Inception Report: Summative Evaluation of the COVID-19 Response and Resilience Building of Health Systems in Zambia (2020-2023)

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Prepared for: UNICEF Zambia Country Office

Submitted by: Ipsos Zambia, Africa Centre for Development Research and Evaluation.

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List of Acronyms

ACSM - Advocacy Communication and Social Mobilization.

CBOs - Community Based Organisations

COVID-19 - Coronavirus Disease

DAC - Development Assistance Committee

DHIS2 - District Health Information Software 2

DMMU - Disaster Management and Mitigation Unit

FGDs - Focus Group Discussions

GRZ - Government of the Republic of Zambia

HMIS - Health Management Information Systems

IPC - Infection Prevention and Control

KIIs - Key Informant Interviews

MoH - Ministry of Health

NGOs - Non-Governmental Organisations

NHRA - National Health Research Authority

NHREB - National Health Research Ethics Board

OECD- Organization for Economic Cooperation and Development

PHEIC - Public Health Emergency of International Concern

PHEs - Public Health Emergencies

PS - Permanent Secretary

QC - Quality Control

RCCE - Risk Communication and Community Engagement

RMNCAH - Reproductive Maternal Neonatal Child and Adolescent Health

SARS-CoV-2 - Severe Acute Respiratory Syndrome Coronavirus 2

SPSS - Statistical Package for Social Sciences

ToC - Theory of Change

ToRs - Terms of Reference

UN - United Nations

UNICEF - United Nations Children's Fund

WASH - Water Sanitation and Hygiene

WHO - World Health Organization

1. INTRODUCTION

Background

Coronavirus disease is the second largest pandemic of the 21st century, after the Human Immunodeficiency Virus (HIV), whose disease burden crippled emergency response systems internationally, incapacitating health systems and economies as there was initially no treatment protocol due to the novelty of the coronavirus (SARS-CoV-2). The first coronavirus disease cases were recorded in Wuhan, Hubei Province, China in December 2019, posing a threat to global health, and was declared a notifiable disease owing to the contagious nature of the disease. During the latency period of the coronavirus, an asymptomatic carrier, with an average daily contact of 10 to 20 individuals, could potentially expose at least ten people to the virus. Subsequently, each of these exposed individuals, also asymptomatic in the initial days of contraction, can go on to expose at least ten more people, contributing to the rapid spread of the disease.

The initial cases were diagnosed in Wuhan, Hubei Province, China, leading to a global crisis. By March 2020, the number of cases outside China had surged thirteenfold, and the number of affected countries had tripled. Recognizing the severity of the situation, on March 11, 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic. As of May 19, 2020, the outbreak had resulted in approximately 4,876,906 cases and 321,999 deaths across 188 countries.

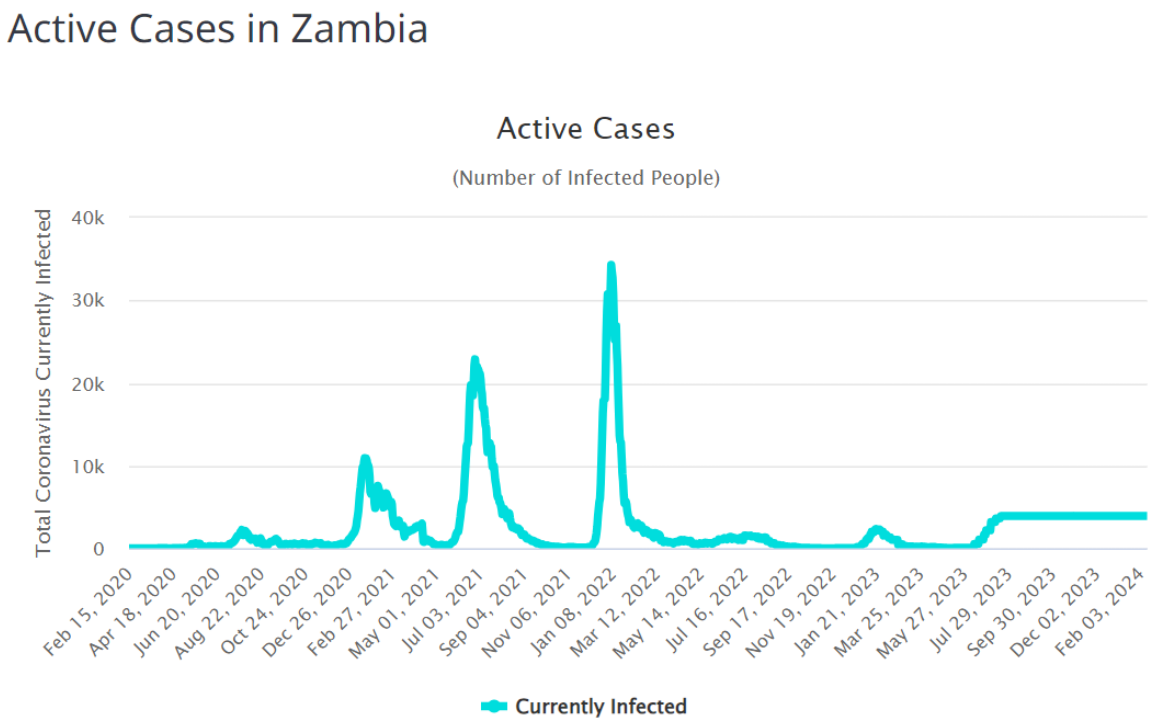
The WHO issued a Public Health Emergency of International Concern (PHEIC) alarm on 30th January 2020 and appealed to specialists all over the world to work together to control the rapid spread of COVID-191 and it was later declared as a global pandemic on March 11, 2020. The virus spread rapidly throughout the world by March 2020 when Zambia first 2 confirmed cases were recorded. The pandemic called for multisectoral and multilevel involvement as disease management protocol had not yet been established.

As of October 2023, Zambia has had a cumulative number of 349,287 COVID-19 confirmed case and a total cumulative number of 4,069 COVID-19 deaths[1]. According to Mudenda et al (2022)[2] Zambia experienced 3 major waves of COVID 19 **(see figure 1 below)** which were characterised by partial lockdowns where gatherings such as weddings, funerals, and conferences were restricted to a maximum of 50 people; the quarantine of travellers entering the country for a period of 2 weeks, whether they exhibited symptoms or not; and the suspension of non-essential foreign travel to countries that had reported cases of COVID-19.

[1] https://covid19.who.int/region/afro/country/zm

[2] Mudenda, S., Chileshe, M., Mukosha, M., Hikaambo, C.N., Banda, M., Kampamba, M., Mwila, K., Banda, D.C., Mufwambi, W. and Daka, V. (2022) Zambia's Response to the COVID-19 Pandemic: Exploring Lessons, Challenges and Implications for Future Policies and Strategies. Pharmacology & Pharmacy , 13, 11-33. https://doi.org/10.4236/pp.2022.131002

Figure 1: COVID 19 Waves in Zambia, February 2024



(source: https://www.worldometers.info/coronavirus/country/zambia/)

UNICEF worked closely with all stakeholdersto strengthen health systems and offer support to governments around the world, with Zambia being one of them, partnering with other organisations such as the World Health Organization (WHO) and other governments to offer aid and support. The objective of this evaluation is to elucidate UNICEF's contributions to the Government of the Republic of Zambia's COVID-19 response and resilience building on health systems

The Government of the Republic of Zambia (GRZ) has made prevention of COVID-19 a top priority. UNICEF Zambia Country Office has been working closely with the government to prevent and minimise the impact of the pandemic. This support was provided nationwide, spanning various levels such as communities, health facilities, districts, provinces, and national efforts. UNICEF, in collaboration with partners like other UN agencies, donors, NGOs, and CBOs, supported the Ministry of Health in developing the Zambia Multi-Sectoral COVID-19 Response Plan. This plan, coordinated by the Disaster Management and Mitigation Unit (DMMU) under the Office of the Vice President, encompassed public health emergency response to COVID-19 and the maintenance of essential public services, addressing the pandemic's social and economic consequences.

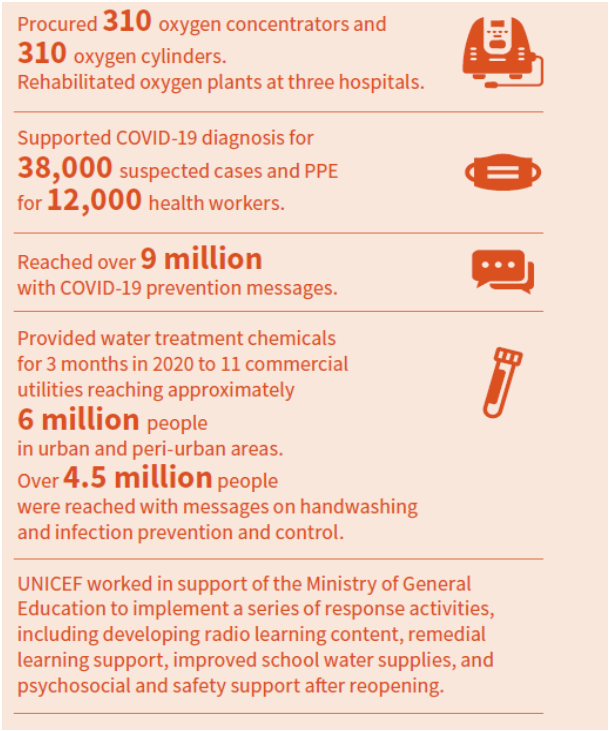


Figure 2: UNICEF COVID 19 RESPONSE (Source: UNICEF 2020)

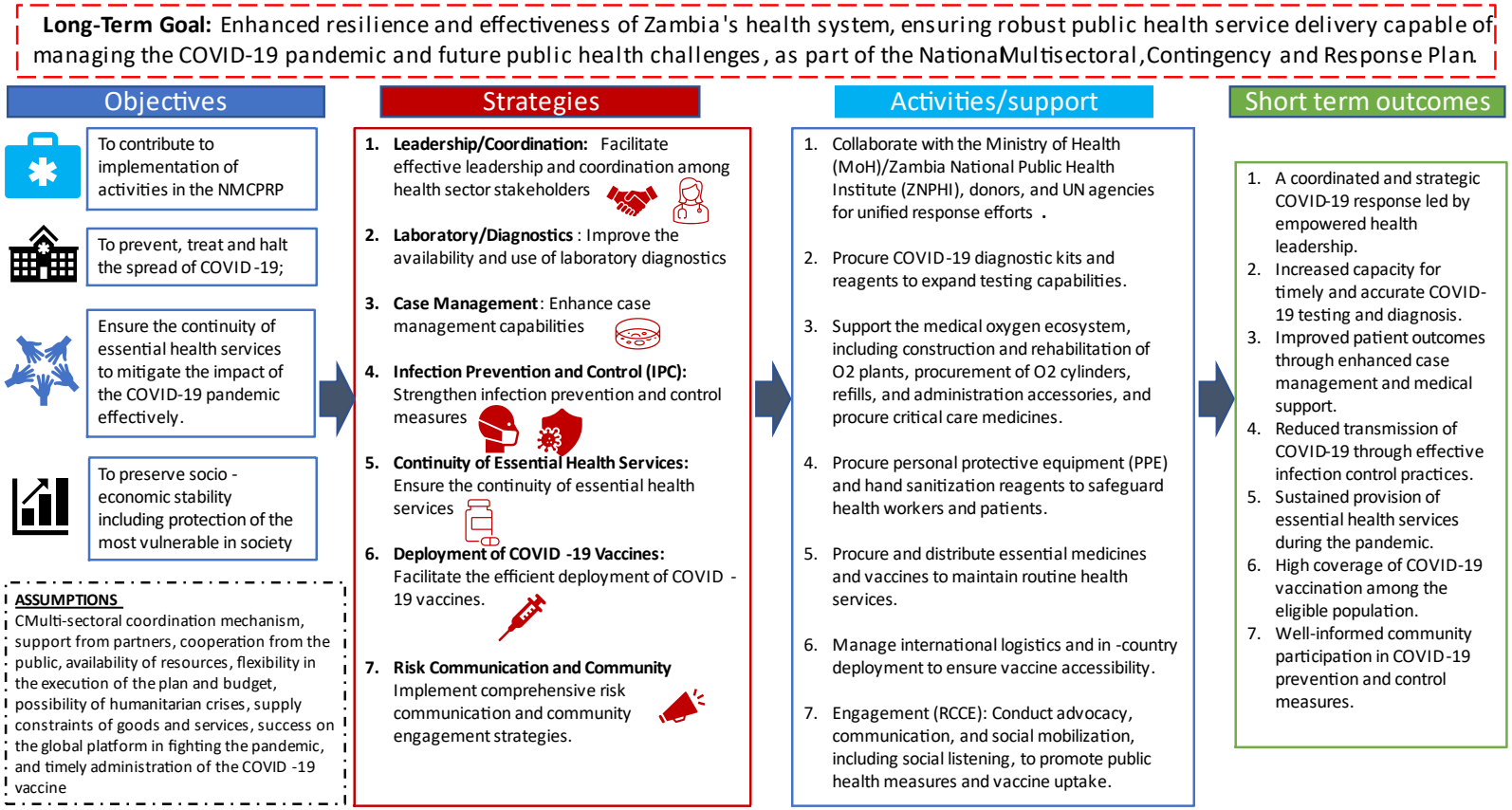
UNICEF contributed significantly to enhancing the quality of COVID-19 case management (**See Figure 2**). This was achieved by reinforcing the supply of essential health supplies, including life-saving medical oxygen therapy, distributing test kits, providing personal protective equipment, and facilitating extensive risk communication and community engagement efforts focused on COVID-19 prevention.

The challenges posed by COVID-19 demanded swift adjustments in systems, programmes, and resources, necessitating intensified cooperation with the government and partners. UNICEF played a pivotal role in Zambia's multi-sectoral response to the pandemic, implementing specific initiatives and integrating COVID-19 response into existing programmes. Since 2020, UNICEF Zambia has provided substantial resources, including staff time, technical assistance, equipment procurement, and infrastructure development, to support the COVID-19 response and strengthen health systems. The nature and extent of this support has evolved over time. Through robust programming, technical expertise, efficient financial mechanisms, and strong partnerships with donors, UNICEF successfully navigated the challenges of the year, aiding the ongoing battle against COVID-19 and its repercussions.

Thus, UNICEF Zambia initiated an external independent evaluation of its contribution to the Government of the Republic of Zambia's efforts to respond to COVID-19 and enhance the resilience of health systems.

IPSOS formulated a preliminary Theory of Change (ToC) in alignment with the Terms of Reference (ToRs), which will aid the evaluation process. The initial ToC highlights three fundamental inputs from UNICEF: financial resources, technical support, and collaborative partnerships.

Figure 3: Tentative Theory of Change



The theory of change highlights UNICEF's contribution to the national Multisectoral, Contingency, and Response Plan, which has four key objectives: coordinating, planning, and monitoring the implementation of activities in the NMCPRP; preventing, treating, and halting the spread of COVID-19; ensuring the continuity of essential goods and services; and preserving socio-economic stability, including protecting the most vulnerable in society. It also contributes to the National Covid-19 Vaccine Deployment Strategy NVDS objectives of fully vaccinating 10% of the target population by 30 September 2021, 40% by 31 December 2021, and 70% by 30 June 2022. The specific contribution of UNICEF to the overall plan is outlined in the evaluation objectives below.

Objectives of the evaluation

The specific objectives of the evaluation are:

- To determine to what extent UNICEF has contributed to Zambia's COVID-19 response with simultaneous focus on both Public Health Emergencies (PHEs) responses and continuation of essential public health services to reduce severities, complications, and excess mortalities from COVID-19 pandemic.
- To determine and analyse UNICEF supported COVID-19 responses' contributions to health system strengthening and resilience building particularly, those aspects on which UNICEF has focused on, such as critical health supplies including infrastructure (oxygen plant, cold plant, vaccines store), governance and coordination, standards and protocols, human resources and capacity building, and other medical technologies and equipment), preventing disruption of essential health services, and enhancing case management
- To provide findings, conclusions, recommendations, and lessons learned, adaptations and innovations, including gaps and challenges, in UNICEF's contribution to COVID-19 response and resilience building on the health system.

Scope of work

This summative evaluation will focus primarily on UNICEF's contribution in the COVID-19 response and the enhancement of health systems' resilience between 2020 and 2023. UNICEF's contributions are integral to the responses led and coordinated by the GRZ, with support from various cooperating partners. The evaluation will delve into the methods and procedures of partnership coordination and management, examining how UNICEF provided technical and operational support within these collaborations. Specifically, the evaluation will analyse **three key** aspects of UNICEF's initiatives related to COVID-19 response and the strengthening of health systems. We shall further evaluate the 2 cross-cutting areas. Figure 4 below shows the breakdown of the 3 thematic areas and the key focus areas in each theme.

Figure 4: Key COVID-19 Response Thematic Areas

Key thematic areas

COVID-19 Public Health Emergency (PHE) Responses:

- **Risk Communication and Community Engagement (RCCE):** Evaluating UNICEF's strategies for disseminating accurate information and engaging communities in the COVID-19 response.
- **Healthcare Provision:** Assessing the effectiveness of UNICEF's support in screening, case detection, treatment, and the supply of critical health resources, including diagnostics, medical oxygen therapy, essential medicines, and protective equipment for healthcare workers and patients.
- **Infection Prevention and Control (IPC) and WASH Services**: Analyzing UNICEF's efforts in implementing infection prevention measures and improving water, sanitation, and hygiene services at healthcare facilities.
- **COVID-19 Vaccination**: Examining UNICEF's involvement in the introduction and scaling up of COVID-19 vaccination efforts

Continuity of Essential Health Services:

- **Guidelines and Protocols**: Reviewing the development and implementation of national guidelines, standards, protocols, and tools to ensure the continuity of essential health services.
- **Monitoring and Evaluation**: Evaluating UNICEF's monitoring of routine health services, considering the impact of COVID-19 on accessibility, coverage, and quality of services.
- **Provision of Health Commodities**: Assessing UNICEF's role in supplying essential health commodities, such as routine immunization vaccines and drugs related to Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH).
- **Advocacy and Social Mobilization**: Examining UNICEF's efforts in Advocacy, Communication, and Social Mobilization (ACSM) to raise awareness and mobilise communities for essential health services.

Health Systems Strengthening Support and Coordination

- **Medical Oxygen Ecosystem and Cold Chain System**: Analyzing UNICEF's contribution to strengthening medical oxygen ecosystems and cold chain systems essential for healthcare services.
- **Governance and Coordination:** Assessing UNICEF's support in enhancing governance and coordination mechanisms within the health sector, focusing on ACSM/RCCE services.
- **Emergency and Routine Services Integration**: Examining UNICEF's efforts to synchronize emergency and routine health services and integrate them within the humanitarian-development nexus

Cross cutting themes

Equity Considerations:

- The evaluation will emphasize UNICEF's role in promoting equity in access and utilization of COVID-19 response and resilience building interventions, particularly for the most disadvantaged and excluded children and their families. Factors such as geographic location, gender inequality, economic status, and social and cultural norms/behaviors will be considered to assess the effectiveness of UNICEF's interventions in reaching marginalized populations

Support to GRZ and Collaboration:

- The evaluation will examine how UNICEF supported the GRZ through capacity building, technical assistance, joint planning, advocacy, field visits, coordination, and leveraging resources. UNICEF's financial contributions and trends in GRZ's contributions to COVID-19 response and resilience building on health systems during the evaluation period will be explored based on available data

2. OUR TECHNICAL APPROACH

Methodology

Ipsos shall use a mixed-method approach to implement this evaluation, combining qualitative and quantitative approaches. The qualitative data shall be primary data collected through Key Informant Interviews (KIIs) and Focus Group Discussion (FGDs). The qualitative methods arewell suited methods for capturing nuanced insights, perceptions, and experiences directly from key stakeholders and community members involved in COVID-19 response efforts. On the other hand, the quantitative data shall be secondary data mostly disaggregated data from DHIS2/HMIS and other statistical data from UNICEF documents, the Ministry of Health national and provincial offices, including programme documentation, assessments, and annual and progress reports. Documents also include other line ministries and sectors that have been actively involved in the fight against COVID-19. Quantitative method shall offer a statistically rigorous foundation for analysis. By analysing numerical trends, patterns, and correlations, we can derive insights that are generalizable to larger populations. This is particularly valuable in assessing the widespread impact of COVID-19 interventions and identifying trends across different regions or demographic groups.

By blending these qualitative and quantitative approaches, Ipsos seeks to generate a holistic understanding of the contribution of UNICEF, and the associated successes and challenges to the COVID-19 response initiatives. Further, the qualitative component shall enrich the analysis by providing contextual understanding, rich narratives, and nuanced interpretations of the quantitative data. Conversely, quantitative data help to quantify trends and patterns identified through qualitative insights. Through triangulation, Ipsos will synthesize these diverse perspectives, resulting in a more comprehensive and holistic evaluation of the COVID-19 response efforts, ultimately informing evidence-based recommendations for future interventions.

In summary, aligning quantitative and qualitative methods with the specified objectives enables a thorough evaluation of UNICEF's role in Zambia's COVID-19 response and health system resilience. This integrated approach ensures a comprehensive analysis that goes beyond numbers to capture the broader impact and implications of UNICEF's efforts on public health outcomes and system strengthening.

Quantitative approach

For the quantitative component of our evaluation of UNICEF's COVID-19 response in Zambia, we will adopt a comprehensive approach to analyse existing datasets across the five provinces covered by the project. In contrast to the qualitative section of our study, which relies on primary data collection, the quantitative evaluation will utilise secondary data, negating the need for sampling provinces or districts. This decision is informed by the objective to provide a thorough and comparative analysis across all regions involved.

Data for this evaluation will be sourced from various secondary sources, including but not limited to, health outcome records, vaccination records, records on distribution of medical supplies, and the extent of public health messaging reach. These data will be scrutinized in

alignment with the project's operational timelines, allowing for a temporal analysis of the interventions' impacts.

Furthermore, we will evaluate the data with regard to the specific interventions implemented and the partners engaged in each province and district. This approach not only facilitates a comparison across different geographic areas but also enables us to assess the effectiveness and efficiency of various strategies and partnerships.

To ensure the integrity and robustness of our analysis, we will employ statistical methods suitable for longitudinal and cross-sectional data. These may include trend analyses, comparison of means, and statistical models where applicable, to identify significant changes and outcomes associated with the COVID-19 response efforts.

Additionally, given that we will have access to nationwide data through platforms such as the DHIS2, an effort will be made to compare findings from non-UNICEF-supported sites with those from UNICEF-supported sites. This comparison aims to provide a clearer understanding of the attribution of successes to UNICEF's efforts. However, the feasibility and extent of this comparative analysis will depend on the granularity and quality of available data. Nonetheless, we are committed to undertaking this comparative analysis to enhance our understanding of the intervention's impact.

The comprehensive nature of this analysis aims to provide a holistic understanding of the quantitative aspects of UNICEF's COVID-19 response in Zambia, reflecting on both the breadth and depth of the interventions' impacts across the UNICEF supported provinces and districts. This will contribute significantly to our understanding of the program's effectiveness and areas for improvement, ultimately aiding in the optimization of future public health initiatives.

Possible Indicators for Evaluation of UNICEF's COVID-19 Response Interventions

In our evaluation of UNICEF's contributions to enhancing COVID-19 response capacities in Zambia, we will undertake a comprehensive analysis of all available data to quantify the organisation's impact on the country's overall healthcare and emergency response capabilities. This assessment will focus on key intervention areas, including treatment support, prevention measures, and social and behaviour change communication efforts.

The following set of indicators, while indicative or tentative at this stage, will guide our quantitative analysis. These metrics are designed to provide a clear picture of the extent and efficacy of UNICEF's efforts in addressing the pandemic between 2020 and 2023. However, it is important to note that the final selection of indicators will be determined after a thorough review of relevant documents and available data sources. This process will ensure that our analysis is grounded in the most relevant and impactful measures, tailored to the unique context of Zambia's COVID-19 response.

By systematically evaluating these indicators, we aim to elucidate the tangible outcomes of UNICEF's interventions, thereby shedding light on the organisation's role in bolstering the country's healthcare infrastructure and mitigating the impacts of the COVID-19 crisis. Our goal is to provide a detailed and nuanced understanding of how UNICEF's support has contributed to the national response efforts and to identify areas for future improvement and sustained action.

1. **A coordinated and strategic COVID-19 response led by empowered health leadership.**

- Reach of Communication Campaigns: Number of individuals reached through ACSM (Advocacy, Communication, Social Mobilisation) and RCCE (Risk Communication and Community Engagement) initiatives. (against target)

- Public Awareness Levels: Percentage of the population demonstrating knowledge of COVID-19 prevention measures and vaccination benefits.

2. **Increased capacity for timely and accurate COVID-19 testing and diagnosis.**

    - Testing Capacity: Number of COVID-19 tests conducted per day/week/month.

    - Percentage of Health Facilities Equipped for Testing: Proportion of health facilities equipped with necessary testing technology and supplies.

    - Access to Testing: Proportion of the population within a certain distance (e.g., 30 km) of a testing facility.

3. **Improved patient outcomes through enhanced case management and medical support.**

    - Quantity of Oxygen Cylinders Distributed: Number of oxygen cylinders provided to health facilities across the country, (against the overall need/gap).

    - Capacity of Oxygen Production: Total litres of oxygen generated and supplied to health facilities, (against overall need/gap).

    - Oxygen Supply Sufficiency: Comparison of daily/weekly/monthly oxygen supply versus oxygen demand within health facilities.

    - Installation of Oxygen Generating Plants: Number of oxygen generating plants installed in health facilities

    - Health Facility Oxygen Capacity: Increase in the percentage of health facilities equipped with functional oxygen delivery systems post-intervention (against number of new COVID-19 centres requiring functional oxygen systems).

    - Patient Utilisation of Oxygen: Number of COVID-19 patients receiving oxygen

    - Geographic Distribution of Supplies: Number of health facilities receiving oxygen support by district or province

4. **Reduced transmission of COVID-19 through effective infection control practices.**

    - Behavioural Change Metrics: Percentage of the population practicing recommended behaviours, such as wearing masks, social distancing, and handwashing.

5. **Sustained provision of essential health services during the pandemic.**

    - Health Service Continuity: Proportion of health facilities that continued to provide routine non-COVID-19 services during the pandemic.

- Changes in Utilization Rates: Changes in patient visits for routine and emergency services compared to pre-pandemic levels.
- Staff Availability: Number of healthcare workers available for non-COVID-19 health services during the pandemic.
- Medication and Supplies Availability: Availability of essential medications and medical supplies during the pandemic.

6. **High coverage of COVID-19 vaccination among the eligible population.**

- Vaccination Supplies Distribution: Quantity of COVID-19 vaccines, syringes, and needles distributed to health facilities (against need).
- Cold Chain Equipment Upgrades: Number of health facilities that received new or improved cold chain equipment (e.g., refrigerators, portable cold chain boxes) (against gap).
- Vaccine Storage Capacity: Increase in vaccine storage capacity (in litres) at the national, provincial, and district levels (against gap).
- Vaccine Utilisation Rate: Percentage of received vaccines that were administered to the target population.
- Vaccine Coverage: Percentage of the target population that received the first and second doses of the COVID-19 vaccine.
- Cold Chain Functionality: Percentage of health facilities with functional cold chain equipment post-intervention.
- Vaccine Wastage Rate: Percentage of vaccines wasted due to cold chain failures or expiration.

7. **Well-informed community participation in COVID-19 prevention and control measures.**

- Vaccination Intent: Percentage of individuals expressing willingness to receive the COVID-19 vaccine before and after communication campaigns.
- Information Dissemination: Number of informational materials (leaflets, posters, digital content) distributed to the community (against target).
- Community Engagement Activities: Number of community engagement sessions or events conducted (against target).
- Social Media Engagement: Number of interactions (likes, shares, comments) related to COVID-19 prevention and vaccination on official social media channels.

1. Case management

These indicators should be used to quantitatively assess the effectiveness, coverage, and impact of UNICEF's interventions in response to the COVID-19 pandemic in Zambia. Data collection and analysis for these indicators will provide insights into the success of the interventions and areas for improvement. It is important to note that these indicators are subject to the availability of data in at national, provincial and district levels.

Qualitative approach

Ipsos shall employ purposive sampling for the key informant interviews. We intended to purposively sample because we are targeting respondents that have had prior interaction with UNICEF and the COVID-19 program. Thus, the key informants shall be selected based on their involvement with UNICEF and the COVID-19 response and resilience program at the different levels of involvement or interaction with the program.

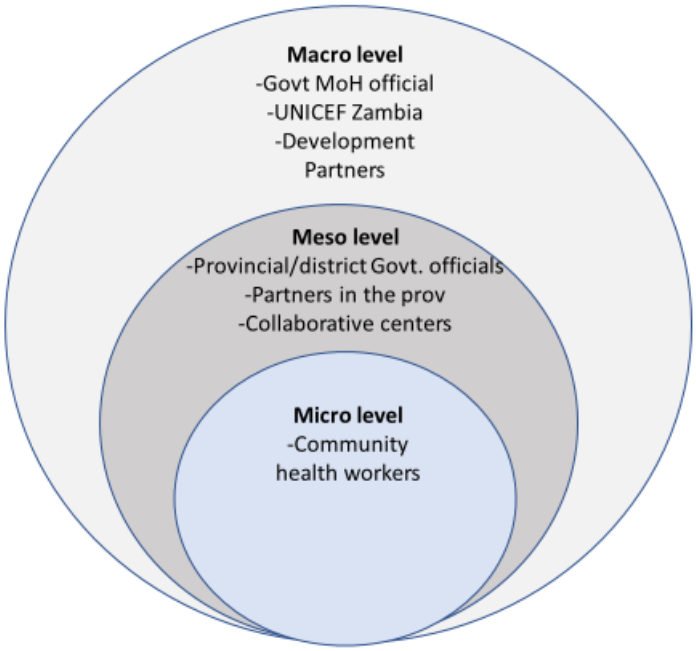
This framework is designed to synthesize inputs from diverse sources, operating at the **macro**, **meso**, and **micro** levels. Our approach aligns with the OECD-DAC evaluation criteria, adhering to the prescribed methodological standards.

At the **macro level**, our evaluation delves into the broader institutional landscape at the national level, understanding management and governance of COVID-19 and UNICEF's contribution. Here, we focus on assessing the alignment of UNICEF's COVID-19 response and resilience program with the overarching strategies, policies, and initiatives of the Zambian government concerning COVID-19. This analysis will predominantly rely on qualitative methods to gain nuanced insights.

Moving to the **meso level**, we examine the existing relationships among organisations at different levels of involvement and contribution, we shall aim to understand the horizontal and vertical connections between these organisations, spanning provincial and district levels at the Ministry of Health (MoH), local partner Civil Society Organizations (CSO) , and programme administrators. Our evaluation centers on understanding the contribution of UNICEF's towards the fight against COVID-19 program. Thus, we shall assess the extent to which the program engaged and empowered stakeholders with various resources to sustain the progress achieved in response to the COVID-19 crisis.

Lastly, at the **micro level**, we zoom in on the outcomes of UNICEF's COVID-19 programme specifically concerning health facility staff, community health workers and volunteers aligning with the programme's stated objectives. This analysis allows us to appreciate the tangible outcomes of the programme. Here, our evaluation predominantly relies on qualitative approaches, enabling us to gain a deep understanding of the outcomes achieved. Through this multifaceted approach, we aim to provide a comprehensive and insightful evaluation of UNICEF's Covid-19 initiatives.

Figure 5: Evaluation framework



The table below shows a breakdown of the different respondents at each level in the selected districts (Eastern, Luapula, Lusaka, Southern and Western provinces). We shall conduct a total of 48 KIIs and FGDs across the country.

Table 1: Distribution of KIIs

Levels	Eastern		Luapula		Lusaka		Southern		Western		Total
	KIIs	FGDs	KIIs	FGDs	KIIs	FGDs	KIIs	FGDs	KIIs	FGDs	
Macro Level											
Government of Zambia MoH officials					5						**5**
National Emergency Operation Center (EOC)					3						**3**
Other development partners					4						**4**
Collaborative centers and medical partners					3						**3**
UNICEF staff					5						**5**
Meso Level											
Provincial government officials (including Provincial Director)	1	-	1	-	1		1	-	1		**5**
National EOC	1	-									**1**
Other development partners in the province	1	-	1		1		1		1		**5**
Collaborative centers and medical partners		-			1		1				**2**
District health managers (including District Director, District Medical Officer, Hospital Director)	1	-	1		1		1		1		**5**
Micro level											
Health Facility/Post staff (doctors/nurses/data entry operator and affiliated community-based staff)	1	-	1		1		1		1		**5**

Mixed group of Health Facilities and community members	-	1		1		1		1		1	**5**
Total	**5**	**1**	**4**	**1**	**25**	**1**	**5**	**1**	**4**	**1**	**48**

Ipsos shall adopt the Organization for Economic Cooperation and Development (OECD) criteria The key questions for the OECD criteria have been aligned with the thematic areas of the evaluations. See below proposed questions and methods.

Table 2: Evaluation matrix

Criteria	Sub-Criteria	Evaluation Questions	Methods		
			KIIs	FGDs	Desk review
Relevance	Alignment with COVID-19 PHEs Responses	1) Was the intervention aligned with Zambia COVID-19 response areas, such as RCCE, screening, treatment, IPC, WASH, and vaccination?	**X**		**X**
	Equity Promotion	2) How did UNICEF contribute to promoting equity in access for disadvantaged and excluded children and families?	**X**	**X**	**X**
Effectiveness	Implementation According to Plan	1) Was the intervention implemented according to the plan for COVID-19 response areas specified by GRZ?	**X**		**X**
	Achievement of COVID-19 Response Objectives	2) Were the intended results related to specified COVID-19 response areas achieved as outlined by GRZ?	**X**		**X**
	Factors Influencing Results	3) What were the key factors that influenced the achievement or non-achievement of COVID-19 response objectives?	**X**		**X**
	Equity in Adherence to Response Areas	4) Were results achieved in adherence to equity factors such as geography, gender, economic status, disability, and cultural norms?	**X**	**X**	**X**
Efficiency	Economical Use of Resources	1) Did the intervention use available resources economically to achieve specified COVID-19 response areas?	**X**		**X**
	Coordination and Collaboration	2) To what extent was effective coordination and collaboration with existing interventions and partners achieved?	**X**	**X**	**X**
Sustainability	Positive Results Likely to be Sustained	1) What are the positive results likely to be sustained in the specified COVID-19 response areas? Why or why not?	**X**		**X**
	Equity in Sustainability of Results	2) How has UNICEF ensured equity in sustaining the positive results for disadvantaged and excluded children and families?	**X**	**X**	**X**

Evaluation implementation

The evaluation will follow a threefold implementation approach. This phased strategy is crucial as it ensures that all the necessary preparatory work for each phase is completed thoroughly before moving forward.

Phase One: Pre-Fieldwork

Desk review: The Ipsos team will start by conducting a preliminary desk review of the available literature relevant such as the UNICEF COVID-19 response plan and related documents, national and policy documents and plans on COVID-19 and key partner documents. In consultation with UNICEF Zambia, the team will identify relevant project documents including activity reports and other research study documentation. The desk research shall also extend to journal articles and websites such as PubMed for an understanding of the Covid 19 response in Zambia through review of peer reviewed journal articles. The team shall also review COVID-19 data through the various dashboards and channels available to observe the trend over time of COVID-19 in Zambia. The documents reviewed shall form a basis for preparation of tools, validation of primary data collected and triangulation of results.

Inception report: Following the desk review, Ipsos shall develop an inception report detailing the suggested approach to this evaluation. The inception report will provide a comprehensive plan detailing the methods and strategies to be employed throughout the evaluation process. This will include a clear description of the quantitative and qualitative methods to be used, such as data collection techniques, sampling strategies, analytical frameworks, and timelines for different phases of the evaluation. The inception report serves as a roadmap, ensuring transparency and alignment with the evaluation objectives, while also allowing stakeholders to provide feedback and refine the proposed approach before proceeding further with the evaluation.

Key Informant Interview guide and Focus Group Discussion Guide development and inception report; Ipsos in consultation with UNICEF Zambia will design and develop the key informant guides for this evaluation. All tools will be delivered alongside the inception report which will include the final agreed methodological approach, ethical considerations and workplan.

Cognitive interviews: Following the development of the interview guides, we propose to implement **cognitive interviews**, as this is a crucial step for an evaluation of this complexity. The purpose of cognitive interviews in instrument development is to evaluate the clarity, comprehensibility, and interpretability of the questions or items included in the instrument. Thus, cognitive interviews shall help to gather detailed information about how individuals understand, process, and respond to evaluation questions. This will help to ensure that the questions are clear, interpretable, and meaningful to the respondents. This methodology will enable us to ensure that the interview guides are cognitively comprehensible to respondents. By employing these rigorous methods, we aim to enhance the precision and reliability of our evaluation tools/guides.

Ethical consideration: our team is committed to conducting research in an ethical fashion, upholding dignity and respect of research participants Our staff are experienced and duly trained in human research ethics. We follow the accepted rules of ethical research in Zambia (and globally) throughout our evaluations**.** Thus, we shall adhere to follow the UN and UNICEF norms and standards. Ipsos is a registered member of the **National Health Research Authority (NHRA)**. Prior to data collection, an ethical protocol of the study will be submitted

to NHRA for ethical approval and authorization prior to conducting the project [3]. We anticipate that obtaining the ethical clearance and authorization shall take at least 7 working days. Participation will be **voluntary and without coercion** for all respondents and the evaluation purpose and methodology will be fully explained to respondents in a language that they are familiar with. Participants will be provided with an information sheet and asked to sign a consent form if they agree to participate. Participant information will be kept confidential, and findings will not be analysed using personal details. Ipsos will ensure that all data collected are kept private and confidential, by conducting interviews in a quiet, safe space. Ipsos will ensure all participants are not **discriminated against** in any way but rather are treated with utmost consideration and respect. Respondents will be provided with contact information of the project manager and of a contact person from NHRA so that any questions or concerns can be answered immediately.

Administrative approvals: Ipsos shall obtain administrative approval to interview Ministry of Health (MoH) staff at national and subnational levels. This shall be done through a letter written to the Ministry of Health Permanent Secretary (PS)-Technical Services. We anticipate that this shall not take longer than 2 weeks, given our experience working with the MoH and the cordial relationships we have built partnering with them that allow us to easily follow up. Further, we shall also obtain clearance from Provincial/ District Health Directors to interview their staff. We shall write to the various supporting partners that UNICEF worked closely with to interview staff that were engaged with UNICEF on the Covid 19 response and resilience program.

Phase Two: Fieldwork/Data collection

Recruitment of respondents: Ipsos shall work closely with UNICEF to identify the different respondents that UNICEF worked closely with. The recruited participants should possess the necessary knowledge and experience related to the UNICEF COVID-19 response and resilience programme. Further, community level respondents shall be identified with the support of the district level staff within MoH. Ipsos shall also ensure representation of both female and male respondents at the various levels. Based on our assessment, the respondents shall include government stakeholder such as the Ministry of Health staff, and other government agency such as ZNPHI, and other stakeholders who have been involved in the fight against COVID 19.

Data collectors: It is crucial to emphasize that the data collection process will be carried out exclusively by the **core evaluation project team** from Ipsos. This is important because this type of evaluation demands a profound level of understanding and interaction with the programme area. Thus, the team's expertise and experience in conducting evaluations shall help ensure a comprehensive and insightful approach. The core team possesses the necessary skills to engage with the program participants, stakeholders, and the surrounding community effectively. Their familiarity with the specific context, combined with their ability to establish rapport and facilitate open communication, will be instrumental in gathering accurate and meaningful data. This approach not only enhances the reliability of the data but also instills confidence in the evaluation outcomes. By entrusting this responsibility to the core team, the evaluation project can maintain the integrity of the data collection process, thus contributing

[3] The National Health Research Authority (NHRA) through its independent Ethics Review Board National Health Research Ethics Board (NHREB) reviews ethical protocols and provide ethical clearance and authority to conduct research. We have found this to be very efficient as once NHREB give approval, NHRA shall then provide the authority to conduct research.

to the overall success and credibility of this evaluation. Research assistants shall only be hired as notetakers.

Scheduling Interviews: Ipsos shall work to arrange interview schedules with respondents, ensuring their convenience and willingness to participate. This shall be done through contacting the potential respondents physically or via phone calls or emails depending on how accessible the respondent may be.

Weekly progress updates: Ipsos will provide weekly fieldwork updates to UNICEF Zambia, including an overview of current progress to date and a short-written report/summary of any issues arising and how these are being addressed. These updates will be aligned with field observations.

Transcriptions: All interviews and FGDs shall be audio recorded using Ipsos Dictaphones. The interviews shall then be transcribed **verbatim**. Transcription of all the qualitative data will happen concurrently with the data collection process to ensure that transcripts are ready almost immediately after fieldwork. Ipsos has standard transcription guidelines which the transcribers shall be required to align to, some of the standards include timestamps in the transcripts to enhance quality checks. The transcripts will be reviewed against the audios and edited by the quality control team before being used for analysis and reporting. The notes taken during the interview shall serve as backup and provide additional information for any gaps in the transcript.

Standard Data Processing and Analysis; The quantitative data will be analysed usingSPSS. This data will help describe and summarise the characteristics of the COVID-19 trends analysing them against the UNICEF COVID-19 response and resilience programme. Ipsos will use bar charts, frequency tables, and pie charts for visualisation of results. The data will be disaggregated according to the different groups/categories of interest such as provinces/districts. In addition, all qualitative data will be coded and analysed using the NVivo qualitative software program. The research team will create a preliminary coding outline and structure based on the evaluation research questions, objectives, and interview protocols of themes that emerge during data collection. The interviews shall be analyzed using thematic analysis.

Phase Three: Post-Fieldwork

Field report: As standard practice, Ipsos shall furnish UNICEF Zambia with a field report detailing how the interviews were executed, and highlight the challenges and success experienced during field work as well as lessons learnt.

Triangulation of findings and reporting; Qualitative data, alongside quantitative data, helps uncover the reasons behind behaviours and explores nuances within the sample. While quantitative data shows the statistical trends, qualitative data delves into the mechanisms and variations observed across thematic areas. The combined findings will inform a summative evaluation report for UNICEF Zambia. The summative evaluation report shall be shared through a Microsoft Word Document and a Microsoft PowerPoint presentation shall be delivered to UNICEF Zambia. Ipsos shall expect comments or clarifications from UNICEF. Once the parties are satisfied with the report. The report will then be shared with the stakeholders through a dissemination meeting.

Policy Brief: Following reporting, Ipsos will present information and analysis about the COVID-19 crisis and UNICEF's intervention response, along with policy recommendations or options for addressing the subject issue. The policy brief will be designed to provide UNICEF

alongside key decision-makers, such as government officials, lawmakers, or organizational leaders, key lessons learnt, successes and challenges and policy recommendations.

Dissemination and validation meeting: Following several iterations on the evaluation report between Ipsos and UNICEF, we would like to propose a dissemination meeting where various partners and stakeholders shall be invited to the meeting to discuss the findings of the evaluation. Additionally, while working with UNICEF Zambia, we shall share the findings with the respective stakeholders at the national and subnational levels.

Deliverables

The following are the key deliverable based as stipulated in the ToRs;

1. Inception report
2. Data collection tools and analysis tools/framework
3. Validation workshop to present draft report of evaluation, approved two policy briefs and four-pager executive summary
4. Final evaluation report

Potential challenges and mitigation measures

Below is a table outlining possible challenges and the mitigation measure we have in place to ensure a successful implementation of the research study.

Potential challenges	Likelihood	Contingency/mitigation plans
Seasonality: Data collection could be disrupted due to the terrain of the areas which disrupt travel and fieldwork operations.	low	We do not anticipate that this may be a challenge as almost all the interviews shall be conducted at the provincial and district levels office where road networks are fair. Nonetheless, we shall be in contact with the provincial and district offices to understand the situation on the ground. Other data collection platforms such as virtual meetings shall be considered.
Rejection by community gatekeepers: Disruptions could occur if buy-in and permission	Low	We have very little interaction with the general community members. Nonetheless, our protocol for community entrance details course of actions should we experience any challenges.
Connectivity issues: Some provinces and districts are predominately rural and there might be poor connectivity issues in the field that might not allow daily upload of field data.	low	We plan to conduct physical interviews unless the respondent request otherwise. Nonetheless, we shall be in contact with the respondent before we travel to inform them of our visit.
Logistics: Some selected areas might be difficult to access and therefore might impede teams from completing interviews as planned.	Medium	Following the selection identification of the respondents, we will work with provincial health office to guides to identify areas that are difficult to access and plan in advance how to manage the logistical issues.

Scheduling challenges due to competing priorities of MOH and other kay partners	Medium	Continuous coordination and communication between Ipsos UNICEF and other partners to ensure that key dates are arranged well in advance and all partners are given enough time to prepare.

Quality assurance measures

We have a dedicated Quality Check) (QC) team that is lead by a Quality Control manager with expertise in data management and processing, the QC manager is supported by a team of QC executives who conduct various QC checks. The QC process will includethorough reviews transcripts for any inconsistencies, employing a multi-faceted approach to validate the received transcripts. We will ensure the transcripts are checked for consistency against the audio files. This shall be done by a Quality Control executive who will review the transcripts while listening to the audio interview files and checking for any omission and errors. They will be aided by the use of time stamps on the interview transcripts. The Quality Control team will ensure that all completed transcripts are aligned with Ipsos standard transcription guidelines.

3. TEAM COMPOSITION

#	Names	Position
1	Dr. Moses Simuyemba	Team lead & Public Health Expert
2	Pushpendra Mishra	Quality Assurance Expert
3	Eddie Kashinka	Project Manager
4	Owen Siyoto	Project Statistician and Analyst
5	Gideon Nyambe	HMIS/DHIS Expert
6	Tukiya Mbewe	Project Assistant
7	TBD	Research Associate- Noted taker/Interviewer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