



# Assessment UNICEF General Response to COVID -19 in South Asia

## Inception Report

**March 2023**

United Nations Children Fund, Regional Office for South Asia  
(UNICEF- ROSA)

# Table of Contents

## Contents

Table of Contents .....	8
List of abbreviations.....	10
1.0. Background and Context.....	12
1.1. Background .....	12
1.2. UNICEF's COVID19 Response and Fund-Raising Efforts .....	12
1.2.1. Evolution of UNICEF's COVID19 Response .....	12
1.2.2. Strategic Frameworks for Fundraising .....	13
1.3. UNICEF Role Within the Wider International Response.....	14
1.4. Gender Aspects of the UNICEF COVID-19 Response.....	15
2.0. Rationale and Purpose for the Assessment .....	15
2.1. Rationale .....	15
2.2. Purpose of the Assignment.....	16
3.0. Objectives and Scope of the Assignment.....	16
3.1. Objectives for the Assessment of UNICEF's COVID-19 general response .....	16
3.2. Scope of the Assignment.....	17
3.2.1. Sectoral Scope .....	17
3.2.2. Geographic Scope.....	17
3.2.3. Timeframe.....	17
3.3.4. Relationship to other evidence-generating activities.....	17
4.0. Methodology .....	17
4.1. Methodology - Assessment of the UNICEF COVID-19 general response.....	17
4.2 Evaluation matrix and questions .....	19
4.2.1. Data and Data Collection Methods .....	22
4.3 Sampling and data collection .....	22
4.3.1 Sampling strategy .....	22
4.3.2 Data collection tools.....	23
4.3.3 Data analysis .....	23
4.3.4 Data Triangulation.....	23
4.4 Gender, disability, equity and human rights .....	23
4.5. Assignment Norms and Ethical Considerations.....	24
5.0. Quality Assurance .....	24
6.0. Workplan Deliverables.....	26
6.1. Inception and Implementation Phase .....	26
6.3.2 Implementation Phase.....	27

7.1. Assessment Framework .....	29
7.2. Overall Assessment Matrix .....	30
7.3. Data collection tool – Perception survey questionnaire .....	33
7.4. Data collection tool – KII guide/checklist .....	38
7.5. List of Documents to be Reviewed.....	44
7.6. List of Respondents for KIIs and Perception Survey .....	46

## List of abbreviations

AAP	Accountability to Affected Populations
ADB	Asian Development Bank
ADAP	Adolescent Development and Participation
C4D	Communication for Development
CBE	Community Based Education
CBO	Community-Based Organization
CCC	Core Commitments for Children
CEAP	Corporate Emergency Activation Procedure
CFT	Child and Family Tracker
CMT	Crisis Management Team
CO	Country Office
COAR	Country Offices Annual Reports
COVID-19	Coronavirus Disease
CP	Child Protection
CSO	Civil Society Organization
CSSR	COVID-19 School Sector Response
CWD	Children with Disabilities
DPE	Directorate of Primary Education
DSHE	Directorate of Secondary and High Education
EHS	Essential Health Services
EiE	Education in Emergency
EISR	Early Identification and Safe Referrals
EPI	Expanded Programme on Immunization
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussions
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-Based Violence
GBViE	Gender-Based Violence in Emergency
GMP	Growth Monitoring and Promotion
GPE	Global Partnership for Education
HAC	Humanitarian Action for Children
HCFs	Health Care Facilities
HCT	Humanitarian Country Team
HPM	Humanitarian Programme Monitoring
HRBAP	Human Rights Based Approaches
IFI	International Financial Institutions
ILO	International Labour Organization
IM	Information Management
IMST	Incident Management Support Team
INGO	International Non-Governmental Organization
IP	Implementing Partner
IPC	Infection Prevention and Control
IPV	Intimate Partner Violence
KEQ	Key Evaluation Questions
KI	Key Informants
KII	Key Informant Interview
L3	Level 3
LTA	Long Term Agreement
MCH	Maternal and Child Health
MHPSS	Mental Health and Psychosocial Support

MHT	Mobile Health Team
MoCC	Ministry of Climate Change
MoE	Ministry of Education
MoH	Ministry of Health
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
OECD-DAC	Organization for Economic Cooperation and Development - Development Assistance Committee
PHC	Primary Health Care
PHEIC	Public Health Emergency of International Concern
PPE	Personal Protective Equipment
PS	Perception Survey
PSEA	Prevention of Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
RO	Regional Office
ROSA	Regional Office for South Asia
RTA	Real-Time Assessment
RTE	Real-Time Evaluation
SA	South Asia
SAM	Severe Acute Malnutrition
SAR	South Asia Region
SBC	Social and Behaviour Change
SBCC	Social and Behavioral Change Communication
SDG	Sustainable Development Goals
SitRep	Situation Reports
SitAn	Situational Analysis
SOP	Standard Operating Procedures
SPRP	Strategic Planning for Response Plan
TOR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and Empowerment of Women
VAWC	Violence Against Women and Children
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

# 1.0. Background and Context

## 1.1. Background

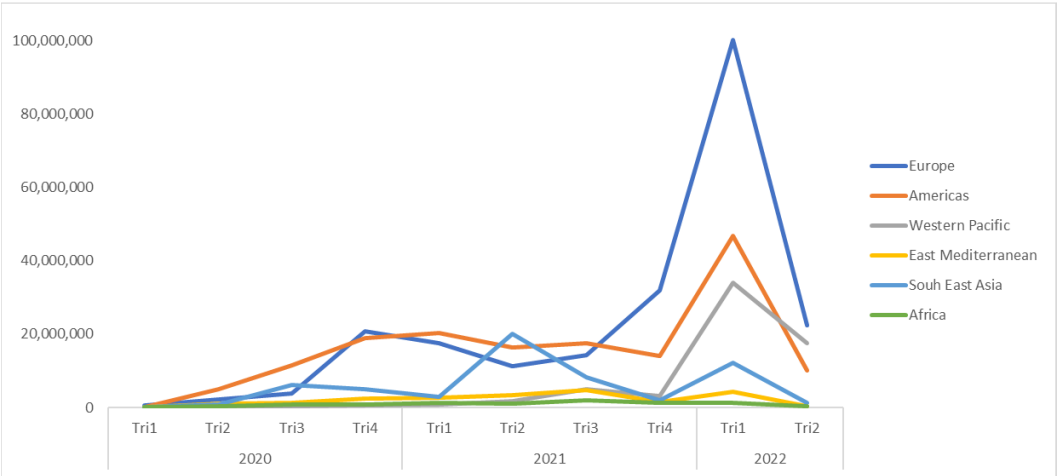
Since the start of the outbreak in December 2019, the new coronavirus disease (COVID-19) has spread rapidly across the Globe leading to its declaration as a Public Health Emergency of International Concern on 30 January 2020, and later characterized as a pandemic on 11 March 2020. There were an estimated 589,680,368 confirmed cases of COVID-19, including children, with 6,436,519 deaths as of August 2022. As of the same time, Southeast Asia had reported a total of 59,764,980 cases, and a total of 794,681 deaths due to COVID19.

All through the pandemic, children have been the hidden victims of its devastating effects. Lockdowns and school closures affected their education, mental health and access to basic health services and raising the risks of exploitation and abuse

Globally, the COVID-19 pandemic occurred in several phases characterized by the COVID-19 variants and cases. The first wave begun December/ January 2019 and was mainly characterized by the *alpha* variant; the second wave occurred from around December 2020 to August 2021, characterized by the *Delta* variant, a third wave begun around September 2021. The phases also could be characterized in two general eras; before the vaccine was available; and after the vaccine was available

Figure 1 below shows the number of COVID-19 cases by region from January 2020 to June 2022. It illustrates the differential unfolding of the pandemic across the world, with waves occurring in different regions at different points in time.

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



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

## 1.2. UNICEF’s COVID19 Response and Fund-Raising Efforts

### 1.2.1. Evolution of UNICEF’s COVID19 Response

UNICEF played a critical role in the response at all its three levels of operations: global, regional, and country levels. In most countries, the agency led on readiness and preparedness support; and areas of the

vaccine – supply (through COVAX), cold chain strengthening as well as demand generation & communication.

The UNICEF response was galvanized and begun early in the pandemic. On 30th December 2019, UNICEF’s new Senior Advisor in its Public Health Emergencies (PHE) team attended his first meeting of the first day in his new role. The PHE unit sits within UNICEF’s Emergency Operations Division (EMOPS) and is co-located within the World Health Organisation (WHO) office in Geneva. Its role is to monitor and report to UNICEF on public health threats emerging, as identified by WHO.

That initial meeting raised cases of a ‘novel coronavirus identified in Wuhan, China, and noted by WHO as an issue of concern. The initial pathology and anticipated spread of the disease were still unknown. However, the PHE team decided, based on the information provided in the meeting, to elevate the issue directly to UNICEF headquarters, so that an appropriate response – at this point, assumed to be located within the Asia region – could be mounted.

This action catalysed a series of corporate responses within UNICEF including the following:

- From end December 2019 - early January 2020, the PHE and EMOPS team liaised with UNICEF’s Asia Regional and China Country Offices to gain information on the virus spread/provide technical support to their response
- The first senior level corporate meeting regarding COVID-19 in early January 2020.
- As cases rose, and concern grew, the UNICEF corporate emergency machinery moved into action. In mid-January, prior to WHO declaring COVID-19 a Public Health Emergency of International Concern (30th January 2020), UNICEF declared an internal emergency.

At the onset of the pandemic, UNICEF worked in close coordination with country governments and other UN entities primarily focusing its efforts to support coordinated actions for the preparedness, containment, and mitigation of the outbreak. The rapid escalation of COVID-19 cases both globally and in the region, clearly and quickly transformed the pandemic from a pure health event into a broader and much more complex phenomenon, which had immediate and medium term social and economic consequences on the society at large and on vulnerable communities. In this regard, UNICEF shifted the focus of its response and progressively adopted a multi-sectoral approach to protecting women and children’s rights through policies and programmes. This approach required strong coordination with all relevant stakeholders involved in the response actions to protect such rights.

### 1.2.2. Strategic Frameworks for Fundraising

UNICEF launched its first COVID-19 global Humanitarian Action for Children (HAC) appeal on February 17th, 2020 (Box 1). Initial Emergency Procedures for the COVID-19 response were actioned for an initial three-month period from March 20th, 2020. On 16th April 2020, the UNICEF Executive Director approved the activation of a Level 3 (L3) Scale-Up Corporate Emergency Activation Procedure (CEAP) for the pandemic, which formalized the ‘*de facto*’ Level 3 (‘L3’) approach implemented since early February 2020. The L3 was declared for an initial period of 6 months to 16th October 2020 and was subsequently extended into a ‘consolidation’ phase lasting until 31st December 2021.<sup>7</sup> It was deactivated on July 1st, 2022.

The main strategic and fundraising documents for the response was the global HAC in 2020, and regional HACs in 2021 and 2022. By late 2020, UNICEF’s fundraising efforts under the Global COVID-19 HAC had reached \$1.93 billion. Box 1 below provides their sequencing and priorities:

**Box 1: COVID-19 HACs 2020:**

The first global COVID-19 HAC (17th February 2020) outlined the Key Areas of the Response as:

- Risk Communication and Community Engagement (RCCE)
- Infection prevention and control (Including Health and WASH)
- Child Protection (including psychosocial support)
- Education.

Revisions took place in March, April, and July 2020, with the July HAC outlining two strategic priority areas:

- Public health response to reduce disease transmission and mortality; and
- Continuity of health, HIV, nutrition, education, WASH, child protection, gender-based violence, social protection, and other social services; assessing and responding to the immediate socio-economic impacts of the COVID-19 response.

**2021:** Seven regional COVID-19-specific HACs focused on: supporting the reduction of virus transmission and mortality; sustaining the continuity /restoration of essential social services; addressing/mitigating the socioeconomic impacts of the pandemic; and providing access to vaccines, diagnostics, and therapeutics.

A Global COVID-19 Chapeau HAC for 2021 consolidated the seven regional HACs. Priorities were:

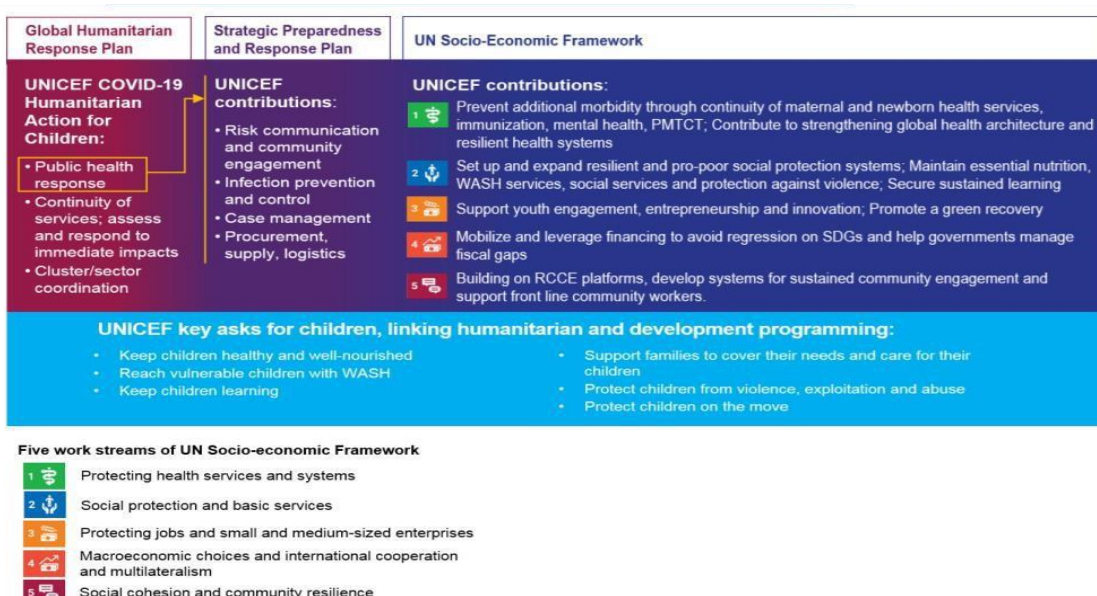
- Coordination with WHO, humanitarian country teams, UNCTs and civil society partners
- Prioritization of the most vulnerable children and adolescents
- Redesign, reallocation, and reimagining of regular programmes based on high-quality evaluative evidence, including real-time data
- Strengthening systems 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 (part of the global COVAX facility).

**2022:** For 2022, COVID-19 concerns and priorities were directed to be integrated in regional HACs. All 2022 HACs contain proposed programmatic strategies and a budget to address COVID-19.16

### 1.3. UNICEF Role Within the Wider International Response

Every UNICEF region including South Asia issued a regional HAC for the response to COVID-19 and the humanitarian strategies outlined therein converged around key areas of focus which included: supporting the reduction of virus transmission and mortality; sustaining the continuity /restoration of essential social services (including through ‘building back better’); addressing/mitigating the socioeconomic impacts of the pandemic; and providing access to vaccines, diagnostics, and therapeutics, with a view to contributing to ending it. Support to communicating around the vaccine and strengthening vaccine related supply chain was a key part in the UNICEF COVID-19 response in most regions. Within South Asia, each country developed a quick emergency response plan. However, the real time assessment conducted in 2020 found that these were more aspiration plans. The implementation plans in each country evolved as the pandemic evolved. *Figure 2* below is an illustration summarising UNICEF’s role within the wider international response.

Figure 2: UNICEF's role within the wider international response



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

## 1.4. Gender Aspects of the UNICEF COVID-19 Response

In March 2020, UNICEF released technical guidance on how to address gender in the COVID-19 response. The guidance emphasized the following five core programmatic and advocacy actions in its guidance on gender equality in COVID-19 response; i) care for caregivers; (ii) preparations for increased gender-based violence cases; (iii) maintaining core health and education services and systems; (iv) engaging with existing women's and youth rights networks to support connectivity and vital information flow (socio-economic impact) and (v) ensuring gender data are available, analysed, and actionable.

Between June 2020 and June 2021, the regional office of South Asia conducted an assessment to examine the extent to which gender (including the above five actions) had been incorporated in the SAR response. That assessment found that while guidance including 20+ headquarters' guidance documents shared by ROSA in the early stages of the pandemic, more incorporation of gender in the response could have been done. There was need for data strengthening. Moreover, the gender integration was more gender targeted/sensitive rather than gender responsive or gender transformative.

## 2.0. Rationale and Purpose for the Assessment

### 2.1. Rationale

There have been considerable reports that have assessed the COVID-19 burden and impact in the region. Between August and November 2020, UNICEF ROSA also conducted a real time assessment (RTA) of UNICEF's COVID-19 response in South Asia. The RTA documented the nature and quality of the region's response by the end of 2020. Some reports regarding activities and results of specific country

office's COVID19 efforts also have been provided by the Country programme evaluations conducted by UNICEF ROSA in the past two years. In addition, WHO in collaboration with UNICEF and other partners has conducted COVID-19 vaccine Post-Introduction Evaluations (cPIEs) to assess the roll out of the COVID-19 vaccines in some countries. The cPIEs however, do not provide findings assessing individual agency contribution (or lack thereof).

Therefore, as to date the region has not conducted a region wide assessment examining UNICEF's response since 2020, which is important given the burdens posed (and UNICEF's contribution) by the *Delta* and *Omicron* waves as well as on UNICEF's response specifically regarding the COVID-19 vaccine. Moreover, the roll out of the vaccine among children was particularly difficult and slow, necessitating a special focus on that as well. Most importantly, questions remain regarding the extent to which the large infusion of funding during COVID has led to sustainable system building in health/primary health care, education, nutrition, WASH, social protection, Social and Behaviour Change and other sectors.

This planned follow-up assessment will thus focus on:

- The UNICEF general response to COVID 19. This excludes the roll out of the COVID-19 vaccine as it is covered by a separate assessment

## 2.2. Purpose of the Assignment

The purpose of the assessment is three-fold:

- To inform programme design/positioning and support managerial decision-taking at country office level during public health emergencies using COVID-19 as a case study
- To foster organizational learning about what works and does not work, during public health emergencies and provide a set of recommendations on how to deal with future public health and other emergencies
- To support accountability by providing an independent assessment of how UNICEF responded to the COVID 19 pandemic across all programme areas. UNICEF has an accountability to design and implement programmes at a standard of excellence.

## 3.0. Objectives and Scope of the Assignment

### 3.1. Objectives for the Assessment of UNICEF's COVID-19 general response

The specific objectives<sup>1</sup> for the evaluation of UNICEF's general response to the COVID-19 pandemic (including all areas of the response) are to:

- Examine the effectiveness, quality and coherence of UNICEF's response to COVID-19 in the SAR.
- Assess the extent to which efforts undertaken by UNICEF contributed to countries' COVID-19 response and system strengthening during the COVID-19 pandemic in all areas of focus, including health, education, SBC, nutrition, social protection, gender, and adolescent programming.
- Identify lessons learned from UNICEF's COVID-19 response as a basis to provide recommendations on how UNICEF can prepare for other public health emergencies.

---

<sup>1</sup> Based on the Terms of Reference (See Error! Reference source not found.)

## 3.2. Scope of the Assignment

### 3.2.1. Sectoral Scope

The assessment will focus on UNICEF's general support to the COVID-19 pandemic across all programme areas. Roll out and distribution of the COVID-19 vaccine is not part of this assessment and is covered by a separate assessment.

### 3.2.2. Geographic Scope

This evaluation includes UNICEF's response efforts related to the programme areas presented in section 3.1 in seven South Asian countries – Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka. The India Country Office recently concluded a country-level assessment of the COVID-19 response; hence, India is not a part of this evaluation.

### 3.2.3. Timeframe

The period of implementation for this follow-on assessment will be August 2020 to December 2022 with the expectation that initial findings will be ready by end of September 2023.

### 3.3.4. Relationship to other evidence-generating activities

The assessment is designed to complement other data collection efforts, namely the monitoring of HPM indicators. One of its objectives is to identify and fill gaps in ongoing evidence gathering efforts. This will require staying abreast of the findings from numerous rapid assessments, reviewing HPM and RAM indicators, reading field communications and reports, and asking questions to further understand the reported findings or to fill a gap where no information about a programmatic response exists.

## 4.0. Methodology

### 4.1. Methodology - Assessment of the UNICEF COVID-19 general response

The evaluation uses a non-experimental design with a mixed method approach, gathering both quantitative and qualitative data to address the evaluation questions. Further elaboration on data collection is given in Section 4.2 below.

The evaluation criteria are based on the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee's (DAC) evaluation criteria: coherence, effectiveness, and sustainability.

The criteria are defined by OECD-DAC<sup>2</sup> as follows:

**Coherence:** The compatibility of the intervention with other interventions in a country, sector or institution.

**Effectiveness:** The extent to which the intervention achieved, or is expected to achieve, its objectives and its results, including any differential results across groups.

---

<sup>2</sup> OECD (2019). Evaluation Criteria. Accessed from <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

**Sustainability:** The extent to which the net benefits of the intervention continue or are likely to continue.

Given that social, environmental, and economic effects, including cost-effectiveness of the response efforts and related data collection were out of scope for the evaluation, OECD-DAC criteria for ‘relevance’, ‘efficiency’ and ‘impact’<sup>3</sup> were not evaluated. However, a criterion ‘Quality’ was added to evaluate timeliness and appropriate monitoring mechanisms.

**Quality:** The extent to which interventions were delivered in a timely way and progress was monitored in an appropriate manner.

The evaluation outlines a general overview of the nature and scope of UNICEF’s response specific to COVID-19 to provide context to the evaluation. The evaluation also includes a descriptive assessment of the extent to which UNICEF was well-prepared to address a pandemic like COVID-19, by elaborating on the pre-existing resources that UNICEF leveraged to respond to the pandemic.

Cross cutting issues of gender, equity and human rights, were evaluated based on the following criterion.

### **Cross-Cutting Issues**

**Equity:** The basic fairness of the processes and outcomes of decision making. This implies that all children have an opportunity to survive, develop and reach their full potential, without being subjected to discrimination, bias, or favouritism.<sup>4</sup>

**Gender Equality:** Gender equality is the “concept that women and men, girls and boys have equal conditions, treatment, and opportunities for realizing their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development.”<sup>5</sup>

**Human Rights-Based Approaches (HRBAP):** Five core guiding principles underpin HRBAP: normativity, non-discrimination, participation, transparency, and accountability.<sup>6</sup>

A theory of change (ToC) was not constructed for this evaluation given it is not a theory-based evaluation.

To ensure alignment between the recommendations from this evaluation with UNICEF’s Strategic Plan 2022-2025, the action items for each of the recommendations and its alignment with the nine change strategies of UNICEF’s Strategic Plan 2022-2025 (see **Error! Reference source not found.**) has been presented. The Strategic Plan is built on UNICEF’s Core Commitments for Children in Humanitarian Action (CCCs) and charts a course towards an inclusive recovery from COVID-19, the attainment of the Sustainable Development Goals (SDGs) and the realization of societies in which every child is included without discrimination and has agency, opportunity and their rights fulfilled. The nine change strategies include 1) advocacy and communications; 2) community engagement, SBC; 3) data, research, evaluation,

---

<sup>3</sup> Relevance is defined as “the extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.”

Efficiency is defined as “the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.”

Impact is defined as “The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.”

<sup>4</sup> UNICEF (2015) For every child, The promise of equity. Accessed from [https://www.unicef.org/media/50421/file/For\\_every\\_child\\_a\\_fair\\_chance-ENG.pdf](https://www.unicef.org/media/50421/file/For_every_child_a_fair_chance-ENG.pdf)

<sup>5</sup> UNICEF ROSA. (2017). Gender equality: Glossary of Terms and Concepts. <https://www.unicef.org/rosa/media/1761/file/Gender%20glossary%20of%20terms%20and%20concepts%20.pdf>

<sup>6</sup> UNICEF. (2012). Global Evaluation of the Application of the Human Rights-based Approach to UNICEF Programming, Final Report – Volume I. UNICEF, New York, 2012.

and knowledge management; 4) digital transformation; 5) gender-equality programming for transformative results; 6) innovation; 7) partnerships and engagement; 8) risk-informed humanitarian and development nexus programming; and 9) systems strengthening to leave no one behind. <sup>7</sup>

#### 4.2 Evaluation matrix and questions

Based on the scope, related key evaluation questions were developed to address the purpose and objective of the evaluation. The table below presents the evaluation questions and sub-questions (see Table 1). The evaluation matrix along with the relevant indicators and data sources used to address the evaluation questions are outlined in the annexes.

---

<sup>7</sup> UNICEF (2021). UNICEF Strategic Plan 2022-2025 Accessed from <https://www.unicef.org/reports/unicef-strategic-plan-2022-2025> UNICEF (2021). UNICEF Strategic Plan 2022-2025 Accessed from <https://www.unicef.org/reports/unicef-strategic-plan-2022-2025>

**Table 1: Evaluation questions and sub-questions**

Evaluation question	Sub-questions
<p><b>Nature and scope of response:</b> What was the nature and scope of UNICEF’s response to COVID-19?</p>	<p>1. What were the different initiatives and undertakings by UNICEF to contribute to preparedness, containment, and mitigation efforts during the different phases of the pandemic?</p>
<p><b>Preparedness for COVID-19:</b> How well did UNICEF leverage its pre-existing policy frameworks, processes, and implementing partners to respond to COVID-19, and apply lessons learned from past emergencies in responding to COVID-19?</p>	<p>2. How well did UNICEF apply learnings from past health emergencies in its response to COVID-19?            3. How well did pre-existing resources (policy frameworks, processes and implementing partners) support UNICEF in responding to COVID-19?            4. How prepared were UNICEF supported government units for waves of COVID-19 that occurred after the first wave?            5. How well did the country offices adapt to the needs that COVID-19 presented, including those in health, education, nutrition, social protection, child protection, WASH, and others?</p>
<p><b>Coherence:</b> How coherent and well-coordinated were the response efforts between internal UNICEF departments, and external partners, and aligned with government and other development priorities?</p>	<p>6. How well did UNICEF’s response efforts align with government priorities and community needs?            7. How coordinated and coherent was UNICEF’s response across UNICEF’s internal departments and with external partners? How well did the UNICEF country offices coordinate and communicate with the different levels of the organization, government entities and other UN partners to ensure a timely delivery and response?</p>
<p><b>Effectiveness:</b> How well did UNICEF address the needs of children and other intended right holders, while learning and adapting to meet their evolving needs over time and using innovative means to reach those communities and deliver services?</p>	<p>8. How well did the emergency plans and programmes adjust and adapt based on lessons learned and the evolving needs of the subsequent waves (Delta to Omicron), and how agile were those plans to meet increasing needs and demands?            9. In what ways were needs prioritized with each wave? What critical areas of need were found to be overlooked?            10. How well did UNICEF’s response efforts minimize disruption to basic/essential services, inequalities exacerbated by the pandemic and the impact of the pandemic on the mental health and overall well-being of the targeted population?            11. How effectively did the country offices implement the response since 2020, including all sectors (health, nutrition, education, WASH, child protection and social protection) as per the strategic priorities of the L3 response?            12. In what way was SBC used to enhance understanding of the risks presented by the virus? What forms of SBC modalities were used? In what ways did SBC match the needs presented by each wave as well as the geographical distribution of cases and its burden?            13. What were the barriers and facilitators for delivering the intervention effectively across sectors including cross-cutting issues?</p>
<p><b>Quality:</b> How well did UNICEF deliver the intended results in a timely and flexible manner for children and vulnerable communities, and monitor progress in an appropriate manner?</p>	<p>14. How timely were UNICEF’s response efforts across all sectors and strategic priorities of the L3 response in ensuring disruptions to basic/essential services were minimized and negative impacts of the pandemic mitigated?            15. How flexible, appropriate, and timely were the operational aspects (funds management practices, human resource management, communication) that were adopted by UNICEF during its response to COVID-19?            16. How was the response monitored during all phases and how was data used for mid-course adjustments?            17. How timely, informative, and appropriate were the monitoring mechanisms utilized to measure progress on UNICEF’s response efforts?</p>

<p><b>Gender, human rights and equity:</b> How well did UNICEF, in its response to COVID-19, uphold its key commitments including those related to gender equality and the empowerment of women and girls, disability, age, and human rights?</p>	<ol style="list-style-type: none"> <li>18. How well were UNICEF’s standards and commitments related to gender, disability, age, human rights and AAP integrated in the programmes?</li> <li>19. To what extent did the response give special focus to adolescent girls?</li> <li>20. To what extent were they able to actively support existing networks of women and youth, social and community platforms to be inclusive so that women and girls could meaningfully participate?</li> <li>21. To what extent was UNICEF able to actively dialogue with host governments on issues related to gender equality, disability and human rights, and plan joint responses?</li> <li>22. To what extent was gender and disability disaggregated data available, analyzed and acted upon to support the response?</li> <li>23. To what extent did the response pay special attention to care for caregivers and children with disabilities?</li> <li>24. To what extent did the response make preparations for and act upon increased GBV cases?</li> </ol>
<p><b>Systems strengthening:</b> How well did UNICEF’s response efforts contribute to the strengthening of existing systems and the building of new ones that are being used in regular programming and for future emergencies?</p>	<ol style="list-style-type: none"> <li>25. What role has UNICEF played in strengthening the systems?</li> <li>26. What systems were maintained and built with UNICEF’s support in all areas of the response?</li> <li>27. How well did UNICEF ensure that the ‘systems built’ and ‘gains made’ through its response efforts are sustained and can be mobilized for a better response to future public health emergencies?</li> <li>28. To what extent did the response ensure the maintaining of core health and education services and systems?</li> <li>29. How was system building prioritized (by type, geographical location, level of care) and how did that fit within general systems of the national strategic plans of the governments in South Asia?</li> <li>30. In what ways did UNICEF coordinate with other UN and implementing partners to ensure sustainability of built/enhanced systems?</li> <li>31. What are the linkages between the COVID-19 emergency/ humanitarian response and on-going development programming in the different target countries?</li> </ol>

Based on the findings, the evaluation addresses the following questions regarding lessons learned from UNICEF's response to COVID-19, and recommendations for a better response to future public health emergencies:

- i. What general challenges were faced and what lessons were learned in addressing COVID-19 post 2020, including Delta and Omicron waves, during the region? In what ways are the lessons learned during COVID-19 relevant in preparation for future emergencies?
- ii. What recommendations can be made regarding UNICEF's response to public and other emergencies similar to COVID-19?
- iii. How can UNICEF work with governments now to prepare them for other public health emergencies?
- iv. How can UNICEF use its support during COVID-19 to further position itself including for subsequent public health emergencies in line with its mandate?

#### 4.2.1. Data and Data Collection Methods

The mixed-method evaluation will use a blended approach with three data collection components: literature review, online perception survey (PS) and virtually conducted semi-structured key informant interviews (KIIs). Qualitative data will be collected using all three sources of information, whereas quantitative data was drawn from the desk review and PS only. The research methods for each of these three components including sampling strategy, data collection tools and sample size are described in this section.

##### 4.2.1.1 Literature review

A comprehensive desk review will be conducted based on key UNICEF publications related to regional and country-wise responses to COVID-19. These documents will include global and regional HAC, strategic plans, country response plans, sector strategies, annual reports, situational reports, monitoring and evaluation reports and real-time assessments, as well as UNICEF's COVID-19 specific dashboards. The documents will be provided by UNICEF ROSA as well as by key informants (KIs) (i.e., UNICEF staff and partners), who will participate in the KIIs. In addition, some online sources will be retrieved through a grey literature search conducted by the consultants, were also reviewed.

##### 4.2.1.2 Stakeholder mapping for PS and KIIs

Relevant stakeholders will be identified from the cohort of individuals involved in – or those that collaborated with UNICEF in – delivering the response to COVID-19 in the SAR, including programmes related to health, MHPSS, GBV, education, SBC, nutrition, social protection, gender, WASH, and adolescent programming. This will be done in close coordination with relevant focal persons from UNICEF COs in the region, as well as relevant sections in UNICEF ROSA. Each CO and the RO will provide a list of all the relevant stakeholders, including CSO implementing partners, government stakeholders, UN partners, UNICEF staff from the CO and RO, who were involved in UNICEF's response to the COVID-19 pandemic in the seven participating South Asian countries (Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka).

#### 4.3 Sampling and data collection

##### 4.3.1 Sampling strategy

**KIIs:** A representative sample of the partners and UNICEF staff will be determined by using a stratified purposive sampling method, which will be inclusive of the various stakeholder cohorts, programmatic areas and countries. The numbers and ratio of sample size will be identified in consultation with UNICEF

COs and ROSA. The sample will ensure representation from each of the stakeholder cohorts and from various programmatic areas – health, education, nutrition, child protection, social protection, WASH – and cross-cutting programmes – SBC and gender.

**PS:** All the stakeholders will be identified – except those that had been identified for the KIIs – and the online PS. The stakeholder list will be compiled by UNICEF staff from the seven COs and the RO, based on their partnership and engagement in planning, implementing and monitoring the work that had been done with UNICEF during the pandemic.

#### 4.3.2 Data collection tools

**PS:** The PS is designed to gather perspectives on UNICEF’s preparedness for COVID-19, the nature and quality of UNICEF’s response, and its role in system strengthening. Quantitative and qualitative data were collected through both closed-ended and open-ended questions respectively. The closed-ended questions include a 5-point Likert scale, which asked respondents to rate their agreement with statements related to indicators discussed in the evaluation matrix. Open-ended questions allowed respondents to elaborate on their assessment, and provide examples of best practices, challenges faced, and lessons learned. Demographic data (e.g., gender, location etc.) and data on areas of programmatic focus were also collected. The PS questionnaire is presented in the annexes.

**(KIIs):** The purpose of the KIIs is to gather in-depth and detailed perspectives of the respondents, which are not available through the PS or the desk review. Semi-structured interviews will be conducted virtually between March 2023 and June 2023. Interview questions are designed, as per the evaluation matrix to draw out insights on the best practices, challenges faced, and lessons learned regarding UNICEF’s response to COVID-19 and related system strengthening efforts.

#### 4.3.3 Data analysis

Thematic analysis will be conducted for qualitative data to respond to the key questions of the assessment. Similarly, a separate analysis of the survey will be conducted wherever it will be found necessary. The quantitative analysis will be done using appropriate analytical software.

Qualitative and quantitative findings will be brought together, triangulated, and presented as synthesised information in the report.

#### 4.3.4 Data Triangulation

**Data triangulation:** Quantitative and qualitative data gathered from the PS and the KIIs will be triangulated with information available in the literature (desk review) and relevant databases to corroborate the findings. Information available in the literature will be used to formulate the PS and KII questionnaires, as well as to elaborate on and customize the KII questions for stakeholders from various sectors and countries, allowing researchers to contextualize the perceptions and experiences shared by the KII respondents.

### 4.4 Gender, disability, equity and human rights

In March 2020, UNICEF released technical guidance on how to address gender in the COVID-19 response. The guidance emphasized the following five core programmatic and advocacy actions in its guidance on

gender equality in the COVID-19 response: i) Care for caregivers; (ii) preparations for increased GBV cases; (iii) maintaining core health and education services and systems; (iv) engaging with existing women's and youth rights networks to support connectivity and vital information flow (socio-economic impact), and (v) ensuring gender data are available, analyzed and actionable, and gathered from vulnerable populations or their representatives.<sup>8</sup>

Where data was available, this evaluation will focus on how gender aspects were integrated in the response to COVID-19, and the gender-specific impact (in terms of effectiveness) of UNICEF's response to COVID-19 in SAR, as well as how aspects of marginalization, disability, equity and human rights were addressed including any 'affirmative action' and collection of disaggregated data to inform policies.

#### 4.5. Assignment Norms and Ethical Considerations

The assessment will be guided by the "Norms and Standards" and the "Ethical Guidelines for Evaluation" developed by the United Nations Evaluation Group (UNEG), and UNICEF's corporate guidance for equity focused evaluations. It will be planned and implemented with a non-experimental design, using mixed methods, and drawing mainly from secondary data; and where necessary obtaining primary data, for triangulation.

Ethical review by an Institutional Review Board (IRB) will not be required for this assignment as it will be conducted collaboratively with respective government agencies; and KIIs will not be conducted in minors or adolescents. All KIIs and perception survey respondents will however be asked for their consent before participating.

#### 5.0. Quality Assurance

Quality assurance for this assignment will be conducted at various levels. Within each task, the respective Task Team lead will undertake the first level of quality checks for all aspects of the assessments including development of data collection tools, data gathering and collection, data analysis and interpretation, and report writing. Across the two task teams, the overall lead consultant will undertake similar level (second level) quality checks across the various stages of the assignments.

The UNICEF ROSA team will undertake third level quality checks across the various levels of the assignment. In addition, UNICEF will establish a reference group of technical experts who will peer review the assessment outputs.

---

<sup>8</sup> Five Actions for Gender Equality in the COVID-19 Response UNICEF Technical Note. <https://www.unicef.org/documents/five-actions-gender-equality-coronavirus-disease-covid-19-response-technical-note>



## 6.0. Workplan Deliverables

### 6.1. Inception and Implementation Phase

TASKS	10/03	11/03	12/03	13/03	14/03	15/03	17/03	18/03
<b>INCEPTION REPORT</b>								
Methodology (AW)	X	X	X					
Team Review -- Methodology								
Final draft -- Methodology								
<b>KII Guides</b>		X	X	X				
Team Review -- KII Guides								
Final draft --KII Guides								
Alignment of Report Sample, Assessment Matrix, & Planned Tasks			X	X	X			
Team Review -- Alignment of Report Sample, Assessment Matrix, & Planned Tasks								
Final draft -- Alignment of Report Sample, Assessment Matrix, & Planned Tasks								
Perception Survey Questionnaire				X	X	X		
Team Review -- Perception Survey Questionnaire								
Final Draft -- Perception Survey Questionnaire								
Meeting with Health Team ROSA for planning and KI selection (tentative)							X	
Listing of Desk Review Material							X	
<b>Sampling KI</b>							X	
Compilation of data collection tools (questionnaires & guides)							X	
Compilation of all docs as inception report								X
Sharing final Draft of Inception report with Team Lead								X

### 6.3.2 Implementation Phase

	WEEKS (start date)												
	20-Mar	27-Mar	3-Apr	10-Apr	17-Apr	25-Apr	1-May	8-May	15-May	15-May	22-May	29-May	30-May
						<b>DELIVERABLE 2</b>				<b>DELIVERABLE 3</b>			<b>DELIVERABLE 4</b>
						Draft assessment report with: key findings, conclusions, preliminary recommendations and lessons on the COVID-19 vaccine roll out.				Inputs into the Power point presentation summarizing the key findings from the COVID-19 vaccine roll-out assessment			Final Report
<b>TASKS</b>													
<b>INCEPTION REPORT</b>													
Design Assessment Matrix													
Meeting with team lead for overall feedback/approval													
Draft Inception Report													
Teams review Inception Report													
Submit DRAFT Inception Report including assessment plan													
<b>ASSESSMENT REPORT</b>													
Document review: gather data, identify information gaps													
Document review: preliminary analysis													
Meeting with team lead for overall feedback													
Finalize Inception report/ Assessment plan													
Submit FINAL Inception Report/Assessment Plan													



## 7.1. Assessment Framework

WAVE 1  
Jan-Dec 2020

WAVE 2  
Feb-Aug 2021  
(vaccination started Jan 2021)

WAVE 3  
Dec 2021-May 2022

### IMPACT

**DIRECT:** # COVID-19 cases; # hospitalizations; # deaths by age group /socio-economic status/rural – urban location  
**INDIRECT:** Economic – Health –Education – Nutrition – Social and Child Protection – Water, sanitation, hygiene (WASH) - Migration

### RESPONSE

<b>RESPONSE LEVELS</b> <b>National</b> <input type="checkbox"/> Government (central, local) <input type="checkbox"/> NGOs/CSO <input type="checkbox"/> Donors <input type="checkbox"/> Population  <b>Regional</b> <input type="checkbox"/> Regional organizations <input type="checkbox"/> Bilateral partners <input type="checkbox"/> UN agencies <input type="checkbox"/> INGOs  <b>Global</b> <input type="checkbox"/> Vaccine - <b>COVAX</b> <input type="checkbox"/> Access to <b>COVID-19 Tools (ACT)</b> <input type="checkbox"/> Financing <input type="checkbox"/> Knowledge and standards	<b>Emergency response</b>  <b>Criteria</b> -Appropriate (Covers vulnerable pop) -Coordinated -Coherent  <b>COVID-19 Policy – Regulatory framework [1]</b> Emergency plan adequacy Lock down Travel restrictions Risk communication – rapid response  <b>Sector pandemic response contribution</b> <i>Economic</i> <i>Health services:</i> testing, contact tracing, surveillance, case management (clinical operations, equipment, therapeutics), trained workforce, vaccines <i>Education</i> <i>Nutrition</i> <i>Protection</i> <i>WASH</i> <i>Communication</i>	<b>Towards systems strengthening -----desired sectoral outcomes</b>  <b>Criteria</b> Relevant Effective Coherent Sustainable Connected (Nexus)  <b>Policies/plans/programmes</b>  <i>Sectors</i> <i>Economic</i> <i>Health – focus on PHC/UHC</i> <i>Education</i> <i>Nutrition</i> <i>Protection</i> <i>WASH</i> <i>Communication</i>  <input type="checkbox"/> <i>Strengthened government functions/structural reforms</i> (sectors and levels – central/local) <input type="checkbox"/> <i>COVID vaccine integrated</i> into Immunization programme <input type="checkbox"/> <i>Multisector – multi stakeholder collaboration and coordination</i> (central/local) + <input type="checkbox"/> Audience specific, national/local <i>communication channels</i> <input type="checkbox"/> increased community involvement <input type="checkbox"/> population behaviour change <input type="checkbox"/> Government/Development partner <i>co-financing</i> <input type="checkbox"/> User friendly accessible <i>MIS</i> , pandemic surveillance, monitoring, Real Time Assessments <input type="checkbox"/> <i>Evidence based policy/strategy/programme</i> planning & implementation . <input type="checkbox"/> <i>Humanitarian - Development nexus</i> strategy
	<b>GENDER &amp; HUMAN RIGHTS MAINSTREAMING</b>	
	<i>Adaptive management – data/learning used for action</i>	
	<i>Response gaps - Good practice – innovations; Constraining &amp; Facilitating factors</i>	

[1] WHO, COVID-19 Strategic Preparedness and Response Plan Operational Planning Guideline, 1 February 2021 to 31. January 2022

Adapted from [OECD DAC Evaluation Criteria](#), [Direct and indirect effects of the COVID-19 pandemic and response in South Asia](#), SickKids Centre for Global Child Health. Commissioned by UNICEF. March 2021; [Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries](#), Victoria Haldane et al. 17 May 2021. [Lessons for the future from the COVID-19 pandemic. The Lancet](#), Jeffrey D. Sachs et al. September 14, 2022.

## 7.2. Overall Assessment Matrix

Evaluation question	Indicators	Data sources
<p><b>Nature and scope of response</b> What was the nature and scope of UNICEF's response to COVID-19?</p>	<p>References to programme and activities relevant to response to COVID-19 at each country office.</p>	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>- Annual reports.</li> <li>- Situational reports.</li> </ul>
<p><b>Preparedness for COVID-19</b> How well did UNICEF leverage its pre-existing policy frameworks, processes, and implementing partners to respond to COVID-19; and apply lessons learned from past emergencies in responding to COVID-19?</p>	<p>References to past disaster/emergency response plans or lessons learned in COVID-19 emergency response plans and programmes, including concrete plans to implement lessons learned in response to COVID-19.</p> <p>Programme documents and COVID-19 response plans clearly indicating use of (including strengthening of) preexisting resources, such as policy frameworks, infrastructure, programme design and implementation, and existing networks and partners.</p>	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>- Regional HAC.</li> <li>- COVID-19 emergency response plans.</li> <li>- Annual reports.</li> <li>- Situational reports.</li> <li>- Sector strategies.</li> <li>- Relevant external documents from UN partners or national governments related to lessons learned from past emergencies/epidemics, crisis-related interventions.</li> </ul> <p><b>Perceptions and experiences (including any examples) shared by stakeholders in the KIIs and/or PS</b></p>
<p><b>Coherence</b> How coherent and well-coordinated were the response efforts between internal UNICEF departments and external partners, and aligned with government and other development priorities?</p>	<p>References to alignment of UNICEF and government priorities if UNICEF advocated to governments for programmes that were not initially a government priority but were identified as needs of the community.</p> <p>References to timely and appropriate communication and coordination between internal departments and external partners, including the clusters that UNICEF was a part of.</p>	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>- Country annual reports.</li> <li>- Situational reports.</li> <li>- Rapid assessments and other monitoring mechanisms.</li> <li>- Lessons learned reports.</li> <li>- Country emergency response plans.</li> <li>- Sector strategies.</li> <li>- Case studies.</li> <li>- Evaluation reports.</li> <li>- Relevant evaluation reports or case studies provided by implementing partners.</li> </ul> <p><b>Perceptions and experiences (including any examples) shared by stakeholders in the KIIs and/or PS.</b></p>
<p><b>Effectiveness</b> How well did UNICEF address the needs of children and other intended right holders, while learning and adapting to meet the evolving needs over time?</p>	<p>References to how UNICEF ensured meaningful engagement of the community, including women and youth, persons with disabilities (including those with hearing or visual impairments) and other vulnerable, hard to reach and marginalized populations in needs determination, programme implementation and scale-up.</p>	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>- COVID-19 emergency response plans and any updates</li> <li>- Country annual reports.</li> <li>- Situational reports.</li> <li>- Rapid assessments and other monitoring mechanisms.</li> <li>- Lessons learned reports.</li> <li>- Case studies.</li> </ul>

<p>How well did UNICEF deliver on the intended results for children and vulnerable communities, and use innovative means to reach communities and deliver services?</p>	<p>Examples of any policy or programme changes at UNICEF, based on ongoing monitoring and evaluation to meet the evolving needs of communities, and during the disease waves (Delta to Omicron).</p> <p>Evidence of countries meeting their programmatic targets related to COVID-19 response efforts (strategic priorities of the L3 response).</p> <p>Evidence of programme effectiveness, timeliness and adaptability demonstrated by examples of impact of the programmes on vulnerable populations with regards to access to basic/essential services, and services related to child protection and GBV and psychosocial support.</p> <p>References to the use and impact of innovative means, new partners, or networks to efficiently reach vulnerable and marginalized communities, including children, women and youth, persons with disabilities (including those with hearing or visual impairment), refugees, migrant workers, those living in remote areas, people on the move etc.</p> <p>References to efforts including any innovative means to provide timely supply of materials.</p> <p>Examples of how UNICEF’s application of learning from preceding waves of the pandemic to the subsequent waves (Delta to Omicron) improved programme effectiveness.</p>	<ul style="list-style-type: none"> <li>- Evaluation reports.</li> <li>- Relevant evaluation reports or case studies provided by implementing partners.</li> </ul> <p><b>Perceptions and experiences (including any examples) shared by stakeholders in the KIIs and/or PS.</b></p>
<p><b>Quality</b></p> <p>How well did UNICEF deliver intended results in a timely and flexible manner for children and vulnerable communities, and monitor progress in an appropriate manner?</p>	<p>References to the timeliness of the response efforts, demonstrated by examples of timely delivery of services to minimize service disruption, or to mitigate the impact of COVID-19 on vulnerable populations.</p> <p>References to how appropriate the monitoring mechanisms were, including if UNICEF collected any disaggregated data based on vulnerabilities and UNICEF’s commitments and standards (e.g., gender, elderly, disability etc.)</p>	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>- Dashboards (Global COVID-19 indicators, supply, community rapid assessments).</li> <li>- Country annual reports.</li> <li>- Situational reports.</li> <li>- Rapid assessments and other monitoring mechanisms (e.g., U-reports).</li> <li>- Lessons learned reports.</li> <li>- Sector strategies.</li> <li>- Case studies.</li> <li>- Evaluation reports.</li> </ul>

	<p>References to programme efficiency demonstrated by operational efficiency, including appropriate and timely human resourcing, flexibility in programme implementation in an emergency setting.</p> <p>References to flexibility in funding mechanisms and timeliness of fund mobilization to address varied needs of COVID-19.</p>	<p>- Relevant evaluation reports or case studies provided by implementing partners.</p> <p><b>Perceptions and experiences (including any examples) shared by stakeholders in the KIIs and/or PS.</b></p>
<p><b>Gender, human rights and equity</b></p> <p>How well did UNICEF, in its response to COVID-19, uphold its key commitments, including those related to gender equality and the empowerment of women and girls, disability, age, and human rights?</p>	<p>References to UNICEF’s standards and commitments related to gender, disability, equity, age, human rights, AAP in response plans and programme implementation.</p> <p>Evidence of UNICEF’s focus on gender equality and the empowerment of women and girls demonstrated by inclusive programme design and implementation, targeted efforts for this population, and the results achieved.</p> <p>References to UNICEF collecting any disaggregated data based on vulnerabilities and UNICEF’s commitments and standards (e.g., gender, elderly, disability etc.)</p>	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>- COVID-19 emergency response plans and any updates.</li> <li>- Country annual reports.</li> <li>- Situational reports.</li> <li>- Rapid assessments and other monitoring mechanisms.</li> <li>- Lessons learned reports.</li> <li>- Case studies.</li> <li>- Evaluation reports.</li> <li>- Relevant evaluation reports or case studies provided by implementing partners.</li> </ul> <p><b>Perceptions and experiences (including any examples) shared by stakeholders in the KIIs and/or PS</b></p>
<p><b>Systems strengthening</b></p> <p>How well did UNICEF’s response efforts result in building new systems or strengthening existing systems that are now used in regular programming and can be used for future emergencies?</p>	<p>References to UNICEF’s efforts to strengthen existing systems, or build new ones, the impact these efforts had on vulnerable populations, and their integration into regular UNICEF programming.</p> <p>References to the alignment of UNICEF’s system building efforts with national priorities and long-term development goals (e.g., SDGs).</p> <p>References to how the system building efforts were adapted to subsequent waves of COVID-19 (Delta and Omicron).</p> <p>References to UNICEF’s efforts, and examples of mechanisms put in place, to ensure the system-building efforts will sustain post COVID-19 and ensure a better response to future public health emergencies.</p>	<p><b>Documents:</b></p> <ul style="list-style-type: none"> <li>- Country annual reports.</li> <li>- Situational reports.</li> <li>- Rapid assessments and other monitoring mechanisms.</li> <li>- Lessons learned reports.</li> <li>- Country emergency response plans.</li> <li>- Case studies.</li> <li>- Evaluation reports.</li> </ul> <p><b>Perceptions and experiences (including any examples) shared by stakeholders in the KIIs and/or PS.</b></p>

## 7.3. Data collection tool – Perception survey questionnaire

### INTRODUCTION

Dear Participant,

UNICEF Regional Office of South Asia is undertaking an assessment of the support UNICEF provided in the region to respond to the COVID-19 pandemic.

The following survey has been developed to gather your perspective on UNICEF's response including the quality of interventions, effectiveness, and key lessons learned. The information you provide will be instrumental in identifying the strengths of programmatic areas, and the areas that need improvement so that we can better prepare ourselves for future crises.

We value your opinion and therefore request your participation in this survey, which will take approximately 45 minutes. Your responses will be anonymous and will be kept confidential. We will ensure that any information we include in our report does not identify you as the respondent.

Participation in the survey is voluntary, with no negative consequence for non-participation. Any questions or concerns regarding the survey can be directed to the team leaders of this study - Sirjana Pant (Email: siru124@gmail.com) or Lovemore Mhuriyengwe (Email: Lmhuriyengwe@unicef.org) at UNICEF ROSA evaluation office. For any question that you do not want to respond to, please fill in 'NA'.

We thank you very much for your time and participation.

1. Which gender do you identify with?

- Female
- Male
- Other
- Prefer not to say

2. Where are you based?

- Afghanistan
- Bangladesh
- Bhutan
- India
- Maldives
- Nepal
- Pakistan
- Sri Lanka

Other (please specify) [FREE TEXT]

3. Type of Organization

- Government department/agency – National or Federal level
- Government department/agency – Provincial or regional level
- Government department/agency –District level
- Donor agency
- UN agency
- National NGO/CSO
- International NGO
- Media institution

- Academic institution
- Government-supported think-tank
- Private think-tank

Other (please specify) **[FREE TEXT]**

4. In what capacity do you know UNICEF?

- Current employee
  - Former employee
  - Consultant to UNICEF
  - Worked with UNICEF as partner
- Other (please specify) **[FREE TEXT]**

5. How many years have you or your organization been engaged with UNICEF?

- Less than a year
- 1 to 3 years
- 4 to 6 years
- 7 to 9 years
- 10 years or more
- Never directly engaged with UNICEF

#### GENERAL QUESTION

6. Which of the following UNICEF's COVID-19 response priorities areas were you involved in? Please select all that apply.

- Strengthening risk communication and community engagement (RCCE)
  - Providing critical medical supplies
  - Providing Water, Sanitation and Hygiene (WASH) supplies/services
  - Improving infection prevention and control (IPC)
  - Supporting continued access to essential health care services for women, children, and vulnerable communities, including case management
  - Supporting access to continuous education services disrupted by the pandemic
  - Supporting access to social protection services disrupted by the pandemic
  - Supporting access to child protection services disrupted by the pandemic
  - Supporting access to gender-based violence (GBV) services disrupted by the pandemic
- Other (please specify) **[FREE TEXT]**

7. Please provide a brief detail of your involvement including your programme/focus area e.g., WASH, health including psychosocial support, education, social protection, child protection, gender, social and behaviour change (SBC). **[FREE TEXT]**

8. How satisfied are you with the overall UNICEF response to the COVID-19 pandemic?

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

9. Please provide the reason for your assessment above **[FREE TEXT]**

10. To what extent do you agree with this statement?

UNICEF ensured meaningful engagement of the community, including women and youth, persons with disabilities (including those with hearing or visual impairment) and low-income group, in needs determination, programme implementation and scale-up.

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

11. UNICEF adequately leveraged its pre-existing policy frameworks, processes, implementing partners, and mechanisms. To what extent do you agree with this statement?

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

12. UNICEF practiced flexible, appropriate, and timely (re)allocation and mobilization of funds. To what extent do you agree with this statement?

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

13. UNICEF adequately used innovative mechanisms (e.g., use of social media).

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

14. With regard to relevance and adaptability of UNICEF interventions, please comment on what worked and why? **[FREE TEXT]**

15. With regard to relevance and adaptability of UNICEF interventions, what could have UNICEF done differently (lessons learned)? **[FREE TEXT]**

16. UNICEF's response and related programmes were effective to meet the needs of girls and women:

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

17. UNICEF's response and related programmes were effective to meet the needs of persons with disabilities:

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

18. UNICEF's response and related programmes were effective to meet the needs of marginalized groups with low income or from remote geographies

- Strongly Agree
- Somewhat Agree
- Neither Agree or Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

19. If any community was 'left behind' (e.g., based on age, gender, economic status, social class, geographic location, migration status, disability), what could UNICEF have done differently to address the unique needs of the community? **[FREE TEXT]**

20. UNICEF's response was well coordinated between various programme areas within UNICEF

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/Don't know

21. UNICEF's response was well coordinated with other UN partners

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/Don't know

22. UNICEF's response was well coordinated with government

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/Don't know

23. UNICEF's response was well coordinated with implementing partners – Civil Service Organizations (CSOs)

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree

- Strongly Disagree
- Can't say/Don't know

24. UNICEF's communication mechanism was effective

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/Don't know

25. With regards to effectiveness of response, coordination and communication, please comment on what worked and why? **[FREE TEXT]**

26. With regards to effectiveness of response, coordination and communication, what could have UNICEF done differently (lessons learned)? **[FREE TEXT]**

27. UNICEF had appropriate monitoring mechanisms (frequency, monitoring platforms etc.) to ensure the quality of activities undertaken by the stakeholders

- Strongly Agree
- Somewhat Agree
- Neither Agree nor Disagree
- Somewhat Disagree
- Strongly Disagree
- Can't say/ Don't know

28. How well has UNICEF's response to the pandemic strengthened the Leadership and governance components of health system?

- Extremely well
- Very well
- Moderately well
- Not very well
- Not at all
- Can't say/Don't know

29. How well has UNICEF's response to the pandemic strengthened the Service delivery components of health system?

- Extremely well
- Very well
- Moderately well
- Not very well
- Not at all
- Can't say/Don't know

30. How well has UNICEF's response to the pandemic strengthened Health System financing components of health system

- Extremely well
- Very well
- Moderately well
- Not very well
- Not at all

- Can't say/Don't know

31. How well has UNICEF's response to the pandemic strengthened Health Workforce

- Extremely well
- Very well
- Moderately well
- Not very well
- Not at all
- Can't say/Don't know

32. How well has UNICEF's response to the pandemic strengthened availability of medical products

- Extremely well
- Very well
- Moderately well
- Not very well
- Not at all
- Can't say/Don't know

33. How well has UNICEF's response to the pandemic strengthened health technologies

- Extremely well
- Very well
- Moderately well
- Not very well
- Not at all
- Can't say/Don't know

34. How well has UNICEF's response to the pandemic strengthened Health Information systems?

- Extremely well
- Very well
- Moderately well
- Not very well
- Not at all
- Can't say/Don't know

35. What were the facilitators UNICEF's effort to strengthen the system? How did this work well? **[FREE TEXT]**

36. What lessons can be learned and how can UNICEF work towards health system strengthening in future? **[FREE TEXT]**

## 7.4. Data collection tool – KII guide/checklist

### **Introduction to the evaluation**

#### **Purpose of the evaluation**

The purpose of this evaluation is to conduct an in-depth analysis of the nature and the quality of the UNICEF South Asia COVID-19 response including the extent to which efforts taken by UNICEF contributed to countries' COVID-19 response and system strengthening during the COVID-19 pandemic. The evaluation will document success stories as well as challenges and bottlenecks, identify lessons learned from UNICEF's COVID-19 response in system strengthening resulting from the COVID19 response, and provide recommendations on how UNICEF can prepare for other public health emergencies.

### **Scope of the evaluation**

The review will document and analyse experiences with and perspectives on UNICEF's L3 response to the pandemic in the SAR. The focus of the evaluation will remain on the strategic priorities of UNICEF's L3 response; 1) Public health response to reduce the novel coronavirus transmission and mortality and 2) Continuity of health, education, and social services; assessing and responding to the immediate secondary impacts of the COVID-19 response. The evaluation will assess activities carried out between February 2020 to June 2022, which are the initiation and end date of UNICEF's Level 3 Emergency for Global COVID-19 Pandemic, respectively. The evaluation will assess the quality (appropriateness, effectiveness, and timeliness) of response, impact of the response on vulnerable populations, as well as UNICEF's system strengthening efforts.

*The interview will be recorded with the explicit consent of the interviewee. The interview is expected to take 45 minutes.*

### **Background question (roundtable of interviewer and interviewees)**

Please introduce yourself and your organization (external)/department (internal) focusing on your/your organization's involvement in UNICEF's L3 response to the pandemic, including your programme/focus area e.g. WASH, health, psychosocial support, education, social protection, child protection, gender, social and behaviour change (SBC). How long have you/your organization been working with UNICEF as a staff/as a partner?

**OPENING QUESTION:** For the overall response, dating back to 2020, how well-prepared was UNICEF to respond to a pandemic like COVID-19? How did it adapt and learn along the way to improve its response? What did UNICEF do well? What did UNICEF struggle with? And what could it have done differently? **[UNICEF, UN Partners, Gov, CSO]**

*The following questions were adapted as per the respondent's country of operation and programmatic engagement and the stakeholder cohort they represented?*

### **Community Engagement**

- How was the community (women, girls, people with disabilities and youth) meaningfully engaged in planning (needs determination), implementation and scale-up of COVID-19 response efforts? **[Gov, CSO]**
- How did UNICEF seek needs of affected person **[UNICEF, Gov, CSO]**
- What strategies and policies were put in place to ensure meaningful community engagement? **[UNICEF, UN partners, Gov, CSO]**
- Were the social and community platforms inclusive? **[UNICEF, UN partners, Gov, CSO]**
- How did you promote community engagement? What were the barriers, including those unique to COVID-19, and those unique to a specific community, that limited meaningful community engagement in responding to COVID-19? If there was limited community engagement, what was its impact on the programme planning and implementation? **[UNICEF, Gov, CSO]**
- What additional efforts did you make to overcome any barriers for a meaningful community engagement in responding to COVID-19 (barriers unique to COVID-19 or unique to a community)? What could have UNICEF done more or differently to enhance community engagement? **[UNICEF, UN partners, Gov, CSO]**
- To what extent were the needs of the most marginalized communities addressed through the interventions of UNICEF? How were the needs identified and how were the strategies identified to address these needs? **[UNICEF, UN partners, Gov, CSO]**

### **Use of resources**

- To what extent did UNICEF adequately leverage pre-existing resources, policy frameworks, and partners in responding to COVID-19? Can you share any examples? How would you say it impacted the effectiveness and timeliness of response efforts? **[UNICEF, Gov, CSO]**
- What did UNICEF do differently in responding to COVID-19 and in each wave, in terms of introducing innovative mechanisms, innovative resources, or new, non-traditional implementing partners? Which ones of these innovative means were effective, and which ones were not? What were the barriers to utilizing innovations? Could UNICEF have done things differently, or used different innovative means to respond to the pandemic? **[UNICEF, Gov, CSO]**
- How was UNICEF's funds management timely, flexible, and appropriate to meet the evolving and diverse needs for the different waves? Were funds mobilized efficiently? What could have UNICEF done more or differently to address any funding gaps? **[UNICEF, UN partners, Gov, CSO]**

### **Programme Implementation**

- Can you share examples of UNICEF's COVID-19 response effort you were involved in, that you consider to be effective? Why? **[UNICEF, UN partners, Gov, CSO]**
- What was UNICEF's role in making the programme effective? **[UNICEF, UN partners, Gov, CSO]**
- What additional support did UNICEF provide, considering the unique needs/challenges brought by the pandemic and each of its wave, and at various levels? **[UNICEF, UNICEF partners, Gov, CSO]**
- Can you share examples of UNICEF's COVID-19 response effort that were not as effective or failed? Why? What could have UNICEF done differently to make it effective? **[UNICEF, UNICEF partners, Gov, CSO]**
- Can you share examples of how the effectiveness (or lack) of programmes implemented in the first wave, impacted the efforts needed for and outcomes of programmes implemented in subsequent waves e.g., impact of social and behaviour change programmes, supplies that were implemented in the first wave on delta and omicron waves. **[UNICEF, Gov, CSO]**
- If any, can you share some of the pandemic-specific barriers to effective programme implementation? How did you overcome these barriers? What additional support did UNICEF provide to address these barriers? What could have UNICEF done more or differently? **[UNICEF, UNICEF partners, Gov, CSO]**
- Was any COVID-19 response effort cancelled, postponed, or suspended during the pandemic? Why? What was its impact of the cancellation, postponement or suspension? What could have UNICEF done more or differently to continue the programme? **[UNICEF, Gov, CSO]**
- How did the programme ensure gender equality was addressed in its response including advocacy with government; meaningful participation of girls and women in programme planning and implementation; paying special attention to caregivers; collecting, and acting upon gender disaggregated data; and addressing increase in gender-based violence during the pandemic? How were the needs of the various gender groups determined? What could have UNICEF done more or differently? **[UNICEF, UNICEF partners (UN Women), Gov, CSO]**
- Were UNICEF's approaches to address the standards and commitment related to gender, disability, age, human rights, AAP sufficient to address the unique needs of a pandemic? Considering the unique needs and the challenges of the pandemic, what additional measures (if any) are needed to ensure these standards and commitments are well integrated in UNICEF's response. **[UNICEF, Gov, CSO]**
- How did UNICEF show accountability to affected populations (AAP) during the pandemic? **[UNICEF, Gov, CSO]**
  - How did UNICEF actively seek the views of communities during the pandemic?
  - How did UNICEF create opportunities for communities to play an active role in the decisions that affect them during the pandemic?
  - How did UNICEF provide accessible and timely information on organizational procedures, structures and processes to support decision making at the community level?

### **Communication and Coordination**

- To what extent was UNICEF’s response well-coordinated including cohesive response between various programme areas, as well as external partners (government, civil society organization, and other UN partners) for timely and effective delivery of programmes [UNICEF, UNICEF partners, Gov, CSO]
- How were UNICEF’s communication mechanisms effective, appropriate, and timely? Why? [UNICEF, UNICEF partners, Gov, CSO]
- What are some of the unique communication needs during the times of a pandemic? What could UNICEF do more or differently to support these unique communication needs during a pandemic for an uninterrupted flow of information and to support a timely and appropriate response to pandemic? [UNICEF, UNICEF partners, Gov, CSO]

### **Continuous Monitoring and Learning**

- How were UNICEF *supported government units, and communities* better prepared in addressing the needs of the vulnerable populations during *the Delta and Omicron COVID-19 waves*? If there were gaps, what could have (e.g., monitoring, communication etc.) better supported an improved response in subsequent waves? [UNICEF, Gov, CSO]
- To what extent were emergency plans adjusted and adopted based on lessons learned during 2020 and earlier COVID-19 waves and how responsive/ agile were those plans to increasing needs and demands? [UNICEF, Gov, CSO]
- To what extent did UNICEF have appropriate and adequate monitoring mechanisms (frequency, monitoring platforms etc. sue of innovative means/mechanisms) to ensure the quality of activities undertaken by the stakeholders? What should UNICEF do more or differently in terms of its monitoring mechanism during a pandemic? [UNICEF, Gov, CSO]
- What can UNICEF do more or differently for a better response to future pandemics in terms of the pandemic preparedness mechanisms of UNICEF, and in building a more flexible and resilient crisis management mechanism? [UNICEF, Gov, CSO]

### **Impact on vulnerable population**

- To what extent did UNICEF minimize the disruption to various services (e.g., education, health, nutrition, WASH, social protection, child protection, GBV services)? Which services were most impacted by the pandemic? What were the barriers to accessing these services? What could have UNICEF done more or differently to improve access to these services during a pandemic? [UNICEF, Gov, CSO]
- Can you share examples of if/how UNICEF minimized the inequalities exacerbated by the pandemic? What could have UNICEF done more or differently? [UNICEF, Gov, CSO]
- Can you share examples of if/how UNICEF minimized impact of the pandemic on the mental health and overall wellbeing of the population. What could have UNICEF done more or differently? [UNICEF, Gov, CSO]
- As UNICEF’s priorities and programmes shifted over the course of the pandemic (e.g., to vaccine awareness and rollout), was any vulnerable community ‘left behind’ (e.g. based on age, gender, economic status, social class, geographic location, migration status, disability)? [UNICEF, UN partners, Gov, CSO]
- Who were the ones left behind? What was the impact on those ‘left behind’?
- What could have UNICEF done more or differently to identify these communities in a timely manner, and allocate appropriate resources to support their needs during a pandemic? [UNICEF, Gov, CSO]
- What can UNICEF learn from its current response to COVID-19 pandemic to have a better response to future pandemic, in terms of minimizing short- and long-term impact of any pandemic on vulnerable population [UNICEF, Gov, CSO]
- Considering the UNICEF response effort(s) that you deem to be most impactful, how should UNICEF position itself (in terms of priority areas or programme areas) for subsequent public health emergencies, in line with its mandate? Why? [UNICEF, UNICEF partners, Gov, CSO]

### **System strengthening (sustainability)**

- What role did UNICEF and its implementing partners (UN partners, government partners and civil society organizations) play in strengthening the government's COVID-19 response (health, education, child protection, social protection)? How was system building prioritized (by type, geographical location, level of care)? What challenges did you face in your efforts to build or strengthen the system, and what barriers did you have to overcome? **[UNICEF, UN partners, Gov, CSO]**
- Do you agree that these system building efforts aligned with government priorities, and long-term development goals? Where were the gaps? **[UNICEF, UN partners, Gov, CSO]**
- What systems were maintained and built with UNICEF's support particularly during the Delta and Omicron Waves in South Asia? Which priority area changed, and which remained the same compared to the first wave? And, why? Where were the gaps as the efforts on system building evolved and adapted over the course of the COVID-19 waves? **[UNICEF, UN partners, Gov, CSO]**
- *What efforts have been put in place to ensure that these systems are maintained post-COVID-19? Do you agree that these system building efforts will support a better response to future pandemics? Where could it fall short, and why?* **[UNICEF, UN partners, Gov, CSO]**
- Specific to the health system, which of the six components of the HSS did UNICEF play a role in (leadership and governance, service delivery, health system financing, health workforce, medical products, vaccines and technologies, health information systems)? Of the six components of HSS, where was UNICEF's role most relevant? What could have UNICEF done more or differently, in its health system strengthening efforts, to ensure a better response to COVID-19; and to better prepare for future pandemics? **[UNICEF, UN partners, Gov, CSO]**



## 7.5. List of Documents to be Reviewed.

Sr #	Document name	Source	Availability status (Y/N)	Reviewer
1.	Country office annual report (COAR) 2020 and 2021	UNICEF ROSA	Yes for all 8 countries and ROSA except COAR 2020 is missing for Nepal	Team B
2.	SitReps	UNICEF ROSA	Yes for Nepal, no for other 7 countries	Team B
3.	National COVID response plan	UNICEF ROSA	Yes for Nepal, no for other 7 countries	Team B
4.	Evaluations and studies: RTA on COVID-19 response covering (Mar-Nov 2020)	UNICEF ROSA	Yes for 7 countries, No for India	Team B
5.	Guidance documents on evaluations	UNICEF ROSA	Yes	Team B
6.	SAR COVID response and lessons learned	UNICEF ROSA	Yes	Team B
7.	<a href="https://doi.org/10.1371/journal.pone.0281358">journal.pone.0281358</a> : qualitative study on inequity -- <a href="#">Global inequity creates local insufficiency: A qualitative study of COVID-19 vaccine implementation challenges in low-and-middle-income countries</a>	<a href="https://doi.org/10.1371">https://doi.org/10.1371</a>	Yes	Team B
8.	global COVID-19 vaccine distribution and inequity. Talha Burki reports	UNICEF ROSA	Yes	Team B
9	Status of COVID-19 vaccination around South Asia, Human Vaccines & Immunotherapeutics, 18:1, 2016010, DOI: 10.1080/21645515.2021.2016010	<a href="https://doi.org/10.1080/21645515.2021.2016010">https://doi.org/10.1080/21645515.2021.2016010</a>	Yes	Team B
10	Expert review of vaccine: COVID-19 vaccine equity: a health systems and policy perspective	<a href="https://doi.org/10.1080/14760584.2022.2004125">https://doi.org/10.1080/14760584.2022.2004125</a>	Yes	Team B
11	COVAX Facility – CCE applications, Vaccines requests and TA support	UNICEF ROSA	Yes	Team B
12	Documents on demand-based planning	UNICEF ROSA	Yes	Team B
13	COVID-19 Deployment Support (CDS) documents	UNICEF ROSA	Yes (Need to check completeness for all SAR countries)	Team B
14	The Access to COVID-19 Tools Accelerator (ACT-A) Humanitarian Action for Children (HAC)- Country Documents	UNICEF ROSA and <a href="https://www.act-a.org/">https://www.act-a.org/</a> (need to add access date as we review later)	Yes	Team B
15	Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond	UNICEF ROSA	Yes	Team B

16	<a href="#">Considerations for integrating COVID-19 vaccination into immunization programmes and primary health care for 2022 and beyond</a>	UNICEF ROSA and technet-21.org (need to indicate access date as we review)		Team B
17	COVID-19 VACCINATION INTRA-ACTION REIVEW (IAR)	UNICE ROSA	Yes for Bhutan, no for other 7 countries (it may be possible that it has not been conducted in other Countries. Need to clarify with UNICEF)	Team B
18	Covid-19 Post Introduction Evaluation (cPIE)	UNICEF ROSA	Yes for India and Maldives, No for other 6 countries (same comment as above)	Team B
19	ROSA COVID-19 Introduction guidance document	UNICEF ROSA	Yes	Team B
20	<b>SSUES IDENTIFIED THROUGH EVM ASSESSMENT AND CORRESPONDING ACTIVITIES FOR IMPROVEMENT</b>	UNICEF ROSA	Yes for Bangladesh, Maldives, Nepal and Pakistan	Team B
21	Supply and logistics documents: Vaccines and cold chain inventory	UNICEF ROSA	Need to check the completeness and updated versions.	Team B
22	COVID-19 Programme Approach and Prioritization Guidance Note	UNICEF ROSA	Yes	Team B
23	National deployment and vaccination plan (NDVP)	UNICEF ROSA/CO	No	Team B
24	Effective vaccine management assessment report	UNICEF ROSA/CO	No	Team B
25	Joint Annual Review and Joint reporting form (JRF)	UNICEF ROSA/CO	No	Team B
26	Multi-Stakeholders Discussion (MSD) reports	UNICEF ROSA/CO	No	Team B
27	Integrated final report- UNICEF ROSA HSS landscape review report 4Feb22 clean	UNICEF ROSA	Yes	Team B
28	<a href="#">The COVID-19 Vaccine Delivery Partnership   Update (March 2023)</a>	<a href="https://worldhealthorganization.createand1.com/t/d-e-ztdjil-l-hh/">https://worldhealthorganization.createand1.com/t/d-e-ztdjil-l-hh/</a> (Need to indicate the access date as we review)	Yes	Team B
29	Country Specific equity assessment reports (More relevant if has been conducted from 2020 – 2022)	UNICEF ROSA/CO	NO (Availability depends on countries assessment status. Need request UNICEF for clarity)	Team B

## 7.6. List of Respondents for KIIs and Perception Survey

See Separate Attachment