

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

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Note about the Author

Key Author: Agnieszka Makulec (ECORYS Polska Sp z o.o)

The core evaluation team: Dr. Aleksandra Duda (ECORYS Polska Sp z o.o) and Dominika Safin (ECORYS Polska Sp z o.o)

Country Researcher: Dr. Olena Zaplotynska

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Acronyms

CO	Country Office
CPD	Country Programme Document
ECA	Europe and Central Asia
ECARO	Europe and Central Asia Region Office
ECD	Early childhood development
ECE	Early childhood education
ECI	Early childhood intervention
EI	Early Intervention
ICT	Information and communication technology
IPC	Infection Prevention and Control
KII	Key informant interview
MoES	Ministry of Education and Science
MoH	Ministry of Health
NGO	Non-governmental organization
PPE	Personal protective equipment
RO	Regional Office
UPHV	Universal-progressive home visiting
WASH	Water, sanitation and hygiene

Executive Summary

Evaluation purpose and scope

Evaluation purpose: The evaluation's overarching purpose was to provide UNICEF Country Offices (COs), UNICEF ECA Regional Office, national governments and partners with a critical assessment of the key adaptations made in UNICEF's Early Childhood Development (ECD) programmes in the Europe and Central Asia region to meet the needs of young children and families in the context of COVID-19. The secondary purposes were to: (i) generate insight to inform further development of the evaluated ECD activities and (ii) provide evidence to inform future ECD efforts in similar emergencies. The evaluation was carried out in four countries, including Ukraine.

Evaluation scope: The evaluation focused on interventions that were introduced directly in response to COVID-19 or adapted to its realities; entailed capacity building or information support for frontline workers; and were viewed by a given UNICEF CO as useful to have feedback on for future programming. In Ukraine, interventions selected for an in-depth assessment relate to mother and child healthcare, inclusive education, and early childhood intervention. They include: (1) Trainings for pre-school teachers in Donetsk and Luhansk oblasts on inclusive education; (2) Developing the capacity of professionals and parents for advocacy and provision of early intervention (ECI) service; and (3) Intervention to strengthen the mother and child health care system with integrated packages of services, universal-progressive home visiting (UPHV) model and promotion of safe health care in the conflict-affected areas of Ukraine (government-controlled).

All selected interventions were assessed with the view to their relevance, effectiveness, and sustainability. They were assessed in the

context of broader UNICEF ECD and COVID-19 programming in Ukraine.

The evaluation took place from November 2020 to the end of 2021.

Evaluation methodology

Evaluation approach: The evaluation process followed a twofold approach: (i) elements of developmental evaluation approach due to the dynamically changing context of the evaluated interventions; and (ii) elements of a formative evaluation to highlight how the adapted or new initiatives are working. During the evaluation, simplified theories of change (ToCs) for the three in-depth assessed interventions were developed.

Data collection: The methodology for this evaluation was based on rapid cycles of data collection and analysis, timely feedback, and evaluative synthesis and reflection. A mix of qualitative and quantitative research methods was used to collect and analyze the data. Desk research encompassed primary and secondary sources concerning ECD in Ukraine, UNICEF's programme and COVID-19 related activities in the country, as well as the three evaluated interventions specifically. Three cycles of data collection related to the in-depth assessments were conducted, each including: • a survey with frontline workers; • Key Informant interviews (KIs) with frontline workers, Implementing Partners, selected governmental officials, local leaders of public services and UNICEF CO's staff; • two reflection workshops, to discuss findings from Analytical Briefs, from which takeaways were recorded.

Evaluation limitations: The key limitations to analysis in Ukraine included limited secondary and primary data available on the effectiveness of selected interventions. Within the context of COVID-19, collecting "good enough" and timely evidence outweighed methodological rigor and involvement of rights holders in the evaluation process. Online surveys may have excluded frontline workers

with few digital skills and equipment from participating in the evaluation. Moreover, since the UPHV intervention assessed during the third rapid assessment cycle was at its initial implementation stage, it was impossible to measure its effects.

Key findings

Relevance

The evaluation assessed the relevance of UNICEF-supported interventions introduced or adapted to COVID-19 to the needs of young children and their families and frontline workers in the three areas of UNICEF service provision: (i) access to quality health services, (ii) access to early intervention services in the case of developmental delays and/or disabilities, (iii) access to a safe, inclusive educational environment.

The evaluation found that the UPHV intervention for addressing the availability of health care services in conflict areas of Eastern Ukraine helped increase accessibility with telemedicine and supported outreach to the most disadvantaged and marginalized children with services based on needs. The UPHV model applies a child and family-centered and holistic approach (including socio-psychological support), which increases its appropriateness to needs. Further, the intervention pays increased attention to supporting vulnerable households with targeted services. The interviewees anticipate this combination of home visits and telemedicine will increase the quality of services.

For frontline workers, the UPHV intervention is perceived to relieve overburdened primary healthcare personnel as it complements the services of family doctors or pediatricians and targets a limited number of families based on an evaluation of their risks and needs.

The evaluation found that UNICEF interventions proved to be highly relevant in responding to the parental need for ECI services for children with developmental delays and/or disabilities. Respondents perceived the ECI training as highly relevant to the needs of ECI specialists, particularly for improving their communication with families on specific household needs, cooperating with other specialists, and addressing the needs of the youngest children (from 0 to 3 years). Parents are often unaware of typical child development and cannot recognize the signs that require attention. The pandemic exacerbated this problem, as the lockdown further increased families' isolation and suspended face-to-face consultations with doctors who were the first specialists to follow on the child after birth. The holistic and comprehensive approach to ECI services extended beyond the medical approach addressed the household needs to receive emotional, psychological, and developmental support for their child. Consequently, the ECI services remained the only service that families continued to receive regularly during the pandemic due to the engagement of parents in the support process.

The education interventions were relevant to increasing pre-school teachers' awareness of inclusive education concepts and addressing the needs of different groups of children, including children with special education needs, during the pandemic context. The content of the training that focused on establishing learning environments for all children in the context of the pandemic was also seen by evaluation respondents as highly aligned with the current professional needs of pre-school teachers. Moreover, the intervention was relevant to upgrade parents' skills to support children's learning at home and more generally to support the provision of pre-school services during the pandemic.

Some challenges that remain only partially addressed by UNICEF interventions concern

psychological support for families during the COVID-19 pandemic. Some interviewees and survey respondents indicated that the UNICEF inclusive education training content did not sufficiently address the young children and their families' needs related to psychological support.

Effectiveness

The early stage of the implementation of UPHV intervention limits the effectiveness findings with regard to children and families' needs. The survey of frontline workers revealed that they felt the training effectively increased their knowledge on immunization, breastfeeding and healthy nutrition, as well as on advising parents on child development milestones. The potential positive effects on bringing services closer to the most vulnerable families and mitigating the negative consequences of COVID-19 lockdowns are expected by interviewed stakeholders. As an indirect benefit of the intervention, the programme has the potential for setting up a system for collecting household-level health data, which can support better monitoring and targeting of needs.

UNICEF-supported interventions increased ECI practitioners' knowledge about providing family-centered EI, engaging families, and understanding their needs and concerns regarding child development. According to the respondents, the training effectively addressed the issue of parents' insufficient knowledge and skills to support child development using the family routine activities. Through the family-centered approach, the intervention contributed to parents' engagement and empowerment of their parental skills regarding recognition and responding to children's needs.

For early learning, UNICEF interventions were found effective in increasing teachers' knowledge about providing education to children with special education needs,

organization of remote learning, and raising their awareness of the importance of inclusive education in general. Most training participants (66%) confirmed applying the knowledge and skills gained during the training in their daily work. Moreover, more remote early childhood education (ECE) opportunities were created to address the children's needs to receive uninterrupted ECE during the pandemic.

Sustainability

The benefits of the COVID-adapted or related interventions are perceived to be useful beyond the pandemic. According to the evaluation surveys, inclusive education training improved the participant's capacity to support early learning beyond the COVID-19 pandemic (89.5%). Moreover, most of the survey respondents (87.5%) agreed that the skills and knowledge strengthened through the ECI training and supervision would be helpful in other public emergencies.

Several mechanisms have been planned to increase the sustainability of the achieved results after the interventions' completion. In particular, the acquired knowledge and the developed materials, instructions, and recommendations could be further used for training and self-study and part of the continuous professional education. All the interventions fostered good cooperation with government partners at the national, regional, and local levels to increase buy-in and ownership of approaches. In the case of the ECI training, an online course on ECI was submitted to government partners for integration with in-service professional development programmes.

The UPHV intervention included such outputs contributing to its sustainability, as i) legal and cost-effectiveness modeling analysis, and ii) resource training center in Donetsk for primary health care for doctors and nurses focusing on ECD. Also, discussions are underway to

establish a permanent oblast training-resource center for continuing medical education of doctors and nurses according to the programme document. The planned development and adoption of recommendations on ECD/UPHV for medical universities and colleges is expected to increase the sustainability of the UPHV in Ukraine by ensuring access to continuous professional medical education for the UPHV staff.

Several issues in the regulatory and institutional framework concerning ECI affect effective ECI service provision in Ukraine. They include the need for: i) improving interagency cooperation between social, medical, and educational services; ii) development of guidelines for the implementation mechanisms of the current legislation/policy on ECI services, particularly at the local level; and iii) institutionalization of training to ensure its quality and sustainability.

Lessons learned

Guidance for organizing pre-school education using remote technologies must address the specific needs of different groups of pre-school children and the ECD professionals working with them. Limitations in access to technology and equipment, particularly for families living in the proximity of the contact line, limit the relevance and effectiveness of tele-interventions and

modules of distant learning. In this light, it is vital to continue to provide ECD kits and learning materials to vulnerable families.

Effective exchange of experiences between COs and ECARO is an essential factor contributing to the increased quality of planned interventions. Based on lessons learned from counterparts from other countries, the Ukrainian approach to UPHV embraced a mix of activities/outputs that increases the prospects of sustainability of the ECD/UPHV in Eastern Ukraine. It also involved both nurses and doctors in capacity building, which is a good approach for their future cooperation based on a shared understanding of the importance of home visiting work.

Emergency situations, such as the COVID-19 pandemic, create new needs of children and families and frontline workers related to the psychological and emotional support required. There is a pressing need to provide such support to young children and their families to help them deal with pandemic-related anxieties caused by illness, financial troubles, mental health issues, and other substantial life challenges which added extra layers of vulnerability for children and families, especially to those living in Eastern Ukraine. On the other side, frontline workers' trainings can also address these issues in terms of supporting families in this aspect and self-care.

Recommendations

In order to support enabling environment, supply, demand, and quality of ECD interventions in Ukraine, it is recommended that UNICEF should:

Enabling Environment

1. Advocate for the development of a legal and regulatory environment in support of inclusive education, with clear delineation of pre-school teachers and teacher assistants' roles, support in the implementation of the Individual Development Programme model, and availability of funding for staff remuneration at the oblasts level.
2. Support the government in developing a comprehensive approach to ECI implementation in Ukraine (legislation, guidelines, institutionalization) with the engagement of a broad range of stakeholders at different levels.

Supply

3. Expand partnerships with governmental stakeholders and educational institutions for the development of an educational programme for 'community nurse' to ensure capacity-building of home visitors within the UPHV model and advocate for the introduction of the position of a 'community nurse' into the qualification framework.
4. Plan for a future of assessment of the effectiveness and costing of the UPHV intervention and advocate for the provision of stable funding for the further institutionalization of this model.
5. Improve the training content and delivery on providing online/remote ECD/ECI/UPHV services and to better prepare specialists to gather information on children at risk.

Demand

6. Launch an information campaign on EI as a new social service for the families targeted at parents and caretakers supported with networks and coalition-building activities, as well as intensify the awareness-raising activities among healthcare workers.
7. Invest in awareness-raising activities to promote the new ECD/UPHV, including through the organization of national-level workshops with guests from other COs to promote the piloted UPHV model.

Quality

8. Seek synergies between interventions in the different ECD areas in Ukraine, including inclusive education, ECI, UPHV, to increase the services' quality as well as cost-effectiveness, and support the government in the development of quality standards in this field, and boost intersectoral cooperation.

1.0 Introduction

The COVID-19 pandemic is a multi-dimensional crisis that has profoundly affected the development and psycho-social well-being of young children and their caregivers. Evidence from around the world clearly shows that the crisis exacerbated existing vulnerabilities and brought on new immediate and longer-term challenges to ensuring the well-being of all children. In addition to the pandemic's primary effects such as increased poverty, families with young children have faced an unprecedented disruption of essential health, early learning, and social services.

United Nations Children's Fund (UNICEF)'s early childhood development (ECD) teams across the Europe and Central Asia (ECA) region have played a critical role in national responses to COVID-19. Efforts were recalibrated to address the immediate needs of young children and their families. This included re-purposing and strengthening available resources and workforce to provide information and services in the circumstances of home confinement, reduced availability of ECD services, and an ongoing public health threat.

Given the novelty of the situation and the imperative to introduce new interventions or adapt existing interventions in a timely manner, evidence is needed on their appropriateness and efficiency. Lessons learned can inform the development of longer-term recovery plans and budgets for ECD services to strengthen the resilience of ECD systems across ECA.

For this purpose, UNICEF ECA Regional Office (ECARO) commissioned Ecorys to carry out the Multi-Country Evaluation of the UNICEF ECD response to COVID-19 in the ECA region. A developmental evaluation approach was adapted to provide rapid evidence and enable real-time adjustment of ongoing efforts. The evaluation entails an in-depth study in four ECA countries: Croatia, Georgia, Moldova, and Ukraine, while recognizing lessons learned from the region as a whole. The evaluation started in November 2020 and continued until the end of 2021.

This report presents the findings from the evaluation in Ukraine. It sets out the context of the evaluation; a description of the object of the evaluation; its overall purpose, objectives, and scope; the methodology; key findings; and conclusions and recommendations. It summarizes the evaluation team's assessment of the relevance, effectiveness, and sustainability of UNICEF's ECD response to COVID-19 in Ukraine. The findings and recommendations in this report are intended to primarily serve UNICEF Ukraine Country Office, UNICEF ECARO, and national governmental and non-governmental stakeholders in Ukraine working with young children and families.

The evaluation team would like to express their gratitude to UNICEF Ukraine Country Office staff for their continuous support. We also thank the government of Ukraine, Step by Step Foundation, and Early Intervention Institute, and all other stakeholders and the frontline workers who shared their experiences and views with us. Finally, we thank the staff from the UNICEF ECARO Evaluation and ECD teams for their invaluable inputs, guidance, and management of the evaluation.

2.0 Context and purpose of the evaluation

2.1 Evaluation background

2.1.1 Overview of UNICEF's ECD programming in Ukraine

A wave of social, political, and economic changes has transformed Ukraine over the last decade. **One of the areas where significant progress has been achieved is expanding support for early childhood development**, through a range of reforms seeking to address **critical vulnerabilities and reduce inequalities for children in Ukraine**. UNICEF Country Programme (CPD) 2018–2022 strives to accelerate the pace of the critical reforms needed to **ensure that the rights of all children¹ are steadily realized, and that equity gaps are reduced**. As stated clearly in the CPD, *“the critical role of UNICEF will be to actively engage in efforts to accelerate critical systems reforms, ensuring that the best interests of children are a primary consideration, and to prevent any possible reversal in children’s and adolescents’ rights during a period of rapid transformations, or arising from the conflict”²*.

Six pillars of UNICEF Ukraine (Social inclusion and macro-policies for children; Child protection in all settings; All children learn; Early years of healthy life and beyond; Water and Sustainable Environment; Independent Child Rights for Results and Accountability) provide a **multisectoral foundation for achieving the main objectives of the programme**. These goals include: (i) strengthening **social protection intervention**; (ii) enhancing the **social welfare and justice systems**; (iii) expanding access to **inclusive and quality school education** and early learning for all children; (iv) Improving **equitable access to safe drinking water** in conflict-affected areas, **reducing exposure to environmental risks and improving hygiene**; (v) addressing severe gaps in **data collection and use** regarding the situation of children in Ukraine; strengthening independent national institutions for the **protection and promotion of children’s rights**. Additionally, UNICEF will arrange **humanitarian assistance** to internally displaced children in host communities. **Support for early childhood development is mainstreamed in all areas of the UNICEF Country Programme**, rather than being categorized as a separate objective. This **holistic, cross-sectoral approach** allows ECD objectives to be pursued in all of the expected outcomes of Ukraine’s Country Programme Document (CPD), mentioned above. Based on the analysis of bottlenecks and barriers, early childhood development programme interventions in Ukraine put particular emphasis on:

- (i) development of public policies and institutional frameworks serving as a mechanism for delivery of ECD packages;
- (ii) advancement of ECD service delivery platforms in terms of access and quality; and
- (iii) promotion of positive parenting, especially as part of the broader support of nurturing care and stimulating learning activities.

¹ As enshrined in international commitments of Ukraine made under the Convention on the Elimination of All Forms of Discrimination against Women, the Convention of the Rights of the Child and the Convention on the Rights of Persons with disabilities are uphold.

² Unicef (2017). Ukraine Country Program Document 2018–2022.

In addition, the development of **inter-sectoral collaborations** between health, education, social and child protection, as well as support of the health system are suggested as two supplementary components of ECD programming. These actions constitute essential elements of UNICEF Europe and Central Asia (ECA) engagement in the region

Mainstreaming of ECD into existing CPD outcomes and outputs involves addressing bottlenecks under priority actions targeted at different agents and institutions. Six of the priority actions include:

- A. **Supporting the Government capacity, at both national and local levels, to design and implement an integrated early childhood development policy and institutional framework.** ECD programme component aims to, inter alia, pursue policy dialogue and advocacy to ensure inclusion of ECD in national development goals; conduct sectoral data survey relevant to ECD; and conduct study visits in other countries working with UNICEF in the ECA region to learn from best practices advanced in diverse sectors. Under **Child Rights Monitoring**, the programme will improve the availability of data, for example, by supporting the government to enhance the quality of administrative data and provide disaggregation.
- B. **Keeping children and families together.** ECD programming in Ukraine seeks to promote alternative family-based solutions and transform residential care institutions for young children.
- C. **Preventing and addressing violence, including gender-based violence.** These actions are aimed at building the capacity of the caregivers to support optimal child health and development, for instance, by empowering parents for positive, non-violent parenting and supporting gender equality in childcare.
- D. **Providing increased access for children aged 3-6, particularly the most disadvantaged ones, to quality and inclusive Early Learning services in selected municipalities** by promoting quality pre-school education and positive parenting.
- E. **Ensuring access to justice for all children.** Main targets under this priority action include increasing coordination between child protection actors, promoting restorative and social service responses in the justice system, as well as enhancing skills and knowledge of legislators and law enforcement authorities about child-friendly justice.
- F. **Humanitarian response**, for instance, providing psychosocial support, mine risk education, mine victim assistance, and other protective services to children, as well as expanding community-based services to displaced and host communities.

With the above priorities, UNICEF's country programme is expected to **contribute to the achievement of 2030 Sustainable Development Goals of Ukraine**³, in particular those leading to the achievement of Outcome 2 ("By 2022, women and men, girls and boys, equitably benefit from integrated social protection, universal health services, and quality education") and Outcome 4 ("By 2022, communities, including vulnerable people and IDPs, are more resilient and equitably benefit from greater social cohesion, quality services and recovery support"). The specific ECD related indicators include: increase of the number of children aged 3-16 in conflict-affected areas who have access to ECD and basic education (4.2), decrease the percentage of households with children living below the relative poverty line (2.2), decrease in the mortality of children under 5 (2.10), an increase of

³ Ukraine-UN Partnership Framework 2018-2022.

percentage of children covered by DTP3 vaccine (2.11), decrease of rate of mother-to-child transmission of HIV (2.12).

2.1.2 Implications of the COVID-19 pandemic for ECD in Ukraine

In Ukraine, COVID-19-related measures have had devastating consequences for children and their rights. Key challenges for ECD in Ukraine with regard to the COVID-19 pandemic include in particular:

- **The right to education has been disrupted.** Children who have limited access to technology/Internet or inadequate support from their families do not, in fact, have access to education. A recent study by UNICEF and Ukraine's Ministry of Education and Science (MoES) on pre-schools' readiness to organize the educational process during the pandemic revealed the extent to which the COVID-19 pandemic disrupted education and care services for the youngest children. Based on a representative sample of 2,152 pre-schools, the study showed that in April-June 2020, some 59% of the kindergartens did not achieve complete coverage with remote services to provide ECE services to all enrolled children.⁴ The study also shows that less than half (48%) of pre-school establishments surveyed resumed work entirely in September 2020,⁵ resulting in a lack of or limited access to pre-school education by a significant share of young children in Ukraine. However, the pre-schools and primary schools have remained open during the lock-down in late 2020 and 2021 compared to the secondary schools.
- **Children with disabilities have been particularly affected in the context of COVID-19.** On March 12, 2020, the Ministry of Education and Science announced quarantine in all educational institutions.⁶ Consequently, as many as 42,000 children, including children with disabilities, were sent back home from boarding schools and other childcare institutions. This was done without prior verification of the family conditions to which children were returned.
- **Access to key health services, including preventive, treatment, and specialized health care, has been disrupted.** The level of routine immunization coverage in Ukraine was extremely low during the pandemic, although some improvement has been observed.⁷ Child immunization rates dropped due to systemic bottlenecks related to procurement and a general decline in confidence about vaccine safety. The coverage is slowly recovering due to improved procurement via international agencies and extensive public communication. Moreover, access to Early Intervention (EI) specialists such as speech therapists was severely restricted. Experts note that small children are much more likely to have problems with speech

⁴ Ministry of Education and Science and UNICEF: Report on approaches and ensuring the organization of distance learning during quarantine restrictions based on the results of surveys of heads of pre-school education institutions, educators and parents whose children attend pre-school education institutions, on readiness to organize the educational process in educational institutions during the COVID-19 pandemic.

⁵ Ibid.

⁶ Ministry of Education and Science (2020). From March 12, 2020, a three-week quarantine will be introduced in Ukraine for all educational institutions. Available [here](#).

⁷ According to data collected in December 2020 through the baby box programme representative survey among parents (sampling size - 1,400) with children from 6 -25 months (18 average), 75% of parents are following the national immunization calendar. Of those who are not following, 43% postponed vaccination due to the child's illness and 28% due to the pandemic. In a group of parents who have not done/follow vaccination, 87% decided to do is as self-initiative, while 15% as a doctor recommendation.

development. Due to social distancing, family isolation, exhaustion and emotional burnout of parents, children do not get the necessary assistance in speech development⁸.

- **Lockdowns expose children to the increased risk of witnessing or experiencing physical and psychological violence.** According to the non-governmental organization (NGO) La Strada, 20,000 victims looked for support at the National Hotline for Children and Youth in 2019, 100,000 in 2020, and in the first quarter of 2021 this number was already 40,000.⁹ Experts identified three factors that increased the exposure of children to domestic violence in the region – ongoing military conflict (which affects the psychological climate), the outbreak of the COVID-19 pandemic (which forced families to isolate), and ongoing decentralization reform (because the responsibilities of child protection services at the local level are not yet defined)¹⁰.
- According to UNICEF's estimates, **child poverty is expected to rise** (in absolute numbers, from 1.4 to 1.8 million children are at risk of living in poverty)¹¹. In 2020, the unemployment rate reached its highest point in 15 years¹². The level of wages has decreased significantly¹³. At the same time, social services, which should support families in difficulty, including children's services, are under reform and experience systemic inefficiencies. The continuing decentralization reform in Ukraine resulted so far in an unclear division of social protection responsibilities of key duty-bearers of children's rights implementation in the country and weakens the effectiveness of existing protection systems at the local level. The state transferred these powers to the newly formed territorial communities without clear budget assignments¹⁴.

2.1.3 National (and local) government efforts to address COVID-19 implications for ECD in Ukraine

At the state level, to prevent the spread of COVID-19, three national quarantines (lockdowns) were introduced in Ukraine – from March 12 to June 22, 2020; in November 2020, and in January 2021. During the first wave of lockdown, schools and kindergartens were closed and further switched to distance learning. At the end of April 2020, the Ministry of Education and Science provided recommendations to kindergartens on providing online consultations and support to parents and conducting online classes for children¹⁵. In early May, the Ministry of Education published materials for parents (on how to talk about COVID-19 with children, how to teach them hygiene rules and follow them in public

⁸ Charney, S.A., Camarata, S.M., and Chern, A. (20210). Potential Impact of the COVID-19 Pandemic on Communication and Language Skills in Children. *Otolaryngology–Head and Neck Surgery* Volume 165, Issue 1, July 2021. Available [here](#). Whiting, K. (2021). COVID-19 is still causing parental burnout – do you know the symptoms? *World Economic Forum*. Available [here](#).

⁹ Громадський Простір (2021). Children through the prism of state reforms and pandemics. Available [here](#).

¹⁰ Ukraine Crisi Media Center (2021). Domestic violence against children during quarantine restrictions. How has the situation changed during the "quarantine" year? Available [here](#).

¹¹ Borodchuk, N., Cherenko, L. (2020). FIGHTING COVID-19 IN UKRAINE: Initial estimates of the impact on poverty. UNICEF. Available [here](#).

¹² Економічна правда (2020). The number of unemployed in Ukraine during quarantine increased by 1–1.3 million people. Available [here](#).

¹³ Center for Applied Research (2020). The influence of COVID-19 and quarantine restrictions on the economy of Ukraine. Non-Governmental Organization Representation of the Konrad Adenauer Foundation in Ukraine. Available [here](#).

¹⁴ Громадський Простір (2021). Children through the prism of state reforms and pandemics. Available [here](#).

¹⁵ Ministry of Education and Science (2020). Letter of the Ministry of Education and Science regarding the organization of operation of pre-school education institutions during the pandemic. Available [here](#).

places) as well as recommendations for learning activities. On May 21, the Ministry of Health published the new sanitarian recommendations¹⁶ for the period of quarantine and **pre-schools started with 1-2 groups to test the new safety rules**¹⁷. New rules included temperature screening of children, teachers and staff, change of everyday schedule and increasing the time children spent in the air, additional disinfection measures, and development of children's hygiene skills and rules.

Based on the results of the pre-school assessment conducted in July, UNICEF and MoES made **recommendations to pre-school teachers, administrators, and educators, on how to operate pre-schools in the context of COVID-19**. In particular, the recommendations provided guidance on supporting home-based learning, engaging in dialogue with parents, and providing a safe learning environment in pre-schools during pandemics¹⁸. On the 22nd of July, the Ukrainian government applied "**adaptive quarantine**",¹⁹ which distinguished between the epidemic situation at the region and district or city level²⁰.

On 21 August, the Prime Minister introduced **a decree with amendments to the National Strategy for Reforming the Institutional Care System for 2017–2026 and to the Resolution "On the Procedure for enrolling children for an around-the-clock stay in institutions providing institutional care and upbringing of children."** It excludes institutions for specialized education (boarding schools and round-the-clock stay) from the National Strategy and may increase the placement of the youngest children with special education needs in institutional care instead of family-based care²¹. As reported by UNICEF: "Earlier this year, the MoES decided to close most of the boarding schools due to COVID-19 quarantine measures and around 40,000 children were "returned" to their biological families without prior assessment of the family situation and often with a safety and protection risk to children. In addition, the majority of those children with special education needs due to disability had no further access to online education."²²

Before the new school year, the Ministry of Health (MoH) and the MoES issued a **set of recommendations on safe school operations** with inputs from stakeholders, including UNICEF²³. On the 1st of September, 2020, over 95% of the 5 million school-aged children in 14,175 schools resumed their education.

¹⁶ Ministry of Education and Science (2020). Temporary recommendations concerning the organization of anti-epidemic actions in pre-school educational institutions for the period of quarantine in connection with the distribution of a coronavirus disease (COVID-19). Resolution of the Ministry of Health № 25 of 21.05.2020, Available [here](#).

¹⁷ Ministry of Education and Science (2020). Letter regarding the resumption of pre-school education. May 22. Available [here](#).

¹⁸ Ministry of Education and Science (2020). Letter of the Ministry of Education and Science on the organization of the work of pre-school education institutions in 2020–2021. Available [here](#).

¹⁹ Cabinet of Ministers of Ukraine (2020). On the establishment of quarantine and the introduction of enhanced anti-epidemic measures in the area with a significant spread of acute respiratory disease COVID-19 caused by coronavirus SARS-CoV-2. 2 July, № 641. Available [here](#).

²⁰ According to this regulation, depending on the epidemic situation in the region or district or city of regional significance is set to "green", "yellow", "orange" or "red" level of epidemic risk of COVID-19. The colours are revised on a weekly basis.

²¹ Open letter on the draft order "On amendments to the National Strategy for Reforming the System of Institutional Care and Upbringing of Children for 2017–2026", 21 January 2021. Available [here](#).

²² UNICEF (2020). Ukraine COVID-19 Flash Report on the impact on children: 15 September 2020.

²³ Ministry of Health of Ukraine (2020). On approval of anti-epidemic measures in educational institutions for the period of quarantine in connection with the spread of coronavirus disease (COVID-19). Available [here](#).

2.1.4 Overview of UNICEF-supported adaptations of ECD interventions in Ukraine

In response to the COVID-19 pandemic, UNICEF Ukraine launched a variety of interventions relating to early childhood development. They were centered around the six main pillars of ECD programming in Ukraine and included activities related to the provision of healthcare and nutrition services, infection, protection and control/WASH services, risk communication and community engagement, access to child protection and preventing violence, as well as access to continuous learning.

With support from the private sector, **UNICEF supported frontline workers with assistance and counseling.** UNICEF procured medical and personal protective equipment and hygiene supplies for hospitals in conflict-torn eastern Ukraine for over US\$500,000.²⁴ In order to strengthen the capacity of social workers in monitoring the situation of families in difficult circumstances, UNICEF provided PPE kits to 2000 social workers in 5 Ukrainian oblasts²⁵. Over 5,000 social workers also received an education leaflet about the correct use and practices with PPE and visiting most vulnerable families.²⁶ In addition to procurement of equipment, UNICEF also provided a comprehensive counseling guide for healthcare professionals on how to talk to patients about COVID-19. The main intention behind the guide was the promotion of positive behaviors and reduction of COVID-related stigma and discrimination.

Hygiene equipment was also distributed directly among families and children, especially the most vulnerable ones. Examples of undertaken initiatives include:

- Cooperation with the local partner “Friends Hands” in delivering 40 Institutional Hygiene Kits, 80 waste bins of different volume, and 1000 l of liquid soap to the healthcare institutions in Donetsk oblast, with 724 medical personnel and patients benefitting from this support.²⁷
- Cooperation with implementing partner Neeka on the continuation of distribution of hygiene supplies to Roma population in Zakarpattia. UNICEF also installed 65 handwashing stations in Roma settlements and conducted hygiene promotion activities. Information sessions with infographics, posters, and videos explaining the symptoms and risks associated with COVID-19 and prevention measures²⁸ were also conducted in the settlements.
- An e-voucher programme for health care facilities was launched as part of the COVID-19 response. As of September 2020, 66 health care facilities in eastern Ukraine received e-vouchers for hygiene and cleaning supplies for amounts between US\$192 and US\$2,812.

Provision of material care was also supplemented by a wide range of initiatives aimed at **expanding awareness on basic preventative behaviors** included in actions concerning Risk Communication and Community Engagement. The national solidarity campaign with the primary objective of fighting stigma and discrimination related to COVID-19 was unfolded on Ukrainian social media.²⁹ It presented the faces of real people fighting with the pandemic, such as frontline workers and older adults. The campaign reached over 2,000,000 people and gained reactions from 50,000 individuals. Moreover, information materials on COVID-19 standards were distributed. Maternity hospitals in

²⁴ UNICEF Flash Report from 25 May 2020.

²⁵ UNICEF Country Office in Ukraine. Situational Report from August 2020.

²⁶ UNICEF Flash Report from 3 July 2020.

²⁷ UNICEF Country Office in Ukraine. Situational Report from August 2020.

²⁸ UNICEF Country Office in Ukraine. Situational Report from October 2020.

²⁹ UNICEF Country Office in Ukraine. Situational Report from July 2020.

Ukraine prepared 50,000 copies of comprehensive brochures on COVID-19 and newborns.³⁰ Additionally, during International Breastfeeding Week UNICEF promoted a series of **materials relating to the importance of breastfeeding and safe behaviors during the pandemic**. This initiative also included thematic online sessions with experts on vaccines and breastfeeding and engaged about 100,000 people in Ukraine.³¹

The Country Office (CO) also contributed to **initiatives supporting child protection and violence prevention**. In cooperation with a local NGO and Kyiv Mohyla Academy, UNICEF created online courses for education professionals and parents on psychosocial support and positive parenting to prevent all forms of violence. As of July 2020, more than 430 education professionals passed the course and received certificates, while 530 parents accomplished the course on positive parenting.³² UNICEF also supported psycho-social teams in Luhansk and Donetsk, which provided consultation for children and their primary caregivers via phone or the internet. During each reporting period, psycho-social counseling and information on positive parenting were delivered to around 250–400 beneficiaries, including children without parental care.³³

Consultations to children, caregivers, and youth were also conducted via the **National toll-free Child Helpline** supported by UNICEF. In October and November 2020, the Helpline supported almost 6000 children and adults (4385 children and 1100 adults), including 79 with disabilities.³⁴ The main discussed subjects were related to violence against children (30%), mental health, and psycho-social wellbeing of children (25%), while 12% were related to relationships in the family. Most of the calls were received from girls and women (82%). More than 3600 of the callers were referred to other service providers, for instance, the Social Protection Centers. Additionally, UNICEF cooperated with 12 mobile GBV teams in Eastern Ukraine and provided 3150 consultations (including 284 with children) to inhabitants of Donetsk and Luhansk³⁵

Regarding education and continuous learning, UNICEF cooperated with MoES's Institute of Educational Analytics (IEA) and completed a **National survey on School preparedness** targeting both pre-primary and secondary schools to gauge the readiness of educational institutions and communities to resume education.³⁶ In addition to this survey, UNICEF also provided more than 4,000 information publications for parents and teachers from 10 pre-schools in Donetsk and Luhansk oblasts. They were related to educational issues in conditions of a global pandemic and guided caregivers on topics such as developing a child's competencies and facilitating learning at home.³⁷

In addition to these new interventions introduced due to the COVID-19 crisis, some of the earlier activities of UNICEF Ukraine were adapted to the pandemic context. Online outreach in the health sector was intensified by online webinars and media interviews with UNICEF experts, such as a set of four webinars on influenza vaccination for healthcare workers in the context of COVID-19, or an online interview with the Head of the National Technical Group of Experts on Immunoprophylaxis and on the pneumococcal vaccine.³⁸

³⁰ UNICEF Country Office in Ukraine. Situational Report from July 2020.

³¹ UNICEF Country Office in Ukraine. Situational Report from August 2020.

³² UNICEF Country Office in Ukraine. Situational Report from July 2020.

³³ UNICEF Country Office in Ukraine. Situational Reports from July – November 2020.

³⁴ UNICEF Country Office in Ukraine. Situational Report from November 2020.

³⁵ UNICEF Country Office in Ukraine. Situational Report from October and November 2020.

³⁶ UNICEF Country Office in Ukraine. Situational Report from July 2020.

³⁷ UNICEF Country Office in Ukraine. Situational Report from November 2020.

³⁸ UNICEF Country Office in Ukraine. Situational Report from October 2020.

Moreover, the pandemic also accelerated the **digitalization of the healthcare system**. Although Ukraine has already made substantive progress in developing the national e-portal for vaccinations and other initiatives, UNICEF, together with Give Care Group, a medical company based in Ukraine, delivered 50 telehealth platforms to the communities living along the contact line in Eastern Ukraine.³⁹ These digital tools allow conducting remote medical examinations and transfer of multimedia files and laboratory data to health professionals based elsewhere. In this way, doctors may obtain critical medical data, which ensures that hard-to-reach communities may receive high-quality health services.⁴⁰

Educational projects were also adapted to the specific operational context caused by the pandemic. In cooperation with MoES, UNICEF conducted face-to-face training of trainers on the child-friendly and safe school concept (SSCH).⁴¹ The agenda of SSCH was expanded to include trainings on how to deliver lessons to children on COVID-19 as well as teaching key life skills needed to build the resilience of children during the pandemic.⁴² Moreover, UNICEF continued to support the quality of education for children with special educational needs. Selected schools were recipients of textbooks and other digital materials designed to take account of children with learning disorders related to dyslexia.⁴³ UNICEF, in partnership with the Learning Passport, also developed a series of gamified html animations created to support early learners who might have difficulties with dyslexia. These technological developments might also prove useful in the context of the pandemic due to their availability online.

The lists of the main stakeholders engaged in the implementation of COVID-adapted ECD interventions under analysis are detailed in Vol. 2 of the Country Report with Annexes (A1: Analytical briefs).

2.2 Evaluation purpose, scope, and methodology

2.2.1 Evaluation purpose and objectives

This evaluation's overarching purpose is to provide UNICEF Ukraine CO, UNICEF ECA Regional Office, and the Ukrainian government and partners with a critical assessment of the key adaptations made in UNICEF ECD programming in the ECA region to meet the changing needs of young children and families. The secondary purpose of this evaluation was twofold: 1) to provide real-time feedback and generate learnings to inform the further development of the assessed ECD activities adapted or newly designed to respond to the COVID-19 pandemic; and 2) to provide evidence to inform future ECD efforts in similar emergencies.

The objectives of the evaluation were to:

³⁹ UNICEF Ukraine (2021). New technologies will improve healthcare access for the most vulnerable communities in Eastern Ukraine. Available [here](#).

⁴⁰ Ibid.

⁴¹ UNICEF Country Office in Ukraine. Situational Report from October 2020.

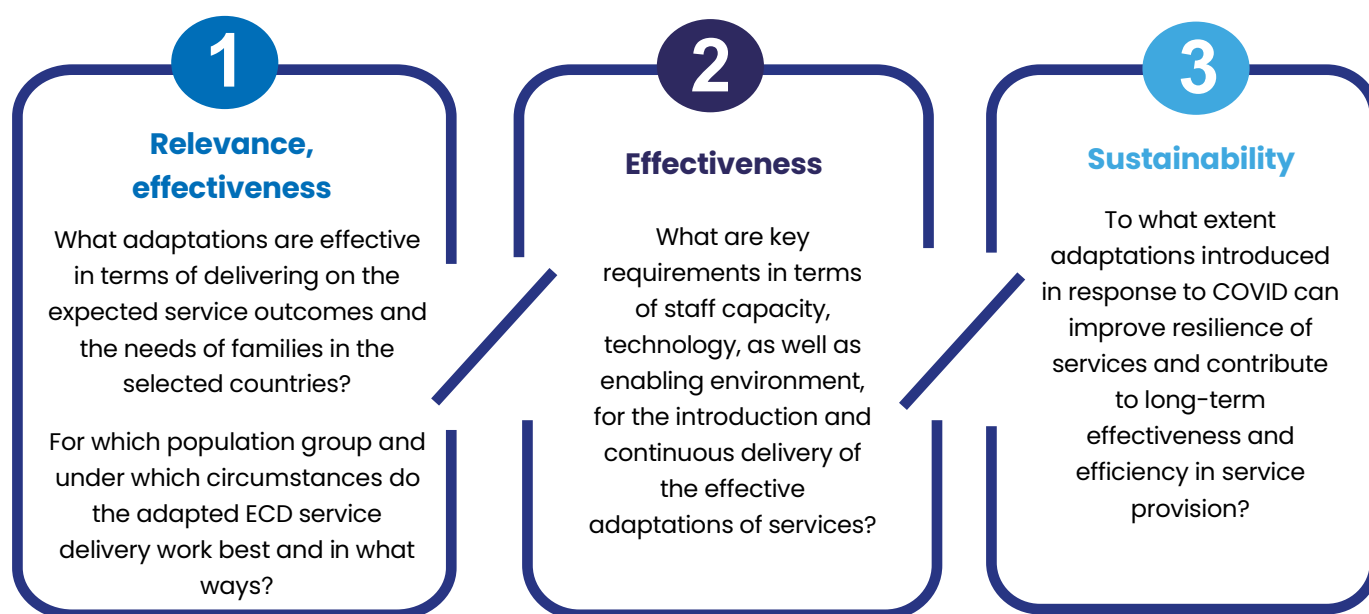
⁴² Ibid.

⁴³ UNICEF Country Office in Ukraine. Situational Report from July 2020.

- assess the extent to which the ECD activities (interventions) are being implemented in Ukraine, how they are meeting the needs of young children and families, especially when their needs change as the COVID-19 outbreak evolves, and
- assess the effectiveness of the ECD activities in improved programming and system strengthening support to the Ukrainian government.

The primary intended users of the evaluation is UNICEF Ukraine CO, UNICEF ECA Regional Office and national governments and partners. The findings will also be useful for the CO which is starting a new programme cycle in 2022 to reflect on the lessons learned applicable to the wider ECD strategy. The evaluation findings will inform the ECD programming in the near future in relation to the situations such as that of COVID-19, and similar contexts, to ensure the continuity of ECD-related services delivered to children and families regardless of the pandemic. The recommendations are thus formulated to focus on strategic areas for UNICEF Ukraine to improve its ECD programme based on the evidence emerging from this evaluation.

In line with the above, the main evaluation questions outlined in the ToR were as follows:



Annex 4, Vol. 2 of the Country Report: Ukraine presents the sub-questions for this evaluation.⁴⁴

The evaluation process followed a developmental evaluation approach due to the dynamically changing context of the assessed interventions. As such, it supported UNICEF Ukraine Country Office in spotting emerging patterns in their current activities and using them to reframe their approaches and reset their priorities, goals, and strategies where needed. The evaluation also entailed some elements of formative evaluation to highlight how well the adapted or new initiatives are working. Section 2.2.3 below provides an overview of how this approach was implemented in practice.

⁴⁴ Given the purpose of the evaluation, only three criteria (relevance, effectiveness, sustainability) were included in the ToR. No cost analysis is included because efficiency analysis was not considered a priority for the context and approach.

2.2.2 Evaluation scope and object

The evaluation focused on interventions which:

- a) were either introduced directly in response to COVID-19 or in some way adapted to its new realities; and
- b) entail capacity building or information support to the frontline workers; and
- c) were viewed by the UNICEF Ukraine Office as especially useful to receive feedback on for the purposes of future programming
- d) were implemented from March 2020 when the COVID-19 outbreak started and up to the moment of their evaluation (completed interventions were evaluated up until their end).

In line with the ToR, activities which do not fall under these criteria were not covered by the evaluation.⁴⁵ As a result, primary data collection focused on interventions aimed at building frontline worker capacities in the fields of early childhood intervention and health and nutrition. Other components of UNICEF's response to COVID-19 have not been assessed, but they have been documented to 1) illustrate the extent to which UNICEF Ukraine adapted its ECD programming to COVID-19 and 2) show how the selected interventions fit into UNICEF's broader ECD programming and COVID-19 response.

Due to the high number of interventions that fulfilled the inclusion criteria, the analysis carried out for this evaluation included **two layers**.

1 **The first layer of analysis involved an in-depth assessment of three interventions carried out within three rapid assessment cycles** (see more details in section 2.2.3.) These interventions were selected for in-depth analysis by UNICEF Ukraine and included:

- **Trainings for pre-school teachers in Donetsk and Luhansk oblasts on inclusive education:**
The overall aim of the intervention was to build the capacity of duty bearers (pre-schools) in the Donetsk and Lugansk oblasts (districts) for organizing education environments that are inclusive for all children with a focus on the children with special educational needs (SEN) (rights-holders). The intervention was implemented by the Step by Step Foundation (the Implementing Partner – IP). Other stakeholders engaged in the implementation of the intervention included⁴⁶: Ministry of Education and Science, departments of education and science in Luhansk and Donetsk oblasts, Ukrainian Institute of Education Development, in-service teacher training institutes in the oblasts, inclusive-resource centers. The total budget of the intervention accounts for 1,629,649 UAH (93% Unicef contribution), whereas the specific costs of the evaluated trainings (Output 4) is 167,820 UAH.

Overall, 46 educators from 11 pre-schools in Donetsk and Luhansk oblasts took part in 7 local trainings (two-day), delivered by five trainers in December 2020 and January 2021. In addition,

⁴⁵ Excluded interventions: interventions which focus on the provision of COVID-19-related guidelines and recommendations to government bodies and other actors, provision of learning/health kits to children/mothers, or the provision of training directly to the caregivers without training or preparing the frontline workers.

⁴⁶ Based on stakeholders mapping which preceded the evaluation study and were further used for identification of study informants.

146 education professionals benefited from the intervention sessions delivered by their peers who took part in the trainings.

While planned to be implemented even before the COVID-19 pandemic, the training was modified to integrate guidance on how to organize pre-school education when pre-school establishments were physically closed. This guidance focused on organizing remote learning for all young children, with a focus on children with SEN.

- **Developing the capacity of professionals and parents for advocacy and provision of early intervention (ECI) service:** The intervention is part of a broader Programme titled "Access to the ECI services for families with children with developmental delays and/or disabilities" implemented to increase the capacities for ECI services in Ukraine and support national efforts to develop pilot projects to scale up and systematize ECI responses throughout the country. It aimed to build a capacity of practitioners for screenings and referrals for ECI services by 1) forming and training new ECI teams through a cycle of five-day offline and online sessions; and 2) providing refreshment training to five early intervention multidisciplinary teams that were trained in 2016–2017⁴⁷. The capacity-building component for ECI services' specialists runs from October 2020 – October 2021 and focuses on providing comprehensive, child and family-centered Early Childhood Intervention (ECI) in partnership with parents, developing individual family support plans, and helping children with developmental delays and disabilities in general. In total, the intervention budget accounts for 4,102,465.60 UAH, where UNICEF contributes with 93% (7% is from CSO). The intervention is implemented by Charity Fund "Early Intervention Institute" for Children with Developmental Delays and Disabilities. Other stakeholders engaged include: regional and local authorities, Ministry of Social Policy, Ministry of Education, Ministry of Health and other local ministries.

Overall, 50 community professionals (including psychologists, speech and language therapists, health workers, and social workers) from Donetsk and Luhansk oblasts participated in the training between 2020 and 2021.

Due to the pandemic, the training shifted from face-to-face to online mode, but one face-to-face meeting was planned for June 2021 to set up a professional network for ECI specialists, as well as the training content was adjusted to include an additional module on COVID-19.

- **Intervention to strengthen the mother and child health care system with integrated packages of services, universal-progressive home visiting (UPHV) model and promotion of safe health care in the conflict-affected areas of Ukraine (government-controlled) (hereafter referred to as UPHV with telemedicine):** The intervention's goal is to ensure rights-holders (families with children 0–3 living in conflict areas of Donetsk and Luhansk oblasts) uninterrupted and safe primary health care services that include integrated packages of services with effective telemedicine and home-visiting modalities. It involves piloting an integrated services model,⁴⁸ focusing on screening, prevention, promotion, case management, referral within health and between health and social services. The project has

⁴⁷ The training is a continuation of the capacity building for multidisciplinary teams in community-based EI that started in 2017 (so-called 1st cycle). Those training participants, who took part in the 1st cycle of the training, received refreshment training separately from newcomers.

⁴⁸ The three selected geographical areas of Donetsk oblast, Kramatorsk, Mariupol, and Mariinka, represent different settings: industrial city with moderate focus on health care, industrial city with strong focus on health care, and rural area along contact line (based on ECD/UPHV Concept of the intervention provided by UNICEF).

four components (outputs) implemented in parallel during nine months of the piloted model (starting in May 2021): 1. a baseline financial and legal analysis of the existing system; 2. organization of home visits in line with the universal-progressive home visiting (UPHV) model; 3. collecting best practices and evidence from piloting phase, and development of recommendations based on results; and 4. improving access to essential health services through using the innovative approach of telemedicine and digital health technologies. UNICEF's role includes support for regional and local authorities (duty-bearers and owners of the project) in reviewing and strengthening the financial model of the existing health care system, developing methodological recommendations of ECD/home-visiting training to adapt the programme of the UPHV to the region, and providing the resource center with equipment and materials. The Implementing Partner is a Charity Fund 'Early Intervention Institute' for Children with Developmental Delays and Disabilities. Other stakeholders engaged are: regional and local health authorities in Donetsk, faculty of the Donetsk National Medical University, primary health care facilities in Kramatorsk, Mariupol and Mariinka, Ministry of Health, NHSU, technical working groups on MCHC at primary level, group of experts on health financing, medical law, data management, telemedicine, and digital technologies. The total budget of the intervention accounts for 4,311,300.00 UAH (93,7% Unicef contribution).

Overall, out of 30 health care workers who are to gain knowledge and skills to provide home visiting service, 16 took part in the first capacity-building activity from 31 May to 8 June 2021. The training preceded a start of home visits to at least 300 families in selected areas under the supervision of project experts.

In the pandemic situation, the intervention was shifted from home visiting to a blended approach (including telemedicine) and over the phone, as well as capacity-building of professionals was shifted to online mode.

2 The second analysis layer included a desk research-based, "light" assessment of the following six interventions that fulfill the evaluation criteria:

- **Policy support:** Provision of technical support to develop safety measure protocols and pedagogical techniques for ECE remote and blended learning, as well as technical support to develop the framework for quality pre-school education. The technical support was provided by the UNICEF Ukraine education section as part of their regular work responsibilities.
- **Data collection to assess pre-schools' readiness for school re-opening:** The Institute of the education analytics and UNICEF conducted an assessment among parents, children, and teachers to assess the schools' readiness for pre-school re-opening and operating as well as on how remote learning was supported. The total cost of the assignment was 3,995 USD (for both schools and pre-schools).
- **#LearningAtHome awareness-raising campaign: In partnership with MoES, UNICEF joined UNICEF RO's #LearningAtHome digital campaign** targeted at parents/guardians of pre-school-aged children on home education and skilling during COVID-19-related lockdowns/quarantines. The campaign included a Q&A session, webinars for pre-school teachers on ensuring remote learning, educational videos for parents and many social media posts published by celebrities and bloggers. Moreover, other target groups of the campaign included educators who practice remote pre-schooling, young children who stay at home, national opinion leaders, and media covering digital activation. In addition, a national education platform called NUMO was created for the development of pre-school children, for

parents. NUMO offers parents and educators videos and recommendations to support the social, emotional, and cognitive development of children at home, and mental well-being. The cost of the communication campaign accounted for USD 23,000.

- **Health systems in conflict settings:** Health systems strengthening in conflict settings through WASH interventions. Focus on Infection Prevention and Control (IPC), mostly in Eastern Ukraine.
- **Baby Box:** Providing the caregivers of every newborn in Ukraine a 'baby box' with essential child care items, including information materials on ECD. The intervention started in July 2018 (ongoing). The total budget of the intervention accounts for 1,253,670.00 UAH (99,09 % Unicef contribution).⁴⁹
- **Child Protection:** Introduction of a project for the transformation of the Baby Homes to prevent further institutionalization of young children as a result of increased vulnerability due to COVID-19 and promote family reunification of young children, where applicable; Strengthening the capacity of social service workforce on case management and prevention of child protection risks, including violence; Provision of psycho-social support and GBV/VAC prevention and response services to women, men, boys and girls; Development of online courses on PSS response during COVID-19, positive parenting, and other aspects.

The **geographic scope** covered all of Ukraine, with particular attention to the localities of the interventions in the first layer in Eastern Ukraine.

According to the ToR, the evaluation does not focus on the project activities that do not fit either of the three stages of adaption to the COVID-19 pandemic (1. Moving an existing service to a digital mode of engagement or delivery or complementing the existing services with new modalities of distance support, 2. Introducing new services to address new needs for current service users, 3. Adapting existing or incorporating new services or service provision modalities to meet the needs of new groups of service users) or those which do not provide service delivery through frontline workers. The choice of the interventions to be evaluated has been agreed with the UNICEF CO Ukraine.

In terms of **temporal scope**, the evaluation covered interventions implemented from **March 2020** when the COVID-19 outbreak started and up to the moment of their evaluation (completed interventions were evaluated up until their end).

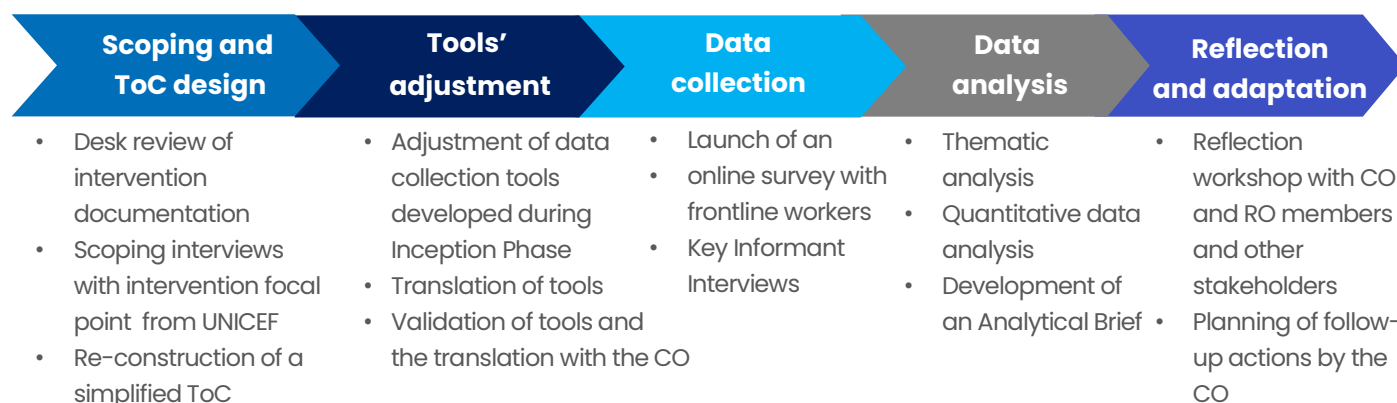
2.2.3 Evaluation approach and methodology

In line with the developmental evaluation approach, the evaluation focused on a.) collecting and analyzing real-time data to answer the evaluation questions and b.) supporting the use of the obtained evidence for ongoing programme adaptation.

For this purpose, data on the interventions' relevance, effectiveness, and sustainability was collected and analyzed in three **rapid assessment cycles**. Each cycle focused on one intervention, selected per the criteria outlined in section 2.2. For each cycle, the evaluators collected and analyzed data on the intervention, provided rapid feedback to the CO, and facilitated evaluative reflection and programming adaptation. Figure 1 outlines the key steps taken as part of each rapid assessment cycle.

⁴⁹ As part of this intervention UNICEF organized a few waves of survey Baby Box during last years to monitor this type of support for its further assessment. It was thus counted as an intervention that provides (indirect) information for frontline workers.

Figure 1: Key steps within each rapid assessment cycle



At the beginning of each cycle, the evaluators re-constructed simplified theories of change (ToCs) based on desk review and scoping interviews with UNICEF Ukraine CO. They were used to: i) provide an overall picture of the analysed projects, since none were developed before; ii) develop interview/survey questions; and iii) assess outputs/outcomes, where possible. As such, the ToCs' purpose was not to carry out a rigorous evaluation against them.

In addition to the in-depth analysis, six interventions were selected for complementary desk research-based, "light" assessment focused mainly on relevance.⁵⁰ They were reviewed during the final synthesis phase together with other primary and secondary sources concerning ECD in Ukraine to document all ECD interventions of interest that were adapted to COVID-19. Such an approach helped to view ECD from a broader perspective and thus provided a more comprehensive knowledge base for UNICEF's upcoming programmatic adjustments.

As mentioned earlier, the evaluation entailed an element of a **formative inquiry** to help shape the future of ECD programming in the four countries concerned. This Country Report, developed in accordance with UNICEF quality standards for evaluations, is the primary manifestation of this approach.

2.2.3.1 Data collection and analysis

A mix of qualitative and quantitative research methods was used to collect and analyze the data. The methods included:

⁵⁰ The methodology agreed during the evaluation's inception phase did not envisage ToCs to be developed for these interventions.



Desk research: including primary and secondary sources concerning ECD in Ukraine, UNICEF's programming and COVID-19 related activities in the country, as well as all the evaluated interventions specifically.

Three cycles of rapid data collection and analysis:⁵¹



Focused on **“Trainings for pre-school teachers in Donetsk and Luhansk oblasts on inclusive education”** and included: desk review, an online survey (hereafter referred to as “the evaluation survey”) completed by 41 frontline workers (representing a response rate of 80%), and 9 Key Informant Interviews (KIIs) with selected stakeholders, frontline workers, and UNICEF Ukraine CO.



Focused on **“Developing the capacity of professionals and parents for advocacy and provision of early intervention (EI) service”** and included: desk review, an online survey completed by 28 frontline workers (representing a 61% response rate), and 7 KIIs with selected stakeholders, frontline workers, and UNICEF Ukraine CO.



Focused on **“UPHV with telemedicine”** and included: desk review, an online survey completed by 8 frontline workers (i.e. selected health-based home visitors/ nurses and family doctors), who took part in one of the capacity-building components of this intervention – a training on packages of services related to early detection and intervention for children under 3 (response rate 50%), and six Key Informant Interviews (KIIs) with selected stakeholders, frontline workers, and UNICEF Ukraine CO.



Three analytical briefs explicitly devoted to these interventions that contain more intervention-specific findings and recommendations.



Two reflective workshops with members of respective COs and RO, and partners to discuss findings and recommendations that concluded data collection cycles, followed by **two takeaway notes** from these meetings.⁵²

Respondents for interviews were selected based on a stakeholder mapping carried out jointly by the evaluators and the CO staff (for stakeholder mapping please see Vol. 2 of the Country Report with Annexes: A0: Stakeholder mapping). For each of the interventions analyzed in-depth, stakeholders were mapped according to their degree of influence and impact on the intervention. Stakeholders with the most influence and impact were selected for individual interviews, while sampling of stakeholders for KIIs considered the principle of “good enough” data for the purposes of the developmental evaluation (for the lists of stakeholders' interviewed per rapid assessment cycle please see A1: Analytical briefs in Vol. 2 of the Country Report with Annexes). The online surveys were distributed to all of the frontline workers to whom e-mail addresses were available.

The qualitative data from interviews and surveys was subject to thematic analysis carried out using MAXQDA. The evaluation team used coding to develop themes by identifying items of analytic

⁵¹ Details on KIIs and survey results are included in the Analytical Briefs (please see Vol. 2 of the Country Report with Annexes, A1: Analytical briefs).

⁵² The Inception Report envisaged three reflection workshops tied to the three data collection cycles. In agreement with the CO, only two workshops were held to accommodate schedules and workload.

interest in the data and tagging these with a coding label. The evaluators also assessed the interventions against the intended results as per the re-constructed theories of change. The quantitative data gathered from the surveys was subject to quantitative data analysis. This included studying the distributions, spreads, and centers of responses. Cross-tabulation was also used to investigate potential correlations between variables.

2.2.3.2 Formulation and implementation of solutions

Based on each rapid assessment cycle, the key findings, conclusions, and preliminary recommendations were drawn up in the form of Analytical Briefs. The briefs were reviewed by the RO and the CO and revised based on their feedback.

After each of the two cycles, a **reflection workshop** was organized with members of Ukraine CO, the ECARO, and relevant key stakeholders, including government and implementing partners. The primary purpose of the workshops was to provide space for evaluative reflection, prioritize and refine the recommendations, and discuss how they could be best implemented. The secondary purpose was to build capacity for evaluative thinking, increase understanding and ownership of the findings, and, accordingly, the likelihood that they will be used.⁵³ After the workshops, the evaluators prepared short notes with the key takeaways from each workshop (Country Report Vol. 2, Annex 2).

On that basis, the Ukraine CO prepared a document with the key actions to be taken. It is the evaluators' understanding that these actions were implemented, fulfilling the objectives of the developmental evaluation.

2.2.3.3 Limitations

To sum up, the key limitations to analysis in Ukraine included:

- Developmental evaluations focus on collecting 'good enough' evidence to provide rapid feedback that makes adaptations in real-time possible. More important than methodological rigor is to provide inputs and advice into ongoing programming. To enable the latter, a decision was taken not to conduct interviews with the interventions' final beneficiaries (i.e. children and their families). Arranging and conducting interviews with sufficient beneficiaries to reach the new information threshold would jeopardize the rapid nature of the data collection and analysis cycles. In effect, however, the evaluators had to rely on secondary evidence and the views of frontline workers to generate findings on the relevance and effectiveness of the interventions for the final beneficiaries.
- Limited secondary data was collected on interventions assessed or documented as part of the second layer of analysis (including budget information in some cases). This was due to methodological design, and budget, and time limitations of the evaluation. Also, written sources available were limited for these interventions. In consequence, evaluation of effectiveness (and to some extent also relevance and sustainability) of these interventions was not possible.
- Since the UPHV intervention assessed under the third rapid assessment cycle was at its initial implementation stage, it was impossible to measure its effects. The home visits according to

⁵³ Patton, M. Q. (2008). Utilization-focused evaluation (4th ed.). Thousand Oaks, CA: Sage Publications.

the universal and progressive model and teleintervention have not taken place by the time of assessment; hence, their effects were not assessed. Instead, perceptions of survey respondents and KIs were gathered to assess the usefulness of the first training for doctors and nurses, which was part of the intervention, to give indications of the effectiveness of the outputs.

- Quantitative information was collected using online surveys, which may have excluded frontline workers with few digital skills and ICT equipment from participating in the evaluation. In addition, many of the email addresses to the frontline workers received by the evaluators were generic institutional e-mails. This impacted the response rates in the surveys.

2.2.3.4 Ethics

The evaluation methodology in Ukraine did not foresee data collection with child participants or representatives of other particularly vulnerable groups. However, it did involve respondents through the survey and interviews. Consequently, the team followed the highest standards of ethics, including the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021)⁵⁴, the UNEG Ethical Guidelines for Evaluation (2020)⁵⁵, and the research protocol designed for the purpose of this study (see Country Report Vol. 2, Annex 5). The evaluation team respected the following principles⁵⁶ throughout its engagement with UNICEF: Respect for dignity and diversity; Fair representation; Compliance with codes for vulnerable groups (e.g., ethics of research involving young children or vulnerable groups); Redress; Confidentiality; and Avoidance of harm.

⁵⁴ Global Development Commons (2021). UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis. Available [here](#).

⁵⁵ United Nations Evaluation Group (2020). UNEG Ethical Guidelines for Evaluation. Available [here](#).

⁵⁶ As per UNEG Ethical Guidelines for Evaluation (2008).

3.0 Main findings

3.1 Relevance

This section explores the relevance of the analyzed UNICEF interventions in Ukraine to the needs of young children and their families (3.1.1), and frontline workers (3.1.2) in the three UNICEF programmatic areas: (i) access to quality health services, (ii) access to early intervention services for children with developmental delays and/or disabilities, (iii) access to a safe, inclusive educational environment. It considers the interventions' alignment with both long-standing, critical needs of these groups as well as their needs related to the COVID-19 pandemic specifically. The section presents an analysis of the interventions in the context of UNICEF's wider ECD programming, highlighting synergies and complementarities between the different actions.

3.1.1 Relevance to the needs of young children and their families

The KIIs and desk review helped to identify the following key needs of children under 7 years of age and their families in Ukraine: (i) **the need for quality medical services**, (ii) **access to a safe, inclusive educational environment**, and (iii) **access to early intervention services in case of developmental delays or and/or disabilities**. Other essential ECD-related needs reported by KIIs include:

- the need to address inequalities in access to healthcare and education between rural and urban areas, conflict-areas and the rest of the country as well as of the most vulnerable families,
- the need to improve frontline workers skills to engage with parents,
- the need for nurturing care and responsive caregiving in the family⁵⁷,
- the need to ensure optimal development of all children during early childhood (including both physical and mental wellbeing).

The relevance of the UNICEF interventions to these needs, with particular focus on the relevance of COVID-related adaptations in the provision of these services to the needs of young children and their families is further discussed separately for the three fields:

(i) Access to quality medical services

The UNICEF interventions turned out to be particularly relevant for addressing the inequalities in the availability of health care services in conflict areas of Eastern Ukraine by reducing barriers for services users and reaching out to the most disadvantaged and marginalized children with services based on their needs. The relevance of UNICEF approach was further increased with its family-centered (as opposed to child-centered), holistic (as opposed to approach focused on physical wellbeing) and progressive character (more support to the most vulnerable families).

⁵⁷ It includes health promotion behaviours (e.g. benefits of breastfeeding, the role of vaccinations), as well as enabling family environment (incl. non-violent communication).

Families with lower socioeconomic status, living in rural areas, especially near the contact line in the Donetsk and Luhansk oblasts, have particularly limited access to medical doctors and specialists. Many healthcare workers have already left the region because of the conflict and those who remain face a heavy workload, further exacerbated by the COVID-19 pandemic, and low trust among families in the quality of their services.⁵⁸ In addition, during the pandemic, some families limited their visits to healthcare facilities due to lack of transportation and the risk of infection. Available studies show that 30% of families in Eastern Ukraine treat their children without consulting doctors and many buy antibiotics without prescription.⁵⁹ The same share of people feel that the time health professionals allocate to them is insufficient and limited to general health examination only⁶⁰.

The introduction of the UPHV model with telemedicine seeks to address key geographical inequalities in the availability of health care services in Eastern Ukraine. As indicated during KIIs, *"families, who for various reasons have limited or no access to the system of quality health services, will have access to medical and psychological services thanks to the upgraded package of home visiting services"*.

Children from socially vulnerable families are expected to especially benefit from the introduction of this model as their parents will receive timely advice on childcaring and nurturing caregiving for optimal child development (e.g., first aid, regular medical examinations and timely vaccination, breastfeeding, dietary adjustments). The model places child and family at the center of attention and focuses on promoting nurturing environment for children, identifying risks for child development on time, and referral to relevant specialists. As explained by one of the study respondents, this is particularly important in Ukraine's context, where antenatal patronage has been abolished and existing medical services for young children are not differentiated by needs and do not provide holistic support for ECD (e.g. the socio-psychological aspect of ECD is not addressed as part of the routine health care). Observing the psychosocial environment in which a child lives⁶¹ is even more critical in a situation of chronic stress caused by the humanitarian situation in Eastern Ukraine. Further, thanks to the "progressive" approach, the most vulnerable households and children will receive more intensive visits and a greater range of specifically targeted services.⁶²

The evaluation also provided evidence on the relevance of the introduction of telemedicine to address the general and COVID-19 related needs of young children and their families in Eastern Ukraine. Overall, the interviewees expect that the combination of home visits with telemedicine will significantly increase the quality of services for young children and their families, but they were slightly less specific on how it will happen. They mentioned that it would help address a serious problem of access to specialists (located mainly in the cities), including psychologists and highly specialized health care professionals, which usually required traveling to a different administrative

⁵⁸ Data from PowerPoint presentation on Conflict Affected Children in Eastern Ukraine, based on 100+ indicators collected from the State Statistics Service, primary data collection (67 indicators), and focus group discussion and in-depth interviews.

⁵⁹ Ibid.

⁶⁰ KIIs reference to the Health Index findings.

⁶¹ The report of the Commissioner for Children's Rights of the Verkhovna Rada of Ukraine for 2021 shows a surge in violence against children. Monitoring the state of observance of children's rights in the context of the COVID-19 pandemic, 2021. Available [here](#).

⁶² Gotsadze, T., Gotsadze, G., Chikovani, I. (2019). Multi-Country Evaluation of the Universal Progressive Home Visiting for Young Child Well-being and Development in the Europe and Central Asia Region in the period 2014-2018. Final Synthesis Report, commissioned by UNICEF.

zone (oblast). With the use of telemedicine and home visits, consultations will reach more children in need. These two approaches should also help identify children who “dropped out” of the system and remain without medical supervision, especially in the conflict zone, where families move and find it difficult to establish contacts and restore their life. Finally, telemedicine and home visiting are a solution to reach those families who do not want to visit healthcare facilities during the COVID-19 pandemic because of fear of infection. At the same time, some respondents pointed out the risk of negative selection of the most vulnerable families (those who have problems with access to a stable internet connection, who lack IT equipment and skills) from the scope of the intervention if it relies on telemedicine only.

In addition to the above, the newborn children and their parents’ needs concerning material and information support are addressed by the Government’s and UNICEF’s “Baby box” initiative. The information on ECD given together with clothes and hygiene supplies provide new parents with the necessary knowledge on newborns’ care (including the role of vaccinations and breastfeeding in their early development), reducing parental stress and increasing parental competencies. The box is particularly relevant to the needs of the most vulnerable families, as it secures the child’s most basic needs and supports the family budget, particularly during the COVID-19 pandemic when goods’ shortages were observed.

(ii) Access to a safe, inclusive educational environment

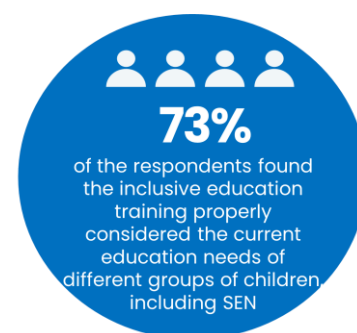
The UNICEF interventions in the education field were found relevant to increase pre-school teachers’ awareness of inclusive education concepts and address the needs of different groups of children, including children with special education needs during the pandemic context. Moreover, they were relevant to upgrading parents’ skills to support children’s learning at home and, more generally, support the provision of pre-school services undisrupted by the pandemic. Despite some efforts to address children’s needs for psychological support during the pandemic, these needs remain partially unaddressed and require additional consideration.

In the education context, the COVID-19 pandemic exacerbated already existing problems in the field (such as low awareness of inclusive education concepts, insufficient engagement of parents in development and learning of their child), as well as resulted in the number of newly emerged needs of young children and their families as identified during desk research and KIIs:

- the need for psychological support to parents because of pandemics,
- the need for undisrupted pre-school education in a safe environment⁶³,
- the need for qualified staff in pre-schools who can and know how to provide an inclusive environment remotely.

⁶³ A recent study by UNICEF and Ukraine’s Ministry of Education and Science (MoES) on pre-schools’ readiness to organize the educational process during the pandemic revealed the extent to which COVID-19 disrupted education and care services for the youngest children.

Overall, the UNICEF intervention – training on inclusive education was found to be well aligned with the need to change the way education is provided to young children in the context of the COVID-19 pandemic in particular in Eastern Ukraine. Seventy-three percent of the participants in the training who responded to the online survey thought that the training appropriately considered the current education needs of different groups of pre-school children. Several key informants said that given the continuing armed conflict in Luhansk and Donetsk, the ability to adapt to distant learning was particularly relevant for children and families living in these oblasts. **However, only one in four respondents living along the contact line⁶⁴ agreed that the training appropriately took into account the current education needs of different groups of pre-school children.** While some distance learning has been practiced along the contact line due to safety considerations even before the pandemic,⁶⁵ according to the key informants, both pre-school teachers and families living there do not have (reliable) access to the internet and other supplies required for distance learning.



SURVEY WITH PRESCHOOLS' STAFF (n=41)

Given its focus on creating inclusive education environments, the training was assessed as highly relevant to the developmental needs of children with special educational needs. The training focus on the concept, principles and processes related to the provision of inclusive education in pre-schools was assessed by the survey respondents (pre-school teachers) as needed and useful. Both interview and survey respondents underscored that the levels of awareness about the importance of inclusive education and preparedness to organize pre-school groups in an inclusive way for children with special education needs are generally low among pre-school teachers in Ukraine. One survey respondent described the importance of the training in the following way:

"[...] No one has taught us about inclusion before. This is the first and only training that gave us the opportunity to understand the topic. It was very useful to learn about the legal provisions available, inclusive educational spaces, and what is inclusive classroom design in education, and how to "revive" it all in practice."

As reported by the key informants in this evaluation, both pre-school teachers and the parents of children with special educational needs were not prepared to support the learning of children with special education needs when pre-school routines were closed by the pandemic. Pre-school teachers said that they had no relevant materials, pedagogic guidance, and recommendations in this respect. The intervention filled this gap by providing guidance for pre-school teachers on how to implement individual development programmes for children with special education needs, organize the work of support teams, establish remote communication with parents of children with special education needs, and engage parents to organize appropriate activities for their children at home.

The guidance and the training strengthened teachers' competencies in supporting parents of children with special educational needs in establishing daily routines and organizing learning activities at home, thereby ensuring continuity in the education of children with special education needs during the pandemic. With the introduction of social distancing rules, infection risk, and the disruption of ECD service provision in Ukraine, children with special educational needs have become

⁶⁴ The contact line is a 500 km long line of separation between Ukrainian forces and Russia-backed separatists.

⁶⁵ UNICEF (2020). Ukraine COVID-19 Flash Report on impact on children: 15 September 2020.

according to the study informants one of the groups of children most at risk of not receiving appropriate support during the pandemic.

On the top of that, the UNICEF response to the pandemic with the introduction of the #LearningAtHome awareness-raising campaign and access to Remote Learning intervention addressed the families' need on information on how to talk to children about COVID-19, how to support children's learning at home, and how to provide psychosocial support for children. The E-platform NUMO provided parents with information about major skills development child development and advice on promoting child learning in the context of the family Chat bots in Telegram and Viber made these resources from the Platform available to every family.

Moreover, UNICEF intervention such as integration of guidance for pre-school teachers on how to organize remote education into the training was found to be relevant to address children's needs for continued pre-school education provision during the COVID-19 pandemic.

Some challenges that remain only partially addressed by UNICEF interventions concern psychological support for families during the COVID-19 pandemic. Some interviewees and survey respondents indicated that the UNICEF inclusive education training content did not sufficiently address the young children and their families' needs related to psychological support (e.g., dealing with anxiety resulting from pandemic-related economic, physical and mental health challenges faced by families). Several pre-school teachers noted that children and their families urgently require support to deal with COVID-19 illness (or fear of illness) in the family and overall stress caused by loss of employment, isolation, and other aspects. One survey respondent described the lack of relevant support in the following way:

"I use a lot of material [from the training] in my work. I shared the material with colleagues. But I face the problem of psychological support for children who have fallen ill. Children are vulnerable, confused, so they need more time to talk, more support."

(iii) Access to early intervention services in case of developmental delays and/or disabilities

The UNICEF interventions proved to be highly relevant for providing information for parents on ECI services for children with developmental delays and/or disabilities. Its relevance has been further increased by introducing a holistic, comprehensive approach to ECI services extending beyond the medical approach. In consequence, the ECI services remained the only service that families continued to receive regularly during the pandemic, thanks to the engagement of parents in the support process.

According to the KIIs, in the context of the COVID-19 pandemic, young children with developmental delays and/or disabilities in Ukraine and their families faced the following needs:

- The need for information about services for young children with developmental delays **and/or disabilities**. In Ukraine, there are almost no services for young children (0-4 years) with developmental delays **and/or disabilities**. In remote locations, the support choice available for this group of children is very limited or non-existent. In cities, on the other hand, multiple services are offered by different centers and organizations. Still, it is difficult for parents to comprehend and understand the variety of specialists and services they provide. Parents are often not aware of such services, and the doctors rarely inform them that such possibilities

exist.⁶⁶ In consequence, families with young children with developmental delays and disabilities face high uncertainty regarding knowing what to do and whom to seek advice and help.⁶⁷

- **The need for parental support, information about the child's development milestones.** According to the interviewed respondents, the families' primary need is early recognition of developmental disorders and reference to appropriate services without delay. However, since access to qualified advice is limited, families often spend the first months and years in an isolation and information vacuum. This is exhausting for most families and results in additional stress and uncertainty of their parental skills.⁶⁸ **Parents are often unaware of typical child development and cannot recognize the signs that require attention. The pandemic exacerbated this problem, as the lockdown further increased families' isolation and suspended face-to-face consultations with doctors who were the first specialists to follow on the child after birth.**⁶⁹ Parents' chances to learn about appropriate services became even more limited due to the increased difficulties accessing specialists and reduced contacts with other parents. According to the evaluation's informants, the latter has been a significant obstacle because families learn about ECI services mainly from other parents already receiving such support.
- **The need for a comprehensive and holistic approach to child development. A survey by the Early Intervention Institute conducted during the lockdown among parents (n=25) receiving early intervention services found that most families are willing to receive emotional, psychological, and developmental support for their child (58%) and quality service (36%).** They also pointed to the importance of setting up family goals for the child, receiving necessary information for child development, learning helpful methods and ways to support child development, joint testing of strategies, and selecting therapeutic tools. At the same time, providing services in an environment that is familiar and natural for the family and the child, such as at home, has been recommended, especially at an early stage, when parents become aware of their child's situation.⁷⁰ Flexibility and adaptability of the approaches applicable to the specific family context and response by ECI specialists to the needs on the spot (e.g. on-site or in a store/playground) have also been emphasized in the interviews with trainers.

The UNICEF interventions respond to the above-mentioned needs by introducing ECI services for families with children with developmental delays and/or disabilities in the conflict-affected areas (government-controlled) of Ukraine and developing the capacity of professionals and parents for the provision of quality, family-centered ECI services.

In this context, **the ECI training of professionals stressed the need to involve the family as a partner and participant in early intervention and take a more holistic, comprehensive approach to ECI services beyond the medical approach.** The feedback gathered by the Early Intervention Institute highlighted that the intervention took the family's interests into account by placing the whole family – not only the child – in the center and responding to the family needs and priorities for the child. It

⁶⁶ UNICEF (2020). Ukraine COVID-19 Flash Report on impact on children: 15 September 2020.

⁶⁷ Ibid.

⁶⁸ Analyses of feedback on the 2nd Module of the training (22.02 – 22.03.2021), provided by Early Intervention Institute.

⁶⁹ UNICEF (2020). Ukraine COVID-19 Flash Report on impact on children: 15 September 2020.

⁷⁰ Survey conducted by Early Intervention Institute in May 18–23, 2020 among 25 parents, who had been participating in early intervention.

also helped parents to take an active role as mentors in the process of child development. As mentioned by some participants, the training was "*supporting parents in making decisions, without pushing priorities that the family did not choose*". Such an approach has been a novelty because parental experience in supporting their child's development has been rarely recognized. Usually, parents were not adequately informed about steps taken by specialists to help their child, and they were used to waiting for external help.⁷¹ In addition, according to trainers from the Early Intervention Institute, thanks to the ECI training, it will be easier for multidisciplinary teams to link parents with relevant specialists and services.

The interviewed respondents perceived the training as timely in the context of the COVID-19 pandemic. The confinement of many families indoors raised questions on how to help all children in the family to interact. It required establishing a new family routine and replacing the suspended sessions with specialists at the Resource Center. The training helped families establish contact, routine, and communication with specialists in the new circumstances. The online format has also helped families become more involved in addressing their child's needs. Thus, although such a new mode of cooperation was unusual and challenging for parents, eventually, it allowed for continuing early intervention. At the same time, the interviewed training participants said that it was difficult to involve families in the online sessions or activities to support their child at home. It is because parents perceive their child's activities at the Resource Center as more convenient and a rare opportunity for parents to relax and socialize.

The survey conducted by the Early intervention Institute among families receiving ECI services through online counseling revealed that during the strict lockdown, the ECI services remained the only service that families continued to receive regularly.⁷² This was possible because the online sessions engaged parents and equipped them with the skills necessary to support their child's development. While the families acknowledged the online ECI provision opportunity to organize support in their home environment, not every family found it easy to switch to the online mode. Some parents needed time to understand how the service can be provided in this new format.⁷³

At the same time, **the ECI services do not cover all municipalities in the two oblasts** where the intervention was implemented. According to the Project Coordinator, ECI requires significant funding from local authorities; therefore, the service is concentrated mainly in large cities. Many poorer municipalities cannot afford it, especially those along the contact line, and for this reason, the intervention did not directly benefit vulnerable families living in such specific areas.

3.1.2 Relevance to the needs of frontline workers

The COVID-19 pandemic added new challenges to the already existing ones in the fields of healthcare, early intervention, and inclusive education and exacerbated the frontline workers' needs in these areas. Many needs, particularly in Eastern Ukraine, were already pressing before the pandemic, e.g. staff shortages in the healthcare and education sectors. As the needs of frontline

⁷¹ Analyses of feedback on the 2nd Module of the training (22.02 – 22.03.2021), provided by Early intervention Institute.

⁷² Survey conducted by Early Intervention Institute in May 18–23, 2020 among 25 parents, who had been participating in early intervention.

⁷³ Survey conducted by Early Intervention Institute in May 18–23, 2020 among 25 parents, who had been participating in early intervention.

workers are different in different sectors, the relevance of the UNICEF interventions is further discussed separately for the three areas of concern: (i) healthcare, (ii) education, and (iii) early intervention.

(i) Healthcare

Some of the main challenges health workers in Ukraine, and in particular in conflict-torn Eastern Ukraine, face in responding to the early childhood needs of children and their families, as listed by KIIs, include:

- insufficient training of medical doctors on communication and effective interaction with families,
- limited time allocated by health care workers to answer patient's questions during an appointment, in a context of increased patient load in the hospitals due to the pandemic,
- parental fears of vaccinations and doctors or nurses visiting them at home because of the fear of infection,
- in rural areas located in the conflict zone, health care professionals have difficulties reaching families using ICT because of poor (or no) internet connection and lack of technological equipment necessary for such communication.

The introduction of the UPHV model aims to provide more opportunities to observe and interact with children, study the conditions and environment in which they live, and properly consult, communicate, and advise their care providers. It should also relieve overburdened primary healthcare personnel as it complements the services of family doctors or pediatricians and targets a limited number of families based on an evaluation of their risks and needs. While home visiting of patronage nurses is not a new service in Ukraine, the scope of their support has been medically focused and lacked a more holistic view on approach to ECD and family support.⁷⁴ As specified by one of the KIIs, *"when it comes to child's health, both a doctor and a nurse focus only on the diagnosis, but many problems do not lie purely in the medical field. The family is not taken into account at all, and doctors do not know how to talk to parents, they do not even know how to talk about diagnoses"*. By bringing attention to the family and the construction of a social model of service, the UPHV model is expected to provide more comprehensive support to families, including medical counseling and education, vaccinations, breastfeeding, or healthy eating, early learning, and responsive caregiving.

Physicians and nurses, who often are the first medical staff who see a child, in the universally progressive model must assess not only medical needs but also the social ones and refer a child to other specialists or service providers if needed. For this to succeed, they must establish trustful relationships with families and provide them comprehensive quality healthcare service. Accordingly, the healthcare staff requires continuous professional development, aligned with the new scientific evidence in medicine and child development, including competencies for effective communication with families and other service providers (e.g. social service). Strong cooperation between nurses and doctors and their shared understanding of the importance of home visiting work are essential in this process.

The content of the first training for healthcare workers on early childhood development and the new role of home visiting nurses that took place in June 2021 can be assessed as relevant in this context. Within two weeks, the training participants learned about the role of the home-visiting nurses, integrated management of childhood diseases, intersectoral collaboration, communication

⁷⁴ Gotsadze, Gotsadze, and Chikovani (2019). Multi-Country Evaluation..., op.cit.

techniques and effective interaction. In terms of child development, the programme covered determinants of health and wellbeing of a child, the effect of stress, the role of education, safe environment, breastfeeding, immunization, and prevention of stigma and discrimination.⁷⁵

When it comes to addressing domestic violence and discrimination, home visiting nurses will be trained to assess the psychological climate in a family, determine whether the child is at risk, and refer it to the appropriate services. The main question for some KIIs is how this referral system will work in the future and how other services should work to provide timely assistance. It is also perceived as a demanding task for home visiting staff to combine reporting on abuses with building a trust-based relation with a family. As explained by one respondent, *"it is [thus] important not only to identify a problem but also to be prepared to advise on what is best for a child and to be a partner for parents"*, to be able to return with information and support for a mother and child in need.

Finally, as specified in a programme document, gender equality will be an essential cross-cutting aspect throughout the entire intervention, taken into account when designing and implementing all its activities (e.g. by ensuring equal recruitment opportunities or gender awareness-raising among partnering NGO's staff), and ensuring the sustainability of results. There were no specific examples provided by KIIs on how this was tackled so far.

The relevance of the UPHV model to the needs of the healthcare system and healthcare professionals in Ukraine is further strengthened by other UNICEF efforts to address health system bottlenecks in conflict settings. In particular, **WASH interventions focusing on infection prevention and control (IPC) as well as integrated packages of services and promotion of safe healthcare in Eastern Ukraine are highly relevant to needs resulting from the lack of medical and hygiene supplies in many Ukrainian hospitals, as well as the need to increase protective standards due to the COVID-19 pandemic.** Even before the COVID-19 pandemic, hospitals in Ukraine experienced a lack of equipment for reprocessing medical devices and waste management and insufficient quantities of IPC-related supplies, including personal protective equipment (PPE). However, with the first cases of COVID-19 in Ukraine, health workers experienced significant challenges to access hand hygiene supplies and PPE, which threatened the safety of medical personnel and consequently patients and visitors⁷⁶.

(ii) Education

With the outbreak of the COVID-19 pandemic, **the pre-school teachers and other staff required specific knowledge on how to organize pre-school education that takes into account the specific needs of young children with special educational needs.** As previously mentioned, pre-school teachers in Ukraine generally have insufficient competencies to support inclusive education. Notably, all participants in the training who took part in the survey assessed the "the role of the pre-school teacher in an inclusive class" module as relevant to their needs.

The content of the training that focused on establishing learning environments for all children in the context of the pandemic was also seen as aligned with the current professional needs of pre-school teachers. All participants in the training who completed the online survey indicated that they had to adapt and change the way they work to meet the changing needs of young children and their

⁷⁵ Training agenda provided by UNICEF's Country Office.

⁷⁶ WHO (2021). Supporting improvement of infection prevention and control programmes. Available [here](#).

families throughout the COVID-19 pandemic. Both the training sessions and the printed professional materials distributed during the training provided much needed guidance in this respect.

In terms of cross-cutting issues, while considerable attention was placed within the training content on diversity (racial, ethnic, cultural, physical, intellectual, etc.), gender-discriminatory norms and attitudes were not integrated into the intervention.

(iii) Early Intervention

As many as 55% of ECI practitioners who took part in a survey carried out by the Implementing Partner identified the following main barriers and difficulties faced by specialists before and during a pandemic: **insufficient regulations of ECI services, lack of specialists, and funding**. In the context of COVID-19 specifically, almost 37% of responses to the survey mentioned above highlighted additional barriers such as **the difficulty planning the provision of ECI services during the pandemic and lack of the possibility to provide offline services face-to-face**. Some of the responses pointed out difficulties related to the online modality of service provision. Experts noted the **lack of technical equipment for online meetings, no possibility of establishing direct contact with families, the challenge of being online all the time, and holding meetings when the child is disturbing**. Few (approx. 3%) answers concerned specialists' anxiety and difficulties of combining remote work with caring for their children⁷⁷.

As highlighted by all KIIs, many specialists perceive ECI as a comprehensive approach and a major paradigm shift. Therefore, they need to **further increase their knowledge and skills about the underlying "family-centered approach"**, including how to establish trustful relationships with families (e.g. by developing skills of "active listening"), how to increase family involvement and competencies in supporting their child development, and how to work in a multidisciplinary team. The interviewees have indicated that these **issues have become especially relevant during the pandemic**.

Respondents perceived the ECI training as highly relevant to the needs of ECI specialists, particularly to the needs for improving their communication with families, cooperating with other specialists, and addressing the needs of the youngest children (from 0 to 3 years). As mentioned, frontline workers also appreciated special attention on young children (0-3 years) in the training content. Psychologists and specialists are not always ready to address the needs of such small children in their work (children usually come to specialists when they go to kindergarten), and the frontline workers do not have sufficient expertise in working with infants. Other training content considered as very relevant refers to working in a multidisciplinary team, which requires an understanding of the specifics of other professionals' work.

⁷⁷ Survey conducted by Early Intervention Institute in May 18-23, 2020 among 25 parents, who had been participating in early intervention.



The evaluation survey provided evidence that the intervention had met the needs of frontline practitioners for information and skills fully (77%) or to a considerable (19%) extent when working as part of a multidisciplinary team providing ECI services. Their needs were also fully or considerably addressed in terms of learning how to engage parents in ECI (62% and 27%, respectively) and providing quality early intervention to children with developmental delays and/or disabilities (58% and 39%). The respondents were slightly less confident about receiving information on providing ECI services to children with multiple vulnerabilities (e.g. from poor households, from remote areas). However, the level of satisfaction was still high (31% of respondents said it fully addressed their needs and 54% – considerably).

In terms of supervision, **survey respondents representing all professions who took part in the intervention agreed that the supervision meets their needs for information and skills to a full or considerable extent**, with a slightly lower assessment obtained from psychologists/providers of psychosocial support (87.5%; 12.5% said it somewhat met their needs, while 87.5% agreed/strongly agreed). The supervision component was perceived as highly relevant to the needs of both the first-time participants and refresher training participants. At

the same time, almost all specialists agreed during interviews that they need an extended supervision period for the multidisciplinary team to be better supported in their work.

Finally, **while survey respondents appreciated the online format for its applicability in the context of the pandemic, the majority of them agreed or strongly agreed (83%) that the face-to-face format would have been better suited to deliver the training content**, even though the online format made their participation possible or more accessible.

3.1.3 Relevance to the UNICEF's broader ECD programming

The assessed UNICEF interventions in Ukraine and the adaptations in their delivery mode and content due to the COVID-19 pandemic outbreak are highly relevant to the UNICEF ECD programming as described in point 2.1.1.

In the field of access to **healthcare for mothers and children**, UNICEF interventions in Ukraine are relevant to the UNICEF Ukraine's Country Programme Document, output 4 "By 2022, all children and pregnant women in Ukraine, including situations of a humanitarian crisis, utilize improved quality and affordable mother and child healthcare services". As expected in the Programme, the interventions under the implementation aim at "improving children's access to quality health services", "ensuring uninterrupted access to services in the conflict-affected areas", as well as "will also foster positive and equitable parenting". The UNICEF intervention in this area includes vaccination counseling, a component of the training highly valued by the participants, and therefore aims to increase the number of vaccinations of children in Ukraine (defined as one of the output indicators in the Programme).

The UNICEF interventions in Ukraine #LearningatHome awareness-raising campaign, Access to Remote Learning, Quality of Education, Policy support, and Data collection to access pre-schools'

readiness to school re-opening are in line with UNICEF Ukraine's Country Programme Document, output 1 which focuses on early learning ("The education system is able to provide greater access to children aged 3-6 years, especially the most disadvantaged, to quality and inclusive early learning services") under outcome 3 "By 2022, all children and adolescents in Ukraine, especially those disadvantaged and affected by the conflict, have access to inclusive and quality school education and early learning". In cooperation with MoES, the Ukrainian Institute for Educational Development, NGOs, and experts, UNICEF leads the efforts on organizing trainings and awareness-raising events on quality education for teachers and local government representatives, strengthening awareness on the quality education among parents, and promoting positive parenting practices. Importantly, UNICEF Ukraine CO also supports changes in the national legislation in the field of pre-school education.

In the field of **Early Intervention**, UNICEF interventions are additionally relevant to the UNICEF Ukraine's Country Programme Document, output 2: "In at least 10 priority regions with the highest needs, national and local capacity and resources exist to provide adequate early intervention services for young children and their families", under outcome 2: "By 2022, the most vulnerable children in Ukraine benefit from more-child-friendly and family-oriented social welfare and justice systems".

Moreover, **UNICEF interventions in Ukraine are integrated into the United Nations Partnership Frameworks for Sustainable Development**⁷⁸. They are in line with Outcome 2: By 2022, women and men, girls and boys, equitably benefit from integrated social protection, universal health services, and quality education, and Outcome 4: By 2022, communities, including vulnerable people and IDPs², are more resilient and equitably benefit from greater social cohesion, quality services and recovery support (SDGs: SDG 1, SDG 3, SDG 4, SDG 8 and SDG 10).

Finally, **there is a high relevance of the UNICEF interventions in Ukraine to implementation of children rights as enshrined in the international treaties** – Convention on the Rights of the Child⁷⁹ (in particular art. 23 Children with Disabilities, art. 24 Health and nutrition, art. 28 Education), Convention on the Rights of Persons with Disabilities⁸⁰ (in specific art. 7 Children with Disabilities, art. 24 Education, art. 25 Health), and Convention on the Elimination of All Forms of Discrimination against Women (art. 12).

⁷⁸ UN-Ukraine, United Nations Partnership Framework 2018–2022.

⁷⁹ Convention on the Rights of the Child. Available [here](#).

⁸⁰ United Nations, Convention on the Rights of Persons with Disabilities (CRPD). Available [here](#).

3.2 Effectiveness

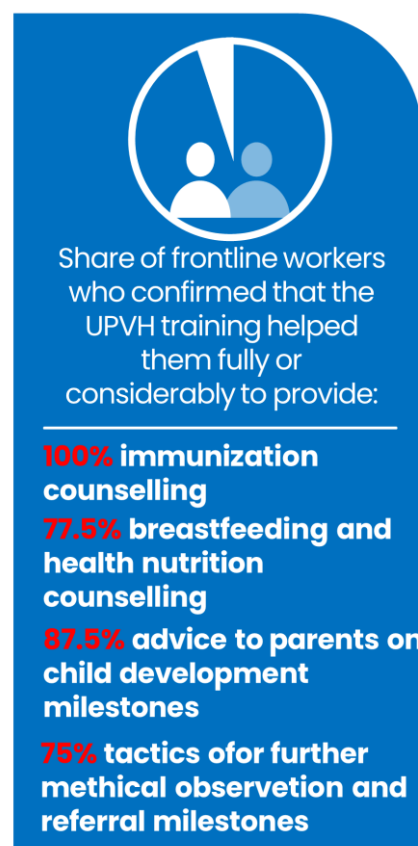
This section explores the effectiveness of the analyzed UNICEF interventions in Ukraine for the three fields of concern: maternal and child healthcare (3.2.1), early learning (3.2.2), and child and parent-centered Early Intervention and Protection (3.2.3) for its main target groups: young children and their families, and frontline workers. It discusses key requirements in terms of staff capacity, technology, and enabling environment for the introduction and continuous delivery of the effective adaptations of services. It also provides evidence of the intended and unintended service outcomes achieved by the services' adaptations to the pandemic.

3.2.1 Maternal and child healthcare

The UNICEF Ukraine interventions in the maternal and childcare field were found to be effective in increasing frontline workers' knowledge on immunization and breastfeeding and healthy nutrition counseling, as well as on advising parents on child development milestones. The early stage of the implementation of UPHV intervention limits the effectiveness of findings about children and families' needs. However, its potential positive effects on bringing services closer to the most vulnerable families and mitigating the negative consequences of COVID-19 lockdowns are expected by consulted stakeholders.

The survey respondents (i.e. doctors and nurses, n=8) who took part in the UPHV training confirmed that **the training helped them provide better health and social care for young families and their families** (75% of respondents said they are fully or considerably prepared for their work in this regard after the training), particularly in relation to immunization counseling (75% fully agreed, further 25% considerably) and providing breastfeeding and nutrition assessment, counseling and support for breastfeeding and healthy nutrition (62.5% fully agreed). Moreover, half of the participants felt to be better prepared to advise parents on child development milestones and strategies to promote social, emotional, and cognitive skills (50% fully agreed, 37.5% considerably), and determine the tactics for further medical observation and referral of the child based on the results of the assessments (50% fully agreed, 25% considerably).

Nearly two-thirds of the participants (62%) in the training also felt fully or considerably prepared to interact with other medical and social providers thanks to the training. At the same time, however, cooperation with other service providers beyond the health care system (e.g. social or education services) was mentioned by 29% of the respondents as one of the main skills that they would like to improve further. Interaction with other medical and social service providers was also identified as one of the areas in which respondents require more support. More support was also



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expected in the field of communication (43%) and expert skills (29%) to provide quality UPHV services and thematic-wise on identifying risks associated with parental mental health.

For half of the surveyed health professionals who took part in training on the UPHV model, **all training modules were equally useful**. Training on communication skills, risk mitigation, family environment and parenting were highly rated, followed by the physical health of a child. The content of the modules considered slightly less valuable related to intersectoral cooperation, the introduction of the UPHV model, and child protection and inclusion. **None of the respondents marked developmental screening, monitoring and supervision among the most helpful training modules**. However, when asked about the **support required** to deliver quality home visiting services, **the respondents often listed methodological support** (e.g. mentoring and supervision), information, and guidance (e.g. operational procedures or manuals). **The topic not covered by the training programme but marked among most needed was the social and psychological support for frontline workers to deal with the stress at work.**

Half of the participants in the training also believed that the training would enable them to provide home visiting services during national quarantine/lockdown. Accordingly, more than one-third of the doctors and nurses (37.5%) do not know whether service provision will be possible in case of another lockdown, while 12.5% perceive it as not possible. If the UPHV is to be implemented during health or other emergencies, the health care professional should be trained on how to provide home visiting services in such contexts.

The UNICEF adaptation of the UPHV training to the pandemic context – namely the need to provide these activities remotely instead of face-to-face meetings, did not negatively affect the effectiveness of the training. All survey respondents assessed the online training delivery mode as effective. The vast majority strongly agreed (75%) or agreed (25%) that its timing/length was appropriate. They also found the face-to-face format of the training suitable despite COVID-19 risks and restrictions: 87.5% strongly agreed, and 12.5% agreed with the appropriateness of such mode of provision. The respondents' preferences towards face-to-face or hybrid modality of training delivery, when there is no public health emergency, spread evenly (50% / 50%), with clear divisions across different age groups. All respondents above 51 prefer face-to-face learning, while for younger respondents, both face-to-face and hybrid models (e.g. partially online and partially offline) are acceptable. At the same time, none of the survey respondents would like to learn online only when the COVID-19 pandemic is over. The first training for master trainers delivered online was also positively assessed by KIIs, who perceived it “overall positive” and “quite enough” to gain knowledge and practice assigned tasks. However, according to one interviewee, more study visits would be welcomed to make the training more beneficial.

According to the study respondents, **the UPHV intervention has the potential to significantly support young children and their families' access to quality healthcare, which was constrained due to the COVID-19 related restrictions**⁸¹. However, the early stage of the intervention at the time of the evaluation allowed only partially to gather evidence regarding its impacts. According to the evaluation's respondents, **introducing the UPHV model with telemedicine components is the most effective way to bring services closer to those who have the least access to them** (vulnerable families, those living in remote areas, and especially along the contact line) thanks to the increased capacity of health care providers at primary health care on providing ECD/UPHV services as a direct

⁸¹ The UNICEF intervention under assessment was at the initial stage of implementation during the data collection and its results could not have been fully evaluated at this time.

outcome of the intervention. An increase in ambulatory and self-care of families and minimizing unnecessary visits to health care facilities is anticipated as a result of the promotion and piloting of telemedicine and digital technologies.⁸² Moreover, the quality of health care services provided to children and their families is expected to increase due to an integrated approach focused on screening, prevention and early referral within and beyond the health care system. As one trainer explained:

“The economic situation of the family no longer matters [to gain access to services] – the nurse comes home and, if necessary, gets advice from a doctor. In addition, monitoring the environment in which the child grows is a unique tool, especially when it comes to visiting children from socially vulnerable families, where a safe environment is a problem. Previously, no one cared about such issues at all, and now a child and family can have a partner who will advise, teach and help them”. (KII with a trainer).

Finally, indirect effects for young children and their families are expected from setting up the system for collecting household-level data. According to Ukraine Humanitarian Needs Overview posted by OCHA in February 2021, COVID-19 led to further disruption in the already weak system for medical data collection and evidence generation in the Donetsk and Luhansk oblasts. Lack of quality data would hamper informed decisions about where to target medical resources and which interventions to prioritize, which may further limit the provision of quality health services to the most vulnerable children and their families.⁸³ As specified by KIIs, the protocols filled in by the home visiting nurses will facilitate the collection of reliable data about child safety (physical and psychological), breastfeeding, injuries, accidents, morbidity, mortality, vaccination, nutrition, developmental disabilities (early detection) or hospitalization of children. This, in turn, will help analysis of caregivers’ and children’s needs and develop adequate responses. Such information is essential in Eastern Ukraine, where some children “drop out” of the system, and the mortality rate of children at an early age is relatively high. The reasons behind this could have been avoided if parents had known how to prevent injuries, create a safe space for young children, provide care, and prevent diseases on time (KII with a trainer). Some KIIs hope that the data collection will give convincing arguments to the policymakers to expand the list of mandatory vaccinations and, consequently, decrease the mortality rate from rotavirus (rotavirus vaccination is not mandatory).

Moreover, some positive results on promoting vaccinations, breastfeeding, and positive parenting practices have already been achieved with the UNICEF-supported “Baby Box” initiative. Not only the basic material needs of the child were addressed with the box, which was found as an important financial relief in particular for the most vulnerable families (52% of parents who participated in the evaluation survey⁸⁴ admitted that the Baby Box had provided them with some financial support, and 14% with significant financial support, only 27% did not feel any financial relief), but also managed to increase the parents’ awareness about the importance of vaccinations (60% of parents participating in the study claimed to increase their knowledge in this respect, 2.5% claimed that they changed their

⁸² Programme Document provided by UNICEF.

⁸³ Ukraine Humanitarian Needs Overview posted by OCHA in February 2021. Available [here](#).

⁸⁴ The survey was not able to distinguish between the most vulnerable families and the other, so is the project. However, the percentage of families who appreciated this support is significant.

attitudes from negative to positive regarding vaccination) and breastfeeding (10% of respondents increased their knowledge in this area)⁸⁵.

3.2.2 Early learning

In the early learning field, the UNICEF interventions were found effective in increasing the teachers' knowledge about providing education to children with special education needs, organization of remote learning and increased their awareness on the importance and the concept of inclusive education in general. In effect, the children with special education needs have benefited from individual development programmes and other new practices implemented by their teachers due to their participation in the training. Moreover, more remote ECE opportunities were created to address children's needs to receive uninterrupted ECE during the pandemic.



The UNICEF training for pre-school teachers in Donetsk and Luhansk oblasts on inclusive education was found by the evaluation to be **effective in strengthening the capacity of school staff and local educators on safe and inclusive educational environment in the two oblasts**. As many as 79% of the survey respondents said that the training helped them improve their knowledge and skills to create inclusive pre-school environments “very much”, and the remaining 21% said that it helped them do so “somewhat”. The proportion of survey respondents who said that the training helped them provide relevant support to the most vulnerable young children and their families “very much” and “somewhat” amounted to 76% and 24%, respectively. Moreover, many participants in the training reported that they are better aware of the importance

and the concept of inclusive education. One participant interviewed described the main benefit of the training as helping them “see the needs of children in a different way”.

While participants described all training modules as having equipped them with relevant skills and knowledge, the module related to working with a psycho-pedagogical team to support children, including during the quarantine restriction measures, was rated as most effective.

Twenty-nine percent of the respondents stated that their competencies in this area increased “very much.” Another 63% said that their competencies increased “much”. Similarly, content on approaches to ensure participation of children with SEN in learning processes, including in the conditions of a lockdown, was reported to have led to very high increases in competencies for 29% of the survey respondents and high increases for 61% of them.

The training module, which was considered to have the least effect (although still robust) on the participants' knowledge, concerned approaches to engage with parents/guardians in their children's education, including during lockdown. Twenty-four percent of respondents reported that their knowledge and skills in this area were strengthened only “somewhat” (21%) or “little” (3%). Generally, respondents highly appreciated learning in this area and spoke of how useful the new approaches they learned about were for their work. However, many also said that engaging parents,

⁸⁵ The information on the intervention's effects on children and their families is based mainly on social survey, 2 focus group discussions conducted with 9 mothers and 9 fathers from Kyiv city, in-depth interviews conducted in Kyiv and in 78 maternity hospitals and 13 local social protection services in all regions of Ukraine (except Crimea and Donetsk and Luhansk oblast).

especially those with children with special education needs and during lockdown, remains one of the most challenging areas in their practice. Hence, much more assistance for pre-school teachers in this regard is required to help pre-school workers effectively engage parents in their children's education.

The effectiveness of the training has been further increased with the distribution of the **printed didactic materials** provided to the training participants, which were often **mentioned as key benefits. Many also expressed their satisfaction with the extensive use of real-life case studies to deliver the content.** Several pre-school teachers consulted for this evaluation reported being able to implement solutions for children with special educational needs in their kindergarten directly as a result of the training. Yet, the need for even more practical exercises and materials on organizing education for children with special education needs in practice during lockdown was often voiced.

Although the training was perceived as effective in providing the participants with new knowledge, additional training and support are needed to enhance teachers' capacities to work with young children with special educational needs, including during lockdowns. Several respondents suggested further expanding the training's scope and length and organizing such training more frequently and regularly. Access to more professional materials on working with children with special educational needs was also indicated as one of the support forms required the most (by 95% of survey respondents).

In addition, **while the instructions on organizing remote pre-school education were assessed as helpful, pre-school teachers reported having insufficient guidance, resources, and – frequently – limited relevant skills to carry out pre-school education at the beginning of the pandemic.** The interviews revealed that pre-school frontline workers need more guidance and instruction on how to organize pre-school learning during the pandemic, not only during pre-schools' closures but also after re-opening when social distancing and other restrictions are still in place. Secondly, many pre-school teachers lack the technologies and internet access to enable remote learning. There were 65% of survey respondents who said that they do not have the computer, tablet, or smartphone required to deliver educational services during the pandemic. Half of the respondents said that they do not have the internet to do so. Thirdly, 87% of respondents said that they lack adequate skills related to using remote technologies such as computers or online tools.

These needs were partially addressed by MoES and other UNICEF efforts in this field. For example, MoES, with UNICEF support, developed guidance and safety protocols for schools and pre-schools' reopening, a webinar on using remote technologies during the pandemic was organized for pre-school workers by UNICEF and Step by Step Foundation, UNICEF supported data collection to assess pre-schools' readiness for school re-opening. However, more similar support seems needed if the pandemic situation continues.

Concerning the target groups' needs, the analyzed UNICEF interventions aimed at increasing the quality of pre-school education to better address the needs of all children (including those with special education needs), improving access to remote learning in particular in Eastern Ukraine, ensuring continuity of learning and raising the awareness of parents /guardians of pre-school-aged children on the needs of home education and skilling during COVID-19-related lockdowns/quarantines.

As a direct result of the training for pre-school teachers in the Donetsk and Luhansk oblasts, the pre-school teachers increased their capacity to organize a pre-school environment inclusive for children with special education needs and their parents. **The evaluation found that this knowledge has**

already been put into practice and contributed to the increase in the quality of pre-school education for children with special education needs. The vast majority of the pre-school teachers who participated in the training report **applying new practices in their work**. Specifically, as many as 65% of the survey respondents said they use the knowledge and skills gained from the training in their daily work. Another 35% said that they apply them to some extent. The most frequently reported practices that pre-school teachers use in their daily work with children and their families as a result of their participation in the training were: a) structuring the system of work in an inclusive group; b) cooperation with the Inclusive Resource Centers; c) developing individual development programmes; d) ensuring good coordination between teachers and the support team; and e) more effective collaboration between the teacher and teacher assistant in organizing inclusive groups and **developing individual development programmes**. The children with special education needs are more likely to receive individually targeted support, including during lockdowns after the training. As one of the pre-school teachers who participated in the training reported:

"In our kindergarten's case, after the training, we were able to develop a quality individual development programme for a child with special educational needs. We were able to earmark resources for the work of an assistant and a teacher in this respect."

Thanks to the UNICEF interventions, the pre-school children and those with special educational needs gained more opportunities to access ECE (including remote learning) during the pandemic. As confirmed by the KIIs, the operation of the NUMO platform and efforts to increase the engagement of parents in their children's home education through such measures as the #LearningatHome awareness-raising campaign gave children additional opportunities to benefit from uninterrupted ECE during COVID-19 lockdowns. However, these effects have to be further investigated.

3.2.3 Early Childhood Intervention and Protection

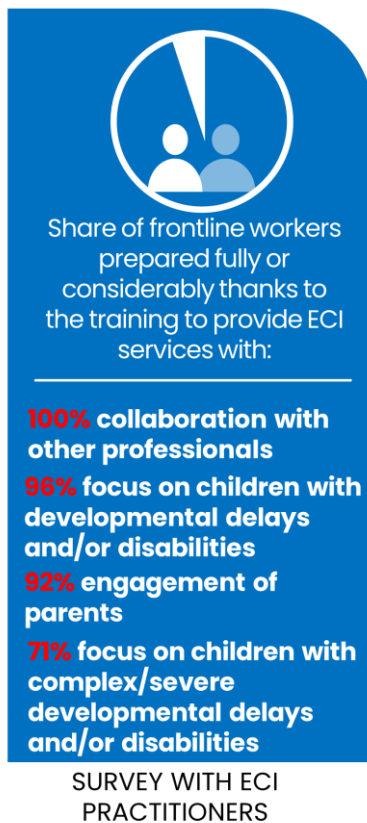
The best effects of the UNICEF intervention in the Early Childhood Intervention and Protection field have been achieved with regard to increasing ECI practitioners' knowledge about engaging with families and understanding their needs and concerns regarding child development. According to the KIIs, the training has further contributed to increasing the quality of ECI in Eastern Ukraine in particular, thus increasing the access to ECI services of the most vulnerable families from the conflict areas. Through the family-centered approach, the intervention contributed to parents' engagement and empowerment of their parental skills regarding recognition and responding to children's needs.

The professionals working in the field of Early Childhood Intervention and Protection have strengthened their knowledge about providing family-centered early childhood intervention and engaging families. According to the feedback gathered by the Early Intervention Institute, the training was effective in terms of equipping the participants with knowledge in this respect. The training participants reported that their skills and knowledge have improved. For most of them, the content of the training was "very new" or "new" (48 participants said so out of 56 during the first



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module and 49 participants after the second module).⁸⁶ Key Informants noted similar effects, particularly in achieving a better understanding of the crises experienced by families with children with developmental delays and/or disabilities and the importance of social support for families with such children. Among the skills gained or improved thanks to the intervention, they listed engaging with a family through dialogue and active listening, assessing the child's strengths, communication with a small child, and also the procedures for the first meeting, a routine interview, and teamwork.



The frontline workers who responded to the evaluation survey agreed that the training and supervision prepared them fully or considerably (92%) to engage parents in ECI effectively. When asked about becoming fully/considerably prepared due to the training to collaborate with other professionals effectively and providing quality ECI services to children with developmental delays and/or disabilities, they reported comparable results (100% and 96%, respectively). A slightly lower level of preparedness was indicated in providing ECI services to children with multiple vulnerabilities (71% feel fully/considerably prepared, while 29% – somewhat prepared) and with complex or severe developmental delays and/or disabilities (79% and 21% respectively). The area where the training and supervision have been least effective for the respondents is providing online/remote ECI services. Half of the respondents feel somewhat or not so much (46% and 4% respectively) prepared to carry out their work in such a format.

The participants apply in their work the knowledge gained during the training. Two-thirds of the survey respondents said they apply the knowledge and skills gained in the training and supervision support in their work very much (67%), while 8% reported they do not use it at all or not so much. The Key Informants declared that they try

to apply the acquired knowledge and skills with constant support from the trainers. For example, they discuss with their trainers how to approach challenging and complex issues, such as involving parents in their child's development and explaining the importance of bringing their child to the Resource Center and school. However, it must be noticed that the participants have only begun to get acquainted with families and take their first steps in using the new techniques and approaches. Therefore, it is impossible to fully assess the effectiveness of applying their newly gained knowledge and skills. There are several months of supervision ahead during which the multidisciplinary teams will practice using these techniques and, with support from a mentor/supervisor, will discuss complex issues that arise while providing support to families.

Finally, **further support is required to improve the delivery of quality, family-centered ECI services for children and their families in Ukraine, according to the respondents.** The top three skills to be strengthened, as prioritized by frontline workers, include expert skills to provide quality ECI services in general (75%), teamwork skills (63%), and using remote technologies (58%). In terms of other support needs, the respondents indicated more/better information guidance (75%), more/better methodological assistance (71%), and more/better computer, tablet, or smartphone (54%) have been

⁸⁶ Analyses of feedback on the 2nd Module of the training (22.02 – 22.03.2021), provided by Early intervention Institute.

most often mentioned. Access to ICT equipment remains still a challenge for effective implementation of ECI services (as well as equally for other areas of UNICEF interventions in Ukraine). This constraint needs to be further addressed to increase the interventions' effectiveness, in particular, if lockdowns and other pandemic (and non-pandemic) related restrictions to face-to-face service provision continue.

The effects of UNICEF ECI professionals' training are expected to further increase the quality of ECI support to families of children with developmental delays and/or disabilities. The respondents pointed out that the intervention has a positive effect on increasing access to **ECI services in Eastern Ukraine, contributing to more equality to access to ECI services across the country**. The ECI teams provide support before a child has an established diagnosis, which allows intervention in early in life and strengthens child development. They can support the family already in the perinatal center, which is a significant improvement because, in most cases, the first contacts with specialists occur when a child is about to go to kindergarten. The ECI specialists also support the child's transition to the Inclusive Resource Center and kindergarten, helping his/her adaptation during the first six months by providing support to the educators to understand how to work with the child. Secondly, specialists focus on helping families with everyday challenges they face on the spot, such as a child's refusal to eat, visits to the store or playgrounds.

According to the respondents, the training effectively addressed the issue of parents' insufficient knowledge and skills to support child development using the family routine activities. As specified in the participants' feedback gathered by the IP, with the support of specialists, parents now feel more confident, more effective in raising and supporting the learning of their children, and "better prepared to manage their daily lives".⁸⁷ According to the data gathered by the Early Intervention Institute, families receiving ECI services based on the family-centered approach strengthened their ability to understand their child's needs and became more involved in caring for their child. **The families also reported that receiving ECI services without disruption during the pandemic-related restrictions reduced their emotional stress related to the forced stay of the whole family at home.**⁸⁸

At the same time, it has been noted that the intervention cannot meet the needs of all vulnerable children who need support, although the training did include elements of working with vulnerable families. Firstly, ECI services are often not available in remote areas. Secondly, the pandemic has severely impaired the already difficult access to families in rural and remote areas. Since the ECI services are provided only at a request from the parents, reaching vulnerable families with relevant information on the support's availability emerges as an urgent issue to be tackled to increase participation.

3.2.4 Management and monitoring

Despite the need to adapt the UNICEF interventions to the COVID-19 reality, **all interventions were provided with adequate management and monitoring systems**. In particular, results frameworks with baseline and target output indicators were prepared for all interventions, progress/final reports as well as quarterly/monthly progress updates through Disaggregated Results Reporting Matrix were requested from the IP, partnership management plans were prepared and reviewed. Whereas the mechanisms in place for interventions in the field of inclusive education and early intervention have

⁸⁷ Analyses of feedback on the 2nd Module of the training (22.02 – 22.03.2021), provided by Early Intervention Institute.

⁸⁸ UNICEF, Annex C: Programme Document, courtesy of UNICEF Country Office in Ukraine.

been already positively assessed by the stakeholders, the UPHV management and monitoring could only be assessed ex-ante at the time of the report's writing.

The evaluation confirmed that the assessed interventions in education and early intervention were provided with proper management systems and that monitoring mechanisms were in place. The resources allocated to the trainings were generally assessed by stakeholders as appropriate to the achieved effects.

The participants of the trainings on early intervention and inclusive education assessed the organization, as well as the competencies of the trainers as very strong. Similarly, the didactic and other handouts were assessed as very useful and interesting for working with children and parents. In both cases, the stakeholders claimed that the intervention would have benefitted from **more resources to cover more teachers and print out more materials**. In early intervention, the provided **training would have benefitted from more demonstrations and practical cases on interacting with families and providing longer-term mentoring support**.

The monitoring mechanisms in place for the two interventions included an initial assessment of training participants' expectations before the training, selection of applications and an assessment of participants' impressions at the end. UNICEF reported receiving progress reports from the implementing partners. The content and organization of both trainings within both interventions have been constantly monitored by the trainers and the IPs in order to make real-time adjustments to the topics and materials and practical cases, if necessary. During the interviews, the trainers noted that they received feedback from the participants and based on that, they paid more attention to some specific topics, commented on the homework, and collected and answered questions from the participants on issues not covered during the training. During the ECI training, first-hand evidence from families who participated in the ECI service was also gathered to design and modify the training content, which was an essential factor that contributed to the intervention's relevance.

The management and monitoring system of the UPHV intervention envisages the collection of best practices, data, and evidence generation. This entails regular project reports with clear monitoring of achievements and bottlenecks, evaluation and performance measuring from the planning phase to the final evaluation. For instance, feedback from nurses will be collected and analysis of data gathered will also take place (e.g. number of consultations, teleconsultations, level of breastfeeding, level of immunization, and in the longer term: child mortality, morbidity).

The KIs reported that a reflective discussion followed the training, and pre- and post-training survey questionnaires were collected from training participants. Based on the first pilot in Kramatorsk, the training organizers adjusted the training content to the specificity of nurse work where necessary. According to the Project Coordinator, the impressions collected from the first training delivered allowed to conclude that the training was too long and its content too complicated for the participants. Based on further feedback, the time allocation between different topics will be revised. In addition, there will be surveys (with control groups) in three pilot areas (Mariinka, Kramatorsk, Mariupol) to assess the intervention development, which will be repeated after six months.

3.2.5 Enabling environment (policy, cooperation with government)

The implementation of the UNICEF interventions in Ukraine has been influenced by a number of external factors having both positive and negative impacts on its effectiveness. Whereas good

cooperation within UNICEF (with other country offices, with regional office), with Government stakeholders and implementing partners, and intervention development based on thorough needs assessment facilitated implementation, existing budgetary and regulatory frameworks, as well as weak capacity, acted as a constraining factor in some respects.

One of the factors facilitating a set-up of the UPHV intervention mentioned by KIIs was the exchange with colleagues from Kazakhstan UNICEF CO. Around 190 participants (doctors, nurses, and health managers) from the whole Donetsk oblast attended the international workshop on universal-progressive patronage model, organized by UNICEF in 2019, to learn from the Kazakh experience. According to one KII:

“Without the participation of colleagues from Kazakhstan, we would not have been able to start this project and involve local authorities so actively. We took Kazakh training [on UPHV] as a basis and adapted it to our context”.

Another respondent concluded that *“all the international training was very relevant because this is exactly what needs to be developed in [Donetsk] region to grow a generation of healthy children”*. In line with the report from the international workshop, the adaptation of Kazakh experience to the national/regional environment was recognized as a cost-effective approach, which made the model attractive to Ukrainian counterparts. Furthermore, it secured buy-in from the key stakeholders (e.g. oblast health authorities, chief of primary health care facilities, representatives of health-educational institutions, social sector, local authorities) and prepared ground for vertical (ministries) and horizontal (regional and local health and social services, hromadas, medical universities/colleges, etc.) cooperation.⁸⁹

The involvement of other COs and ECARO that promoted inter-country exchanges to share experiences on home visiting facilitated Ukraine’s first steps towards UPHV. Apart from UNICEF CO in Kazakhstan, comments and technical support also came from UNICEF COs in Turkmenistan and Moldova. UNICEF Ukraine assisted local/oblast authorities in developing the intervention plan. It involved its Health, WASH, Child Protection, C4D, and Social Policy sections in cooperation and UNICEF ECARO experts (health, ECD), who provided recommendations and guidelines based on lessons learned from other countries.⁹⁰

Strong collaboration between UNICEF, government, and implementing partners has facilitated several other UNICEF interventions. The UNICEF interventions in the field of inclusive education benefitted from a strong involvement of the central and regional government in its implementation. The MoES was reported to have been engaged in delivering the intervention at all stages. Among others, the Ministry endorsed the initiative and posted information about it on their website. In addition, it collaborated with local departments of education for selecting training materials and (pre-)schools to participate in the intervention. UNICEF’s collaboration with MoES was developed prior to the initiative, and hence collaboration to deliver the training was effective and smooth thanks to the mutual trust and confidence. Secondly, the intervention was delivered by a strong, local implementing partner with abundant experience in supporting access and quality of education locally. Previous experience of collaboration between UNICEF and Step by Step Foundation was reported as a facilitating factor for the intervention’s smooth roll-out.

⁸⁹ Report from INTERNATIONAL WORKSHOP ON UNIVERSAL-PROGRESSIVE PATRONAGE MODEL UKRAINE, SVIATOGIRSK, 8 NOVEMBER 2019, prepared by Ihor Katsytadze, Health Officer, UNICEF.

⁹⁰ ECD/UPHV Concept of the intervention provided by UNICEF.

Similarly, the UNICEF support for early childhood intervention was facilitated by UNICEF CO's preceding efforts to develop an **inter-agency cooperation mechanism** to provide ECI in municipalities. Moreover, close cooperation on ECI between the CO, the Ministry of Social Policy, Early Intervention Institute, NGOs, and experts and strong involvement of the regional government was further strengthened by **capacity building and formation of a group of parents who advocate for ECI**. Expanding activity of All-Ukrainian Parents Forum for Early Intervention (AUPFEI) that increased awareness of parents and communities, as well as local authorities on ECI services⁹¹ could be seen as one of the important factors of the intervention effectiveness. Parents who have already used the ECI service are the primary source of information about ECI and are the most significant advocates for their rights and the rights of their children. In the case of inclusive education, systematic engagement of parents in organizing learning opportunities for children at home could also have a beneficial effect on achieving inclusive education goals. During the pandemic, UNICEF implemented several information campaigns and initiatives in this regard, as well as more information sessions for parents are planned (but were delayed due to epidemiological restrictions). However, more systematic engagement of parents is required to improve teacher-parent communication and advance inclusive education, including for children with special education needs.

Finally, the critical factor contributing to the smooth implementation and high effectiveness of the intervention that should not be neglected is the **proper planning of the intervention to ensure strong alignment with the needs of the intended beneficiaries**. As already discussed in the relevance section, the assessed UNICEF interventions in Ukraine were based on the needs assessment conducted a priori to the planning and implementation of the activities, which further contributed to its high relevance. For example, the inclusive education **training was designed and modified based on first-hand evidence** from pre-schools in the Donetsk and Luhansk oblasts. As stated by a UNICEF Ukraine CO representative, it was delivered in response to direct requests from pre-schools in these oblasts and based on findings from a needs assessment of schools and pre-schools carried out by UNICEF.⁹²

On the contrary, in some cases, the UNICEF interventions were negatively challenged by the existing inefficiencies in Ukraine's health and education systems and ongoing education ("The New Ukrainian School") and decentralization reforms as suggested by several interviewees during the evaluation. This constraint was particularly relevant in the field of inclusive education. The government adopted new procedures for the organization of inclusive education groups in pre-school institutions in 2019. However, the division of responsibilities between the assistant of a pre-school teacher and pre-school teachers is not well defined. According to the evaluation respondents, this introduces misunderstandings and demotivates the assistants since the requirements for their education are high (higher education at the master's level), but they are often perceived as support staff. In addition, the new procedure for organizing an inclusive group outlines a specific form of an Individual Development Programme to be developed by kindergarten staff for children with special educational needs. However, the model is reportedly too complicated for pre-school teachers to use and apply. Moreover, the current budgetary framework (a division of financial responsibilities among national and local authorities as envisaged by the ongoing decentralization reform) was described as complicating the issue of remuneration of employees in conditions when pre-school institutions work remotely. Specifically, since pre-school education is financed from local budgets, some oblasts

⁹¹ Launched in 2016, the Forum now includes 177 parents and 100 NGOs from 21 oblasts.

⁹² Ministry of Education and Science and UNICEF, op. cit.

could/did not pay (full) wages to kindergarten staff during remote ECE provision. Reportedly, there were cases when special educators were not paid for their services.

Other conditions that hinder the intervention's effectiveness and sustainability relate to the **limited technical, methodological, and capacity-building** support available to specialists in Eastern Ukraine. This concerns pre-school teachers in Eastern Ukraine, as well as ECI specialists. There is a limited financial capacity to implement ECI services across municipalities which negatively impacts intervention's effectiveness. Moreover, as mentioned in the effectiveness section, some pre-schools located along the contact line in Luhansk and Donetsk oblasts **lack computer equipment, demonstration equipment, and Internet access**, severely limiting the provision of quality services during a pandemic. The most vulnerable families also frequently do not have access to these, thus their ability to participate in inclusive education or ECI services is seriously constrained.⁹³ At the time of the evaluation, UNICEF Ukraine CO reported piloting the provision of ICT equipment to families with children in general education to enable distance learning, but no such support has yet been planned for families with young children.

⁹³ Borodchuk, N., Cherenko, L. (2020). FIGHTING COVID-19 IN UKRAINE..., op. cit.

3.3 Sustainability

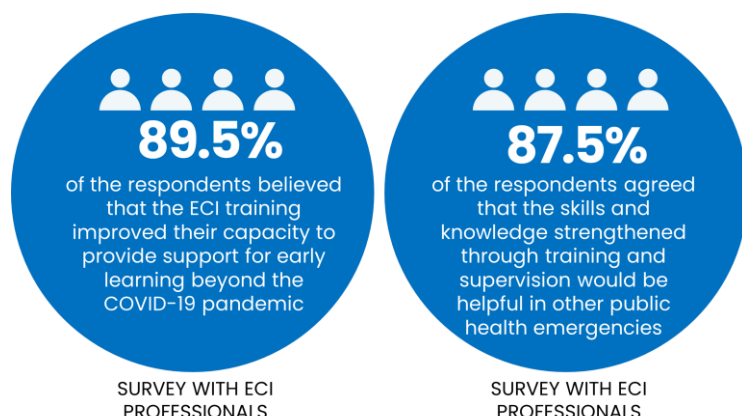
This section presents the evaluation's findings regarding the sustainability of UNICEF interventions in Ukraine. It discussed to what extent the adaptations introduced in response to COVID-19 contribute to the long-term effectiveness of services provided. The circumstances in which the positive results are likely to be sustained and the most promising innovations to be integrated into ongoing programmes are sought and identified. Finally, the chapter concludes with the discussion on the resilience of ECD services addressed by alterations to address similar situations in the future, beyond the COVID-19 pandemic, as well as its overall contribution to the strengthening of country ECD systems.

3.3.1 Sustainability of current responses

The effects of the UNICEF Ukraine ECD interventions have the potential to last beyond their duration and beyond the COVID-19 pandemic. As already discussed, **all the interventions were designed based on needs assessment and were highly relevant to the target group's needs.** Moreover, in the vast majority, these needs have already existed before the pandemic outbreak. Despite creating new needs (mainly linked to digitalization), the pandemic exacerbated the existing problems of lack of quality healthcare, education, and/or adequate ECI services, particularly in Eastern Ukraine. As found by the evaluation, the **needs in these areas have not yet been fully met. A continuation of efforts is needed to strengthen the mother and child health care systems, as well as the capacity of school staff and local educators on safe and inclusive education.** Training on supporting the learning of **children with special educational needs and other vulnerabilities needs to continue.** They need to include a much larger number of pre-school teachers in the two oblasts concerned. The evaluation shows that the hybrid mode of training is slightly more preferred (38% of respondents), although the face-to-face (32%) and online modes (29%) were chosen by significant proportions of respondents as well. However, this distribution reflects the views of only those respondents who had sufficient equipment and skills to participate in the online survey in the first place. The preference for the online format seems to drastically decrease for those living along the contact line (with the caveat that only a few responses from these areas were received). Moreover, the preference for online training decreases with age. Only 11% of respondents over 51 years suggested online training for future similar activities as opposed to 25% of those aged 18–32 and 38% of those aged 33–50. At the same time, more than half of respondents over 51 would see a hybrid mode as most suitable.

Similar findings were gathered for the ECI field. **Most of the frontline workers (96%) who took part in the evaluation agreed that the ECI training should continue even after the pandemic, preferable in a hybrid mode.** KIIs indicated that the training involved only a small number of specialists compared to the current needs. Municipalities do not have sufficient financial resources for implementing ECI services and the capacity-building of community professionals, such as specialists from Rehabilitation Centers and Inclusive Resource Centers, who could also be trained and form a network of specialists for multidisciplinary teams. According to interviewees, it is essential to involve the heads of Rehabilitation Centers, Inclusive Resources Centers, and representatives of local authorities to introduce them to the main concepts of early childhood intervention. This could help to secure the local ownership of the project and, in the longer perspective, to increase the intervention's sustainability by securing local funding to specialists and logistics (equipment, transportation costs

to make home visits). At the moment, UNICEF is the main partner to provide such support to community professionals.



Several mechanisms have been planned to increase the achieved results' sustainability after the interventions are completed. In particular, **the acquired knowledge and the developed materials, instructions, and recommendations could be further used for training and self-study, as well as part of the continuous professional education.**

Within the Safe School Operation Framework, training instructions and accompanying materials have given the

teachers the tools to assess the individual needs of children and families, cooperate with support teams, establish contacts with the Inclusive Resource Centers, and engage with parents more effectively, which can be used beyond the current pandemic. Almost one in nine (89.5%) survey respondents believed that the training improved their capacity to provide support for early learning to pre-school children and their families in crisis settings in general, beyond the COVID-19 pandemic (the remaining 10.5% answered that they did not know if it did). Similarly, the ECI training instructions and materials are helpful and lasting tools that help specialists understand family's needs, assess children's and their families' strengths, establish contact with a child, and provide support to and empower the parents to engage them more effectively. They also indicate how to cooperate with other specialists within the multidisciplinary teams. All of this is applicable beyond the current pandemic context. The majority of survey respondents (87.5%) agreed that the skills and knowledge gained/strengthened through the training and supervision would be helpful in the case of other public health emergencies. At the same time, the evaluation survey found that **more didactic materials on working with children with special needs and on creating inclusive environments are needed by the frontline workers to enable them to consolidate knowledge and follow-up learning as well as provide go-to information sources which can be used at all times.**

The design and implementation of UNICEF Ukraine ECD interventions included several mechanisms to increase the sustainability of results. **All the interventions aimed at good cooperation with the governmental partners at the national, regional, and local level to increase their buy-in of the ideas and secure governmental ownership over the achieved results.** The sustainability prospects increase substantially if the relevant stakeholders take forward the intervention outputs. Therefore, the national, regional and local government stakeholders were brought on board to advise, discuss, validate the intervention frameworks, and facilitate the engagement of other stakeholders. The results of the interventions were further shared with governmental partners to inform policy change and be implemented on the national level. In this way, the **online course on Early Childhood Intervention was submitted to governmental partners for integration with in-service professional development programmes.**

Similarly, the UPHV intervention included such outputs contributing to its sustainability as i) legal and cost-effectiveness modeling analysis, and ii) resource training center in Donetsk for primary health care for doctors and nurses with a focus on ECD. The first output is to facilitate the development of a legal and regulatory framework supporting home visiting, while the second is to ensure continuous professional development programmes for home visiting services. According to evaluation informants, implementing the universal progressive home visiting model at the oblast level proceeds

at a slower pace than expected. Still, in early July 2021, new job descriptions for home visiting nurses have been almost finalized, and work on a protocol of operating procedures continued. When the pilot is over, national-level changes to legal and financial regulations on maternal and child health services will be necessary if the model is to be incorporated into broader health care and social service systems.

The KIIs reported that solid relations with the authorities have been established at the local/oblast level (the main interlocutor in the intervention are local/oblast authorities), and the motivation and understanding of the importance of this initiative are very high. At the central level, negotiations are underway with the National Health Service. At the institutional level, in Kramatorsk and in other cities, **the key healthcare stakeholders are motivated to participate in the intervention**, according to respondents. For instance, the **hospital management is interested in developing a UPHV** model of services for children and their families. Also, the discussions are underway to establish **a permanent oblast training-resource center for continuing medical education of doctors and nurses** as planned in the programme document. The planned **development and adoption of recommendations on ECD/UPHV for medical universities and colleges is expected to increase the sustainability of the UPHV in Ukraine by ensuring access to continuous professional medical education for the UPHV staff**. The findings from the Multi-Country Evaluation of UPHV for Young Child Well-being and Development in the ECAR 2014–2018 (2019) show that the prospects for sustainability are higher if the HV training curricula are accredited and integrated into the medical education programmes and when a critical mass of “Master Trainers” is achieved for training capacity.⁹⁴ The training of trainers has already taken place in Ukraine, setting the ground for future capacity-building activities. These initiatives need to be further followed to identify if any obstacles hinder their implementation in the new context. Similar efforts (to apply the interventions’ results into the governmental frameworks and beyond the interventions) need to be further continued to sustain the achieved results in the longer term.

The interviewed stakeholders and frontline workers in the education field noted the need for **establishing professional communities or networks for pre-school teachers to exchange information and practices**. Similar networks could also contribute to increased sustainability in the other fields (e.g. ECI – engagement of professional and parents’ associations and networks). When engaged, professional associations could multiply the effects of the interventions by a distribution of materials and knowledge sharing among members, reaching those who were not previously engaged in the intervention.

Lastly, for pre-school teachers and other staff to fully use their competencies to ensure inclusive education, better kindergarten equipment is needed to enable diverse activities with children with various needs. As already mentioned, limited access to computers and the internet may have excluded some families and/or children (the most vulnerable ones) from the assessed intervention in Eastern Ukraine. Therefore, other communication channels may need to be used parallelly in case of further lockdowns, and other emergencies and/or these shortages need to be addressed by other interventions simultaneously.

⁹⁴ Gotsadze, Gotsadze, and Chikovani (2019). Multi-Country Evaluation..., op. cit.

3.3.2 Sustainability of innovations

A number of innovations were introduced as part of the interventions. As discussed during the UNICEF Reflection Workshop, **the shift from a child-centered to a family-centered approach in ECD/ECI requires a change in existing practices, as well as in the mindsets of experts, governments officials, decisions makers, frontline workers, and caregivers, whose role in child health, development and EI is pivotal.** In Ukraine, parents still rely heavily on specialists without seeing their critical role in ECI and early stimulation. To achieve sustainable results in this respect, more efforts are required to support and empower parents to assume the new position (through advocacy and awareness-raising and supporting the role of parents' associations). Advocating for further mainstreaming the training modules into the pre- and in-service training curricula is essential alongside the interdisciplinary approach to the overall training curricula of professionals working with a child and family.

Similarly, the tested approach of providing the most vulnerable families with an **integrated package of services, the UPHV model, and promoting safe healthcare** in the conflict-affected areas is innovative in addressing child development more holistically than the traditional approaches focusing mainly on child's physical health. The model places child and family at the center, focusing on the environment in which children grow, which helps identify risks for their development early, refer them to relevant specialists, and enhance child development. The approach is not only holistic (addressing not only physical but also socio-emotional wellbeing of the child and its family), but progressive in the sense that a greater range of services will be provided to the most vulnerable children, including additional home visits. Whereas the effectiveness of this approach will need to be further analyzed alongside the progress of the intervention's implementation, its sustainability depends similarly on the engagement of key stakeholders (parents' associations, non-governmental and governmental partners, professionals) at different levels (local, regional, national), creation of a supportive legal and regulatory framework, use of linkages and synergies with other interventions, as well as the continuation of advocacy and awareness-raising efforts among the decisionmakers and other stakeholders. One of the key challenges for the effectiveness and sustainability of this intervention is to provide universal health coverage, not excluding the most vulnerable from the range of services offered. Given the lack of professionals and the insufficient local budget in remote areas, more effective solutions to target the most vulnerable families, such as e.g. more mobile teams assisting in the field, should be considered to address these challenges. As this evaluation has shown, online services cannot reach out to all families, and there is a need for face-to-face interaction, which requires transportation. Therefore, there is a need to bring services as close to these families as possible using local resources within their communities and building capacities of local professionals working in the most remote areas. For this, the role of education and healthcare providers in remote communities should be considered.

4.0 Conclusions and lessons learned

The evaluation of the COVID-19 adaptations of UNICEF ECD interventions in Ukraine led to the following key conclusions with regard to its relevance, effectiveness, and sustainability:

Maternal and child health care

- The introduction of integrated packages of services, UPHV model and promotion of safe health care responds to the needs of young children and their families from the conflict-affected areas (government-controlled) of Ukraine. Inequity in access to health care services in Eastern Ukraine is significantly higher compared to the north and central parts and is more common in rural areas than in urban settings. **UPHV targets geographical inequalities in the availability of support services by reducing barriers for services users and reaching out to the most disadvantaged and marginalized children with services based on their needs.** The relevance of the UNICEF approach was further increased with its family-centered (as opposed to child-centered), holistic (as opposed to approach focused on physical wellbeing), and progressive character (more support to the most vulnerable families).
- The UPHV model and telemedicine are relevant to the frontline workers' needs, especially in the context of COVID-19 with restricted movement. On the one hand, it supports overburdened primary healthcare personnel and specialists as it complements the healthcare services of family doctors or pediatricians and targets a limited number of families based on an evaluation of their risks and needs. On the other, it provides opportunities to examine children within sufficient time and broader ECD and family scope.
- Participants perceive the training on ECD/UPHV as effective in preparing them to carry out their work, particularly regarding **integrated management of childhood diseases, intersectoral collaboration, communication techniques, and effective interaction.** The areas in which training participants felt less prepared or/and require more support are interaction with other medical and social providers, identifying risks associated with parental mental health, and psychological support for frontline workers to deal with the stress at work.
- The UNICEF Ukraine interventions in the maternal and childcare field were found to be effective in increasing frontline workers' knowledge on immunization and breastfeeding and healthy nutrition counseling and advising parents on child development milestones. The early stage of the implementation of UPHV intervention limits the effectiveness of findings concerning children and families' needs. However, its potential positive effects on bringing services closer to the most vulnerable families and mitigating the negative consequences of COVID-19 lockdowns are expected by consulted stakeholders.

Early learning

- **UNICEF-supported training on inclusive education in Donetsk and Luhansk oblasts provided important education methods that are inclusive of children with special educational needs.** The training content was relevant for most participants, as it included real-life case studies that greatly enhanced the learning value for the participants. However, similar trainings are required for a much greater number of teachers, and complementary support is necessary to enable pre-schools to meet the needs of all young children.

- **Integration of content on remote ECD education during the COVID-19 pandemic into the training for pre-school teachers in Luhansk and Donetsk oblasts increased the relevance of this intervention.** It responded to the teachers' need for more practical guidance on how to provide education during the lockdown, in addition to the general guidelines on the organization of educational activities during the pandemic developed by the Ministry of Education and Science and the Ministry of Health with UNICEF support.
- **In a context of restricted face-to-face social interaction and strict social distancing rules, assisting pre-school teachers in supporting and interacting with parents of young children has been critical.** The evaluation confirmed that parent-teacher interaction has been one of the key challenges of ECE frontline workers in Ukraine even before the pandemic. The UNICEF interventions were relevant to upgrade parents' skills to support children's learning at home, as well as more generally to support the provision of pre-school services undisrupted by the pandemic.
- **A number of issues in the pre-school education regulatory and institutional framework continue to complicate the organization of inclusive ECE in Ukraine.** This includes a lack of instructions on the division of responsibilities between the pre-school assistant teacher and the pre-school teachers. The current Individual Development Programme model outlined in the new procedures for responding to the needs of young children with special educational needs is also seen as inadequate. Lastly, the lack of salary payments to some pre-school staff in some oblasts since the pandemic's start needs to be analyzed more closely.

Early Intervention and Protection

- The **intervention for developing the capacity of professionals for the provision of early childhood intervention services** is timely and relevant to the needs of children and families, especially during the pandemic. Its relevance in addressing parents' need for information on ECI services for children with developmental delays and/or disabilities has been further increased by introducing a holistic, comprehensive approach to ECI services extending beyond the medical approach. In consequence, the ECI services remained the only service that families continued to receive regularly during the pandemic due to the engagement of parents in the support process.
- **The ECI professionals' training increased awareness of a family-centered approach in ECI and provided the necessary guidance for practice.** Combining theory and practical cases (homework), supervision, and mentoring enhanced learning and increased the chances that practitioners to apply the knowledge gained during the training.
- While the lack of direct communication with trainers and colleagues was challenging for some participants, the transition to an online format has made it possible to introduce an individualized approach to each team and participant through constant feedback on practical assignments, according to stakeholders. The content of the ECI training was also adapted for ECI specialists' needs for methods and techniques of providing EI online, though some improvements in this respect have been recommended.
- **Several regulatory and institutional framework issues continue to affect the quality of ECI services in Ukraine.** They include: i) insufficient interagency cooperation between social, medical, and educational services; ii) lack of guidelines for the implementation mechanisms of the current legislation/policy on EI services, particularly at the local level; and iii) the need for institutionalization of training to ensure its quality and sustainability.

4.1 Main lessons learned

The following lessons learned could be identified based on the evaluation findings:

- **The evaluation showed that guidance for organizing pre-school education using remote technologies must address the specific needs of different groups of pre-school children and the ECD professionals working with them.** In the case of one assessed intervention, the content of the intervention may not have responded well to the needs of some children and their families living in the proximity of the contact line. One of the reasons for this may be that the material deprivation in some households and dire shortages of basic equipment severely limit the relevance of distant learning modules. Children from poor households and other vulnerable children and their families are unlikely to benefit from remote support from teachers either. In this light, it is important to continue to provide ECD kits and learning materials to vulnerable families.
- **Effective exchange of experiences between COs and RO could be an essential factor contributing to the increased quality of the planned interventions.** Based on lessons learned from counterparts from other countries, the Ukrainian approach to UPHVM embraced a mix of activities/outputs that increases the prospects of sustainability of the ECD/UPHV in Eastern Ukraine. It also involved both nurses and doctors in capacity building, which is a good approach for their future cooperation based on a shared understanding of the importance of home visiting work.
- **The emergencies such as the COVID-19 pandemic create new needs of children and families, as well as of frontline workers related to psychological and emotional support.** There is a pressing need to provide such support to young children and their families to help them deal with pandemic-related anxieties caused by illness, financial troubles, mental health issues, and other substantial life challenges which added extra layers of vulnerability for children and families, especially to those living in Eastern Ukraine. On the other side, frontline workers' trainings have the potential to also address these issues in terms of supporting families in this aspect as well as self-care.

5.0 Recommendations

The evaluation findings led the evaluation participants to formulate a number of recommendations with regards to the evolution of needs and services provided now and in the future. These recommendations have already been presented and discussed during the Reflection Workshop with UNICEF Ukraine and key Ukrainian stakeholders engaged in the evaluation process, as well as validated with UNICEF ECARO staff. The presented recommendations focus on the system level and aim to support UNICEF CO Ukraine in further ECD programming in the country. The intervention level recommendations have already been presented in the intervention's briefs (please see Country Report Vol.2, Annex 1).

To support enabling environment, supply, demand, and quality of ECD interventions in Ukraine, it is recommended that UNICEF should:

Enabling environment

1. Advocate for developing a legal and regulatory environment in support of inclusive education, with clear delineation of pre-school teachers and teacher assistants' roles, support in the implementation of the Individual Development Programme model, and availability of funding for staff remuneration at the oblasts level.

The changes in the regulatory framework on inclusive education should (1) improve the division of responsibilities between pre-school teachers and teacher assistants regarding inclusive education so that this is better delineated, and 2) make sure that pre-school staff receives enough support to be able to implement the current Individual Development Programme model, and (3) ensure that oblasts dispose of and dedicate sufficient funds to cover the remuneration of pre-school workers in Ukraine.

2. Support the government in developing a comprehensive approach to ECI implementation in Ukraine (legislation, guidelines, institutionalization) with the engagement of a broad range of stakeholders at different levels.

It is recommended to continue support of the government in developing a comprehensive approach to ECI implementation in Ukraine, e.g. through the development of the legislation and specific implementation guidelines on approved mechanisms for implementing ECI and organization of multidisciplinary teams.

Supply

3. Expand partnerships with governmental stakeholders and educational institutions to develop an educational programme for 'community nurse' to ensure capacity-building of home visitors within the UPHV model and advocate for introducing the position of a 'community nurse' into the qualification framework.

The introduction of the "community nurse" into the qualification framework will provide for quality and recognition of this profession and, together with a launch of an educational programme, provide the necessary capacity for institutionalizing the UPHV model.

4. Calculate the economic benefits for the state resulting from the UPHV intervention and advocate for the provision of stable funding for the further institutionalization of this model.

Calculation of the economic benefits for the state (return of investment rate) could be helpful to engage the government entities in the UPHV programme, commit them to provide the necessary funding, and secure the intervention's sustainability in the longer term.⁹⁵

5. Improve the training content and delivery on providing online/remote ECD/ECI/UPHV services and better prepare specialists to gather information on children at risk.

In the inclusive education field, it is recommended to integrate into the training a specific part on improving communication skills for teachers and approaches of engagement with parents, especially those of children with special educational needs. Moreover, it is recommended to modify the training content for ECD/ECI/UPHV professionals to better prepare specialists to gather information on a child at risk, which is common during various emergencies, as well as to include effective stress management techniques.

Demand

6. Launch an information campaign on EI as a new social service for the families targeted at parents and carers supported with networks and coalition-building activities, as well as intensify the awareness-raising activities among healthcare workers.

Based on the evaluation findings, there is a need to focus on improving families' access to relevant information on EI by information campaigns on EI as a new social service for the families targeted at parents and caregivers, as well as to increase the awareness of EI services among health care workers. This should include support to parents' networks and broader coalition-building of EI specialists and stakeholders in the country.

7. Invest in awareness-raising activities to promote the new ECD/UPHV, including organizing national-level workshops with guests from other COs to promote the piloted UPHV model.

The national-level workshops could help validate the UPHV model, enable the exchange of best practices in a transnational context, and promote the approach among national stakeholders, thereby increasing the national and local ownership of the tested approach. Apart from this, there is a need to direct awareness-raising activities to target families, as well as to healthcare staff and representatives of other services to promote the new ECD/UPHV approach and the benefits and obligations that stem from its implementation. An efficient communicating mechanism for both target groups needs to be sought.

Quality

8. Seek synergies between interventions in the different ECD areas in Ukraine, including inclusive education, ECI, UPHV, to increase the services' quality and cost-effectiveness, and support the government in the development of quality standards in this field, and boost intersectoral cooperation.

A leading force at the national level should be line ministers (social policy, health, and education) that cooperate to bring the three components – early learning, ECI, and home visiting – together to make sure that they intertwine to achieve a more comprehensive approach. Now it is time to review their ECD/ECI policies at the national level (e.g. costing of health and social services, such as early

⁹⁵ UNICEF (2020). Global resource guide on public finance for children in Early Childhood Development.

childhood intervention services) as the methodologies and approaches to ECD change, and promote the development of quality standards and intersectoral cooperation in the ECD/ECI field.

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