

EVALUATION OF THE UNICEF RESPONSE TO COVID 19

FINAL INCEPTION REPORT
09 MARCH 2022 2022

Julia Betts, Hisham Khogali, Elizabeth Harrop, Nicolas Ayensa, Daniela Hernandez Salazar

Acronyms

CEAP	Corporate Emergency Activation Procedure
CO	UNICEF Country Office
CSO	Civil Society Organisation
DAPM	Data, Analytics, Planning and Monitoring (DAPM)
DHR	Division of Human Resources
EMOPS	Emergency Operations
GHRP	Global Humanitarian Response Plan
HAC	Humanitarian Appeal for Children
HQ	UNICEF Headquarters
IASC	Inter-Agency Standing Committee
MPTF	Multi-Partner Trust Fund for COVID-19 Response and Recovery
PFP	Private Fundraising and Partnerships
PPD	Public Partnerships Division
SD	Supply Division
SDG	Sustainable Development Goal
SSOPs	Simplified Standard Operating Procedures
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

TABLE OF CONTENTS

Acronyms	2
1. Introduction	1
1.1 Evaluation Rationale, Purpose and Objectives	1
1.2 Purpose and structure of the Inception Report	1
2 Context for the evaluation	3
2.1 The global context for COVID-19	3
2.2 UNICEF strategic architecture for COVID-19	5
2.3 UNICEF programmatic response to COVID-19	11
2.4 Funding	13
3 Conducting the evaluation: Design and methodology	15
3.1 Key principles.....	15
3.2 Conceptual basis.....	16
3.3 Logic model	17
3.4 Evaluation criteria.....	19
3.5 Evaluation questions	19
3.6 Evaluation matrix.....	20
3.7 Sources of evidence	20
3.8 Data collection methods.....	22
3.9 Sampling	24
3.10 Structured tools	26
3.11 Analysis and validity/reliability.....	26
3.12 Ethical standards	28
3.13 Risks and mitigation	29
4. Organisation of the Evaluation.....	30
4.1 Sequencing and timing.....	30
4.2 Division of labour	30
4.3. Validation/consultation with stakeholders	31
4.4 Evaluation outputs	31

Table of Figures

Figure 1: Number of cases per region (2020-January 2022)	3
Figure 2: Number of persons fully vaccinated per 100 population – January 2022	5
Figure 3: UNICEF response in relation to United Nations COVID-19 response frameworks	9
Figure 4: Timeline of the UNICEF and global response to COVID-19.....	10
Figure 5. COVID-19 Humanitarian Action for Children funds committed by geographic area, 2020	Error! Bookmark not defined.
Figure 6: Logic model for COVID-19 response.....	18
Figure 7: Evidence streams.....	20

1. Introduction

1.1 Evaluation Rationale, Purpose and Objectives

1. The UNICEF Evaluation Office has commissioned an independent evaluation to assess the organisation's Level 3 Scale-Up Corporate Emergency Activation Procedure (CEAP) for the COVID-19 Pandemic, including how it was implemented. According to its Terms of Reference,¹ the evaluation's primary objective is to assess, from a global perspective, how well UNICEF has responded to the COVID-19 pandemic and the extent to which it realized its intended role in the global response to COVID-19.
2. The evaluation has two specific objectives:
 - (i) Examine the appropriateness, effectiveness and efficiency of UNICEF's work in response to the COVID-19 pandemic; and
 - (ii) Examine the coherence and effectiveness of UNICEF's collaboration and coordination efforts with partners (including other UN agencies, governments and civil society organizations (CSOs)) in responding to COVID-19.
3. The evaluation fulfils the requirement of the UNICEF Evaluation Policy (2018) whereby all Level 3 emergencies must be evaluated, while also offering an opportunity to help UNICEF further consolidate learning for future emergencies.

1.2 Purpose and structure of the Inception Report

4. This Inception Report presents the approach and planned implementation for the independent evaluation of the Level 3 COVID-19 response. It will draw findings from the corporate body of experience across UNICEF, and its engagement with the international response to the pandemic. It will draw learning from across the corporate response, as well as from case study countries. Its main body of work will be completed during the period January – July 2022.
5. The purpose of this Inception Report is to outline the intended approach, design and methodology for the evaluation. It sets out the main design and operational plan for the exercise, including its conceptual approach; methods to be applied; selected proposed case studies; and anticipated limitations. It provides the main operational reference point throughout the evaluation.
6. Given conditions under COVID-19, the evaluation design proposes a 'fit for context' approach, reflecting the features and complexity of providing international assistance under the demanding conditions of the pandemic. As required by the ToR, the exercise will be conducted fully remotely.
7. This Inception Report is structured in four sections, as follows:
 - This Introductory Section 1 sets out the background and rationale, purpose and objectives of the evaluation;

¹ See Annex 1

- Section **Error! Reference source not found.** provides the evaluation context, including the evolution of the COVID-19 pandemic since February 2020 and UNICEF's response to it, including the 'de facto' Level 3 approach implemented since February 2020;² and the Level 3 declaration of 16th April 2020.
- Section **Error! Reference source not found.** provides the main evaluation design and methodology, including the evaluation criteria and questions; the conceptual approach; methods to be applied including country cases and the risks identified to date, including potential limitations and mitigation;
- Section **Error! Reference source not found.** presents the workplan for the evaluation including sequencing, division of labour and team arrangements.

1.3 Evaluation Scope

8. **Time period:** The evaluation will cover the period February 2020 – March 2022.
9. **Coverage:** Based on review of corporate-level information, including evaluations, real-time reviews/assessments and other exercises, the evaluation will assess the relevance, effectiveness, efficiency (in terms of management), coherence, connectedness and coverage of the corporate response to COVID-19. As per the ToR, the evaluation will cover UNICEF's direct response to the pandemic, as well as the organisation's role in the COVID-19 Global Humanitarian Response Plan (GHRP). As part of the latter, it will assess UNICEF's coordination efforts with other UN agencies, governments and civil society organizations.
10. **Breadth:** The evaluation will be global in nature, focusing on corporate systems and mechanisms to enable the response to COVID-19, as well as programmatic adaptation. However, it will also select a set of Country Offices as case studies from which to gather evidence of operational adaptation and implementation. It will review all of UNICEF's key programmatic areas (Water, Sanitation and Hygiene (WASH), Education, RCCE, Child Protection, Social protection, Nutrition, Health), though will not provide detailed assessments against all these areas.

1.4 Evaluation Stakeholders and use

11. Key **direct users** of the evaluation are anticipated as:
 - UNICEF leadership and senior management
 - Emergency Operations (EMOPS)
 - Programme Group (PG)
 - Regional Directors and Regional Office Teams
 - Country Offices including Representatives and staff
 - Other relevant divisions, such as Data, Analytics, Planning and Monitoring (DAPM); Private Fundraising and Partnerships(PFP); Public Partnerships Division (PPD); Division of Human Resources (DHR) and Supply Division (SD); and others, as appropriate
 - Executive Board members.

² ToR, p1

12. **Indirect users** include:

- Partner United Nations (UN) agencies including members of the Inter Agency Steering Committee (IASC)
- UNICEF partner governments, including host countries and donor agencies
- UNICEF NGO partners including international and national NGOs and community based organizations
- Other national and international actors engaged in the COVID-19 response
- Recipients of UNICEF assistance, including women, men, boys and girls.

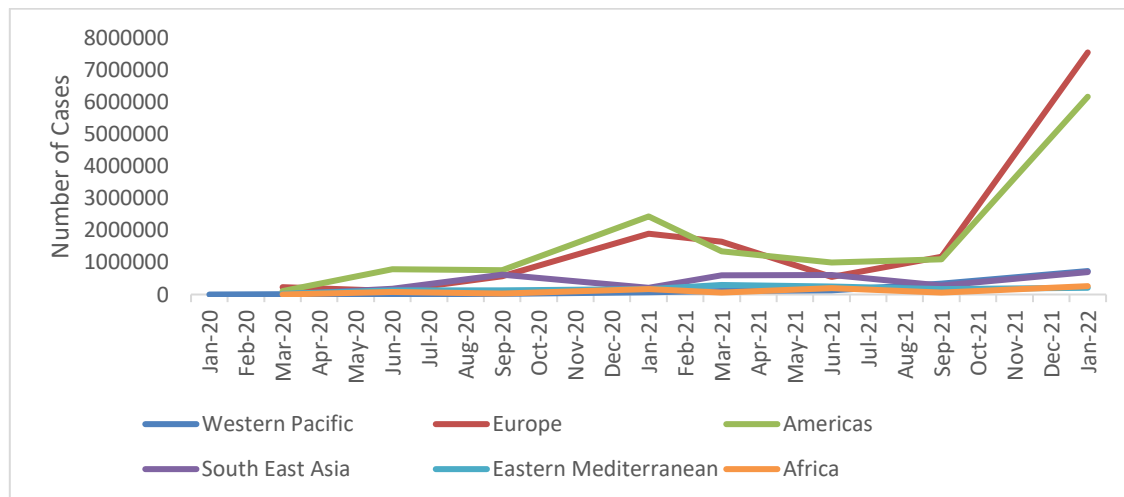
13. The evaluation’s findings will inform UNICEF’s future decision-making regarding the pandemic response, particularly as regards maximising the use of available human and financial resources to enhance results for children at global and country level. Although its evidence base will arise largely from the recent past and current response, the evaluation’s conclusions and recommendations will be forward-looking, to offer learning and guidance to the organisation as it moves forward.

2 Context for the evaluation

2.1 The global context for COVID-19

14. Almost two years from its onset the COVID-19 pandemic continues to have a lasting impact across the world with over 318 million confirmed cases and 5.5 million deaths reported as of January 2022.³ Figure 1 below shows the number of cases by region. The figure shows a recent exponential growth in cases as a result of the latest COVID-19 variant (Omicron). Figure 1 also highlights that COVID-19 affected different regions and countries at different times with the Americas and Europe consistently having the largest number of cases.

Figure 1: Number of cases per region (2020-January 2022)



Source: WHO COVID-19 Dashboard, <https://covid19.who.int>

15. The pandemic was characterised by two main parameters. These were the complexity it presented for global and national response and its uncertainty with unknown pathology and lack of a defined trajectory resulting in governments and populations struggling to respond.

³ WHO COVID-19 Dashboard, <https://covid19.who.int>

16. COVID-19 resulted in multidimensional needs, with both the virus and the restrictions imposed by governments to control it resulting in major social and economic effects. Poverty increased with World Bank estimates suggesting 97 million more people faced extreme poverty⁴ in 2021 as a result of COVID-19.⁵
17. **The pandemic exposed and grew existing inequalities** even in wealthy countries.⁶ However, developing countries and those in crisis suffered the most, with the most vulnerable people being those that rely on the informal economy, women, those living with disabilities, refugees, and the displaced, as well as those that suffer from stigma.⁷
18. **COVID-19 exacerbated the number of children needing humanitarian assistance.** The pandemic restricted access to the essential services that secure the health, education and protection of children and young people. Prior to the pandemic, conflict, poverty, malnutrition and climate change were already driving unprecedented growth in the number of children in need of humanitarian assistance. COVID-19 made this situation even worse.⁸
19. **There is increasing evidence of the detrimental effects that the pandemic has had on children.** While less directly vulnerable to the virus itself, children have been impacted in unprecedented ways. Over the course of 2020 alone, the number of children living in multidimensional poverty increased by 15 per cent, up to 1.2 billion globally⁹ and 1 in 7 children lived under stay-at-home policies for the majority of the year.¹⁰
20. **COVID-19 caused the largest disruption of education in history,** affecting up to 94% of students across the world, or nearly 1.6 billion learners in over 190 countries. Statistics suggest that the introduction of remote learning modalities induced a digital divide that exacerbated inequalities, with one third of students being unable to access remote learning.¹¹
21. **Disruption of basic services,** whether as a result of the virus or government restrictions to control it, also had unprecedented effects. Global coverage of nutrition services to children, adolescents and women declined by nearly 40 per cent.¹²
22. **Child protection risks increased.** The combination of confinement measures with concomitant impact on income generation, on the one hand, and the disruption of violence prevention and response services, on the other, have accelerated serious child protection risks including violence, child labour, child marriage and pregnancies and negative effects on mental health.¹³
23. **Immunization services were disrupted.** Regular immunization services were disrupted with the COVID-19 pandemic causing the most widespread and largest global disruption in

⁴ Extreme poverty is measured as the number of people living on less than \$1.90 per day.

⁵ <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021>

⁶ The Lancet, January 20th 2021, Volume 6 [https://doi.org/10.1016/S2468-2667\(21\)00011-6](https://doi.org/10.1016/S2468-2667(21)00011-6)

⁷ <https://feature.undp.org/coronavirus-vs-inequality/>

⁸ UNICEF, 2021, UNICEF Humanitarian Action for Children

⁹ UNICEF, 2021, UNICEF GLOBAL COVID-19 Final Report, February - December 2020

¹⁰ UNICEF, 2021, UNICEF Annual Report 2020

¹¹ Ibid

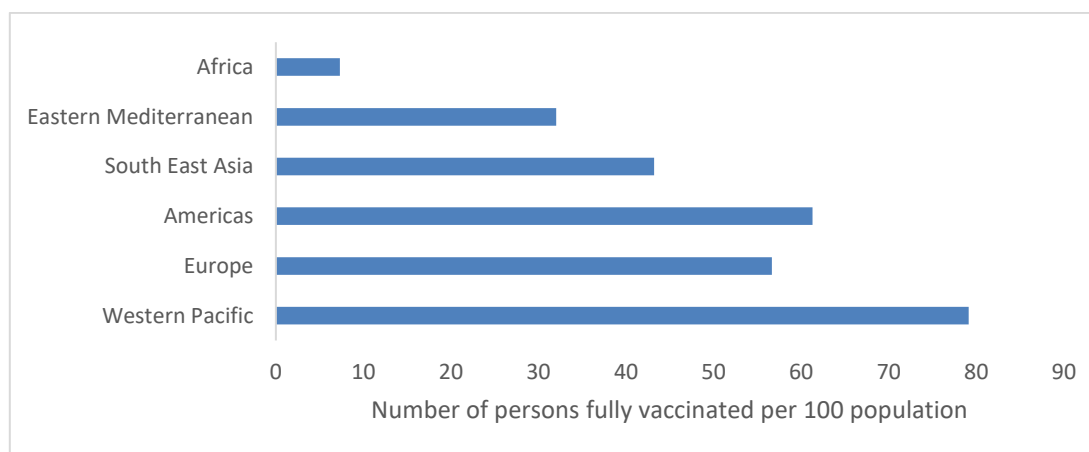
¹² UNICEF, 2021, UNICEF Annual Report 2020

¹³ The alliance for Child Protection Humanitarian Action, 2021 Technical Note: Protection of Children during the Coronavirus Pandemic V 1.

recent history. A study suggested that 30 million children missed routine immunization in 2020 and that this disruption was likely to continue into 2021.¹⁴ The pause in polio campaign activities in Pakistan, for instance, along with the disruption to regular immunization services, led to 74 reported cases of polio in September 2020, up from only eight cases in the whole of South Asia in 2018.

24. **Inequality in COVID-19 vaccination coverage.** Despite the availability of a wide range of vaccines against COVID-19 not all those that need it have been vaccinated. Figure 2 shows the stark differences in vaccine coverage by region. It details that Africa has, by far, the lowest COVID-19 vaccine coverage despite the regular calls by WHO, UNICEF and others for equitable access to testing treatment and vaccination.

Figure 2: Number of persons fully vaccinated per 100 population – January 2022



Source: WHO COVID-19 Dashboard, <https://covid19.who.int>

2.2 UNICEF strategic architecture for COVID-19

25. UNICEF’s strategy to respond to COVID-19 was initiated in February 2020 with its COVID-19 Global Response Humanitarian Action for Children (HAC) appeal.¹⁵ This focussed on limiting human-to-human transmission and mitigating the impact of the outbreak on the health system and affected communities, in line with WHO’s COVID-2019 Strategic Response Plan.¹⁶
26. In March and April 2020 respectively, a revised Global HAC¹⁷ and Guidance Note on Programming Approaches and Priorities¹⁸ expanded the framework of the response, including

¹⁴ Causey K, Fullman N, Sorensen RJD, Galles NC, Zheng P, Aravkin A, Danovaro-Holliday MC, Martinez-Piedra R, Sodha SV, Velandia-Gonzalez MP, Gacic-Dobo M, Castro E, He J, Schipp M, Deen A, Hay SI, Lim SS, Mosser JF. Estimating global and regional disruptions to routine childhood vaccine coverage during the COVID-19 pandemic in 2020: a modelling study. *The Lancet*. 15 July 2021. doi: 10.1016/S0140-6736(21)01337-4.

¹⁵ Novel Coronavirus (COVID-2019) Global Response Humanitarian Action for Children appeal (HAC), 17 February 2020

¹⁶ Ibid

¹⁷ UNICEF, Revised Novel Coronavirus (COVID-2019) Global Response HAC, March 2020

¹⁸ UNICEF, Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children, 12 April 2020

a second strategic priority for continuity of health, education and social services and assessing and responding to the immediate secondary impacts of the COVID-19 response.

27. On 16 April 2020, the UNICEF Executive Director approved the activation of a Level 3 (L3) Scale-Up Corporate Emergency Activation Procedure (CEAP)¹⁹ for the COVID-19 Pandemic. This formalized the 'de facto' Level 3 approach implemented since early February 2020.
28. The L3 was declared for an initial period of 6 months to 16 October 2020, and was in alignment with the adapted protocols of the Inter-Agency Standing Committee system-wide Scale-Up for COVID-19 activated since April 2020.²⁰ The L3 was extended into a 'consolidation' phase lasting until 31 December 2021,²¹ and subsequently until 30 June 2022.²²
29. L3 activation involved the following measures:
 - i. Application of the Level 3 Scale-Up to all Country Offices (COs), Regional Offices (ROs) and Headquarters;
 - ii. Appointment of the Emergency Operations (EMOPS) Director as the Global Emergency Coordinator (GEC) for the response;
 - iii. Accountability of Regional Directors for the oversight of UNICEF's regional and country level responses;
 - iv. Organization-wide mobilization to enable UNICEF to continue the scale-up of the response and preparedness efforts;
 - v. Rapid mobilization and allocation of supplies and flexible resources;
 - vi. Country Representatives authorized to make the necessary adjustments to their country programmes and regular resources (RR) allocations, in consultation with governments, to respond effectively to COVID-19 and its associated negative impact on children;
 - vii. COs, in collaboration with ROs and Public Partnerships Division (PPD)/Private Fundraising and Partnerships Division (PFP), encouraged to seek similar flexibility from their other resources (OR) donors;
 - viii. Problem-solving of operational obstacles with the application of Emergency Procedures and advocacy efforts for the exemption of travel restrictions and establishment of humanitarian corridors;
 - ix. Country Representatives to provide flexibility to civil society organization (CSO) implementing partners.²³
30. Every UNICEF region issued a regional HAC for COVID-19. Key areas of focus within the seven December 2020 HACs included: supporting the reduction of virus transmission and mortality; sustaining the continuity /restoration of essential social services (including through

¹⁹ The CEAP was first introduced in 2011, through an Executive Directive (CF/EXD/2011-1), to enable the organization to effectively mobilize urgently required support from Headquarters (HQ) and Regional Offices (ROs) to relevant Country offices (COs) to respond to a Level 3 emergency in a timely and effective fashion. A new procedure CEAP procedure was issued on 1 June 2019 and supersedes CF/EXD/2011 – 001. See UNICEF Procedure on Corporate Emergency Activation for Level 3 Emergencies Document Number: EMOPS/PROCEDURE/2019/001 Effective Date: 1 June 2019 https://aa9276f9-f487-45a2-a3e7-8f4a61a0745d.usrfiles.com/ugd/aa9276_303cc96bd1454d72acbce55cc68b9bf.pdf

²⁰ IASC Humanitarian System-Wide Scale-Up Activations and Deactivations

<https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-humanitarian-system-wide-scale-activations-and-deactivations>

²¹ UNICEF Current Level-3 Emergencies

<https://www.corecommitments.unicef.org/level-3-and-level-2-emergencies> accessed 20 January 2022

²² UNICEF (2022) Executive Director Communication, 25.01.2022, internal document

²³ From UNICEF email broadcast, 16 April 2020 and evaluation ToR.

‘building back better’); addressing/mitigating the socio-economic impacts of the pandemic; and providing access to vaccines, diagnostics and therapeutics, with a view to contributing to ending it.²⁴

31. For 2021, a Global COVID-19 Chapeau HAC, issued in December 2020, consolidated the seven COVID-19 focused regional HACs.²⁵ Priorities identified were²⁶:

- Coordination with WHO, humanitarian country teams, UNCTs and civil society partners;
- Prioritization of the most vulnerable children and adolescents (i.e. low income, living with disabilities, migrant and refugee, ethnic minorities);
- Redesign, reallocation and reimagining of regular programmes based on high-quality evaluative evidence, including real-time data;
- Strengthening systems and building technical capacities across all sectors and expanding field presence for decentralized operations;
- Conflict-sensitive interventions, that foster inclusion, trust and social cohesion;
- Support to ACT-A.

32. UNICEF also issued in 2021 the USD \$659 million Access to COVID-19 tools-Accelerator (ACT-A) appeal,²⁷ aiming to support its role in the global collaboration for the development, production and equitable access to COVID-19 testing, treatment and vaccines (‘COVAX’), which sought to deliver 2 billion vaccines doses in 2021.

33. The key framing documents for UNICEF’s response to COVID-19 are listed in Table 1 below.

Table 1: UNICEF response to COVID-19: key framing documents

Document	Details
17 February 2020: Novel Coronavirus (COVID-2019) Global Response Humanitarian Action for Children appeal (HAC) ²⁸	UNICEF sought US\$42.3 million to scale up its response to the COVID-19 virus outbreak and support global efforts to contain it.
21 March 2020: Revised Novel Coronavirus (COVID-2019) Global Response HAC ²⁹	UNICEF revised its original appeal to US\$651.6 million to meet the increased needs of communities, and of health systems and structures – to both protect against the disease and address COVID-19’s collateral impacts.
28 March 2020: UNICEF Coronavirus Secretariat established ³⁰	Coronavirus Secretariat set up to support and coordinate UNICEF’s corporate response to the pandemic. Split into an Operational Response branch and a Strategic and Technical branch, both reporting to Director EMOPS.
12 April 2020: Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address	Outlines the programming approaches and prioritization measures that UNICEF took to address the COVID-19 pandemic.

²⁴ Evaluation ToR

²⁵ Novel Coronavirus (COVID-2019) Global Response Humanitarian Action for Children appeal (HAC), 17 February 2020 and UNICEF, Global COVID-19 Chapeau HAC for 2021, December 2020

²⁶ UNICEF, Global COVID-19 Chapeau HAC for 2021, December 2020 and Evaluation ToR

²⁷ UNICEF, Humanitarian Action for Children ACT-A 2022, December 2021

²⁸ UNICEF, Novel Coronavirus (COVID-2019) Global Response Humanitarian Action for Children appeal (HAC), 17 February 2020

²⁹ UNICEF, Revised Novel Coronavirus (COVID-2019) Global Response HAC, March 2020

³⁰ Terms of Reference, Coronavirus disease COVID-19 Secretariat, UNICEF HQ, 28 March 2020

Document	Details
Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children ³¹	
16 April 2020: UNICEF email broadcast, activation of a Level 3 Scale-Up CEAP for the COVID-19 Pandemic	Declared for an initial period of 6 months to 16 October 2020, and extended, into a 'consolidation' phase which lasted until 31 December 2021.
May 2020: Revised Coronavirus (COVID-19) Global Response HAC ³²	UNICEF expanded HAC appeal to US\$1.6 billion, of which US\$802.2 million was the UNICEF input into the revised US\$6.7 billion Global Humanitarian Response Plan (GHRP)
18 June 2020: COVID-19 Programme Monitoring and Analysis Framework ³³	Lists key public health and essential services and systems indicators to monitor collective UNICEF outputs and contributions during the COVID-19 pandemic.
June 2020: UNICEF Response to the COVID-19 Pandemic, Background Paper for the Executive Board ³⁴	24-page background paper with sections on COVID-19 and the impact on children; the UNICEF response to COVID-19 and programme implications; and adapting how UNICEF works.
July 2020: Revised Coronavirus (COVID-19) Global Response HAC ³⁵	UNICEF appeal increased to US\$1.93 billion. Of this amount, US\$923 million is part of the revised GHRP.
November 2020: Updated UNICEF Guidance Note on COVID-19 Programme Approach and Prioritization ³⁶	Provided an update to the April Guidance Note and responds to the challenges identified during the first six months of the pandemic. Programmatic priorities remain those defined in the April guidance note, this update integrates recommendations from UNICEF's learning evaluation, lessons learned exercises, as well as consultations with UNICEF offices and divisions to course correct and accelerate results in the current context.
December 2020: Global COVID-19 Chapeau HAC for 2021 ³⁷	Appeal for US\$659 million at the global level to support the three pillars of Access to COVID-19 Tools Accelerator (ACT-A), a global collaboration to accelerate development, production, and equitable access to COVID-19 tests, treatments, and vaccines.
December 2020: Seven regional HACs for 2021 ³⁸	
December 2021: HAC for 2022 ³⁹ including Global COVID-19 ACT-T HAC for 2022 ⁴⁰	HAC 2022 appeal for \$1.002 billion at global level, including \$933 million for ACT-A, but not specifically disaggregated into COVID-19 and other funding.
December 2021: Seven regional HACs for 2022 ⁴¹	

³¹ UNICEF, Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children, 12 April 2020

³² UNICEF, Revised Coronavirus (COVID-19) Global Response HAC, May 2020

³³ UNICEF, COVID-19 Programme Monitoring and Analysis Framework, 18 June 2020

³⁴ UNICEF, UNICEF Response to the COVID-19 Pandemic, Background Paper for the Executive Board, June 2020

³⁵ UNICEF, Revised Coronavirus (COVID-19) Global Response HAC, July 2020

³⁶ UNICEF, Updated UNICEF Guidance Note on COVID-19 Programme Approach and Prioritization, November 2020

³⁷ UNICEF, Global COVID-19 Chapeau HAC for 2021, December 2020

³⁸ UNICEF, East Asia and the Pacific, HAC; UNICEF, Eastern and Southern Africa HAC; UNICEF, Europe and Central Asia HAC; UNICEF, Latin America and the Caribbean HAC; UNICEF, Middle East and North Africa HAC; UNICEF, South Asia, HAC; UNICEF, West and Central Africa HAC. All December 2020.

³⁹ UNICEF, Humanitarian Action for Children Overview 2022, December 2021

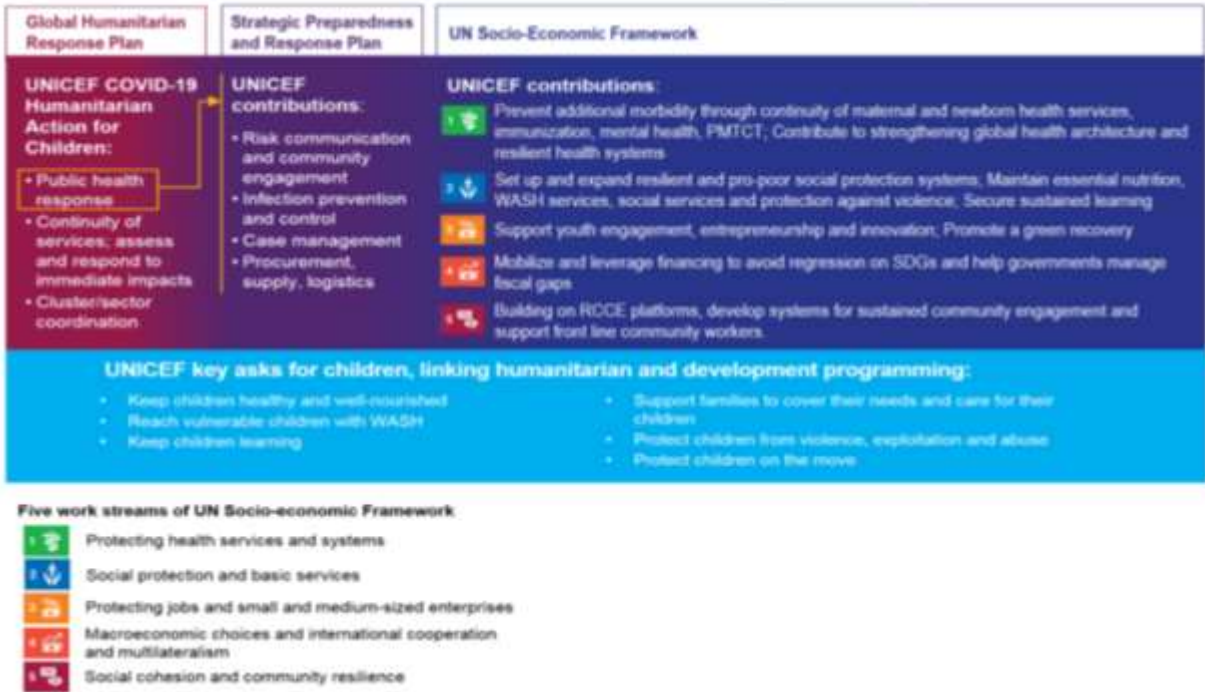
⁴⁰ UNICEF, Humanitarian Action for Children ACT-A 2022, December 2021

⁴¹ UNICEF, East Asia and the Pacific, HAC; UNICEF, Eastern and Southern Africa HAC; UNICEF, Europe and Central Asia HAC; UNICEF, Latin America and the Caribbean HAC; UNICEF, Middle East and North Africa HAC; UNICEF, South Asia, Humanitarian Action for Children HAC; UNICEF, West and Central Africa HAC. All December 2021.

Document	Details
24 January 2022, Activation of UNICEF's New Emergency Procedures ⁴² and subsequent extension of the Sustained Phase for a period of 6 months until June 2022.	Replace the former L2 and L3 Simplified Standard Operating Procedures (SSOPs), as well as the COVID-19 Emergency Procedures. They apply to all emergencies (L1, L2 and L3) and provide a package of minimum actions and simplifications required for all offices responding to humanitarian situations.

34. Figure 3 illustrates the UNICEF response in relation to system-wide United Nations (UN) response frameworks, while Figure 4 provides the relevant timeline:

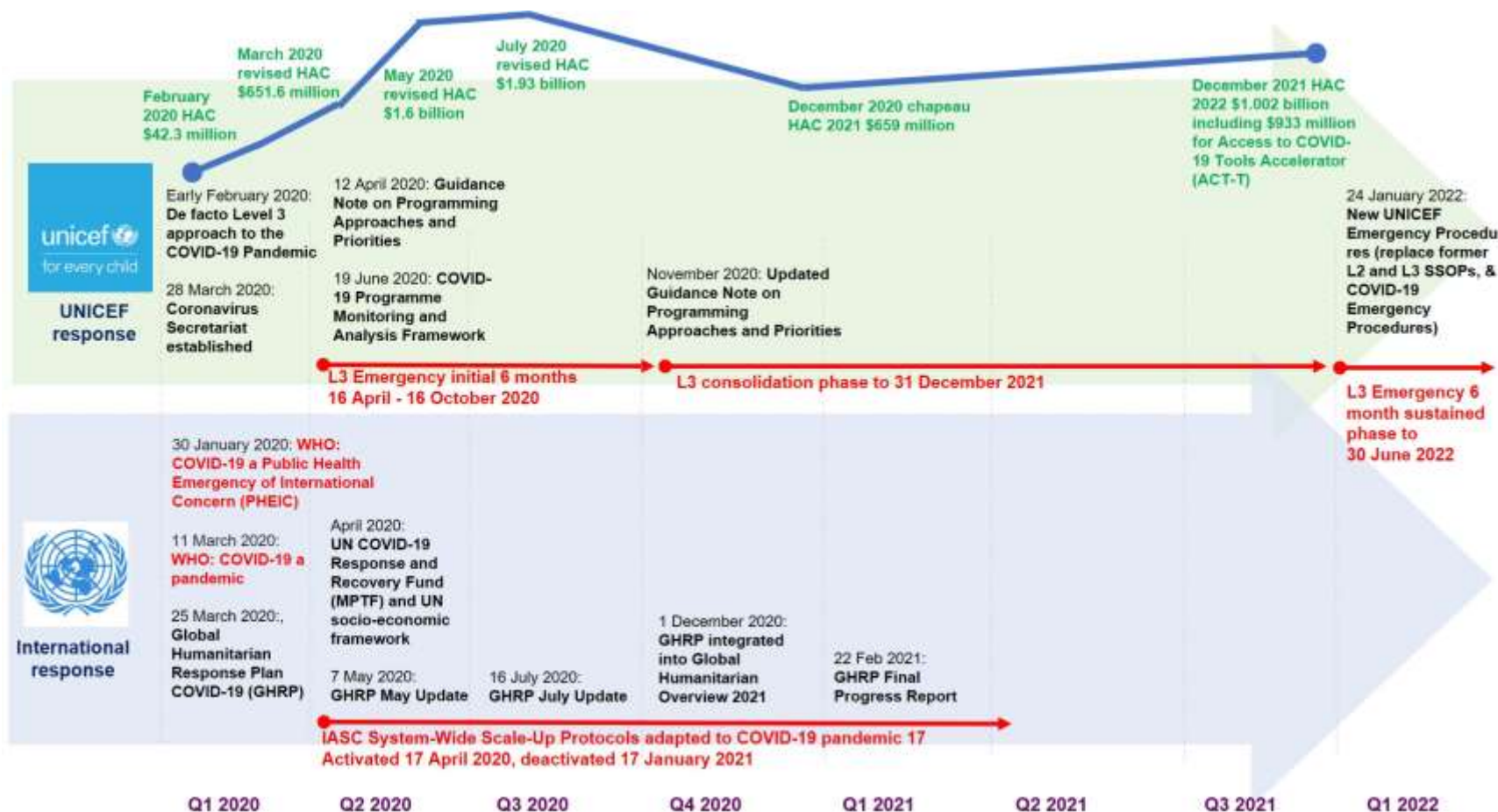
Figure 3: UNICEF response in relation to United Nations COVID-19 response frameworks



Source: UNICEF Response to the COVID-19 Pandemic, Background Paper for the Executive Board, June 2020

⁴² Corporate email, 24 January 2022 and UNICEF Emergency Procedures Document Number: PROCEDURE/EMOPS/2021/001, Effective Date: 1 December 2021

Figure 4: Timeline of the UNICEF and global response to COVID-19



Source: Evaluation team

2.3 UNICEF programmatic response to COVID-19

35. In April 2020, UNICEF formally adopted a multisectoral programmatic response with the following priority areas.⁴³

<p>• Health</p> <p>Three-pronged approach.</p> <p>1.Immediate response to COVID-19.</p> <p>(i)Limit human to human transmission and protect individuals from exposure to COVID-19:</p> <ul style="list-style-type: none"> • Risk Communication and Community Engagement (RCCE), including digital engagement and monitoring of misinformation. • Infection Prevention and Control (IPC). • Social science research for public health decision making.⁴⁴ <p>(ii)Minimize morbidity and mortality as result of COVID-19:</p> <ul style="list-style-type: none"> • Support the WHO with surveillance, epidemiologic investigation, case investigation, contact tracing and self-isolation. • Support the WHO with case management of COVID-19, including through the provision of adequate health and nutrition care for children, women and vulnerable communities.⁴⁵ <p>(iii)Provide and deliver supplies for prevention and treatment of COVID-19: Support national health authorities with supply and distribution planning of critical supplies and equipment for COVID-19 including, but not limited to, diagnostic tests, personal protective equipment (PPE), WASH supplies, oxygen concentrators, drugs and basic health kits for case management.</p> <ul style="list-style-type: none"> • Support supply chains and local, regional and international markets during the pandemic in order to maintain a flow of critical supplies.⁴⁶ • Access to COVID-19 Tools Accelerator (ACT-A): <ul style="list-style-type: none"> ○ Vaccines (COVAX). ○ Diagnostics and therapeutics. ○ Health systems connector.⁴⁷ <p>2.Ensure continuation of health services for mothers, newborns, children and adolescents.</p> <ul style="list-style-type: none"> • Support safe delivery of essential health services in the COVID-19 context. • Provide guidance to, and advocate with, governments and partners on policies and actions to mitigate the impact of COVID-19. • Support decision-making on alternative strategies for continuation of health services.⁴⁸ <p>3.Strengthen health systems.⁴⁹</p>
<p>• Water, Sanitation and Hygiene (WASH)</p> <p>Ensure that all children and their families directly impacted by COVID-19 have access to safe and affordable water and sanitation services, menstrual health management, and hygiene supplies, including menstrual supplies for girls and women.</p> <p>Three main areas of work:</p> <ul style="list-style-type: none"> • Hygiene. • Continuity and affordability of essential WASH services and products. • Infection Prevention and Control (IPC).⁵⁰

⁴³ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), April 2020.

⁴⁴ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Pages 4-7, April 2020.

⁴⁵ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Page 7, April 2020.

⁴⁶ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Pages 7-8, April 2020.

⁴⁷ [Updated COVID-19 Programme Approach and Prioritization Guidance Note](#), Pages 12-13, November 2020.

⁴⁸ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Pages 13-14, April 2020.

⁴⁹ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Pages 22 and 26, April 2020.

⁵⁰ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Page 16, April 2020.

<ul style="list-style-type: none"> • Nutrition
<p>Ensure access to nutritious and affordable diets, adequate nutrition services, life-saving emergency interventions and information on nutrition services and practices to protect, promote and support adequate nutrition.⁵¹</p>
<ul style="list-style-type: none"> • Education
<p>Ensuring the continuity of learning through remote learning or the safe return to improved school operations.⁵²</p>
<ul style="list-style-type: none"> • Social Protection
<p>Ensure the continuity of routine social protection measures and expand social protection programmes, especially cash transfers, for all children and their families directly impacted by COVID-19.⁵³</p>
<ul style="list-style-type: none"> • Child Protection
<p>Strengthen and scale up child protection and gender-based violence services to better protect all children and women at increased risk of violence, exploitation, abuse and neglect due to COVID-19.⁵⁴</p>
<ul style="list-style-type: none"> • Mental Health and Psychosocial Support
<p>Ensure that children, adolescents and caregivers have sustained access to continuous, scaled-up and quality mental health and psychosocial support services, including available help lines, virtual services and adapted one-to-one counselling.⁵⁵</p>
<ul style="list-style-type: none"> • Support for Parents and Caregivers
<p>Elevate parenting and caregiver support, including preventive support for caregiver mental health and emotional well-being, by strengthening enabling environments, supporting strengthened workforce capacities and integrated services, providing key resources and practical tools for parents/caregivers, promoting positive social and gender norms, caring for caregivers, and empowering parents for agency and social change.⁵⁶</p>

36. **Target groups:** In April 2020, UNICEF also set out its intended targeting approach, prioritising vulnerable groups with an additional focus on girls and women.⁵⁷ Specific groups identified were:

- Children living in high-density environments and slums.
- Children outside of family care or at risk of separation.
- Children deprived of their liberty.
- Children on the move (migrant, refugee and IDP children).
- Children living in conflict-affected and fragile settings.
- Children living with vulnerable parents or care providers.
- Children with disabilities.

⁵¹ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Page 14, April 2020.

⁵² [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Page 15, April 2020.

⁵³ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Pages 16-17, April 2020.

⁵⁴ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Page 17, April 2020.

⁵⁵ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Page 18, April 2020.

⁵⁶ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Page 23, April 2020.

⁵⁷ [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children](#), Pages 18-21, April 2020.

37. An internally-conducted Real Time Assessment, conducted in June 2021, found overall programmatic adaptation to pandemic conditions as follows: ⁵⁸
38. **Scaling up:** All regions reported an overall increase in the scale of delivery and coverage. Scaling up of both downstream and upstream programming was the most significant form of adaptation, which implied increasing coverage, including efforts to reach the most vulnerable, and procurement of essential supplies. UNICEF assumed a stronger role in ensuring implementation capacities, meaning some (non-COVID-related) programmes had to be scaled down or paused. Scaling down mostly occurred either because of lockdown impediments or to accommodate a new COVID-19-focused response (including reallocation of resources).
39. **Coverage:** In some countries the geography of interventions shifted, with coverage to new areas and vulnerable communities, such as indigenous communities in Venezuela, marginalized urban areas in Buenos Aires and Caracas. Some Country Offices set up COVID-19 response interventions in new sectors and geographical areas. However, in some countries and regions, the increase in geographic coverage was partly made possible by the suspension of ongoing programmes.
40. **Timeliness:** According to the RTA, regions self-reported that the response was broadly considered timely in all regions. At the same time, in almost every region the positive messaging around timeliness was tempered by reports of late delivery of supplies.
41. **Support to Vulnerable Groups** The RTA reported that UNICEF largely managed to continue supporting vulnerable groups during the pandemic. In particular, it found a focus on the situation of youth during COVID-19, with a mainstreaming approach adopted for example in the Europe and Central Asia region.
42. **Accountability:** The RTA flagged weaknesses in accountability to affected populations, with communities in some regions experiencing limited needs analysis and only a few examples of community feedback and programming/programmatic adjustment in response to feedback.

2.4 Funding

43. Funding for the COVID-19 response can be disaggregated through the global COVID-19 HAC appeals. Table 2 illustrates:

Table 2: Funding raised

Scope	Year	Appeal	Appeal volume	Percent funded	Volume raised	Flexible funding
COVID-19	2020	HAC COVID-19 Global Response. Revised July 2020 ⁵⁹	\$1.930 B	84%	\$1.620 B	\$150.5 M
	2021	HAC ACT-A ⁶⁰	\$969 M	45%	\$434 M	

⁵⁸ All findings from UNICEF (2021) Real-Time Assessment of the UNICEF Response to COVID-19: Global synthesis report, June 2021.

⁵⁹ As per **Error! Reference source not found.**, the volume appeal was progressively revised until July. The figures are extracted from: UNICEF (2021) UNICEF GLOBAL COVID-19 Final Report.

⁶⁰ By September 2021, UNICEF revised its ACT-A Humanitarian Action for Children (HAC) fundraising targets (stated through the HAC Global COVID-19 Chapeau) upward from \$659 million to \$969 million in response to the increase in global vaccine coverage targets set by the World Health Organization (WHO) and to support our expanded support in curbing the COVID-19

	2022	HAC ACT-A ⁶¹	\$933 M		\$343 M ⁶²	
General	2020	HAC 2020 ⁶³	\$6.315 B ⁶⁴	34%	\$2.16 B ⁶⁵	
	2021	HAC 2021 ⁶⁶	\$7.160 B ⁶⁷	31%	\$2.200 B	
	2022	HAC 2022 ⁶⁸	\$9.400 B			

44. The top five resource partners and flexible donors for 2020 are listed in Table 3⁶⁹:

Table 3. Top 5 COVID-19 resource partners and flexible donors, 2020

Resource partner	Emergency resources	Other	Flexible donor	Resources
1. Global Partnership for Education	-	\$236.7M	1. United Kingdom	\$25.2M
2. United States	\$164.7M	-	2. Germany	\$22.4M
3. United Kingdom	\$98.8M	\$22.3M	3. US Fund for UNICEF	\$16M
4. Japan	\$112.2M	-	4. CERF	\$16M
5. World Bank	\$82.2M	\$2.9M	5. COVID-19 Solidarity Response Fund	\$10M

45. Of dedicated resources for COVID-19 raised through the HAC COVID-19 Global Response, 64% was allocated to governments, 22% to national NGOs and/or Red Cross/Crescent National societies and 14% to international NGOs⁷⁰.

46. The greatest volume of funds raised were allocated to West and Central Africa and Eastern and Southern Africa, which had the largest funding requirements, received the largest portion of support. Europe and Central Asia, and Latin America and the Caribbean experienced high funding gaps (Figure 5)⁷¹.

pandemic to more than 130 LMICs (Access to COVID-19 Tools Accelerator (ACT-A). Humanitarian Situation Report No. 3'). Figures are extracted from: UNICEF (2021) UNICEF Humanitarian Action for Children 2022. Overview.

⁶¹ The HAC ACT-A for 2020 is contained within UNICEF (2021) UNICEF Humanitarian Action for Children 2022. Overview.

⁶² According to [unicef.org/donors-and-partners](https://www.unicef.org/donors-and-partners), \$777 million had been received as of January 2022. The evaluation team interprets that \$434 M among them correspond to the funds collected through the HAC ACT-A 2021.

⁶³ Figures from: UNICEF (2019) UNICEF Humanitarian Action for Children 2021. Overview.

⁶⁴ The initial appeal (Dec. 2019) required a total funding of \$4.227 billion (UNICEF (2020) UNICEF Humanitarian Action for Children 2021. Overview). It was progressively expanded until November 2020.

⁶⁵ UNICEF (2021) 'Annual report on UNICEF humanitarian action' (p.14).

⁶⁶ Figures from: UNICEF (2021) UNICEF Humanitarian Action for Children 2022. Overview.

⁶⁷ When the 2021 HAC was launched, it appealed for US\$6.4 billion. By November 2021, the total humanitarian requirement rose to US\$7.16 billion (UNICEF (2021) UNICEF Humanitarian Action for Children 2022. Overview).

⁶⁸ See the appeal: UNICEF (2021) UNICEF Humanitarian Action for Children 2022. Overview.

⁶⁹ UNICEF (2020) UNICEF Humanitarian Action for Children 2021. Overview.

⁷⁰ UNICEF (2021) UNICEF GLOBAL COVID-19 Final Report.

⁷¹ Ibid.

Figure 5. COVID-19 Humanitarian Action for Children funds committed by geographic area, 2020

FUNDING STATUS*

*Funding status (USD) is based on funding received and allocated by region within the global HAC appeal as of the end of December 2020.

Regional offices/ Headquarters	2020 Requirement	Funding Received	Funding Gap	Gap in %
East Asia and the Pacific	\$162.0 M	\$146.8 M	\$15.1 M	9%
Eastern and Southern Africa	\$349.8 M	\$338.9 M	\$10.8 M	3%
Europe and Central Asia	\$149.0 M	\$81.3 M	\$67.7 M	45%
Latin America and the Caribbean	\$177.8 M	\$92.9 M	\$84.9 M	48%
Middle East and North Africa	\$356.9 M	\$324.5 M	\$32.4 M	9%
South Asia	\$294.0 M	\$231.8 M	\$62.1 M	21%
West and Central Africa	\$424.0 M	\$348.5 M	\$75.4 M	18%
Global coordination and technical support	\$16.7 M	\$45.3 M	-	0%
To be allocated		\$14.1 M**		0%
Total	\$1.93 bn	\$1.62 bn	\$0.30 bn	16%

**As of February 2021, these funds have been allocated to country offices and UNICEF's supply division for the COVID-19 response, including for delivery of PPE to countries to support the COVID-19 vaccine rollout.

47. In 2020, health, WASH and education were the top funded sectors. Flexible funding played a critical role in supporting sectors such as child protection and social protection, which struggled to attract support⁷².

3 Conducting the evaluation: Design and methodology

3.1 Key principles

48. The evaluation design employs four main operating principles, appropriate for UNICEF's response to the COVID-19 pandemic. Table 4 below explains them, and how they have informed the evaluation design.

Table 4: Operating principles

Principle	Explanation	Application to evaluation design
Flexibility	The need to adapt to the changing conditions of COVID-19 but also ensuring that the evaluation design reflects the need to be strategically and operationally flexible during the pandemic.	Woven into /adopted by the evaluation approach to date, e.g. the remote design. A flexible approach will be needed as the evaluation moves into implementation, particularly since the pandemic is far from over, particularly in UNICEF's countries of operation.
Transparency	To ensure that the evidence base for the evaluation is demonstrably sound and findings and conclusions can be accurately traced back to the evidence.	The systematic approach of the design should assure transparency and traceability of evidence from raw evidence through to analysis and drafting of findings and conclusions.
Systematic approach	To ensure methodological rigour, but also to reinforce the evaluation's	A fully systematic approach adopted, prioritising the use of structured tools

⁷² UNICEF (2020) UNICEF Humanitarian Action for Children 2021. Overview.

	credibility amid a wide range of stakeholders.	for data gathering and analysis. Section 3.10 provides further detail.
Minimal footprint	To reduce pressures on busy UNICEF staff and partners, particularly at country level, the evaluation needs to ensure that maximum value is gained from time spent with busy stakeholders.	The design seeks to ensure that available documentary data, and particularly the evaluative body of evidence set out in the ToR, is made maximum use of, and that time spent with UNICEF staff through remote contact is maximised for its value (e.g. high levels of preparation, to ensure that questions do not cover ground already available from documentation).
Prioritizing independence & impartiality	Critical to uphold the international standards of evaluation and ensure this study's credibility with its internal and external audience.	The evaluation is being conducted by an independent team, under the guidance of the independent Evaluation Office within UNICEF.

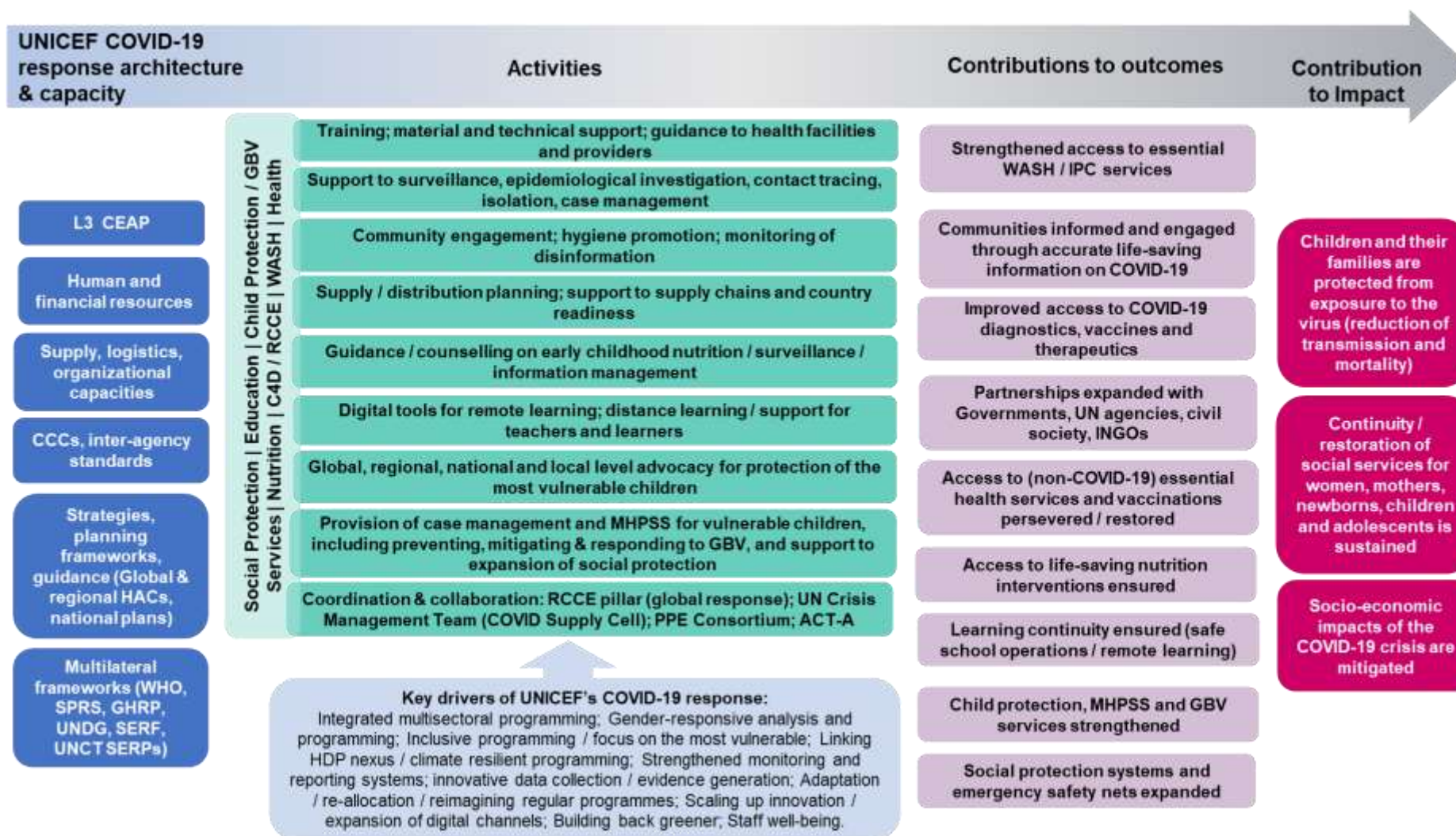
3.2 Conceptual basis

49. To support evaluability, and to ensure that the evaluation is coherent with the UNICEF strategic and operational context, the evaluation's conceptual basis will orient around six main features;
- i. Recognising that evaluating a corporate response such as that for COVID-19 requires a focus on alignment with the wider international context, in this case:
 - a. The international response of the GHRP, in which UNICEF was a key partner;
 - b. The Secretary General's Multi-Partner Trust Fund (MPTF), which was part of the UN-wide Socio-Economic Response to COVID-19, focused on addressing the immediate effects of the pandemic and identifying entry-points for recovery, geared to the Sustainable Development Goals.
 - c. National government responses, which are a major determining factor in shaping UNICEF's operational response at country and regional level.
 - ii. Understanding that, given the different ways in which COVID-19 unfolded across the countries and regions of the world, and highly varied national responses to it, UNICEF's response took place in a highly diverse environment. Accordingly, the conceptual basis for the evaluation needs to prioritise context in its data-gathering and analysis;
 - iii. Understanding that evaluating a corporate-level response requires an understanding of the culture of the organisation, including the drivers, incentives and barriers for operational adaptation – particularly for a highly decentralised organisation such as UNICEF
 - iv. Recognising that a corporate emergency response does not operate in a vacuum but is embedded in, and dependent for implementation on, the set of organisational structures and 'rules' that surround it within UNICEF
 - v. Making effort to reveal the gaps and tensions between organisational rhetoric of an emergency response and operational reality, particularly in highly decentralised organisations (such as UNICEF);
 - vi. Understanding that programmes or initiatives undertaken to respond to the pandemic are not just contributors to, or a litmus test for, COVID-19 response, but are also sources of advice and information for the future design of large-scale L3 and pandemic responses.

3.3 Logic model

50. The Terms of Reference present a draft ‘pathway to outcomes’ for the evaluation, sets out the main building blocks of the UNICEF response to COVID-19, as of May 2021, and creates connections between them. The evaluation team has reviewed this model against the L3 CEAP and programmatic guidance from April and November 2020 and found it to be – thus far – mostly an accurate theoretical representation of the intended pathways of change. With some minor amendments, therefore, it is represented below.

Figure 6: Logic model for COVID-19 response



Source: UNICEF Evaluation Office, adapted by Evaluation team

3.4 Evaluation criteria

51. The study will apply UNEG norms and standards for evaluation in full. Five key evaluation criteria will be addressed as follows (Table 5):

Table 5: Evaluation criteria

Criterion	Definition for the evaluation
Appropriateness	The extent to which UNICEF’s Level 3 response responded to the needs of children and other intended beneficiaries, including those of affected populations. The degree of adaptability to meet changing needs over time.
Effectiveness	The delivery of intended results for the COVID-19 Level 3 emergency response, including for vulnerable communities and children/gender equality and the empowerment of women and girls.
Efficiency	The degree to which funds were mobilized, (re)allocated and used to support the COVID-19 response
Coherence/Co-ordination	The extent to which UNICEF’s humanitarian assistance engaged, and was aligned with, the assistance of its partners, including national governments, UN and civil society partners, particularly through the GHRP
Connectedness	The extent to which the UNICEF response to the COVID-19 pandemic has contributed to strengthening national and local preparedness and response efforts.

3.5 Evaluation questions

52. The initial set of evaluation questions presented in the ToR is available at Annex 1. The Inception Phase, in reviewing initial documentation and generating the logic model, finds that no adaptation is required, though questions 5 and 9 are implicative – that is, they arise from questions 4 and 8 respectively. However, they are retained here to ensure sufficient focus during analysis and reporting. Additionally, effectiveness and efficiency have been separated for greater conceptual and analytical clarity.

53. The full set of evaluation questions, aligned against the contextualised evaluation criteria set out in section 3, are as follows (Table 6):

Table 6: Evaluation questions aligned to criteria

Appropriateness	<p>1. How well aligned has UNICEF’s response to COVID-19 been with the needs of countries and affected populations, especially the most vulnerable?</p> <p>2. How well have UNICEF’s preparedness efforts supported the delivery of this response?</p> <p>3. How well have gender, disability, age, AAP and human rights standards and commitments been integrated in the COVID-19 response?</p>
Effectiveness	<p>4. How effectively has UNICEF responded to the COVID-19 pandemic?</p> <p>5. What have been the key results, successes and areas that require strengthening in UNICEF’s programmatic and operational response to the COVID-19 pandemic?</p> <p>6. To what extent have UNICEF’s management systems/ structures, resources and procedures (including the L3 CEAP) supported a flexible, timely and effective response?</p>
Efficiency	7. How efficiently were funds mobilized, (re)allocated and used?

Coherence/Co-ordination	<p>8. How effective has UNICEF been with regards to collaborating and coordinating with partners (other UN agencies, governments and civil society organizations) in responding to the COVID-19 pandemic?</p> <p>9. What were UNICEF’s key areas of strength and weakness in coordinating with these partners?</p>
Connectedness	<p>10. To what extent has the UNICEF response to the COVID-19 pandemic contributed to strengthening national preparedness and response efforts?</p> <p>11. How well has UNICEF ensured linkages with, ownership and strengthening of local partnerships across the response?</p>

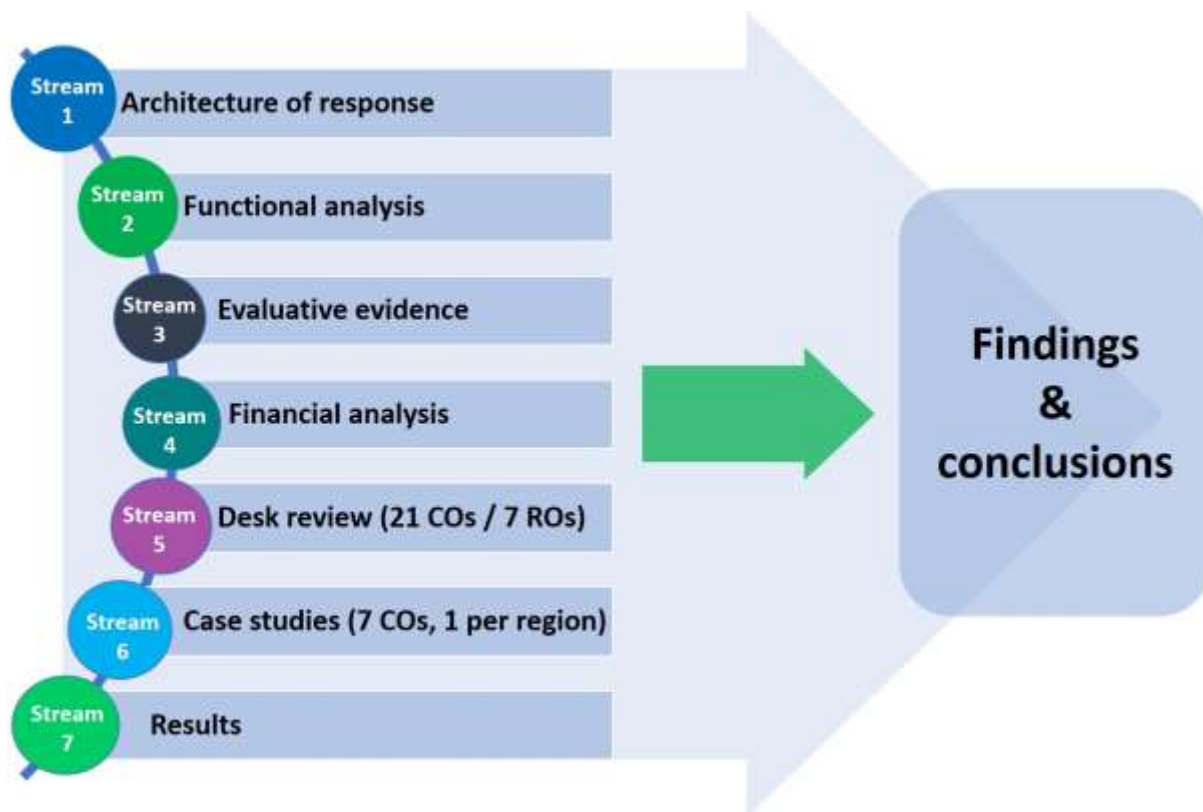
3.6 Evaluation matrix

54. The Evaluation Matrix forms the ‘spine’ of the evaluation. It provides the main analytical framework against which data will be gathered and analysed. It is shaped around the evaluation questions and embeds the criteria above. All other enquiry tools, such as interview guides and the field study template, are geared towards it.
55. The full Matrix, aligned to the key issues which the evaluation will explore, as well as indicators, methods, data sources and means of analysis, is presented at Annex 2. The evaluation criteria above are embedded within it.
56. The second column of the Matrix presents a series of qualitative indicators by which progress / performance can be assessed provided that evidence is available. The third column sets out the methods which will be applied (though as always these remain a statement of intent at design stage); and the fourth the data sources which will be applied.
57. The indicators, methods and data sources included in the Matrix are based on the early review of data during the Inception phase, experience from other similar studies and a review of available data. These may be changed or compressed if data is unavailable or unreliable. Methods are set out per evaluation question, and the forms of triangulation between them made clear.

3.7 Sources of evidence

58. The evaluation will be conducted remotely, as per the ToR, given current travel constraints and future unpredictability. The overall design of the evaluation is built on seven data streams (Figure 6 below), combining quantitative and qualitative data applied to the evaluation matrix to answer the evaluation questions but with a particular focus on evaluative, research and assessment evidence available. Procedures for analysis are explained in section 3.11 below.

Figure 7: Evidence streams



Source: Evaluation team

59. The following describes the content of each data stream, each of which cuts across the evaluation questions, allowing for triangulation between and across streams.

- Stream 1: Strategic and programmatic architecture for responding to COVID-19** This stream will analyse the corporate architecture for responding to the COVID-19 pandemic including the L3 CEAP, at strategic level. It will comprise largely a technical analysis of the strategic and programmatic architecture put in place and interviews with key stakeholders, including UNICEF senior management and external stakeholders. It will examine UNICEF's strategic and programmatic role within the wider international response, including (but not limited to) the GHRP and the UN's Response and Recovery Multi-Partner Trust Fund (MPTF) for the COVID-19 response.
- Stream 2: Functional analysis:** This area of enquiry will complement evaluative evidence by examining key corporate functions, such as Supply Division, Human Resources, Internal Audit, Public Partnerships and Results Management to explore their adjustment to COVID-19, to assess the extent to which UNICEF business practice adapted to pandemic requirements. It will also include interviews with key stakeholders, mainly internal to UNICEF and analysis of surveys conducted of staff
- Stream 3: Meta-analysis of evaluative evidence:** This stream lies at the heart of the evaluation. It will apply the requested (by the ToR) systematic mapping and analysis of evaluation reports, reviews and assessments undertaken by HQ, Regional Offices and Country Offices on the topic of COVID-19. The body of evidence is extensive, and includes 2 rounds of the COVID-19 Learning Evaluation; the Real-Time Assessment (RTA) of the response to COVID-19 at country level; the Community Rapid Assessments; and the Rapid Review of Global Social Protection Responses to the COVID-19 Pandemic and others.⁷³ This stream will extract findings on the

⁷³ All UNICEF evaluations undertaken during 2020 and 2021 contain a module on learning from COVID-19.

implementation of Streams 1 and 2 in practice, while also seeking to distil patterns and themes across the body of evidence.

- **Stream 4: Financial analysis** This stream will assess UNICEF financial data for the response, including resource requests and volumes raised. It will track contributions and allocations over the period 2020-end 2021, to identify whether and how patterns have changed in response to the pandemic.
- **Stream 5: Desk reviews:** To add depth to streams 1-4 above, and particularly to complement Stream 3, the systematic mapping of evaluative evidence, a structured data sample from a broad sample of 21 UNICEF country programmes (three per region) will be systematically reviewed. The data sample will include country Situation Reports, Country Office annual plans and Annual Reports for 2020 and 2021. Annual plans and reports from the 7 Regional Offices will also be reviewed. The analysis will include assessment of UNICEF’s partnering in the wider response at country level.
- **Stream 6: ‘Case study’:** Once evaluative evidence has been mapped and wider desk reviews conducted, this stream will seek to deepen the light enquiry undertaken through desk study, taking a defined sample of seven country programmes (additional to Stream 5 above, selecting one Country Office per region, stratified for poverty and development context, UNICEF programmatic size, etc). It will analyse UNICEF situation reports, the degree of adaptation to COVID-19, programmatically and strategically, as well as preparedness and results generated. It will assess alignment with the diverse national responses to COVID-19 and UNICEF’s programmatic response within the international frameworks for responding to COVID-19. Interviews will be conducted with a small sample of staff in these contexts. ‘Case studies’ will not be as in depth as a full country visit would allow, and will not result in discrete reports, but rather findings will be integrated into the analysis as a whole (see section 3.11).
- **Stream 7: Results** This stream will assess UNICEF corporate results during the pandemic, including reviewing sectoral monitoring and performance data and regional-level results. It will analyse corporate results from 2019, 2020 and 2021 to assess performance changes during COVID-19.

3.8 Data collection methods

60. Within each stream of evidence, the evaluation will apply a mixed-method approach to maximise validity and reliability. A systematic approach will be prioritised, so that findings are fully traceable to the evidence. This will be applied through the use of structured tools. Key anticipated methods and data sources are set out in full in the Evaluation Matrix but are summarised in Table 7:

Table 7: Identified methods

Evaluation criteria/question	Identified methods
<p>Appropriateness</p> <p>1. How well aligned has UNICEF’s response to COVID-19 been with the needs of countries and affected populations, especially the most vulnerable?</p> <p>2. How well have UNICEF’s preparedness efforts supported the delivery of this response?</p> <p>3. How well have gender, disability, age, AAP and human rights standards and commitments been integrated in the COVID-19 response?</p>	<ul style="list-style-type: none"> • Technical analysis of strategic and programmatic architecture for responding to COVID-19, including the L3 CEAP • Meta-analysis of evaluative and other evidence • Desk reviews of a sample of 21 UNICEF Country Offices/regional offices • Case study of 7 UNICEF Country Offices • Interviews with UNICEF management and staff at HQ, country and regional level
<p>Effectiveness</p>	<ul style="list-style-type: none"> • Meta-analysis of evaluative and other evidence

<p>4. How effectively has UNICEF responded to the COVID-19 pandemic?</p> <p>5. What have been the key results, successes and areas that require strengthening in UNICEF's programmatic and operational response to the COVID-19 pandemic?</p> <p>6. To what extent have UNICEF's management systems/ structures, resources and procedures (including the L3 CEAP) supported a flexible, timely and effective response?</p>	<ul style="list-style-type: none"> • Technical analysis of strategic and programmatic architecture for responding to COVID-19, including the L3 CEAP • Analysis of functional areas including staff surveys • Desk review of 21 UNICEF country/regional offices • Case study of 7 UNICEF country offices • Analysis of corporate and programmatic results • Semi-structured interviews with staff and management, at HQ, regional and country level
<p>Efficiency</p> <p>7. How efficiently were funds mobilized, (re)allocated and used?</p>	<ul style="list-style-type: none"> • Analysis of UNICEF financial data for the response • Meta-analysis of evaluative and other evidence • Desk review of 21 UNICEF country/regional offices • Case study of 7 UNICEF country offices • Semi-structured interviews with staff and management, at HQ, regional and country level
<p>Coherence/Connectedness</p> <p>8. How effective has UNICEF been with regards to collaborating and coordinating with partners (other UN agencies, governments and civil society organizations) in responding to the COVID-19 pandemic?</p> <p>9. What were UNICEF's key areas of strength and weakness in coordinating with these partners?</p>	<ul style="list-style-type: none"> • Meta-analysis of evaluative and other evidence • Strategic and programmatic analysis of UNICEF's role in the GHRP and other international instruments such as the MPTF for the COVID-19 response • Desk review of 21 UNICEF country/regional offices • Case study of 7 UNICEF country offices • Analysis of corporate results • Semi-structured interviews with staff and management, at HQ, regional and country level
<p>Connectedness</p> <p>10. To what extent has the UNICEF response to the COVID-19 pandemic contributed to strengthening national preparedness and response efforts?</p> <p>11. How well has UNICEF ensured linkages with, ownership and strengthening of local partnerships across the response?</p>	<ul style="list-style-type: none"> • Meta-analysis of evaluative and other evidence • Desk review of 21 UNICEF country/regional offices • Case study of 7 UNICEF country offices • Semi-structured interviews with staff and management, at HQ, regional and country level

61. These methods have been selected because:

- They are appropriate for the analysis of a corporate emergency response at global level
- They place an appropriate emphasis (as requested in the ToR) on the use of evaluative and other evidence already available;
- They allow a focus on both the institutional and programmatic aspects of the UNICEF response to COVID-19
- On the basis of data reviewed during the Inception Phase, they are feasible to implement
- Combined, they form a relatively effective means of triangulation
- They allow for a combination of both secondary and primary data, to maximise validity and reliability

62. **Sequencing** As noted in the ToR, the sequencing of methodology implementation is important both for efficiency, and in order not to impose unnecessary burdens on stakeholders. Therefore, all documentary analysis, including meta-analysis of evaluations and other research and assessments, will be conducted first, before interviews are requested and conducted. Section 4.1 maps out the evaluation timeline in more detail.

63. **Stakeholder perspectives** Inclusion of stakeholder perspectives is important to ground the evaluation within the UNICEF institutional context; for triangulation and validation purposes; and for ensuring institutional ‘traction’ for a high-profile study. Since it is to be conducted remotely, the evaluation cannot conduct primary data collection directly with all partners, but will adopt the following methods to integrate their perspectives into the evaluation, as per Table 8:

Table 8: Integrating stakeholder perspectives

	Primary	Secondary
UNICEF Headquarters	Via the .COVID-19 Secretariat Through interviews and consultations at HQ, including the proposed Recommendations workshop.	Meta- analysis of evaluative and other evidence
UNICEF regional and country-level staff	Through interviews with a structured sample of staff	Meta- analysis of evaluative and other evidence
UN partners	Through interviews with a structured sample	
Donors	Through interviews with a structured sample	
National government		Meta- analysis of evaluative and other evidence
Co-operating partner		Meta- analysis of evaluative and other evidence
Recipients of UNICEF services/affected communities		Meta- analysis of evaluative and other evidence

64. In particular, as a corporate-level evaluation, the study is not designed as a large-scale collection of beneficiary perceptions. Beneficiary perceptions will therefore be integrated mainly through the use of secondary data (evaluations, studies etc) which have had the opportunity to collect beneficiary perceptions more widely (e.g. those based on detailed surveys).

3.9 Sampling

65. **Evaluation coverage** Given its scale and breadth, the evaluation cannot aim to be fully comprehensive. The methodology, however, provides for reasonable coverage of the COVID-19 response given UNICEF’s decentralised organisational arrangements particularly given its emphasis on evaluation and other evidence mapping. This includes coverage of 7 UNICEF Regional Offices, 21 UNICEF Country Programmes and seven

further Country Offices selected for case study. Overall, this will allow for a minimum of 28 countries and all 7 Regional Offices to be reviewed in varying levels of depth.

66. Sampling criteria (see Annex 3) have sought to ensure coverage of diverse contexts, including country development status (income status/Human Development Index), gender and development status (Gender and Development Index), governance environments, scale of UNICEF programming, fragility and conflict status (World Bank list of fragile and conflict-affected states 2021).
67. The resulting sample for desk study represents a spread of contexts across these parameters. Tables 9 and 10 present the Country Offices selected for desk review and case study respectively (see Annex 3 for more detail):

Table 9: Sample for desk review

East Asia and Pacific	Cambodia	Middle East and North Africa	Yemen
	Myanmar		Sudan
	DPRK		Iraq
Eastern and Southern Africa	Tanzania	South Asia	Afghanistan
	Somalia		Nepal
	Zimbabwe		Bangladesh
Europe and Central Asia	Turkey	West and Central Africa	Sierra Leone
	Uzbekistan		Niger
	Greece		DRC
Latin America and the Caribbean	Colombia		
	El Salvador		
	Haiti		

Table 10: Sample for remote case study

East Asia and Pacific	Lao People's Democratic Republic	Middle East and North Africa	State of Palestine
Eastern and Southern Africa	Burundi	South Asia	Pakistan
Europe and Central Asia	Kazakhstan	West and Central Africa	Ghana
Latin America and the Caribbean	Peru		

68. Contextual diversity, applying the parameters above, across these contexts is set out in Table 11:

Table 11: Sampling parameters applied (as per available data)⁷⁴

Income status	High	Upper middle	Lower middle	Low	
	1	5	11	9	

⁷⁴ Some country level data unavailable (see Annex 3)

HDI	0.8 and above	0.5-0.79	0 – 0.49		
	3	16	5		
GDI	0.8 and above	0.5-0.79	0 – 0.49		
	18	6	1		
UNICEF programme size (USD)	≥ USD 150m	USD 100-149.99m	USD 50-99.99m	USD 19.99-49.99m	USD ≤20m
	8	3	2	9	6
Conflict status	Conflict-affected	Non-conflict affected			
	15	13			

3.10 Structured tools

69. To support analysis against the Evaluation Matrix, individual structured tools have been prepared for three key streams of evidence (see Annex 4 ‘Analytical Templates’), namely for functional area analysis, desk study analysis and case study analysis respectively. The tools also support the transparency and traceability of evidence, to ensure that findings and conclusions are systematically generated.

3.11 Analysis and validity/reliability

70. The credibility of the evaluations relies on valid and reliable findings. The evaluation design ensures this in four specific ways:

- i. By applying the Evaluation Matrix as the main analytical spine for the evaluation;
- ii. Through the use of structured tools, geared in turn to the evaluation matrix, to ensure systematic data collection;
- iii. Ensuring the use of triangulation mechanisms and meta-level analysis at synthesis stage;
- iv. Adopting a consultative approach, so that findings are well-grounded and reflective of the institutional context.

71. Analysis will take into account the diverse national environments within which COVID-19 responses have been implemented, and findings and conclusions will respect this diversity.

72. Operationally, analysis will take place through the following process:

- i. Once the composite body of evidence is in place, a core template for analysis –geared to the Evaluation Matrix- will also be drawn up;
- ii. Across the analytical fields, which are drawn from the Evaluation Matrix, common trends, contradictions and differences will be sought out and explored;
- iii. The different pathways of contribution at different levels of results will be tracked, identified and triangulated;
- iv. Explanatory factors related to the internal environment, Policy design and implementation and external environment will be assessed;
- v. Data gaps will be transparently reported.

73. Specific analytical techniques to be applied include (Table 12):

Table 12 Analytical processes

Individual data streams	Meta-analysis
<ul style="list-style-type: none"> • Patterns of UNICEF’s strategic and operational response to COVID-19 will be identified in relation to the logic model • Explanatory factors will be identified, particularly as they relate to UNICEF’s decision making and results achieved (but reflecting also the wider sociopolitical environment within which the response took place); • When all the data is plotted into the analytical tools, common patterns, contradictions and areas of difference will be sought out and explored (with country responses not directly compared, given diversity of operating conditions) • Findings will be calibrated to the strength of the evidence, with limitations or gaps transparently reported. 	<p>The evaluation team will come together at analysis stage to ensure full consolidation of evidence against the evaluation matrix; and to confirm/debate emerging analytical themes.</p> <p>Findings at the different levels of the logic model will be identified and tracked; and evidence gaps transparently reported.</p> <p>Triangulation methods will include:</p> <ul style="list-style-type: none"> • <i>Investigator triangulation</i>, or the use of different team members to explore the same aspect of the evaluation, particularly across the different contexts studied, to ensure that findings are fully endorsed by all team members rather than being the ‘province’ of one particular evaluator; • <i>Methodological triangulation</i> (the use of different methods to explore the same aspect, and the use of multiple sources of data). <p>Validation will also take place through dialogue with key stakeholders, with findings tested, nuanced and discussed with the evaluation’s interlocutors (particularly the Evaluation Office and the study’s Reference Group) throughout the evaluative process, and particularly at validation/recommendations stage (see section Error! Reference source not found. below). The focus of these workshops will be on testing and refining preliminary conclusions and recommendations, and considering how any strategic recommendations for UNICEF may be implemented.</p>

74. **Validity and reliability** The evaluation design minimises threats to validity in three ways:

- Firstly, and primarily, through the use of a systematic approach, to which the Evaluation Matrix (above) is key. Plotting sources of evidence onto a core tool, and applying all data collection tools and instruments to this will ensure systematic and rigorous data collection. For example, the desk and case study of 28 Country Offices will take place against the case study analytical tool provided in Annex 4 which emphasises triangulation, verification, and explanations (‘how’ and ‘why’ questions);
- Secondly, an emphasis on triangulation and the use of multiple sources of data - this is particularly important given the contextual diversity of COVID-19’s unfolding and national responses to it;
- Thirdly (and also linked to credibility) the adoption of a consultative approach, with findings validated on an on-going basis with key stakeholders (section 4.3 below).

75. Methods for ensuring validity and reliability at analysis stage will include:

- *Triangulation* – to confirm and corroborate results reached by different methods – e.g. confirming that the explanations for results achievement reflected in Country Office Annual Reports are reflected in evaluative evidence.
- *Complementarity* - to explain and understand findings obtained by one method by applying a second. E.g. explaining and understanding sectoral programming at HQ level with fieldwork
- *Interrogation* - where diverging results emerge from the application of different methods, these will need to be interrogated to either reconcile, or explain, the apparent differences.

3.12 Ethical standards

76. The evaluation team are committed to the application of human rights and gender equality-sensitive processes during evaluation implementation. The study will be conducted in accordance with UNEG’s Ethical Guidelines and Code of Conduct as well as with UNEG’s Guidance on Human Rights and Gender Equality in Evaluation. This will take place through the following mechanisms:

- Respecting gender and human rights principles throughout the evaluation process, including: the protection of confidentiality; the protection of rights; the protection of dignity and welfare of people; and ensuring informed consent. Feedback will be provided to participants wherever possible, and data validation will take place at all levels with participant consent.
- Maximising the degree of participation of stakeholders in the evaluation itself wherever feasible, notwithstanding the required remote approach;
- Ensuring that the evaluation matrix integrates gender and human rights concerns;
- Disaggregating data by gender and social group where feasible
- Ensuring that evaluation outputs use human-rights and gender-sensitive language

77. Table 13 provides information on the specific standards to be applied:

Table 13 Ethical standards

Conflict of interest	The evaluation employs a fully independent team. Evaluation team members have no connection with the design or implementation of UNICEF’s COVID-19 response.
Honesty and integrity	Evaluation team members commit to adherence to the UNEG Code of Conduct, and to accurately presenting procedures, data and findings, including ensuring that the evaluation findings are transparently generated, have full integrity and are unbiased.
Respect for dignity and diversity	The evaluation team will respect differences in culture, local customs, religious beliefs and practices, personal interaction, gender roles, disability, age and ethnicity, whilst evaluation instruments (e.g. the structured tools created) are appropriate to the cultural setting.
Rights of participants	Prospective interviewees will be given the time and information needed to decide whether or not they wish to participate. Informed consent will be sought in all cases.
Anonymity and confidentiality	All those providing information for the evaluation will be informed how that information will be used and how their participation will be reflected (e.g., how their anonymity will be ensured). Evaluation team members will respect people’s right to provide information in confidence and make participants aware of the scope and limits of confidentiality.

Avoidance of harm	The evaluation team will seek to minimise risks to, and burdens on those participating in the evaluation; for example, by ensuring during case study that discussion is fully confidential and that data cannot be traced to any individual staff members or UNICEF partner.
Data protection	All data generated by the evaluation team remains internal to the evaluation and will not be shared without the express consent of participants and the UNICEF Evaluation Office.

3.13 Risks and mitigation

78. Anticipated risks and proposed mitigation strategies are presented in Table 14 below. Assumptions which the evaluation will make from the outset are also captured.

Table 14 Risks, limitations and assumptions

Risk	Potential mitigation
Limited meaningful engagement by UNICEF stakeholders	<ul style="list-style-type: none"> • Communication throughout, to ensure that opportunities for consultation and engagement are provided (from Evaluation Office/the evaluation team as required), including consultation/opportunities for feedback on evidence products, on the emerging narrative and draft evaluation report. • Adapting approach to any opportunities for learning / communication as they evolve e.g. around emerging findings (May 2022)
Overburdening busy staff	<ul style="list-style-type: none"> • Ensuring that interviews are conducted once full desk review is complete, so that maximum value is achieved from interview; selectively identifying key stakeholders for interview in order that maximum data is generated from each individual interview
Relevance – the response is unfolding very rapidly, and the evaluation report may risk being outdated by the time it is presented to UNICEF’s Executive Board	<ul style="list-style-type: none"> • Focusing the evidence as much in real time as feasible, and capturing the pattern of evolution in UNICEF’s response since February 2020
Inability to travel for case studies	<ul style="list-style-type: none"> • Conducting remote interviews with both UNICEF and, if feasible, external stakeholders within the country. Reviewing as many secondary sources as available from the country such as other agency evaluations, assessments etc
Inconsistent availability of data across case studies	<ul style="list-style-type: none"> • The use of a fully systematic and structured approach to reduce inconsistency • Calibrating country-level findings to the strength of the available evidence • Transparently reporting data gaps where these arise at analytical level.
Assumptions	
<ul style="list-style-type: none"> • Availability of UNICEF and partner interlocutors, the Reference Group and other key staff and partners targeted for meetings. • UNICEF teams in case study contexts support the evaluative process by being available for interview; by helping identify key partners to interview; and by providing documentation as required. 	

- The evaluation team has the freedom to arrange for additional interviews with external stakeholders throughout the study if required.

4. Organisation of the Evaluation

4.1 Sequencing and timing [Error! Bookmark not defined.](#)

79. The evaluation will be organised according to the following indicative schedule (Table 15):

Table 15: Evaluation schedule

Dates (2019)	Phase	Specific activities	Team	Deliverable
January 2022	Inception	Team and EO meeting Initial review of documentation Preparation of evaluation design Preparation of Inception Report	All Team leader with support from team members	Inception report – January 31st
February-April 2022	Main enquiry	<ul style="list-style-type: none"> • Desk study (February 2022) • Corporate analysis (February 2022) • Case study and interviews (March-April 2022) 	All	Fully completed analytical templates by end March 2022; case studies (by end April 2022)
May-June 2022	Analysis and Emerging findings preparation drafting	<ul style="list-style-type: none"> • Team analysis meeting: April 2022 • Emerging findings: May 2022 • Report draft: End June 2022 	All	Production of draft report –
July 2022	Revision	<ul style="list-style-type: none"> • Revision of final report in response to UNICEF comment and quality assurance processes 	Team leader supported by team members	Production of final report by end July 2022

80. Interaction and debriefing will take place at various points e.g.: with Evaluation Office and the Reference Group as requested by UNICEF; once case study is complete (end April 2022); and at any further points requested by UNICEF. Further interactions will be conducted as deemed necessary throughout the evaluation period.

4.2 Division of labour

81. The evaluation will be conducted by five team members. Anticipated roles and responsibilities are as follows (Table 16):

Table 16: Division of labour

Who	Responsibilities
Team Lead: Julia Betts	Overall team lead and management; methodology design; drafting of main outputs; leading mapping of evaluative and other evidence; responsible for analysis of 1 desk study and 3 RO analyses
Team Member: Hisham Khogali	Supporting methodology design and drafting of main outputs; supporting evaluative and other evidence mapping; State of Palestine and Ghana case study lead; responsible for 5 desk studies and 1 RO analysis
Team Member: Elizabeth Harrop	Supporting methodology design and drafting of main outputs; supporting evaluative and other evidence mapping; South Sudan and Pakistan case study lead; responsible for 5 desk studies and 1 RO analysis
Team Member: Nicolas Ayensa	Supporting data analysis; Peru case study lead: responsible for 5 desk studies and 1 RO analysis; supporting drafting of main outputs.
Team Member: Daniela Hernandez Salazar	Supporting data analysis; case study lead for Lao PDR and Kazakhstan; supporting evaluative and other evidence mapping; responsible for 5 desk studies and 1 RO analysis; supporting drafting of main outputs.

82. Internally, individual team members are not solely dedicated to ‘their’ specific case study or area of expertise but understand their role as contributing to the overall construction of the evaluation, including the analysis and the resulting evaluation report. This requires close working among the team and the use of regular (virtual) team meetings, particularly at analysis stage.

4.3. Validation/consultation with stakeholders

83. Two main validation points will take place with key stakeholders, as follows:

- An Emerging Findings workshop on initial findings, conclusions and preliminary recommendations, to support validation and learning (tentatively scheduled for May 2022, TBC). The workshop will also discuss the operationalisation of the preliminary recommendations, in order that they end up being as concrete and useful for UNICEF as possible.
- Presentation of the evaluation findings once the report is finalised, dates tbc as preferred by Evaluation Office (from July 2022).

84. Participants for the validation meetings will include: Evaluation Unit, the evaluation’s Reference Group, other relevant staff/stakeholders, the Team Leader and team members as appropriate.

4.4 Evaluation outputs

85. The evaluation will have a single main output, namely an evaluation report. This will present the overarching findings, conclusions and recommendations of the evaluation, based on the methodology and evidence base presented in sections 3.7-3.10. Indicatively, this will be structured as follows (though adaptation may take place following data gathering and analysis) (Table 17):

Table 17 *Indicative structure of the evaluation report*

Summary - Key Findings, Conclusions and Recommendations
1.Introduction
2. Evaluation context (global context for COVID-19; UNICEF institutional environment)
3.The evaluation object: UNICEF’s response to COVID-19
4.Findings <ul style="list-style-type: none"> • How relevant was the UNICEF response to COVID-19? • How effective was its response? • How efficient was its response? • How coherent was its response with national needs and the international response? • How connected was the UNICEF response in relation to local preparedness and response efforts?
5.Conclusions
6.Recommendations
Annexes

86. The evaluation report will be kept clear, concise and consistent, following UNICEF evaluation guidelines, without the use of jargon or excessive acronyms. The final report will be delivered in Word-format (Microsoft Word 2010) with all the tables and pictures separately in their original formats to aid publication. As a safeguard for independence and quality, the evaluation team request review of any copy-editing process undertaken by UNICEF.