials for home study in informal tented settlements. In a number of countries, for example, Bahrain, Egypt, KRI Jordan, Libya, Oman, Syria and State of Palestine, the Ministries of Education, together with their national and international partners, managed to introduce alternative options (on-line platforms, tv, distribution of printed materials) to keep the learning going for at least some part of the students. In other countries, where education systems were weak and or less resilient to deal with the pandemic, such as Sudan, Iraq, Libya and Yemen, schools remained closed for an extended period of time (until September/October) without an alternative in place. The impact of school closure and the importance of face-to-face interaction and teachers' role was felt by almost all members of societies in the region through the increased role of parents in home-schooling as well as concerns with mental health and protection issues.

[6] For example, in Iran, one of the countries most affected by COVID-19, UNICEF helped to revise national IPC and hygiene/sanitation protocols, train teachers and procure supplies for 1,000 schools in less developed areas.

[7] These countries include Algeria, Djibouti, Iran, Iraq, Jordan, Lebanon, Morocco, Qatar, Saudi Arabia, State of Palestine, Sudan, Tunisia and Yemen.

and Iraq have developed specialised assistance packages for children in residential care, including psychosocial support, IPC, family reunification and regular monitoring.

In situations when national social protection responses were effectively unable to respond, UNICEF also scaled-up Humanitarian Cash Transfer (HCT) responses, ranging from very challenging contexts such as Yemen and Syria, but also Jordan, Egypt and Morocco.8

At the core of UNICEF's protection against sexual exploitation and abuse (PSEA) work is accountability to women, girls, men, and boys in the communities we serve. The movement restrictions and lockdowns that resulted from COVID-19 prevention measures highlighted reliance on technology-driven solutions for feedback and reporting channels and that the most trusted mechanisms are predominantly through gender-based violence (GBV) and child protection (CP) programming. During the reporting period, UNICEF MENARO has been at the forefront of implementing the Inter-Agency Standing Committee (IASC3) and UNICEF guidance on PSEA. This included the IASC Action Plan to Accelerate PSEA in Humanitarian Action and the PSEA IP Procedures across the region. Country Offices have invested in strengthening internal and partners'4 capacity to scale up prevention, reporting and response mechanisms and procedures, including community-based complaints mechanisms and access to survivor assistance. In 2020, UNICEF country offices expanded access to safe reporting channels to an additional 1.3 million women, girls, men, and boys.9

Given the scale of COVID-19's socio-economic impacts in MENA, UNICEF supported a significant expansion of social cash transfer responses to cushion the blow on families and children. UNICEF swiftly supported governments to design and develop effective modalities for delivering emergency national cash transfers.10 Across all these contexts, UNICEF supported COVID-sensitive implementation measures such as spacing out payment schedules/sites and more widely adopting innovation to facilitate contactless registration and payments wherever possible. While these efforts helped to ease the immediate socio-economic stress on families and children, UNICEF has also increasingly worked to leverage these gains in expanded cash transfer coverage to help strengthen national social protection systems so that they are more shock responsive and effective in reaching vulnerable people when crises such as COVID-19 strike.

Several governments in MENA, who also face more difficult economic circumstances as a result of the collapsing oil prices in early 2020, are struggling fiscally and making some crucial choices to cut and reprioritize public spending. In this context, UNICEF has been working to protect social sector spending—with a focus on continuity of access to health and education and expanded social protection. To this end, UNICEF has generated evidence on public finance aspects of this crisis and playing a lead role in United Nations-wide advocacy efforts in countries such as Egypt and Iraq.

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[8] In Yemen, from June to July 2020, 1.43 million existing Emergency Cash Transfer (ECT) beneficiaries received a one-time COVID-19 top-up, almost doubling their benefit level. Nearly half (48 per cent) of those who collected their payments were female.

[9] In Yemen for instance, staff working for grievance and redress mechanisms have been trained on handling disclosure of SEA and making safe referrals whilst in Iraq, inter-agency information and referral hotlines have established clear SOPs for handling SEA allegations, including reporting and referral according to the wishes of the survivor. Alternatively, in Lebanon, key messages on the prevention of sexual exploitation and violence have been incorporated into guidance for quarantine centres and safety audits were conducted to identify GBV and SEA risks and implement mitigation measures. Additionally, messages on PSEA have been incorporated in RCCE in Libya and Country Offices across the region have invested in increasing access to survivor assistance through modalities such as helplines and remote case management. This has included referrals to health services, in addition to continued partnerships with government and CSO partners to deliver quality, survivor-centred services through face-to-face means in adherence to all IPC measures.

[10] In Iraq, Jordan, Morocco, Egypt, Sudan and Lebanon, it is estimated that over 13 million households benefited from such cash transfers implemented with UNICEF's support. This included technical support on targeting (Morocco, Iraq, Jordan, Sudan and Lebanon) as well as helping advise and/or set-up rapid registration/verification systems (e.g.: Iraq) as well as payment (Jordan) and grievance redressal mechanisms (Morocco and Jordan).

To address the impacts of COVID-19 on women and girls, UNICEF strengthened collaboration with other UN agencies and regional actors to ensure coherent response and advocacy efforts. Co-led by UN Women and ESCWA, UNICEF 3 WHO | IASC Guidelines for mental health and psychosocial support in emergency settings 4 Across 14 countries, UNICEF has over 460 partners delivering lifesaving, essential services including health, WASH, child protection, GBV, education, and social policy. 7 contributed to the development of regional advocacy resources to influence response plans, including the development of an initial inter-agency policy brief on the gendered impact of COVID-19 in the Arab States region.11

Annexe 2 details UNICEF responses in the targeted MENA countries targeted for RTA 2.

Real Time Assessment Round 2

In line with the RTA 1, the RTA 2 will be a means to, support COs with advocacy tool with regards to UNICEF's response thus far. COs would be able to the document use both within the donor community, for fundraising and for government reporting. While further reflecting on implementation at the CO level, RTA 2 will generate additional learning on the most recent features of the response.

Purpose

The purpose of the RTA 2 is to inform a forward-looking reflection on implementation of country plans for the evolving COVID-19 response and the quality of related delivery. It is intended to provide insights on the lessons that have emerged, and outcomes achieved. In addition to feeding into regional management reflections, the RTA 2 findings will feed into the global real-time assessment process, which will consolidate insights from all regions to determine trends and generate cross-country and cross-regional learning to inform the ongoing response and possible future health pandemics of a similar nature.

Objectives, Geographical coverage, scope of work and methodology

The primary objective of the RTA 2 is forward looking reflection on the implementation of the response to COVID-19 in selected COs since the pandemic and UNCIEF's response has evolved since the last RTA.

Geographical coverage

In line with the global criteria, MENA Round 2 RTA will focus on countries that did not participate in the RTA 1. To provide a good overview, RTA will include countries in different situations, some large, small and COs in humanitarian situations. Ideally, it would also cover both low and high COVID-19 caseloads and deaths per 100,000 population. Based on the aforementioned criteria, the following countries are suggested to participate in RTA 2: Algeria (development context, relatively small COs), Djibouti (development context, relatively small COs), Iraq (big CO, emergency/humanitarian context, State of Palestine (emergency/humanitarian context) and Syria (big CO, emergency/humanitarian context). The RTA2 will also include the RO particularly on health, C4D and supply activities and support to COs.

Areas of focus and associated assessment questions around the selected United Nations Evaluation Group (UNEG) criteria

The Global concept note on RTA R2 developed by the Evaluation Office (EO) has identified four areas: Collective Response, Continuity of Learning, Mental Health and Psychosocial Support (MHPSS) and Access to COVID-19 tools-Accelerator (ACT-A) for assessment in round two.

Out of those outlined in the global RTA 2 ToR, the MENA RTA R2 aims to cover the area of Access to COVID-19 Accelerator (ACT-A), particularly COVAX facility, support to oxygen supply solution and system building components.

[11] MENARO COVID 9 Sitrep for 2020.

The assessment will also document the extent to which the core elements of RCCE have been implemented (with quality) towards the key outcome behaviours of vaccine uptake and public health and social measures (PHSM).

The RTA 2 will not look at COVID-19 diagnostic element of the ACTA-A since UNICEF has minimal engagement in the area.

UNICEF, through various initiatives, has been supporting countries in various ways, ranging from technical support in health, nutrition, remote learning, mental health and social support, research on the impacts of COVID-19, Risk Communication and Community Engagement (RCCE) under Communication for Development (C4D), and Access to COVID-19 Tools (ACT) Accelerator initiative, notably COVAX facility through which UNICEF is providing delivery services.

The ACT is a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines. Within ACT-A, UNICEF has been working to procure and deliver COVID-19 diagnostic equipment, therapeutics, and quality-assured vaccines, primarily for low- and middle-income countries. All the COs in MENA with exception of Kuwait, Saudi Arabia and UAE are procuring the vaccines, syringes, safety boxes through UNICEF under the COVAX initiative. In the MENA Region, UNICEF has supported 20 Countries and as of 8 August 2021 supplied more than 18 million doses out of the allocated more than 49 million doses. UNICEF is further supporting Algeria, Djibouti, Egypt. Morocco, Sudan and Tunisia with Ultra Cold Chain (UCC) services which include assessments, UTL freezers, ancillary items such as generators, air conditioners, PPE and other costs on deployment of UTL Freezers in readiness for the delivery of Pfizer Vaccines.

The RTA R2 will examine, as systematically and objectively as possible, using the UNEG evaluation criteria of relevance, effectiveness and efficiency aiming to determine the worth or significance of UNICEF Response to COVID-19 pandemic in selected countries in MENA Region as it has evolved over time, draw lessons to improve policy and practice and enhance accountability. The RTA 2 will therefore explore the relevance, effectiveness, and efficiency of the UNICEF response with regards to COVAX facility, with a view to identify challenges/obstacles, success factors and lessons learnt from response.

The assessment questions will cover both supply and demand side of UNICEF's response in the thematic areas where applicable. The following questions will be answered:

Relevance:

How relevant has UNICEF's response with regards to the COVAX in each of the target five COs and Regional Office?

Efficiency:

How efficiently has UNICEF been coordinating and engaging in system-wide efforts (e.g. with WHO, humanitarian country teams, UNCTs, Governments and civil society partners) to achieve a swift, multidimensional, human rights-based response to COVID-19 at country level?

Effectiveness:

How effectively has UNICEF been supporting the ACT in each of the selected COs?

Lessons learning:

What lessons can be drawn for UNICEF for CO and RO level to further leverage on its comparative advantage?

What are some of the major challenges, success factors and emerging learning elements from its implementation of ACT-A and continuity of learning?

Document the extent to which core elements of RCCE have been implemented (with quality) towards the key outcome behaviours of vaccine uptake and public health and social measures (PHSM).

Gender equality

Assessors shall propose an approach to assess to what extent gender has been mainstreamed in the COVID response in each of the countries.

Promoting equity

Assessors shall propose an approach to assess whether COVID-19 response has been equitable.

Human Rights Based Programming

Assessors shall assess whether human rights-based programming was respected during the COVID-19 response.

Methodology

Although RTA 2 is conceived as a 'light' exercise, MENA RO will collect both primary data collection remotely. Primary data will be collected using remote methods. The primary data will include completing online surveys with each of the COs; in-depth key informant interviews (KII) with UNICEF staff, implementing partners, UN partners and government representatives. Purposive sampling will be used in all selection processes. Online surveys will be distributed to government and implementing partner representatives.

The assessment questions will include both open ended and choice questions. Informant interviews with front-line workers and affected community members will be carried out remotely by phone or via web-based tools such Skype or Zoom wherever possible. Country Offices will provide translation facilities. The survey responses from UNICEF COs and government and implementing partner representatives will be collated and compared. The KII will give an opportunity to gain some insights and community-level perspectives on UNICEF's response to the pandemic in these selected COs and RO.

Dissemination of the findings and use

Primary users will be UNICEF management at the CO and RO levels who can harness the RTA 2 findings to improve ongoing implementation of the response to COVID-19 as well as use it as advocacy tool with the government and donors. The findings of the assessment are also expected to be used as one of several evidence streams which will feed into the L3 summative evaluation of the response to COVID-19 that the EO plans to conduct in Q3 and Q4 of 2021.

A series of dissemination and cross learning events. The events will draw programme and operations participants from countries participating in RTA 2 and those that have not taken part. The main findings and recommendations will also be disseminated ta RMT meeting.

To enhance use of the recommendations, the focus countries and RO relevant sections shall develop management actions for follow up. A workshop specifically aimed at developing the actions will be conducted either at CO level or at regional level.

Timeline

Month	Activity	Responsibility
August 2021	Adaptation of Global Concept note, collecting reports, data and documents	RO
August 2021	Hiring of consultants, Inception phase	RO and Consultants
September 2021	Data collection, Analysis, and reporting drafting	Consultants, COs and RO
October 2021	Presentation of emerging findings and reporting	Consultants
November - December 2021	Dissemination of the findings	RO, COs

Qualification of consultants

The MENA UNICEF Regional Office will be supported by two consultants, a Senior and a Junior Consultant. The Junior Consultant will be responsible for assisting the Senior Consultant with the desk review, initial quantitative data analysis and country case studies.

Required Qualifications of Senior External Consultant

- Experience in evaluating emergency preparedness and response and managing complex situations;
- Experience in evaluation of resilience and nexus approaches;
- knowledge of latest methods and approaches in evaluation, especially participatory methods, remote data collection including for populations and communities;
- Experience in applying both quantitative and qualitative methods and able to effectively communicate data and analysis;
- Familiarity with UNICEF's organizational procedure and systems;
- Excellent oral and written communication skills;
- Experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards;
- Flexibility and adaptation.

Required Qualifications of Junior External Consultant

- A degree in social science, development studies, international relations or economics;
- Knowledge of humanitarian, development and humanitarian-development nexus programming, debates and ways of working;
- At least 2 years' experience in assisting multi-disciplinary evaluations – in particular global, strategic evaluations and joint evaluations – UNICEF, other UN agencies or other international partners;
- Knowledge of current evaluation methods and approaches, particularly formative and forward-looking approaches, participatory methods, and supporting accountability to affected populations;
- Familiarity with UNICEF's programming;
- Excellent oral and written communication skills (in English); knowledge of other UN languages a key advantage;
- Expertise assisting with evaluations in public health emergencies is highly desirable;
- Knowledge of qualitative and quantitative data collection methods and analytical methods and techniques.

The Junior Consultant is expected to work closely with the Senior Evaluation Consultant to assist in the design of the RTA

Appendix 9: Key documents

Country	Secondary Data Sources
Algeria	• 2021 Summary Narrative Report • Results Assessment Module reports • Phone survey with RDD Gallup – socio economic and psychosocial; • Study – social protection responses to COVID-19; • iterative rapid assessment (gender and human resources); • COVID response deep dive
Djibouti	• COVID response deep dive; • Study – social protection responses to COVID-19; • iterative rapid assessment (gender and supply) • 2020 End of Year Results Summary • 2021 Summary Narrative Report • Results Assessment Module reports • Inter-ministry COVID plan
SoP	• COVID-19 response plan • Rapid Surveys and rapid assessment reports (KAP and others) • Humanitarian situation reports • COVID response deep dive • 2021 Summary Narrative Report • Results Assessment Module reports
Syria	• 2020 end of year results summary • Barriers to COVID-19 related health-seeking behaviour northeast Syria • RCCE and C4 D plan • COVID-19 plan • Humanitarian situation reports • COVID response deep dive • 2021 Summary Narrative Report • Results Assessment Module report
Iraq	• COVID-19 plan • COVID response deep dive • 2021 Summary Narrative Report • Results Assessment Module report • 2020 End of year results summary • Child health forecasting study • UNICEF Support to COVID-19 Vaccination in Iraq and Coordination with Govt and WHO • Regional Director's visit to Iraq Programme Brief • Humanitarian situation reports • U Report on vaccine hesitancy
Regional Office	• Humanitarian situation reports • COVID-19 situation reports • Norms, beliefs, and practices relevant to the prevention of COVID-19 in the MENA region • Regional guiding framework for risk communication and community engagement for the Covid-19 response in Eastern Mediterranean Region/ MENA • Gender Impact of COVID-19

	• Quarterly Rapid Assessment triangulated by UNICEF/WHO inputs • Joint WHO/UNICEF Regional data collection (Geopoll) • National surveys • Supply data • COVAX Working Group meeting presentations • Supporting adolescents and women affected by COVID-19 • Biweekly report on vaccines in MENA • Vaccination demand status update reports • Vaccines and POC and Migrants • WHO guidance on communicating risk
Global/Other	• Concept Note for RTA 2 • Synthesis report for RTA 1 • COVID-19 supply updates • COVID-19 Social Economic tracker • COVAX facility description (WHO) • 2021 HAC-ACT-A • 2020 ACAPS COVID-19 Impact Survey Key Findings • 2021 ACT-A Strategy Budget • ACT-A “How it Works” • 2020 Health Emergency Supply Note • Demand generation update presentations from ROs