



Real Time Evaluation of UNICEF's Response to the COVID-19 Crisis in India

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Evaluation Report***Submitted to*****UNITED NATIONS CHILDREN'S FUND****(UNICEF)****New Delhi**

Name of the Evaluation Project:	Real-Time Evaluation of UNICEF's Response to the COVID-19 Crisis in India
Timeframe of the evaluation	The evaluation evaluates UNICEF's support from March 2020 till January 2022 (with different sub-periods of evaluation of different pillars, as mentioned in Chapter 1 of the report)
Date of submission of the Draft Report	August 10, 2022
Submission of Final Report	September 2022
Duration of the Evaluation Assignment	August 2020 – September 2022
Location of the evaluated object	5 Indian States - Bihar, Jharkhand, Maharashtra, Uttar Pradesh, West Bengal
Names and/or organization(s) of the evaluator(s)	IPE Global Limited
Name of organization commissioning the evaluation	UNICEF India (Research and Evaluation Team)

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LIST OF ACRONYMS

Acronym	Full form
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Worker
AWW	Anganwadi Worker
CAB	COVID Appropriate Behavior
CCI	Child Care Institutes
COVID-19	Novel Corona Virus Disease 2019
CP	Child Protection
CrMT	Crisis Management Team
CSO	Civil Society Organization
FLW	Front Line Workers
GBV	Gender-Based Violence
GOI	Government of India
GP	Gram Panchayat
GPDP	Gram Panchayat Development
HBNC	Home-Based Newborn Care
HPM	Humanitarian Performance Monitoring
IEC	Information Education Communication
IPC	Infection and Prevention Control
JJM	Jal Jeevan Mission
KEQ	Key Evaluation Questions
KIIs	Key Informant Interviews
MIS	Management Information Systems
MoHFW	Ministry of Health and Family Welfare
NCERT	National Council of Educational Research and Training
NDMA	National Disaster Management Authority
NRC	Nutrition Rehabilitation Centre
NSS	National Service Scheme
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PHFI	Public Health Foundation of India
POSHAN	Prime Minister's Overarching Scheme for Holistic Nutrition
PPE	Personal Protective Equipment
R&E	Research and Evaluation
RMNCHA	Reproductive, Maternal, Newborn, Child and Adolescent Health

Acronym	Full form
ROSA	Regional Office for South Asia
RCCE	Risk Communication and Community Engagement
RTE	Real-Time Evaluation
SAM	Severe Acute Malnutrition
SBCC	Social Behavior Change Communication
SBM	Swachh Bharat Mission
SEQ	Sub Evaluation Questions
SHG	Self Help Group
SitRep	Situational Report
SNCU	Special Newborn Care Units
SOP	Standard Operating Procedure
SP	Social Protection
TOC	Theory of Change
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UP	Uttar Pradesh
USD	United States Dollar
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WB	West Bengal
WHO	World Health Organization

ACKNOWLEDGEMENT

This evaluation was led by Pushpendra Kumar Mishra. The core evaluation team includes Shantanu Das, Kriti Seth, and Nitin Sharma. The core team was supported by state moderators including Sukumar, Kaberi Sen, Sanjay, and Sandeep.

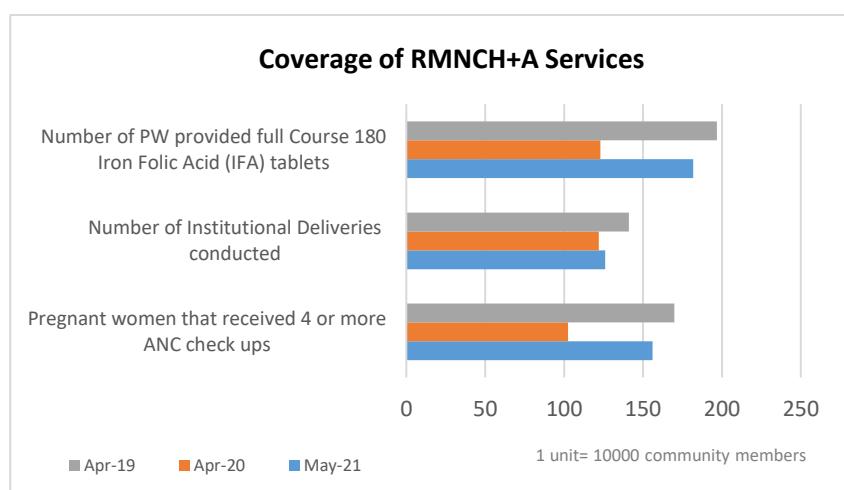
We express our heartfelt appreciation to various stakeholders/officials at the national, state, district and block and local levels and UNICEF state consultants. The team wishes to thank all of them for sparing time to participate in discussions and providing key information and valuable suggestions.

We are also grateful for the technical and logistical support provided by the UNICEF Country Office, Delhi, comprising Maaike Bijker, Atishay Mathur and Vishal Dev Shastri. The team is grateful to the UNICEF core group for providing valuable insights and guidance at every stage towards the success of this evaluation.

EXECUTIVE SUMMARY

Background and Context:

The SARS-CoV-2/COVID-19 (Novel Coronavirus Disease 2019), which first struck India in March 2020, created an unprecedented emergency globally, its effects reaching far beyond the health sector to almost all other areas of social and economic well-being. Health and nutrition as critical developmental indicators suffered in many parts of the country due to halted service delivery and public confusion around health-related guidelines. This confusion resulted from lack of clear-cut and lucid communication around masking, lockdown protocol and what constituted essential services, as well as if government-mandated health and nutrition outlets would continue to function. For example, the number of pregnant women that received 4 or more Antenatal Care (ANC) check-ups in India reduced by more than 40% in April 2020 compared to the pre-lockdown period (Jan 20 - March 20). Further, given that most health functionaries were predominantly engaged in COVID-19 related activities, Home Based Newborn Care (HBNC) check-ups were 40% lower in April 2020 vis-à-vis April 2019.¹



However, overall, the Government of India's (GoI) response to COVID-19 was pre-emptive, proactive and graded with a high level of political commitment. Indeed, the government took several preventive and mitigating measures such as progressive tightening of international travel, issuing of advisories for the members of the public, setting up of quarantine facilities, contact tracing of persons infected by the virus and various social distancing measures. Further, the National Disaster Management Authority (NDMA) and GoI drafted and shared the Containment Plan for Large Outbreaks - COVID-19. Accordingly, public health measures and non-pharmaceutical measures were implemented in all states/UTs. State, district, and block officials were trained on COVID-19 responses.

First Lockdown imposed by GoI	India also launched its COVID-19 vaccination drive	Number of positive cases reached a historical low			
Mar – Jul 2020	Jul – Sep 2020	January 2021	March 2021	August 2021	Jan - Mar 2022
<ul style="list-style-type: none"> • Reopening of the state and national borders • Services took a hit, and a downward trend was observed 		New variants of COVID were detected, which propelled India into a second wave			Third wave of the COVID-19 pandemic hit India

The Government of India imposed a nationwide lockdown to control the spread of the disease and further extended it until July 2020. India also launched its COVID-19 vaccination drive on 16 January 2021. However, new variants of COVID-19 were detected, which propelled India into a second wave in March 2021 that resulted in higher death and infection rates. By June 2021, India was again able to reduce the number of

¹ UNICEF HMIS Report 2020-2021, accessed on 7th January

COVID-19 cases in the country. This decrease was possible because of the sustained vaccination drive, massive information campaigns, lockdowns, and public strict compliance COVID-19 Appropriate Behavior (CAB). The third wave of the COVID-19 pandemic hit India between January and March 2022, marked by the rise of the Omicron variant.

Waves of COVID-19 in India		
Wave 1: March -June 2020	Wave 2: March – June 2021	Wave 3: (January -March 2022)

UNICEF India worked closely with World Health Organization (WHO) and the Ministry of Health and Family Welfare focusing its efforts to support coordinated action for the preparedness, containment, and mitigation of the outbreak from March 2020 till the present. UNICEF adopted a multi-sectoral approach to its response strategy, coordinating with relevant Ministries involved in the response, to enable policies that protect the rights of the most vulnerable, especially women and children. UNICEF response plan was designed in early 2020, soon after the onset of the pandemic, with two major goals: (a) minimizing the spread and mortality of the pandemic, and (b) mitigating its socio-economic impact on women and children. UNICEF's efforts focused on:

- I. Risk communication and community engagement (RCCE) to build resilient communities.
- II. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation, and hygiene (WASH) supplies.
- III. Support the provision of continued access to essential health and nutrition services for women, children, and vulnerable communities, including case management.
- IV. Data collection social science research for public health decision making.
- V. Support access to continuous education, social protection, child protection and gender-based violence (GBV) services.
- VI. Coordination, technical support, and operational costs.

UNICEF's COVID-19 response plan and activities were not developed following any explicit ToC. The response was developed at the onset of the pandemic and there was not much sufficient time to develop a ToC. It mainly relied on the experience of managing H1N1 and its SBCC strategy. The UNICEF response also lacked a results framework because of which comparative inferences and achievements could not be assessed against any set milestones.

Purpose and Objectives of the Evaluation:

UNICEF India commissioned IPE Global Limited to carry out a Real-Time Evaluation (RTE) of its COVID-19 Response Strategy to assess and improve the relevance, coverage, effectiveness, and efficiency² of its COVID-19 crisis response, by providing real-time feedback and recommendations for improvement across the different pillars of response outlined above. The objectives of the evaluation included:

- Providing feedback to the UNICEF India Crisis Management Team (CrMT) on the relevance, coverage, efficiency, and effectiveness of its COVID-19 response.
- Identifying challenges and bottlenecks in service delivery and providing recommendations for improvement.
- Involving partners and stakeholders in shaping UNICEF's crisis response to ensure it is more participatory

² The Terms of Reference document deviated from the OECD-DAC criteria and the evaluation is simply drawing on the evaluation criteria outlines in the ToR – relevance, coverage, effectiveness, and efficiency.

and responsive to needs on the ground.

- Acting as a real-time lesson learning exercise that adjusts and improves planning and performance, allowing for ongoing correction of the current crisis response, but also collecting lessons for future health emergencies.
- Identify gaps in UNICEF India's ongoing evidence-gathering efforts and recommend suggestions.
- Collect data for use in future evaluation/s of UNICEF's response.

The evaluation team assessed UNICEF's technical assistance to support the Government of India in addressing the COVID-19 crisis at the national, state and district level. The evaluation has used Organization for Economic Co-operation and Development - Development Assistance Committee (OECD-DAC) evaluation criteria of relevance, coverage, efficiency, and effectiveness³. The evaluation has assessed UNICEF's contribution from the beginning of the pandemic (March 2020) till the evaluation of each pillar had started i.e.:

Evaluation Pillar	Pillar-specific evaluation period
Pillar 1	March 2020 – November 2020
Pillar 2	March 2020 – February 2021
Pillar 5	March 2020 – July 2021
Pillar 3	March 2020 – January 2022

The evaluation did not evaluate pillars 4 and 6 because it was mutually decided with the UNICEF research and evaluation team, given the dynamic COVID-19 context, that the evaluation of these 2 pillars will not serve the purpose of real-time learning. Hence, these 2 pillars were dropped from the evaluation's scope of work.

Evaluation Methodology:

A participatory, consultative, and utilization-focused approach was deployed for the evaluation to assess UNICEF's COVID-19 response for each pillar against the OECD-DAC criteria mentioned above. The RTE focused on the delivery and implementation of the UNICEF India COVID-19 Response Plan indicators in five evaluation states: Jharkhand, West Bengal, Uttar Pradesh, Bihar, and Maharashtra. A longitudinal-observation design was used to review the data (documents for undertaking desk review) on a monthly/ongoing basis to provide feedback and recommendations to improve UNICEF's ongoing COVID-19 response. A combination of methods (desk review of UNICEF's share link data covering all real-time data/reports against each of the pillars, qualitative interviews, and secondary data analysis) were used for this evaluation. The primary data collection mainly relied on qualitative methods [Key Informants Interviews (KIs)] of different sets of stakeholders – UNICEF officials at the National and State levels, State and District/Block Government officials and Civil Society Organizations (CSO)/implementation partners. The KIs were conducted with the key stakeholders who UNICEF had partnered with or that were involved in/responsible for the design and implementation of the COVID-19 response activities. These KIs were undertaken virtually (using online platforms such as Microsoft Teams and telephonic calls) as face-to-face/on-ground data collection was not feasible due to the pandemic's restrictions. Overall, the modes of data collection were outlined in the ToR and mutually agreed upon with UNICEF.

Overview of the Challenges and Limitations during Evaluation:

- Due to the ongoing pandemic, all data collection took place remotely and online mode. Therefore, community or beneficiary-level interviews couldn't be conducted.
- The rapid nature of data collection and analysis meant that gold standards of reliability could not be

³Ibid.

followed. The evaluation team mitigated these limitations by triangulating the evaluation results reported in each brief with monitoring data, field and reports received from UNICEF (national and state offices), and other sources to ensure that multiple sources informed the reported findings of evidence.

- There have been substantial delays in scheduling interviews during the COVID-19 waves in India. The COVID-19 waves in India affected the turnaround time of UNICEF's teams and the unavailability of stakeholders. Moreover, incorporating real-time learning in the evaluation approach also led to the extension of the evaluation timeline.
- It was of paramount importance to ensure this RTE does not get in the way of the response and overwhelm already inundated officials. Another limitation of this evaluation was that it needed to respond to the unfolding situation; therefore, long-term planning was not possible. Response pillars for investigation and participants were chosen in collaboration with UNICEF on a rolling basis.
- Since the pandemic has affected the whole population, the government and UNICEF's response plan targeted the whole population, including the marginalized and vulnerable. Therefore, it is important to highlight that though gender and equity have been the underlying theme of the pillar-specific evaluations, it was not explicitly (and in isolation) focused upon by UNICEF while providing essential supplies and support. Therefore, the evaluation reflect gender and equity as an underlying theme but not an explicit and standalone area of inquiry. However, UNICEF's support towards women and children-centric services (such as routine immunization, antenatal care, etc.), as well as the evaluation of the latter, are evidence of a targeted attention to this group.
- Given the amount of crucial information, the length of the executive summary and comprehensive report exceeds the suggested length as per the Global Evaluation Report Oversight System format. Condensing the information in the report or executive summary may have led to the loss of pivotal information necessary for depth for any key user.

Key Conclusions on Findings:

The key findings of this evaluation study are grouped under OECD-DAC criteria of relevance, coverage, effectiveness, and efficiency. Each of them has been summarized below:

Relevance:

The evaluation revealed that the activities undertaken as part of UNICEF's COVID-19 response were *highly relevant and fully aligned* with the government priorities since UNICEF's response plan was developed in close consultation with the national and state governments to address their needs. The response plan was developed in March 2020, and then regularly updated to adapt to the evolving pandemic situation and partner government's requests. Often, UNICEF's activities provided supplementary support to the ongoing government activities and helped in their bolstering and scale-up. For instance, government priorities w.r.t. Education largely focused on enabling continuity of education. To address the government priorities, UNICEF focused on providing support towards continuity of education through providing state-specific strategic support towards home-based learning, preparation and mobilization of materials and content; and supported unhindered Early Childhood Development by promoting gender-responsive parenting.

The evaluation found that the activities and technical assistance provided by UNICEF were tailored to the local (socio-cultural) context of different states. UNICEF India followed the ROSA (Regional Office for South Asia) and HQ guidelines (and standard indicators) to structure its COVID-19 response. The global guidelines provided a wide array of activities and only those sections of the global guidelines were adopted that suited the Indian context. Rapid assessments were undertaken to identify the state's needs. These were accommodated in the form of HPM indicators in UNICEF's COVID-19 response. UNICEF supported state governments across all 5

states to develop material in the state's local language and involved local dialects in the awareness generation material to increase the understanding and adaptation among people which were critical in the context of the pandemic. For instance, to support the government's need for continuity of education, UNICEF supported state governments across all 5 states to develop material in the state's local language which could be easily understood by the children.

UNICEF's support was largely relevant in meeting the needs of children and families at the ground level. The cessation of services during lockdown affected, for instance, immunization, institutional deliveries, and coverage of other essential services, with serious repercussions on maternal and child health. UNICEF was quick to recalibrate and advocate for the re-establishment of essential health and nutrition services. For example, the Ministry of Health and Family Welfare (MoHFW), with contributions from partners including UNICEF, drafted the national technical guidelines on Immunization and Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition (RMNCAH+N), which lead to the partial resumption of services. Following UNICEF's engagement, indeed, GoI announced the initiation of early identification and treatment of children with acute malnutrition (SAM and MAM) as a priority action.

Coverage:

UNICEF's COVID-19 response reached and was accessible to the majority of the sections of the target population, but not all. For instance, UNICEF officials in Uttar Pradesh (UP) and Bihar reported that only 25% of children had access to continued learning, while the rest of the children lagged behind due to the unavailability of smartphones, network issues, and limited learning. Though reports and articles state that a large section of the children, especially from rural areas, could not access continued learning, no mechanism was in place to validate the percentage quoted by the officials.

UNICEF leveraged direct (rapid assessments) and/or indirect (images of people receiving supplies/services, data regarding reach from partner organizations at the local level) methods to understand the reach and accessibility. For example, UNICEF officials in Maharashtra and UP informed that telephone surveys – RapidPro – were extensively used to understand the needs of the people and to assess the coverage and whether UNICEF's response is reaching the target population. However, there was no formal or dedicated tracking mechanism at the community-members' level to track whether the supplies and services were reaching the target population; and if they were reaching, then what was the actual coverage of community members being reached.

Efficiency:

The evaluation found that there was a need for increased resources (human and financial) and that the available resources for reaching the target population with various services and supplies were not adequate. For instance, the national level staff of UNICEF informed that the budget allocation received by the communication departments (C4D and CAP) for undertaking RCCE activities was limited, restricting them to undertake financial/paid partnerships for wider reach. However, challenges in terms of restricted resources were mostly mitigated as the situation progressed and UNICEF was better prepared/equipped with the passage of time and real-time learning. UNICEF health officials at the national level highlighted that, in the initial months of the pandemic (March 2020), there was a lot of confusion within the UN family – UNICEF, WHO, and UNDP, globally – on who does what, and what is the mechanism. Indeed, the demand from the government came to all agencies because the government was not aware, for example, that all the ventilators were being procured by WHO, and concentrators by UNICEF. This caused confusion and affected the overall efficiency of delivering the response. This ultimately resulted in the formation of a global portal about UNICEF's procurement. Later, additional guidelines helped in defining the roles and responsibilities of UN agencies along with their sections.

Evaluation of some pillars (such as RCCE) highlighted that the response was largely timely, coordinated, and coherent and was delivered in a quality way, while the evaluation of other pillars highlighted that the efficiency could have been better. For instance, in the RCCE pillar (Pillar 1), in the beginning, the focus was primarily on CAB (hand hygiene and mask usage). Nevertheless, with the evolving crisis, a need for promoting sensitive messaging (related to stigma and discrimination, providing psychosocial support) was identified and included in the response plan. The discussions with internal stakeholders highlighted that there was no delay in the implementation of RCCE activities. However, the evaluation of Pillar 2 (IPC), brought forth that UNICEF India's response could have been executed faster. A major reason cited for the delays in the supply of essential materials and services was UNICEF's extensive internal processes (like processing of requests from the government, on-boarding a new partner, etc.) which were extremely time-consuming. This has been reported by many of the stakeholders during interviews.

Many respondents of this evaluation also opined that UNICEF's efficiency improved during the second and consequently the third COVID-19 wave, as a result of better preparedness and information stemming from earlier work.

Further, secondary data analysis and interaction with stakeholders highlighted that UNICEF did adapt its response (activities and support services) based on the changing needs and situation. Important adaptations include the shift to the virtual mode of communication, training, and knowledge dissemination, the production of visual and audio content for awareness generation, education etc., the facilitation of online meetings to plan and support the response, and the provision of WASH supplies based on the needs of the states. Moreover, knowledge management and sharing were also given importance to promote real-time learning and adaptation of the response. For example, UNICEF used the ECM platform to share content developed for COVID-19 activities through studies and reports, which were available to their staff. Finally, Rapid Assessments served as a source of knowledge and evidence for learnings in the absence of a proper mechanism.

On the other hand, the evaluation identified certain pillar-specific gaps and inefficiencies associated with the implementation of the crisis response., which are discussed below. These mostly dealt with the lack of coordination, difficulty in accessing remote geographies, challenges in transitioning to digital modalities across focus areas, and a lack of scenario analysis. However, sustained efforts were made by UNICEF to address them and respond to an evolving situation in a dynamic fashion. For instance, the evaluation of Pillar 2 brought forth that there was scope for improvement in the procurement and provision of critical supplies. UNICEF WASH officials at the national level opined that UNICEF procedures for working at the L3 level needed to be eased to allow flexibility and autonomy to the country office to amend the support parameters and guidelines to suit the country's context.

Effectiveness:

The evaluation highlighted certain bottlenecks during the implementation of the UNICEF response – mostly pertaining to lack of coordination across different departments, difficulties in transitioning to digital modalities, and uncertainty/unfamiliarity with COVID-19 protocol across multiple geographies. For instance, since the COVID-19 response was mostly health-led, convergence between Health and WASH departments lacked in certain areas, which led to a different understanding of IPC. As a result, priority areas varied i.e., critical areas recognized by the WASH team were not given equal importance by the health team. In addition, there was no mechanism in place to capture the exact reach of UNICEF's support and interventions, which limited the implementation efficiency. Moreover, some officials revealed that in the absence of a structured platform, there was double counting of community members and people provided with supplies and services. The monitoring mechanism also lacked in capturing whether the community members were provided with supplies only once or on a regular/continuous basis.

Major reliance was on digital and mass media for undertaking communication activities and messaging which had its own limitations and grey areas to reach out to all sections of society. Furthermore, network connectivity also posed a hurdle in reaching the target population.

The evaluation found that UNICEF's support largely benefitted the target and vulnerable populations, but not all (as discussed in the previous section). UNICEF collected and leveraged sex-segregated data (wherever possible and applicable) and HMIS data to identify vulnerable populations/pockets in a state as well as to assess different support services; based on which UNICEF advocated to draw the government's attention to support these people/pockets. By doing so, UNICEF attempted to address equity concerns in accessing information, supplies and services by women, vulnerable and minority populations. Though UNICEF's support was intended to be equitable, lockdown restrictions and the prevailing digital divide have hindered the access to information and services, as desired. For instance, UNICEF adopted a multi-model approach, which consists of disseminating through different models a variety of different learning content to children across different classes and in multiple languages to target the diverse needs of children. UNICEF also provided psychosocial support to children by bringing 300+ counsellors on board, which contributed to reduced irritation and anger levels among children. However, in absence of community-level interviews and face-to-face interviews, it was difficult to ascertain the extent to which the services were accessed by the minority and vulnerable populations, besides coverage.

Key Recommendations:

The recommendations below were drafted during the evaluation of each pillar and are therefore pillar-specific⁴.

Overarching Recommendations:

- UNICEF's internal reporting mechanism mostly reported on the progress and activities. The reporting systems did not capture the challenges, gaps, unaccomplished goals/targets, and bottlenecks. Capturing the challenges and gaps would help UNICEF in making course corrections and risk mitigation. This would help in increasing the relevance, efficiency, and effectiveness of UNICEF's response.
- There is also a greater potential for more internal coordination, streamlining processes and joined-up approaches with other UN agencies which would avoid delays relating to decision-making and the provision of services. This will help both sections in advocating for common goals, resource planning and streamlining the response.
- It was suggested that UNICEF should increase its field/on-ground personnel or consultants such that it is more informed of ground-level challenges of delivery, the effectiveness of its support and working modalities of partner agencies. This could be done by establishing local-level partnerships at the state level and linkages with communities, while establishing feedback mechanisms.
- It is also important for UNICEF to develop a results framework with targets and timelines for all its programs, including emergencies such as the COVID-19 pandemic. This would help UNICEF to monitor progress, track achievements and report. UNICEF has no formal mechanisms in place to understand the actual reach and coverage of its support. It is suggested that UNICEF deploy a system to capture the real-time reach of its support to further improve informed planning and advocacy at national and state levels.

Pillar 1: Risk communication and community engagement (RCCE)

- RCCE needs to move toward achieving actual behavior change, to close the knowledge-behavior gap.

⁴ Since pillar evaluations were undertaken at different time periods of the pandemic, the recommendations reflect the same. There may be some recommendations which may have been acted upon by UNICEF after the pillar-evaluation was concluded, and not be relevant in the current situation/context.

There is a need for a social behavior change strategy, particularly in emergencies. In addition, real-time evidence should be shared to improve the messaging and communication material, which should be reviewed and regularly updated. Evolving situations like this requires taking cognizance of everchanging challenges, such as the current message fatigue.

- Given the changing context of COVID-19, regular training of FLWs/partners are important so that updated information could reach the community. Improvements can be made in more strategic planning and better internal coordination between sections/teams (C4D and CAP).
- HPM indicators should be tightened for them to include a unified operational definition, levels of reporting from the state, coverage/reach of communication package, and the subsequent impact on the ground.

Pillar 2: Provision of critical medical and water, sanitation, and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

- UNICEF should work towards tweaking/easing its internal processes such as on-boarding new partners and mobilizing resources from a local vendor at the state level). UNICEF has a different way of responding to different levels of emergencies – L1, L2 and L3. It has established mechanisms and roles in place to loosen up the processes depending upon the level of emergency. These mechanisms should be revisited and amended when necessary to ease the internal processes and improve the promptness and efficiency of the response.
- UNICEF can introduce layered auditing and quality assurance compliance protocols for various essential supplies. For example, it can have extensive auditing and quality assurance for supplies like oxygen concentrates or PPEs (or pharmaceutical-related supplies) but less exhaustive audit and quality assurance procedures for supplies like soaps, especially while partnering with well-established donor companies working at the national level. This will help in increasing the turnaround time of providing support and reducing donor fatigue throughout the process.
- UNICEF should increase its field/on-ground presence (through local-level partnerships at the state level or linkages with communities, and establishing feedback mechanisms, institutionalizing, and scaling up state-level partnerships) such that it can be more aware of the practicality of implementation of different activities, way of working of partner agencies and donor priorities. This will help UNICEF to advocate with the government in an improved and more relevant manner.
- Hand hygiene and hand-washing behavior are major focus areas of SBM 2.0 and JJM. The pandemic has pushed hand hygiene and hand-washing behavior into the limelight. UNICEF should hold on to this opportunity and focus on advocating more with the ministry to allocate funds and promote good hand hygiene behavior in future.

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services

- Since COVID-19 is a health emergency, the government's focus on prioritizing nutrition is comparatively less (as a result, Anganwadi Centers are still closed). UNICEF Nutrition section should undertake advocacy to bring the government's attention to nutrition under the umbrella of essential services.
- Virtual health consults have been widely leveraged during the pandemic. This has resulted in a neglect of physical check-ups by both the patient (especially in the case of pregnant women) and service providers. UNICEF should emphasize the importance of promoting physical check-ups during the training and capacity-building sessions.
- UNICEF should continue to strengthen community-based and more permanent mechanisms such as PRIs

and SHGs to ensure continuity of services – which would result in a more sustainable system strengthening.

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education:

- UNICEF officials at the state level spent a considerable amount of time searching for partners with the required expertise to bring on board. For a prompter response, UNICEF can maintain a state-specific partners pool which can swiftly be tapped into by the program teams depending upon the nature of the crisis and subsequent requirements.
- The findings indicated that support provided by UNICEF towards continued learning has reached 60-70% of children. UNICEF should introduce new strategies to reach/ provide access to continued learning to the remaining 40-30% of children.
- UNICEF is utilizing the available sex and age disaggregated data to focus more on and identify ways of improving access to continued learning. It is recommended that UNICEF utilize this data to undertake age and gender-appropriate decisions which will contribute towards inclusive policy decisions in the long run.

Child Protection:

- The overall working capacity of UNICEF was reduced due to the rapid spread of the virus amongst officials, especially during the second wave. UNICEF should update and maintain its existing rooster pool which would enable program teams to quickly hire consultants with the required knowledge and skill sets to support the smooth and efficient implementation of response activities.
- Partnership with Judiciary has helped in expediting the government's decision-making process and has resulted in quick actions. UNICEF should continue to leverage this partnership further to advance the Child Protection agenda.
- Kinship care has received the government's attention during the pandemic. UNICEF should leverage this opportunity to advocate and advance the kinship care agenda.
- UNICEF should strengthen the existing government systems (Panchayats, School management Committees, Teachers, Police personnel, etc.) on which it relies to implement CP activities. Additionally, UNICEF should focus on developing and strengthening its CSO/volunteer network to implement CP-related activities on the ground.

Social Protection:

- UNICEF lacked a nuanced understanding of bottlenecks at the implementation level which impacts the relevance and effectiveness of its support at the planning level. UNICEF should explore mechanisms to understand implementation procedures and gaps to undertake more informed advocacy and provide better technical assistance.
- Social protection is a comprehensive theme which requires UNICEF officials to coordinate the response with multiple stakeholders (ministries and departments). therefore, to improve the efficiency and delivery of services, UNICEF should increase its human resources at the state level.
- Government processes often delay decision making, which was reflected in the reach of benefits to potential community members. UNICEF should identify ways to reduce the number of departments and officials involved in the decision-making process to ensure prompter responses.

- UNICEF should continue to focus on developing more trusted partnerships and a consortium of partners who have fed UNICEF with evidence from the grassroots level. This may help UNICEF significantly in planning and delivering the response efficiently and effectively.

Since the evaluation itself is a lesson learnt activity, a separate section on lessons learnt has not been included in this report. The findings will serve as lessons learnt.

The Concept note for Lessons Learnt Review, which was envisaged in the Terms of Reference document, was not submitted/is not a part of this evaluation report. This was decided in mutual consultation with UNICEF Research and Evaluation (R&E) team. Instead, based on the learnings that emerged from the pillars, an After-Action Review workshop has been planned after the submission of the report with the UNICEF CrMT team to understand what measures were undertaken by them to mitigate the challenges and which good practices were adopted or scaled up to promote an improved response. The findings emerging from this activity will be shared with the UNICEF team separately.

STRUCTURE OF THE REPORT

The report opens with the **Introduction** chapter which briefs the reader about the background and context of COVID-19 in India; followed by a sub-section outlining (indicatively) UNICEF's Response Plan to support the government and other multilateral agencies in combatting the pandemic. In doing so, the goals of the response plan and focus areas (6 pillars) have been outlined (as mentioned in the response plan). The chapter then delves into the real-time evaluation of UNICEF's COVID-19 response undertaken by IPE Global - its purpose, objective, scope, study coverage and target respondents, indicative Cost/Budget of UNICEF's Response Plan, and information about community members and duty bearers.

Chapter 2 on **Evaluation and Methodology** begins with the Evaluation Approach – describing the participatory, consultative and utilization-focused qualitative approach which was deployed for the evaluation to assess UNICEF's COVID-19 response for each pillar against the OECD-DAC criteria of Relevance, Coverage, Efficiency, and Effectiveness. The report then details the sampling design and methodology, followed by the data collection method and approach, quality assurance measures put in place by the evaluation agency, and data analysis framework. This chapter concludes with the Challenges and Limitations in this evaluation and Ethical Considerations adopted based on the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation and the UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis.

Chapter 3 consists of the **Key findings**. The key findings have been presented based on the OECD DAC criteria mentioned above. Under each OECD-DAC criteria, the subsequent KEQs as outlined in the ToR document have been evaluated and answered. Since pillar-specific evaluation was undertaken as part of this larger Real-Time evaluation, therefore the key findings have been presented in a pillar-specific fashion for each KEQ.

Since this was a real-time evaluation, and learnings from each concluding pillar were being incorporated into the evaluation approach of the next pillar, the areas of inquiry (KEQs) were also prioritized/dropped by the UNICEF section teams and UNICEF Research and Evaluation (R&E) team based on the relevance of capturing a certain set of information/evaluating certain KEQ.

Moreover, each KEQ has a summative finding which is summarized at the beginning of each KEQ. These findings represent the larger trend in pillar-specific findings, cross-cutting themes (if any) and examples (used in the pillar-specific findings) to substantiate the summative statements.

Chapters 4 and 5 include a **Conclusion** and **Recommendations**, respectively. The Conclusion largely summarizes the findings and touches upon each of the DAC criteria in an evaluative tone.

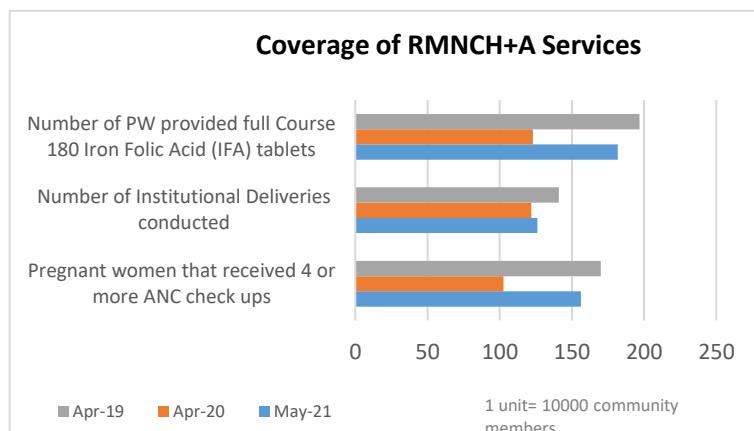
Given the sequential manner of the pillar-specific evaluation rounds undertaken as part of the RTE, recommendations were drafted based on the findings of each pillar and are therefore pillar specific. It is important to note that the pillar-specific evaluations were undertaken at different periods of the pandemic and, therefore, the recommendations drafted and clubbed under this report were drafted during the pillar-specific evaluation. There may be some recommendations which may have been acted upon by UNICEF after the pillar evaluation was concluded, and not be relevant in the current situation/ context.

1 INTRODUCTION

1.1 Background and Context

The SARS-CoV-2/COVID-19 (Novel Coronavirus Disease 2019) created an unprecedented emergency globally, its effects reaching far beyond the health sector to almost all other areas of social and economic well-being. First detected in India in March 2020, it has impacted a large section of the population and disrupted routine health, education, child protection, and nutrition, posing particular risks for vulnerable groups such as young children and pregnant women⁵. School closures have impacted 247 million children enrolled in elementary and secondary education and 28 million children who were attending pre-school education in Anganwadi centers⁶. This is in addition to the more than 6 million girls and boys who were already out of school before the COVID-19 crisis. Gender-based violence (GBV), violence against children (VAC), child marriage, child labor and child trafficking also witnessed an increase as the pandemic spread. CHILDLINE (national helpline for children) received more than 92,000 emergency calls asking for protection from distress, abuse, and violence in the first two weeks of the lockdown (2020), representing a 50% increase from previous months⁷. Essential health and nutrition services were affected in many parts of the country due to the lockdown and reallocation of resources for emergency response⁸ leading to supply disruptions, travel restrictions, and reduced health worker mobilization which exacerbated these risks. The number of pregnant women that received 4 or more Antenatal Care (ANC) check-ups in India reduced by more than 40% in April 2020 compared to the pre-lockdown period (Jan 20 - March 20). Home Based Newborn Care (HBNC) check-ups for newborns in case of home deliveries were reduced by 45% in April 2020 compared to April 2019 as health functionaries were not doing outreach sessions due to being engaged in COVID-19 activities. The number of immunization sessions held reduced from an average of 1,900,000 in the pre-lockdown period (Jan 20 - March 20) to a little more than 400,000 sessions in April 2020. The number of children admitted to the Nutrition Rehabilitation Centre (NRCs) dropped drastically as the lockdown was imposed. The number of women that received the full course of calcium supplements reduced by 40 % during the first lockdown. First doses of Vitamin A supplements provided to children were reduced by 95%. ⁹ Elderly people were at a higher risk of COVID-19 infection due to their decreased immunity and body reserves, as well as multiple associated comorbidities like diabetes, hypertension, chronic kidney disease, and chronic obstructive pulmonary disease¹⁰. Since the majority population in India depends on public services (related to health, nutrition, education, social protection, etc.), the disruption in the provision of essential supplies and critical services caused multiple issues.

On the demand side, households faced obstacles to accessing such services as they confronted the pandemic's negative impacts on livelihoods, employment, food security, and health. The pandemic caused disruptions to both the supply of and demand for health services that persisted past the lifting of lockdown measures as community members remained fearful of COVID-19 infection and used those services at significantly lower rates than before the pandemic¹¹. Also, in the initial months, there was confusion around health-related



⁵ UNICEF responding to COVID-19 in India. (2020). UNICEF. <https://www.unicef.org/coronavirus/unicef-responding-covid-19-india>

⁶ See <https://www.unicef.org/india/press-releases/urgent-action-needed-safeguard-futures-600-million-south-asian-children-threatened>

⁷ See UNICEF responding to COVID-19 in India. (2020). UNICEF. <https://www.unicef.org/coronavirus/unicef-responding-covid-19-india>

⁸ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems>

⁹ HMIS Report 2020-2021, accessed on 7th January

¹⁰ See <https://www.mohfw.gov.in/pdf/AdvisoryforElderlyPopulation.pdf>

¹¹ See <https://www.ifpri.org/blog/covid-19-disruptions-health-and-nutrition-services-uttar-pradesh-india>

guidelines, as there was an absence of clear and lucid communication around masking, lockdown protocols and what constituted essential services, as well as if government-mandated health and nutrition outlets would continue to function¹². In India, more than 6,472,225 people have been affected and as of June 01, 2022, over 100,877 deaths have been confirmed across the country and continue to rise rapidly.¹³

India has slipped three spots from last year's 117 to rank 120 on the 17 Sustainable Development Goals (SDGs) adopted as a part of the 2030 agenda¹⁴. The pandemic has been an unprecedented wake-up call, laying bare deep inequalities and exposing precisely the failures that are addressed in the 2030 Agenda for Sustainable Development. India had made steady progress in newborn mortality reduction in the last five years before COVID-19, reducing the NMR from 26 in 2014 to 23 in 2017, saving about 75,000 newborn lives each year (source Sample Registration Survey). COVID-19 poses a danger of losing some of these gains made due to the impact on health systems. Extra efforts will be needed in districts that are in the states with low social development indices, high burden of malnutrition among pregnant women and children, high maternal and child mortality rates, and a slow annual rate of decline of the mortality rates¹⁵. Similarly, COVID-19 has adversely impacted the gains made over the years on other SGDs, including but not limited to, SDG 1-6, 8, 10, and 11.

The Government of India's (GoI) response to COVID-19 was pre-emptive, proactive, and graded with high-level political commitment. The government took several preventive and mitigating measures starting with progressive tightening of international travel, issuing of advisories for the members of the public, setting up quarantine facilities, contact tracing of persons infected by the virus and various social distancing measures¹⁶. Further, the National Disaster Management Authority (NDMA) and Government of India drafted and shared the Containment Plan for Large Outbreaks - COVID-19. Accordingly, public health measures and non-pharmaceutical measures were implemented in all states/UTs. State, district, and block officials were trained on COVID-19. Public awareness and IEC materials on prevention measures were also developed and disseminated through various media. Training of frontline health workers such as ASHAs (Accredited Social Health Workers), ANMs (Auxiliary Nurse Midwifery) and Anganwadi workers, training on Infection and Prevention Control for public sector hospitals was also conducted. In addition, training on IPC for public sector hospitals was conducted¹⁷. Since the adults and elderly were more prone to being infected with COVID-19, a greater focus of the government response was on them (special advisories were released for protecting the elderly) than other population groups such as children¹⁸¹⁹.

First Lockdown imposed by GoI	India also launched its COVID-19 vaccination drive	Number of positive cases reached a historical low			
Mar – Jul 2020	Jul – Sep 2020	January 2021	March 2021	August 2021	Jan - Mar 2022
<ul style="list-style-type: none"> • Reopening of the state and national borders • Services took a hit, and a downward trend was observed 	<ul style="list-style-type: none"> • New variants of COVID were detected, which propelled India into a second wave 	<ul style="list-style-type: none"> • Third wave of the COVID-19 pandemic hit India 			

A nationwide lockdown was imposed (in March 2020) to control the spread of the disease and further

¹² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems>

¹³ See <https://data.unicef.org/resources/covid-19-confirmed-cases-and-deaths-dashboard/>

¹⁴ See <https://economictimes.indiatimes.com/news/economy/indicators/india-slips-3-spots-to-rank-120-on-17-sdg-goals-adopted-as-2030-agenda-report/articleshow/89924013.cms>

¹⁵ See <https://www.unicef.org/india/press-releases/urgent-action-needed-safeguard-futures-600-million-south-asian-children-threatened>

¹⁶ This information has been taken from the Terms of Reference (ToR) (See Annexure 6).

¹⁷ UNICEF responding to COVID-19 in India. (2020). UNICEF. <https://www.unicef.org/coronavirus/unicef-responding-covid-19-india>

¹⁸ See <https://www.unicef.org/india/stories/caring-elderly-during-covid-19-pandemic>

¹⁹ See <https://www.mohfw.gov.in/pdf/AdvisoryforElderlyPopulation.pdf>

extended until July 2020. While India ramped up its health care infrastructure during this period, there was a downward trend by the end of September 2020. India also launched its COVID-19 vaccination drive on 16 January 2021. However, new variants of COVID-19 were detected, which propelled India into a second wave in March 2021 that was much worse. By June 2021, India was again able to reduce the number of COVID-19 cases in the country. This decrease was possible because of the continued vaccination drive, massive information campaigns, lockdowns, and people again religiously following COVID-19 Appropriate Behavior (CAB). The third wave of the COVID-19 pandemic hit India between January and March 2022, marked by the rise of the Omicron variant. Despite a milder setback and with no lockdown imposed, this wave too witnessed the disruption of essential services and a lack of communication around populations eligible for the vaccines available for use in the country at the time.

Waves of COVID-19 in India		
Wave 1: March -June 2020	Wave 2: March – June 2021	Wave 3: (January -March 2022)

1.2 UNICEF Response Plan

From the onset of the pandemic, UNICEF India worked closely with WHO and the Ministry of Health and Family Welfare, focusing its efforts on supporting coordinated action for the preparedness, containment, and mitigation of the outbreak. UNICEF adopted a multi-sectoral approach to its response strategy, coordinating with relevant Ministries at the national level and Departments at the state level, involved in the pandemic response to enable policies that protect the rights of the most vulnerable, especially women and children²⁰.

UNICEF response plan was designed in early 2020, soon after the onset of the pandemic, with two primary goals: (a) minimizing the spread and mortality of the pandemic, and (b) mitigating its socio-economic impact on women and children. The UNICEF response was aligned with the 2020-21 WHO Global Strategic Preparedness and Response Plan and the 2020 and 2021 UNICEF Humanitarian Action for Children (HAC) appeal. The Response Plan was first designed in March 2020, and then regularly updated to adapt the UNICEF response strategies and plans to the evolving pandemic progression in India. This updated version of the UNICEF Response Plan to the COVID-19 pandemic built on the work and plans for 2020 and presented an indicative outlook of the areas of focus, budget and targets that informed continued support to address the direct and indirect effects of COVID-19 in India in 2021. It can be noted that UNICEF's support to the government is still ongoing in responding to the crisis²¹.

With multi-sectoral teams in 13 field offices covering over 100 districts across 24 states and union territories, the UNICEF team comprises experts and State Consultants in health, nutrition, water and sanitation, education, child protection, inclusive social policy, disaster risk reduction, communication for development, and external communications and advocacy. UNICEF also built strong partnerships with academia, professional bodies, government, and civil society organizations to respond effectively to emergencies²². A (non-exhaustive²³) list of partners captured during the RTE has been tabulated in **Annexure 8**.

UNICEF's response was divided into the following six key pillars²⁴:

²⁰ See UNICEF Response Plan to COVID-19 Pandemic.

²¹ Ibid.

²² Ibid.

²³ The list of partnerships (in Annexure 8) is not exhaustive. UNICEF works with multiple partners and stakeholders at the national and state level. Given the scope of the RTE, some of these partnerships were captured using primary and secondary sources to understand how UNICEF leverages partnerships to deliver the response efficiently manner.

²⁴ See ToR

Response Pillars	Key Components (areas of intervention, activities undertaken to support the COVID-19 response)
Risk Communication and Community Engagement (RCCE)	<p>1. Development of risk communication and community engagement (RCCE) capacity-building materials.</p> <ul style="list-style-type: none"> • Social mobilization through health frontline functionaries and multiple engagement platforms. • Capacity building and orientation of state/district workforce and village task forces including WASH personnel to ensure a response, infection prevention and control in communities. <p>2. Leveraging Gender-responsive local and folk media to provide regular “credible” messaging and engagement with the community.</p> <p>3. Public Communication, Advocacy and Social Media Plan that does not perpetuate gender stereotypes in caregiving will be implemented.</p> <p>4. Monitoring and documentation of the communication interventions will be conducted in partnership with WHO and partners as per state RCCE plans adapted in line with National RCCE strategy.</p>
Improve Infection Prevention and Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	<p>1. Improve IPC in communities and in health care facilities by:</p> <ul style="list-style-type: none"> • Supporting assessment, planning, implementation and monitoring of IPC measures in isolation wards, quarantine facilities and high-risk health facilities, using National Centre for Disease Control checklists. • Supporting the process of COVID-19 vaccines introduction at all levels, development of strategy & planning, training of actors and monitoring of activities. • Capacity building of state, district and block level stakeholders to emphasize the criticality of the WASH and IPC practices in response to COVID -19. <p>2. Ensure critical medical and WASH supplies and services by:</p> <ul style="list-style-type: none"> • Supporting procurement services of essential supplies for COVID-19 testing, management and personal protection. • Enabling continuity of WASH services in high-risk communities. • Supporting data collection and analysis to inform WASH service delivery in the most affected communities. • Supporting IPC practices in communities through facilitation of social distancing in high-risk high traffic locations. • Enabling provision of critical supplies such as hand sanitizers, soaps, PPEs, etc. • Informing and equipping solid waste pickers/contractors/professionals for continued waste removal.
Support the provision of continued access to essential health and nutrition services for women,	<p>1. Support healthcare facilities for COVID-19 response by:</p> <ul style="list-style-type: none"> • Exploring mechanisms for psychological support of HCWs and community members. • Surveillance and management of suspected cases from communities to facilities. • Ensuring hospital preparedness and clinical management of confirmed cases, with focus on pregnant women and children. • Promoting involvement of professional associations, private sector partners, CSOs and NGOs.

Response Pillars	Key Components (areas of intervention, activities undertaken to support the COVID-19 response)
children and vulnerable communities, including case management	<ul style="list-style-type: none"> • Advocating for implementation of gender-based violence SOPs in health centers. <p>2. Support continuity of essential Reproductive, Maternal, New-Born, Child and Adolescent Health (RMNCH+A) and Nutrition services by:</p> <ul style="list-style-type: none"> • Advocating with national and state level authorities for strategies and investments to continue these services. • Developing guidelines and toolkits for adaptation and delivery of essential services. • Enabling focus on integrated services (emergency and RMNCHA) in state and district level plans. • Analyzing data to document the impact of COVID-19 and its response on RMNCHA services. • Ensuring nutrition care in context of COVID-19 and enabling functional Nutrition Rehabilitation Centers and inclusion of breastfeeding practices in training of health care providers caring for COVID-19 patients. • Monitoring nutrition response by tracking service delivery, developing guidelines, and producing monthly reports.
Support Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services	<p>1. Ensure continued access to education during school closure and when schools reopen by:</p> <ul style="list-style-type: none"> • Supporting state-specific strategies for access to and use of flexible and remote/homebased learning. • Informing state education planning so that students are brought back to schools that are ready to support students learning, given the altered academic calendar. • Supporting a safe and healthy learning environment for students and teachers IPC measures after schools reopen. • Child as change agents: Build knowledge, skills and key behaviors to address public health risks through school safety program. <p>2. Support unhindered Early Childhood Development by promoting gender-responsive parenting practices.</p> <p>3. Support child protection and prevention of Gender-Based Violence by:</p> <ul style="list-style-type: none"> • Enabling psychosocial/mental health support services. • Continuing initiatives for prevention and response to Violence against Children and Gender-Based Violence. • Supporting the strengthening of the child protection system about COVID-19 prevention. • Supporting vulnerable children, especially migrants and children on the move, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, or quarantined. • Support interventions to prevent and address child marriage through adolescent girls' empowerment. <p>4. Ensure governance strengthening and communities' financial capacity to meet essential needs by:</p>

Response Pillars	Key Components (areas of intervention, activities undertaken to support the COVID-19 response)
	<ul style="list-style-type: none"> • Strengthening governmental social protection delivery to ensure continuity by reviewing child sensitivity, gender sensitivity and potential to meet emerging needs. • Introducing new methods to support governmental social protection delivery to reach the most vulnerable populations during emergency situation. • Supporting and strengthening local governance intervention by incorporating gender sensitive and child centered response actions in Gram Panchayat Development Plans. • Technical support to innovate financial mechanism to create more fiscal space for COVID-19 response.
	<p>5. Strengthen Adolescent Development and Participation (ADAP) by:</p> <ul style="list-style-type: none"> • Strengthening partnership with adolescent and youth networks and fostering adolescent and youth engagement. • Generating data, evidence for advocacy, and mobilization of key stakeholders.

Details about each pillar have been outlined in **Annexure 9**. It is important to note that since the UNICEF response plan neither had a **Theory of Change** nor had any **results framework**, therefore, the causality and impact of the UNICEF response were not evaluated as part of the RTE. The RTE focused on generating rapid learning and thus, a retrospective ToC was not developed by the evaluation agency for the said evaluation.

1.2.1. Cost/Budget

The updated UNICEF response plan highlighted the total funding requirement for January to December 2021 as \$67.8 million, against which USD 16.5 million (EURO 15 million) was through the second tranche of the German KFW grant. The funding status was updated on an ongoing basis with the latest status shared regularly as part of Situation reports. The UNICEF India COVID-19 Response Plan outlined the below-mentioned budget requirements.²⁵

Table 2: Budget Requirements²⁶

Sector	Total 2020 ICO BUDGET (US\$) Total	2021 ICO Budget (US\$)
1. Risk Communication and Community Engagement (RCCE)	2,900,000	2,905,000
2. Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	25,075,000	36,445,000
3. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	5,100,000	6,325,000
4. Data collection and social science research for public health decision making	650,000	430,000
5. Support access to continuous education, social protection,	5,175,000	11,227,500

²⁵ UNICEF India Response Plan to COVID-19 Pandemic, 2020–2021. (2020). UNICEF.

²⁶ See UNICEF India COVID Response Plan 2020–2021 (03 October 2020).

Sector	Total 2020 ICO BUDGET (US\$) Total	2021 ICO Budget (US\$)
child protection and gender-based violence (GBV) services		
6. Coordination, technical support and operational costs	1,100,000	5,150,375
Programmable Amount	40,000,000	62,582,875
Total Global Recovery cost	3,200,000	5,006,630
Total Funding Requirement	43,200,000	67,589,505

The evaluation agency did not receive any information about the actual utilization of the proposed budget, as a result, a cost-utilization analysis to assess the efficiency of UNICEF's response plan was not undertaken as part of this evaluation. This was also not outlined in the scope of work in the ToR.

1.3 Purpose and Objectives of the Evaluation

UNICEF India commissioned the Real-Time Evaluation (RTE) of its COVID-19 Response Strategy to assess and improve the relevance, coverage, effectiveness, and efficiency of its COVID-19 crisis response, by providing feedback and recommendations for improvement across the different pillars²⁷. The ToR defined a real-time evaluation as:

“...an evaluation that is carried out while a program is in full implementation and the RTE’s purpose is to almost simultaneously feedback findings to the program for immediate use.”

The objectives of the evaluation are:²⁸

- Providing feedback to the UNICEF India Crisis Management Team (CrMT) on the relevance, coverage, efficiency, and effectiveness of its COVID-19 response.
- Identifying challenges and bottlenecks in service delivery and providing recommendations for improvement.
- Involving partners and stakeholders in shaping UNICEF's crisis response to ensure it is more participatory and responsive to needs on the ground.
- Acting as a real-time lesson-learning exercise that adjusts and improves planning and performance, allowing for ongoing correction of the current crisis response and collecting lessons for future health emergencies.
- Identify gaps in UNICEF India's ongoing evidence-gathering efforts and recommend suggestions.
- Collect data for use in future evaluation/s of UNICEF's response.

The evaluation is also seen as a '**lesson-learning**' activity that focuses on capturing the challenges and gaps in the UNICEF response plan on a real-time basis and providing recommendations for further improvement. The **primary users of the RTE findings** were UNICEF CRMT, the core group of senior members, staff and its partners at the national and state level – to leverage the evidence generated through this evaluation on a real-time basis to scale-up/mitigate achievements/gaps and further tweak its support based on the learnings generated. While the RTE focuses on examining UNICEF's actions and inputs, where appropriate, relevant findings may also be shared with UNICEF's government, UN, and civil society partners involved in the COVID-19 crisis response to increase learning, accountability, collaboration, and more effective and targeted

²⁷ Given the fast-changing dynamics and situation, Pillars 4 and 6 were not evaluated as part of the evaluation. This was decided by UNICEF India considering the relevance of this evaluation and its real-time nature. UNICEF India communicated the same to IPE Global.

²⁸ This information has been taken from the ToR (See Annexure 6).

response. It was intended that the UNICEF Core group will track how the CrMT responded to the findings and recommendations arising from the evaluation using an action point tracking sheet which will be shared on UNICEF India's internal COVID-19 site and reviewed during CrMT meetings every month.

1.4 Scope of Evaluation

The evaluation team assessed UNICEF's technical assistance to support the Government of India in addressing the COVID-19 crisis at the national, state, and district level. As highlighted in the ToR, the evaluation:

- Covered primarily the current/ongoing time period as the crisis response unfolds, but with a forward-looking perspective to influence upcoming months of implementation.
- Focused on evaluating UNICEF's response to the COVID-19 crisis in India to provide feedback on all six key pillars of UNICEF's response.
- Collected data continuously with a focus on one pillar at a time. Pillars were prioritized by UNICEF Research and Evaluation team based on their budget. The key evaluation questions outlined in ToR guided the development of pillar- and state-specific questions for each round of data collection; these specific questions were developed with the help of the relevant UNICEF Field office, program specialists and the Research & Evaluation Specialists based in Delhi.

1.5 Study Coverage and Target Respondents

The RTE study covered five states as outlined in the ToR (Annexure 6), namely Uttar Pradesh, Maharashtra, West Bengal, Bihar, and Jharkhand. UNICEF selected these states based on the following criteria²⁹:

- Maharashtra: Transition state with a high burden of COVID-19 cases; large migration population; urban programming.
- West Bengal: High burden state; the mid-level burden of COVID-19 cases; allows for examining the intersection between COVID-19 and DRR response.
- Uttar Pradesh: High burden state; the mid-level burden of COVID-19 cases; promising initiatives by UNICEF.
- Jharkhand: Large tribal population; low COVID-19 cases.
- Bihar: High burden state; mid-level of COVID-19 cases; lacking external support to the response.

Figure 1: Evaluation States



1.6 Right Holders and Duty-bearers

The Right Holders community members of the UNICEF intervention were community members, including, but were not limited to:

- the vulnerable and marginalized groups such as women, children,
- migrants,
- people living in hard-to-reach pockets/ difficult terrain, and
- tribal populations in the selected States.

These community members, as a result of UNICEF's support, were able to receive and access supplies and

²⁹ The names of stated as well as the criteria was provided by UNICEF in the ToR (Annexure 6)

services such as health, WASH supplies, education and child protection and social protection services, and immunization.

The duty-bearers in question were largely in 3 categories:

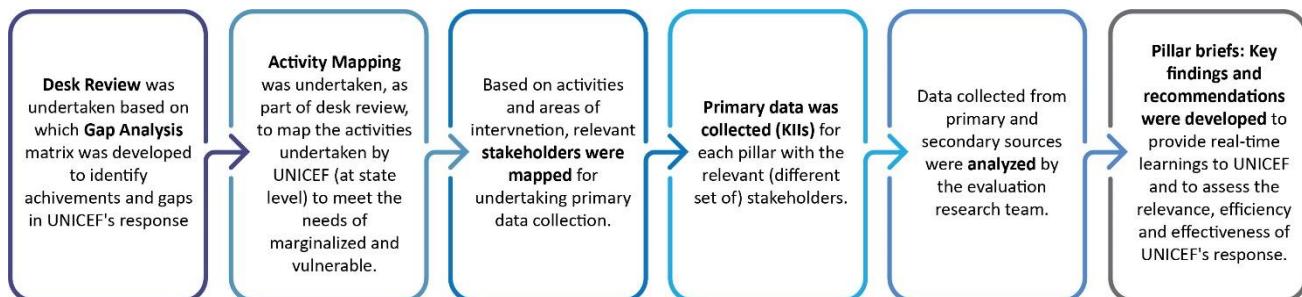
- Government officials at the Central, State and District levels who were working at the planning level to contextualize support services based on the needs of the people on the ground in the COVID-19 context,
- Accredited Social Health Activist (ASHA) workers, Anganwadi workers, Frontline Workers (FLWs), sanitation and health workers at the community level who were involved in delivering various supplies and services,
- UNICEF India staff and engaged personnel.

2 EVALUATION APPROACH AND METHODOLOGY

2.1 Evaluation Approach

A participatory, consultative and utilization-focused qualitative approach was deployed for the evaluation to assess UNICEF's COVID-19 response for each pillar against the OECD-DAC criteria mentioned above. The RTE focused on the delivery and implementation of the UNICEF India COVID-19 Response Plan indicators in five states. Additionally, the evaluation focused on cross-cutting themes of gender and equity as these are integral parts of UNEG norms and core focus areas of UNICEF and the ongoing work on the pandemic. Considering the varying strategies/activities implemented in the states for each pillar, the evaluation team closely worked with the UNICEF R&E team, Sector Specialists at the National and State levels to ensure approaches and tools were appropriately contextualized for each state to generate comprehensive findings and recommendations. A longitudinal-observation design was used to review the data (documents for undertaking desk review) on a monthly/ongoing basis to provide feedback and recommendations on each of the pillars. A combination of methods (desk review of UNICEF's share link data covering all real-time data/ reports, qualitative interviews, and secondary data analysis) were used for this evaluation. The primary data collection mainly relied on qualitative methods [Key Informants Interviews (KIs)] of different sets of stakeholders – UNICEF officials at the National and State levels, State and District/Block Government officials and Civil Society Organizations (CSO)/ implementation partners. The KIs were with the key stakeholders who have been partnered with or were involved in/responsible for designing and implementing the COVID-19 response activities. These KIs were undertaken virtually (using online platforms such as Microsoft Teams and telephonic calls). Face-to-face and on-ground data collection were not feasible for this evaluation given the pandemic. The modes of data collection were as outlined in the ToR and mutually agreed upon with UNICEF.

Below is the diagrammatic representation of the evaluation process undertaken for the evaluation of each pillar:



Additionally, a pillar-wise evaluation framework was developed which consisted of KEQs and SEQs against which activities, achievements and gaps were identified and reported in the '[Gap Analysis](#)' sheet. Alongside, 'Activity Mapping' (Annexure 5) was done to identify various activities UNICEF conducted to support the state government in addressing the situational needs using the state weekly, fortnightly, and monthly reports. This was based on the discussions with UNICEF's R&E team followed by consultations with the respective national-level program teams, state teams and desk review of various documents and reports. The approach was useful as it helped to address and identify the right set of questions and key stakeholders. A similar framework was developed for each pillar post incorporating learnings coming out from the evaluation of an ongoing pillar. The findings from secondary data analysis and primary data were triangulated (using secondary findings from Gap Analysis, Activity Mapping and primary interviews) to develop this report's Key Findings and Recommendations.

2.2 Areas of Enquiry

The Evaluation Matrix (Table 1) mentions Key Evaluation Questions, as outlined in the ToR, defined the areas

of inquiry for the RTE and also guided the development of pillar- and state-specific questions (called as Sub-Evaluation Questions, SEQs) for each round of data collection; these SEQs were developed with inputs from relevant UNICEF Field office, and program specialists and the Research & Evaluation Specialists in Delhi³⁰. However, it is to be noted that not all questions were relevant or not a priority for all pillars and in consultation with UNICEF teams some of the key evaluations were dropped against some of the pillars. SEQs were also developed and contextualized to define the scope of each KEQ as per the areas of inquiry set by UNICEF (for each pillar). These detailed pillar-specific KEQs and SEQs can be found in **Annexure 1**. Also, the detailed list of document reviews and stakeholders met are in the annexures of the report.

Some KEQs were not evaluated for certain pillars. This was based on the UNICEF section team's priorities towards understanding what was relevant and useful for them to be evaluated at the time. These decisions were also influenced by the real-time learnings generated from the evaluation of previous pillars. Such decisions were made in mutual consultation and agreement with UNICEF India Research and Evaluation and Section teams.

Table 1: Evaluation Matrix³¹

Evaluation Criteria	Key Evaluation Questions	Pillars Covered	Stakeholders	An illustrative list of documents referred
Relevance	<ul style="list-style-type: none"> • To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government priorities? • To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states? • To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families? <ul style="list-style-type: none"> ◦ To what extent are the COVID-19 response activities appropriately tailored to respond to the different needs of girls and boys and women and men, and 	Pillars 1, 2 and 5 Pillars 1, 2 and 5 Pillars 1, 2 and 3 Pillar 1 Pillar 1	<ul style="list-style-type: none"> • National Level – Government officials from Union Ministries, UNICEF officials, Partner and Donor Agencies • State level – Government officials from nodal departments, UNICEF state consultants, CSO/Implementing partners • District/Block level – Government officials, CSO/ Implementing partners 	<ul style="list-style-type: none"> • UNICEF Response plan • Situational reports from states • UNICEF internal reports (such as Program Guidance Note Program Response and Continuity, UNICEF IPC Reports, SoPs, and RA Synthesis Report) • National Program Strategy Notes • Network Meetings and CrMT Presentations

³⁰ See Terms of Reference (Annexure 6).

³¹ The Key Evaluation Questions were outline in the ToR and have been taken from there for the purpose of this evaluation. The KEQs were contextualized as Sub-Evaluation Questions based on the pillar specific context and areas prioritized by the UNICEF section teams. KEQs have been highlighted below. The KEQs along with pillar specific SEQs can be found in **Annexure 1**. These are represented in an extensive tabular format and hence could be added in this section.

Evaluation Criteria	Key Evaluation Questions	Pillars Covered	Stakeholders	An illustrative list of documents referred
	<p>children and families from disadvantaged, marginalized and vulnerable populations, including children with disabilities, scheduled castes, and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, out-of-school children and victims of gender-based violence (GBV)?</p> <ul style="list-style-type: none"> • Is UNICEF's COVID-19 response programming informed by evidence and guided by a clear ToC? • To what extent is UNICEF India's response adhering to global guidance on L3 emergencies? 			<ul style="list-style-type: none"> • HPM State Reports • Web Portals (such as the POSHAN portal) • UNICEF infographics, IEC material, photo stories. • UNICEF Program guidance notes <p>A detailed account of documents is discussed in Annexure 3</p>
Coverage	<ul style="list-style-type: none"> • To what extent are the key stakeholders and community members of the different approaches covered under the four pillars being reached? • Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in 	Pillar 2 Pillars 1, 2, 3 and 5 Pillars 1, 2, 3 and 5		

Evaluation Criteria	Key Evaluation Questions	Pillars Covered	Stakeholders	An illustrative list of documents referred
	<p>institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children?</p> <ul style="list-style-type: none"> • Is UNICEF's COVID-19 response likely to reach/are materials accessible to girls and boys equally? 			
Efficiency	<ul style="list-style-type: none"> • To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priorities? • To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent and quality way? • To what extent is UNICEF adapting its activities to become more efficient based on learning and a changing COVID-19 context? • Are there any inefficiencies associated with the implementation of the crisis response (e.g., low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)? 	Pillar 1, 2 and 3 Pillars 1, 2, 3 and 5 Pillar 1 and 2 Pillar 1 and 2		
Effectiveness	<ul style="list-style-type: none"> • What bottlenecks exist to the efficient implementation of the crisis response? What has 	Pillars 1, 2, 3 and 5 Pillars 1, 2, 3 and 5		

Evaluation Criteria	Key Evaluation Questions	Pillars Covered	Stakeholders	An illustrative list of documents referred
	<p>UNICEF not thought about it delivering its response in each area under the six pillars?</p> <ul style="list-style-type: none"> • To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting women and men, and vulnerable and minority populations? • What unintended outcomes are realized that need to be reinforced or mitigated? • How well is UNICEF's response coordinated? (This question needs to examine internal coordination across sectors and external coordination with partners.) 	Pillars 2, 3 and 5 Pillars 1 and 2		

2.3 Sampling Design and Methodology

Purposive sampling was done for the selection of stakeholders for KIIs. The distribution of these interviews across each pillar has been given below:

Table 3: Sample Size

Pillar	Total	UNICEF		Government officials		CSO/Implementing agencies
		National	State	State	District/Block	State
Pillar 1	55	7 (13%)	6(12%)	14(24%)	16(28%)	12(22%)
Pillar 2	55	8 (15%)	10(18%)	10(18%)	17(31%)	10(18%)
Pillar 3	44	-	10(23%)	10(23%)	14(32%)	10(22%)
Pillar 5	65	11(17%)	12(18%)	20(31%)	9(14%)	13(20%)
	219	26(12%)	38(17%)	54 (25%)	56(26%)	45(20%)

From the list of potential stakeholders shared by UNICEF for each pillar, purposive sampling was done based on the KEQs and areas of inquiry set for each pillar. The evaluation agency then shared the final list of shortlisted stakeholders with UNICEF to draw the first line of contact (intimating them about the objective and

scope of the real-time evaluation) which was then taken over by IPE Global for further scheduling of interviews.

Additionally, at the national level, UNICEF section chiefs and any other stakeholder nomination received from UNICEF were also interviewed for each pillar. Efforts were made by IPE Global and UNICEF R&E teams to ensure that the sample was inclusive and representative of all levels.

Criteria for stakeholder selection: UNICEF shared a list of stakeholders who were (directly or indirectly) involved in executing pillar-specific activities and based on the list IPE selected who were anticipated to be able to answer questions on several topics. Community members were not included as stakeholders for this evaluation because of (a) its rapid nature, (b) difficulties in adjusting to the virtual modes of data collection, especially for the respondents and (c) the ongoing delay in the overall timeline due to changes in scope. Hence, it was mutually decided by the evaluation team and UNICEF R&E team not to undertake community-level interviews/FGDs.

Also, the ToR kept the inclusion of community members optional, keeping in mind the pandemic situation and the difficulty of data collection at the community level.

2.4 Data Collection Method & Approach

A qualitative methodology was used to collect the primary data. Primary (KIs) and secondary data (desk review and secondary data analysis) collection methods were deployed. Further, tool development, contextualization, and training of moderators also took place as part of the evaluative process. IPE Global team undertook a 2-day moderator training before the commencement of data collection for each pillar wherein moderators were briefed on the data collection tools, the context of the pillar-specific activities, stakeholders, and their involvement/role in various activities. The training was undertaken interactively wherein each component of the toolkit was discussed in detail (including goal, and informed consent), and detailed reading of questions and mock exercises were undertaken. A debrief session was undertaken with the moderators to discuss their doubts. UNICEF staff was also present during this training to clarify any doubts which were addressed to them.

- **Approach/Step 1:** The first step undertaken by the research team at IPE Global was to conduct a desk review of numerous evidence sources produced by UNICEF as part of its COVID-19 response. Review materials included, but were not limited to, situation reports, rapid assessments undertaken by UNICEF, HPM indicators³² and RAM indicators, brochures (such as Journey Through 2020, New Approaches, psychosocial support of healthcare, Supporting RMNCH continuity), infographics, state and national booklets, documents/guidance notes (such as POSHAN booklets and on SAM management) that showcase change in programming strategy, weekly/monthly updates from States for different themes such as health, WASH, RCCE, Social Protection, Education, Child Protection, RMNCHA and Nutrition, and CrMT presentations to see how programming had adapted over time to the situation. Global UNICEF guidance on L3 emergencies was also reviewed. The desk review assisted in identifying trends in performance, and gaps in knowledge, formulating interview questions and interpreting findings. The desk review was conducted continuously for each pillar to allow the evaluation team to get up to date. A detailed list of documents referred to during this evaluation has been shared under Annexure 3.

- **Approach/Step 2:** KIs were conducted virtually through online meeting platforms such as Microsoft Teams and telephonic calls. The exact approach and platform were tailored to suit the respondents. A total of **219** KIs have been conducted consisting of UNICEF staff at the national and state level,

³² Human Performance Monitoring (HPM) aims to support UNICEF Country Humanitarian Programs in strengthening results-based capacity, understood as the management of the humanitarian response of UNICEF. See <https://www.unicef.org/evaluation/media/2161/file/PRESENTACI%C3%93N.pdf>

government officials at the state, district and block levels, state level CSO and implementing partner agencies across 5 evaluation states. KIIs with national level stakeholders (UNICEF, donors/partners, and government) and UNICEF officials at the state level were conducted by the IPE Global Researchers whereas KIIs with State (Government) and district/block (Government officials) level stakeholders and CSO partners/implementing agencies were undertaken by the trained moderators of IPE Global.

- Approach/Step 3:** Data was analyzed by the IPE Global researcher team using content analysis (a matrix was developed to map the secondary data findings and responses from primary data collection against the relevant KEQs and SEQs). Triangulation was done of primary and secondary data findings using UNICEF data, qualitative interviews, and secondary sources for cross-checking the consistency of information. This was done to deepen and widen the understanding thereby improving the quality of findings. It not only facilitated the validation of data through cross-verification from different sources but also helped test the consistency of findings obtained through primary sources and desk review.

Data were collected continuously with a focus on one pillar at a time. It is important to note that since the evaluation was real-time in nature, modifications and changes were made on a rolling basis. The learnings generated from each pillar were incorporated into the evaluation of the next pillar to undertake course corrections. These include, but are not limited to:

- Undertaking additional orientation calls with UNICEF Section teams at the national level to seek clarity on the ongoing support being provided to the government; and to understand the UNICEF section team's priority areas for real-time learning (Pillars 2, 3 and 5).
- Undertaking situational analysis (for Pillar 3) using secondary sources of information to gauge the coverage of the essential health and nutrition being provided to better assess achievements and gaps.
- Undertaking a greater number of KIIs with the District/Block and CSO partners to better understand the effectiveness and efficiency of the UNICEF response.

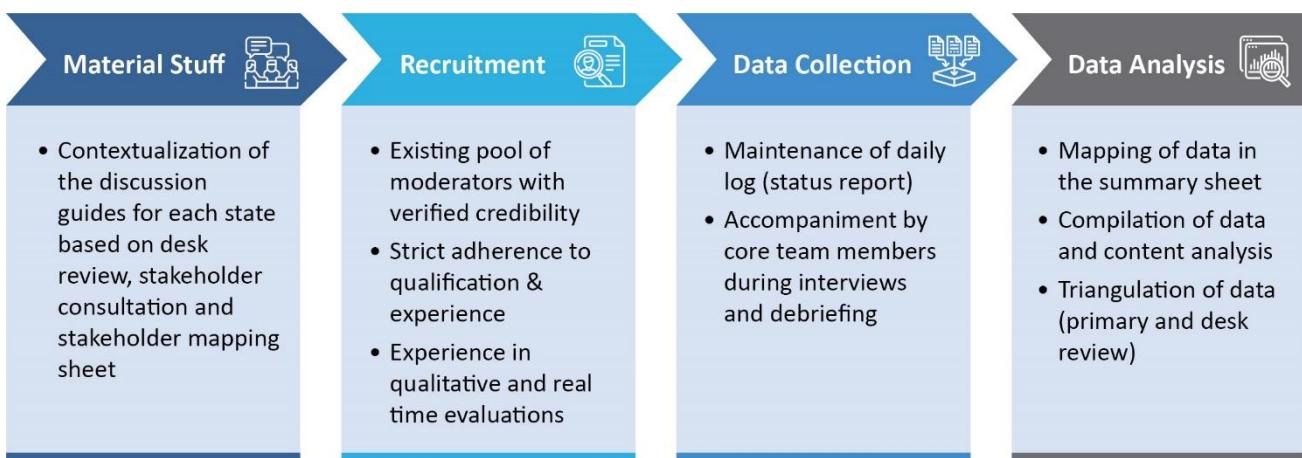
This was done in close consultation with the UNICEF R&E team to ensure that the findings generated were of use and relevant to the UNICEF section teams and other stakeholders (such as government officials, partners, and donors) involved in the COVID-19 response at large.

The evaluation did not collect data at the community level (with FLWs, teachers, health workers, SHGs, etc.) because reaching them virtually, especially during the emergency period, was not feasible for the evaluation agency (to conduct KIIs) as well as for the UNICEF Research and Evaluation team (to provide a list of potential stakeholders).

2.5 Quality Assurance

Data were reported at the aggregate level, but pertinent quotes that describe a situation of interest were included in the pillar briefs, using the type of respondents (provided they have consented to this). Data were de-identified after analysis and stored securely by the evaluation team. Data will be destroyed four years after the completion of the evaluation. As per the standard terms and conditions governing this contract, all data collected for this evaluation will be the property of UNICEF. The quality checks were placed over all the key activities of the evaluation as shown below:

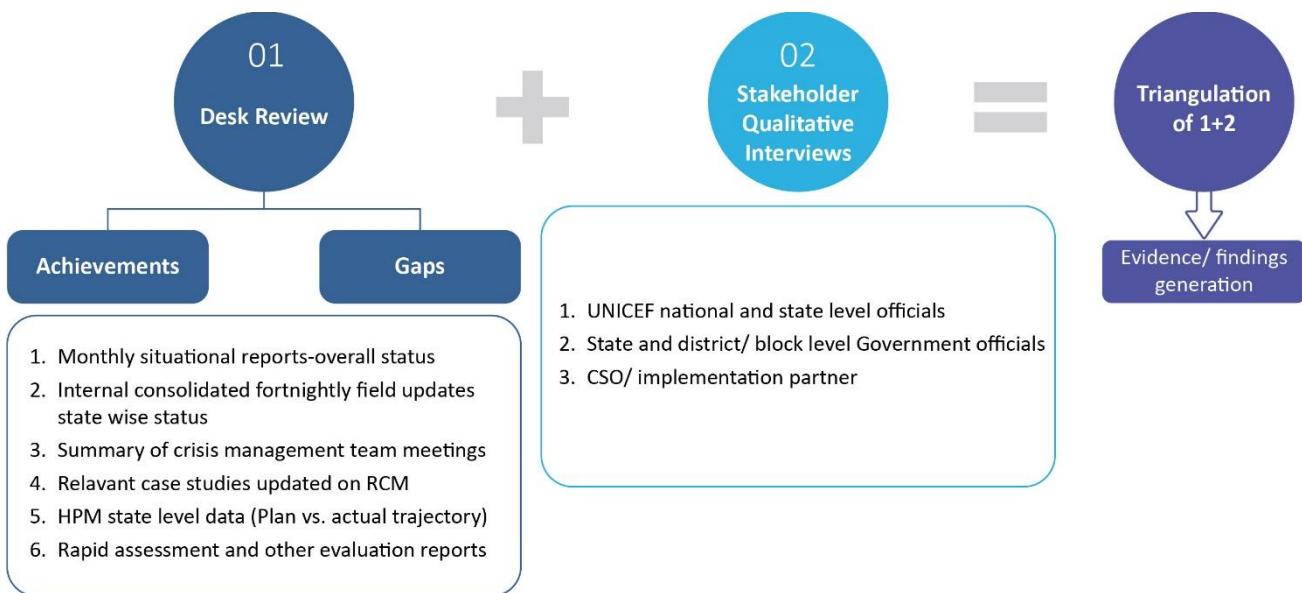
Figure 2: Quality Assurance



2.6 Data Analysis

An in-depth analysis of primary and secondary data was carried out using the below-presented framework. As depicted in the framework, the evaluation deployed a qualitative methodology consisting of secondary data (Gap Analysis and Activity mapping – as mentioned previously) and primary data (KIs). The learnings from these two preserves of data were triangulated to construct a comprehensive picture of UNICEF's COVID-19 response in the selected Indian states.

Figure 3: Data Analysis Framework



The evaluation team developed an evaluation matrix as an analysis framework³³ ([Annexure 7- links to the analytical frameworks are given in Annexures](#)) and analyzed the areas of inquiry based on the pillar-specific KEQs and SEQs. While the larger structure, areas of inquiry (KEQs), and method of triangulation remained the same, the SEQs, specific questions (and probes) in the toolkit, stakeholder categories and their responses changed with each pillar. Therefore, pillar-specific analysis of the data was undertaken to generate relevant findings and recommendations. All primary data were analyzed qualitatively using content analysis and reported by presenting overarching themes and contextual differences. The different situational needs and

³³ The analytical framework was developed to analyze the responses from each stakeholder (including UNICEF officials at national and state level, government officials at state and district level, and CSO/implementation partners) against the questions (SEQs and KEQs). An indicative template representing the design has been attached under Annexure 7 for reference purposes. This framework was finalized in consultation with the UNICEF Research and Evaluation team. Links to the detailed analysis framework with finding are also given in Annexure 7.

activities introduced/supported by UNICEF to address those needs were also fleshed out by the IPE Global Research team, as were the experiences and needs of the vulnerable and marginalized groups.

Deviations in the Objectives from the ToR and Inception Phase:

- The scope initially involved the evaluation of pillars 4 and 6 of the UNICEF response plan. However, given the ever-changing COVID-19 context, changes in the situation and priorities of the government, as well as, based on the real-time learnings emerging from each pillar evaluated, it was advised by UNICEF to drop pillars 4 and 6 from the scope of this evaluation since it will not add value to the real-time learning.
- It may be noted that since the Real-Time Evaluation is a lesson-learning activity, therefore a separate section on lessons learnt has not been included in this report, to avoid repetition. Moreover, the Concept note for Lessons Learnt Review, which was required as part of the Terms of reference document, was not submitted/is not a part of this evaluation report. This was decided in mutual consultation with UNICEF. Instead, based on the learnings that emerged from the pillars, an After-Action Review (AAR) workshop was planned after the submission of the report with the UNICEF section teams to understand what measures were undertaken by them to mitigate the challenges and which good practices were adopted or scaled up to promote an improved response. The findings of the AAR workshop will be shared with UNICEF India separately.
- The pillar-briefs were not shared on a monthly basis, as envisaged in the ToR due to difficulties in conducting interviews, unavailability of officials because of priorities, delays in UNICEF's turnaround time due to engagement in the crisis response, the volume of documents received for undertaking desk review (for each pillar) and changing priorities (with respect to what each KEQ should focus on evaluation for each pillar) within UNICEF. One pillar was assessed at a time and a single brief/report was submitted against each pillar/evaluation round. This was based on a mutual agreement with UNICEF Research and Evaluation team.

As a result, the evaluation:

- Could not evaluate the relevance, coverage, efficiency and effectiveness of pillars 4 and 6 to provide UNICEF with real-time learnings to improve its data collection and operations during the pandemic.
- Deviation from undertaking and therefore generating monthly reports barred the evaluation from capturing the changes (if any) which may have been incorporated by the UNICEF CrMT team to improve UNICEF response. This would have added value to the overall evaluation in assessing UNICEF's efficiency and effectiveness. However, this will be mitigated through the proposed After-Action Review (AAR) workshop with UNICEF ICO and relevant section teams. The AAR will help capture measures taken by UNICEF to improve its response based on real-time learnings generated through this real-time evaluation.

Deviations in the Scope of the Evaluation from the ToR:

- Only 4 out of 6 pillars were evaluated. (*Discussed above. Refer to section 1.3*)
- The activities undertaken for each pillar varied. Activity mapping was introduced from the second pillar evaluation.
- Only one pillar was evaluated at a time (*Discussed above. Refer to section 1.3*) and data for only that pillar was collected (*Process flow represented in Section 2.1. can be referred to for better understanding*)
- *Due to the pandemic restrictions and associated risks community members were being interviewed during assessment.*

The evaluation has used OECD-DAC (Organisation for Economic Co-operation and Development -

Development Assistance Committee) ³⁴ evaluation criteria of relevance, coverage, efficiency, and effectiveness. The ToR deviated from the OECD-DAC criteria and mentioned coverage as a separate DAC criterion. The evaluation is simply drawing on the evaluation criteria outlined in the ToR. The evaluation has assessed UNICEF's contribution from the beginning of the pandemic (March 2020) till the evaluation of each pillar had started i.e.,

Evaluation Pillar	Pillar-specific evaluation period
Pillar 1	March 2020 - November 2020
Pillar 2	March 2020 - February 2021
Pillar 5	March 2020 - July 2021
Pillar 3	March 2020 - January 2022

Frequency of reporting: One pillar was assessed at a time and a single brief/report was submitted against each pillar/evaluation round.

2.7 Challenges and Limitations

- Due to the ongoing pandemic, all data collection took place remotely and online mode. Therefore, community or beneficiary-level interviews could not be conducted. To mitigate this to the extent possible, IPE Global constructed questions for KII to understand the needs of people on the ground.
- The rapid nature of data collection and analysis meant that a scrupulous way of collecting data from various sources was not possible. The evaluation team mitigated these limitations by triangulating the evaluation results reported in each brief with monitoring data, field, and reports received from UNICEF (national and state offices), and other sources to ensure that multiple sources informed the reported evidence findings.
- There have been substantial delays in scheduling interviews during the COVID-19 waves in India. The COVID-19 waves in India affected the turnaround time of UNICEF's R&E team and the unavailability of section teams, government officials, and other stakeholders further extended the evaluation timeline. Moreover, incorporating real-time learning in the evaluation approach also led to the extension of the evaluation timeline. Frequent meetings with the UNICEF R&E team helped in planning the timelines and simultaneous deliverables were being worked upon to mitigate this challenge to the extent possible.
- It was of paramount importance to ensure this RTE does not get in the way of the response and overwhelm already inundated officials. It was also important to carefully formulate questions and set strict parameters around the way the RTE is described to participants, so as not to raise expectations about what UNICEF can do differently. Another limitation of this evaluation was that it needed to respond to the unfolding situation; therefore, long-term planning was not possible. Response pillars for investigation and participants were chosen in collaboration with UNICEF on a rolling basis to mitigate this challenge.
- Since the pandemic has affected the whole population, UNICEF responded to the request of the Government of India (GoI). The GoI support on communication, supplies, and other areas was universal and therefore no additional information on gender was available. The ToR did not mention gender, nor did UNICEF's reporting on activities or secondary documents cover how and to what extent UNICEF supported gender except pillars/services focusing on specific vulnerable groups. For instance, in supporting the awareness generation for promoting COVID Appropriate Behavior (CAB), UNICEF's technical assistance in developing messages targeted at all and not specific sections of the vulnerable population. Therefore, the

³⁴ See <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

evaluation findings, conclusion, and recommendations also reflect gender and equity as an underlying theme, not an explicit and standalone area of inquiry. But UNICEF's support towards women and children-centric services (such as routine immunization, antenatal care, etc.) and the evaluation of such services, do talk about women and children in particular.

- The evaluation agency did not receive any information about the actual utilization of the proposed budget, as a result, a cost-utilization analysis to assess the efficiency of UNICEF's response plan was not undertaken as part of this evaluation. This was also not outlined in the scope of work in the ToR.
- Given the amount of crucial information, the length of the executive summary and comprehensive report exceeds the suggested length as per the Global Evaluation Report Oversight System format. Condensing the information in the report or executive summary may have led to the loss of pivotal information necessary for depth for any key user.

Lastly, the KIIs were only with service providers and not with community members and, therefore, it was not possible to identify gender dimensions during the evaluation.

2.8 Ethical Considerations

The ethical principle of '*do no harm*' guided every aspect of this evaluation. IPE Global, as the evaluation agency followed the ethical principles and considerations outlined in the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation and the UNICEF Procedure for Ethical Standards in Research, Evaluation, and Data Collection and Analysis. In addition, the recently released technical note by the UNICEF Evaluation Office on conducting evaluations during the COVID-19 pandemic was followed, as well as UNEG norms and standards.³⁵ As per UNICEF standards for ethical research, the evaluation agency gave special attention to ethical considerations and put in place adequate measures for ethical oversight throughout the evaluation period.³⁶ During data collection, the evaluation agency ensured informed consent, respecting people's right to provide information in confidence and making study participants aware of the scope and limits of confidentiality.. Special consideration was given to the treatment and storage of participants' phone numbers and other identifying information and how the audio recordings were collected, analyzed and shared.

This evaluation did not require IRB approval since the questions administered did no harm to the stakeholders. This was in agreement with UNICEF, based on the requirements in the UNICEF ethical guidelines^{37,38}.

³⁵ Detail of Norms and Standards for Evaluation (2016). (2020). UNEG Ethical Guidelines. <http://www.unevaluation.org/document/detail/1914>

³⁶ Ibid.

³⁷ See <https://www.unicef.org/media/54796/file>

³⁸ <https://agora.unicef.org/course/info.php?id=2173>

3 KEY FINDINGS³⁹

The key findings presented below are presented in the following manner:

1. Each KEQ has a summative statement (put in a box) which is representative of the detailed findings (pillar-specific). The key findings have been substantiated with examples from the pillar-specific details, and therefore are repeated (in most cases).
2. The Summative statements are followed by detailed pillar-specific findings. These findings were generated during the pillar-specific evaluations and summarized in this report.

3.1 Relevance

KEQ 1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government priorities?

The evaluation found that the activities undertaken as part of UNICEF's COVID-19 response were *highly relevant and fully aligned* with the government priorities since UNICEF's response plan was developed in close consultation with the national and state governments to address their needs. The response plan was developed in March 2020, and then regularly updated to adapt to the evolving pandemic situation and partner government's requests. Often, UNICEF's activities provided supplementary support to the ongoing government activities and helped in their bolstering and scale-up. For instance, government priorities w.r.t. Education largely focused on enabling continuity of education. To address the government priorities, UNICEF focused on providing support towards continuity of education through providing state-specific strategic support towards home-based learning, preparation and mobilization of materials and content (on Diksha portal, short videos on YouTube, Meena videos, etc.), and supported unhindered Early Childhood Development by promoting gender-responsive parenting (through responsive parenting program).

Pillar 1: Risk communication and community engagement (RCCE)

The evaluation found that UNICEF's RCCE technical support was in line with GoI's mandate and was developed under the guidance of the national and state Governments. UNICEF supported the development of communication materials, virtual messages, sensitizing various stakeholders (such as front-line workers (ASHA, and Anganwadi Workers), and NSS volunteers) and broadcasting advertisements. Based on the desk review and KIIs, the evaluation team found that the messages complemented the Governments efforts and helped in creating awareness of CAB and protocols and were very much relevant and important at the initial phase of the pandemic. Later, also the support for sensitive messaging to address emerging stigma and discrimination toward migrant workers was very relevant and was contextualized with the state's needs. These were more evident in many places, especially in Jharkhand and West Bengal where returnee migrant workers were facing discrimination from their community⁴⁰. For example, to reduce the hype around reverse migration, messages like "Tilak Karo, Tiraskar Nahi!" were promoted. The discussions with stakeholders brought forth that at the request of the district government, UNICEF trained block-level stakeholders like Pradhans on IPC preventive measures. These trainings were helpful and relevant because they not only focused on informing about preventive measures to be taken in public spaces but also about the steps which can be taken while at home – such as taking a bath if possible before entering the home. Along with the support on the communication material, the vehicle or mode of communication supported and facilitated by

See <https://www.unicef.org/media/54796/file>

³⁹ <https://agora.unicef.org/course/info.php?id=2173>

1. summative statements with examples have been added in the beginning of each KEQ. These examples have been taken from the pillar specific findings and are therefore repeated.

2. Readers who want in-depth pillar-specific information – who can refer to the detailed findings discussed in each KEQ.

For any further information, pillar-specific briefs can be referred to for which UNICEF Research and Evaluation team can be reached.

⁴⁰ Refer Gap Analysis (UNICEF R&E Team)

UNICEF – like micing, engaging and sensitizing the community and religious leaders etc. were also relevant for reaching out to the rural and remote communities. These were reflected in our KIIs with the stakeholders.

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

Along with creating awareness and support for promoting CAB, the other key priority of the Government was at the healthcare facility (HCF) level about HCF preparedness, provision and availability of medical equipment like PPE and oxygen concentrates), management of bio-medical waste, and WASH services and supplies (such as masks, PPEs, thermal scanners, testing kits, sanitizers/soaps installation of foot-operated hand washing stations at the community and facility level). In the initial phase and in the second phase there was a surge in demand for these supplies and equipment and there was a mismatch of demand and supplies. To meet these increasing needs and priorities, UNICEF supported the procurement of diagnostic tests and oxygen products and complemented the government in its efforts to ramp up the capacity to test and manage COVID-19 cases⁴¹. A review of UNICEF's progress report⁴² and discussions with government officials revealed that UNICEF provided state-specific support by developing its intervention activities at the state level and mobilizing the resources (from its local partner agencies) to meet the varying needs of the target population. For example, in **Uttar Pradesh**, 16,000 N-95 masks and 1000 bottles of sanitizers and 5 lakh soaps were distributed to vulnerable sections with the support of UNICEF's Wash partners in 2020⁴³. Similarly, there were huge gaps in the supply of sanitary absorbent materials hence training was imparted to adults and girls to prepare homemade menstrual requirements in **West Bengal**⁴⁴. All these reflect that UNICEF's response was aligned with the needs of the community and complemented government priorities, which were reflected in various interviews.

Pillar 3: Provision of adequate health care for women, children, and vulnerable communities, including case management, and provision of essential routine health and nutrition services

This question was not been evaluated for Pillar 3, in mutual consultation with UNICEF India⁴⁵. (Refer to section 2.2)

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education: The evaluation team's discussion with stakeholders reflects that UNICEF's support for education was in line with the Government's priorities which were on enabling the continuity of education. Since the schools were closed and the majority of the children especially in rural and children of the economically weaker section in the cities had no/ limited access to online school education, UNICEF state-specific strategic support was towards home-based learning (dissemination of learning content via radio, TVs, etc.), preparation and mobilization of materials and content (on Diksha portal, short videos on YouTube, Meena videos, etc.), support towards capacitating teachers, AWW and parents for undertaking home-based /virtual learning were relevant and useful as mentioned by the key discussants during the interviews. Also, the academic calendars were customized depending on the context and resources of the state as reported by a UNICEF officer in UP. UNICEF provide support to children who were blind through podcasts and children with low or no digital access through 'Mohalla Classes' across all **5 states** (where a teacher would gather a group of 6-10 children to teach

⁴¹ COVID IPC Health – 2020 (UNICEF document)

⁴² Note on WASH Output

⁴³ Progress report 2020

⁴⁴ KII inputs

⁴⁵ As mentioned before, some KEQs were not evaluated for certain pillars. This was based on the UNICEF section team's priorities towards understanding what was relevant and useful for them to be evaluated at the time. These decisions were also influenced by the real-time learnings generated from evaluation of previous pillars. Such decisions were made in mutual consultation and agreement with UNICEF India Research and Evaluation and Section teams.

in a local setting)⁴⁶. However, the Mohalla class concept was closed due to the coming in of the second wave.

Child Protection (CP): Similarly on Child protection, the government officials reported that UNICEF activities were aligned and responded to the request of various government departments like the Department of Women and Child Development, Dept. of Labor & Employment, Police Department, etc. UNICEF's support to these Government Departments was towards monitoring and tracking children (using state-specific MIS, publicly available government data, CSO and partner reports/data) and evidence generation, case management, capacity building of ground staff, mobilizing resources and support from its partner networks in identifying and providing support to the vulnerable children⁴⁷. UNICEF national-level officials informed that state offices provided resources (in the local language) to generate awareness, identify children in need through partner networks and patching them to Child Care Institutes (CCI) or state-specific sponsorship services. This was also confirmed by a few state officials. For instance, a UNICEF official from **Jharkhand** highlighted that women's helpline number 181 - was used to identify children without parental care or even those whose parents were in hospitals and there was no one to take care of them. These supports were relevant and important as mentioned by a few of the stakeholders as there were incidences and reporting of increased vulnerability of children during the pandemic.

Social Protection (SP): The government's priorities, as surfaced during interviews, with respect to social protection pertained to providing the benefits of existing social protection schemes (such as food security, livelihood, health, and education) to the maximum number of people (especially the vulnerable groups like migrants, informal workers, women and children), capacitating various FLWs and government functionaries, and efficient resource planning. UNICEF aligned its response with government priorities to ensure better reach, access and coverage of the Government's safety net programs by providing technical support to improve the coverage of existing social protection schemes. This was done by providing support towards⁴⁸:

- tracking and assessing the economic impact of COVID-19 on vulnerable groups,
- advocating on safeguarding critical social sector spending, especially those focusing on children,
- supporting continuity of regular SP delivery via review and rapid analysis of the existing SP ecosystem,
- identifying options to expand and extend cash transfers to those in need,
- advocating with the Ministry of Panchayati Raj to incorporate the response action (especially focusing on children and women) in Gram Panchayat Development Plan (GPDPs),
- providing training (related to resource utilization, existing social protection schemes for potential community members, ways of availing benefits and monitoring of social services, the expanded role of Gram Panchayats [GP]) to government functionaries, FLWs (SHGs, AWWs, ASHAs), teachers, and members of GPs.

The evaluation found that UNICEF's support was relevant (in the context of the points discussed above) because many people lost jobs, had limited livelihood and income opportunities and as a result were facing hardships; therefore, the UNICEF support to ensure effective reach and coverage of Government's SP scheme was useful.

Rapid assessments were undertaken by UNICEF in all 5 states to assess the local context and situation and tailor its assistance to the needs. For instance, in **UP** the rapid assessment informed that the urban poor were facing problems in accessing social security schemes due to stringent compliances and low awareness levels. UNICEF officials in UP identified the gap and are currently in the process of developing a dashboard on social

⁴⁶ Activity Mapping (Annexure 5)

⁴⁷ Ibid.

⁴⁸ Activity Mapping (Annexure 5)

protection where the urban poor can access the information on social schemes, they are eligible for – to ease access and increase the uptake of benefits⁴⁹. Similarly, in **Maharashtra** and UP community members were facing difficulty in withdrawing/accessing the financial benefits they received⁵⁰. UNICEF officials in UP informed about advocating with the state Finance Department to set up micro-ATMs to ease access to withdrawing money.

KEQ 2: To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?

The evaluation found that the activities and technical assistance provided by UNICEF were tailored to the local context (socio-cultural) of different states. UNICEF India followed the ROSA (Regional Office for South Asia) and HQ guidelines (and standard indicators) to structure its COVID-19 response. The global guidelines provided a wide array of activities and only those sections of the global guidelines were adopted that suited the Indian context. Rapid assessments studies were undertaken by UNICEF to identify the state's needs which were done quickly without much rigor and were reported to be not be very comprehensive. These were accommodated in the form of HPM indicators in UNICEF's COVID-19 response. UNICEF supported state governments across all 5 states to develop material in the state's local language and involved local dialects in the awareness generation material to increase the understanding and adaptation among people. For instance, to support the government's need for continuity of education, UNICEF supported state governments across all 5 states to develop material in the state's local language which could be easily understood by the children. UNICEF also supported the development of podcasts for children who are blind or face difficulty in watching videos due to poor networks.

Pillar 1: Risk communication and community engagement (RCCE)

Rapid Assessments were undertaken by UNICEF at the state level to understand the state-specific needs based on which a diverse set of communication and engagement strategies were rolled out for creating awareness and behavior change at the community level. These were tailored to state-specific requirements and context (i.e., language and socio-cultural context). For instance, in the case of **Jharkhand**, the material was translated into 5 tribal languages. On the contrary, many stakeholders interviewed at the district/block level informed that translation/contextualization was not done at the district/block level and for specific communities/tribes or groups due to paucity of time. In **UP**, however, the district/block officials informed that the messages were purposely translated in a way which involved the local dialect to increase the understanding and adaptation in the rural pockets. For example, the word 'DIDI' was involved in these messages because the SHG members are called *DIDI* by the local people. In **West Bengal**, the local tribe leaders took the initiative to translate the messages into their dialect to ensure that the messages are understood by all. In **Bihar**, since many SHG members are illiterate so the state and local governments with UNICEF's support ensured that the messages were audio recorded in the local language/dialect, for the SHGs to understand and disseminate the same⁵¹.

Pillar 2: Provision of critical medical and water, sanitation, and hygiene (WASH) supplies and services and improving Infection, Prevention, and Control (IPC)

The evaluation found that many activities were tailor adjusted based on the state's local context (such as translation of IEC material per local language, support in designing posters based on local dialects and slangs, support in suggesting awareness activities based on state's local resources (groups of volunteers such as NSS in Jharkhand, wada sakhi's in UP)). UNICEF officials at the state level explained that even though UNICEF's broad intervention areas/themes were finalized at the national level, the underlying activities and support

⁴⁹ Ibid.

⁵⁰ UNICEF conducted Rapid Assessments

⁵¹ Activity Mapping (Annexure 5)

were designed/tailored at the state level to suit the state-specific context. A UNICEF official from **Jharkhand** explained that only the training for frontline workers was based on national guidelines, the rest (which were then shared with MTCs, SNCUs, labor room staff, SHGs, etc.) were designed and contextualized at the state level keeping in mind local staff's awareness on the virus and its preventive measures, and infrastructure and resources to treat, etc. Furthermore, UNICEF's supplies varied based on the needs of the state and were aligned with the state's needs as UNICEF and state officials confirmed. The messages related to WASH behaviors were developed locally to befit the local context⁵². For example, UNICEF officials in **UP** informed that the series of TARA videos were developed in UP to ensure that they fit the state's context. Government district official in **Maharashtra** informed that all activities and guidelines were translated into Marathi to ensure that a maximum number of people are able to communicate and understand them. To further streamline the process, training material for both healthcare facility staff as well as community workers was developed in the local language. From various sets of discussions, the evaluation team found that there was no explicit contextualization was done to reach the most vulnerable children including those of Scheduled Caste, Scheduled Tribe, orphaned, or out of school.

Pillar 3: Provision of adequate health care for women, children, and vulnerable communities, including case management, provision of essential routine health and nutrition services

This question was not been evaluated for Pillar 3, in mutual consultation and agreement with UNICEF India.

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education: UNICEF tailored its response to the local context in different states. For example, UNICEF supported state governments across all **5 states** to develop material in the state's local language for easy comprehension by the children and academic calendars were customized depending on the context of the state as suggested by a state official.

Child Protection: UNICEF tailored its support to address the needs of children-, child labor and trafficking, child abuse (GBV), children on the move, refugee children, and orphaned). For example, a UNICEF national-level official informed that state offices provided resources to generate awareness, identify children in need through partner networks, and patch them to CCI or state-specific sponsorship services. Similarly, a UNICEF official from Jharkhand highlighted that women's helpline number 181 – was used to identify children without parental care or even those whose parents were in hospitals and there was no one to take care of them. The helpline number, which was promoted through ads, banners, and other channels, was used by people (anyone – whether related to the child or not) to report such cases. Once identified further support was initiated. In Maharashtra, the UNICEF official informed that they “*worked out a system of communication with ChildLine, particularly so people know the 1098 number. We publicize it even during the lockdown through community posters in migrant shelters, through community radios, through AWW and other ground personnel, including the police. So, if such children were stranded anywhere, they (or anyone on behalf of them) would contact the helpline and be provided with relevant support (ration, bringing such children to a safe place, etc.) through the district collector's office.*”

Social Protection: For local contextualization and state-specific assistance, UNICEF conducted Rapid assessments study in all 5 states to understand their needs and requirements. For instance, in UP, many migrants and workers were unable to receive ration/COVID-19 relief kits due to the unavailability of required documents to avail of the services. UNICEF's advocacy resulted in the release of a D.O. letter directing all DMs to ensure that free ration kits should be given to all workers in their homes. In **West Bengal**, UNICEF provided technical support to the Department of Women and Child Development & Social Work for increasing the

⁵² Refer Gap Analysis

coverage of the Kanyashree Prakalpa (KP) Convergence scheme by submitting a technical policy note to the state Finance Department seeking approval for the utilization of unutilized funds and continuation of KP Convergence Scheme beyond March 2021.

KEQ 3: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families⁵³?

The evaluation finds that in design and reporting, children, women, and disadvantaged populations were not explicitly covered. The IPC pillar assessment of the provision of critical supplies reflects that there was no formal mechanism to track and trace whether the supplies reached the vulnerable communities. State and district level officials mentioned that the UNICEF's support was relevant in advocating for the reopening of the health and nutrition services and preparing the guidelines and standard operating procedures which met the needs of children and families at the later phase of the pandemic. The cessation of services during lockdown affected, for instance, immunization, institutional deliveries, and coverage of other essential services, with serious repercussions on maternal and child health⁵⁴. UNICEF was quick to recalibrate and advocated for the re-establishment of essential health and nutrition services..

The working mechanisms and perceptions around the same varied across different pillars and are discussed below.

Pillar 1: Risk communication and community engagement (RCCE)

The evaluation brought forth that in design and reporting, children, women, and disadvantaged populations were not explicitly covered. However, during implementation, attempts were made to reach out to such populations through various platforms and partnerships (e.g., SHGs, NSS, Wada Sakhis). Rapid Assessments were used to understand the groups who did not respond to UNICEF's COVID-19 response material. This evidence-based gap analysis was further used by UNICEF for tweaking and tailoring the material/messages.

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

The IPC pillar evaluation found that there was no formal mechanism to track or trace whether supplies and services were adequately reaching the target population. UNICEF national-level officials explained that estimates were made based on the number of states, districts, blocks and FLWs reached/trained/equipped with services/supplies for further dissemination/distribution. UNICEF state officials informed that photographs of staff/FLWs distributing supplies, training sessions, functional hand washing stations etc. served as proof of the support being provided. UNICEF also leveraged the available data (WASH data, COVID-19 cases, population density, demographics) to undertake assessment, planning and implementation of plans; such that the most vulnerable sections and pockets are identified, and relevant support is provided. No additional measures, outside of its functional channels, were undertaken by UNICEF to reach the hard-to-reach population.

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services

State and district level officials mentioned that the UNICEF's support was relevant in meeting the needs of children and families at the ground level as it focused on strengthening continued access to essential health and nutrition services through.

⁵³ Sub-categories of vulnerable children and families (migrants, economically disadvantaged, people living in hard-to-reach pockets) varied from pillar to pillar, depending upon the groups focused by UNICEF section teams. These largely included: children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, out-of-school children, and victims of gender-based violence (GBV)

⁵⁴ See (West Bengal Health State Booklet, pp. 09)

- advocacy (developing guidance notes for re-establishment of essential services, SAM management, advocating for leveraging alternative channels to support continuity of services, etc.),
- assessments (outreach camps, immunization sessions held, labor rooms, etc.),
- training and capacity building of FLWS,
- technical assistance towards developing of guidelines and SoPs (standard operating procedures for the health care providers, CAB guidelines for the healthcare providers, infant and young child feeding, SAM community management, etc.),
- mobilizing and leveraging partnerships to mobilize resources (for example, UNICEF (Nutrition) in Bihar mobilized development partners to identify and undertake combined advocacy for priority activities), and
- system strengthening (such as supply and procurement of cold-chain storage, quality of care, etc.).

Essential Health and Nutrition services were compromised during the initial months of the pandemic in 2020 since the institutional mechanisms of delivering services (such as schools and Anganwadis) were greatly impacted and were not available except for the Nutritional Rehabilitation Centers which subsequently were converted to COVID-19 isolation centers.

Community-level outreach services were temporarily stopped during the first lockdown and facility-based services were also compromised to a large extent. Both supply and demand were affected, with service providers fearful of facing patients while also being engaged in COVID-19 duties. Community members were also afraid to visit health facilities. Many were unable to access services due to the unavailability of transport. The cessation of services during the lockdown affected immunization, institutional deliveries, and coverage of other essential services, with serious repercussions on maternal and child health. UNICEF was quick to recalibrate and advocated for the re-establishment of essential health and nutrition services following the lockdown at state and national levels⁵⁵. For instance, national technical guidelines on immunization and RMNCAH+N including HIV/AIDS testing, tracking and management were drafted by MoHFW with contributions from partners including UNICEF, leading to the partial resumption of services. Following this, GoI announced the initiation of early identification and treatment of children with acute malnutrition (SAM and MAM) as a priority action⁵⁶. UNICEF also supported the care of sick newborns – for instance, when children were not going to Malnutrition Treatment Centers (MTCs), UNICEF officials regularly went to the field to motivate AWWs or Sahiyas to bring them to MTCs⁵⁷. A state-level government official in Jharkhand explained that UNICEF developed and implemented community-based management of severe acute malnutrition, by introducing a home management system which was self-sustainable and acceptable to the community such that children with severe acute malnutrition could be treated at home. UNICEF also supported the restoration of Vitamin A supplementation round in 11 states (including the 5 evaluation states).

This question was not been evaluated for Pillar 5. Before commencing pillar 5 evaluation, which had a very wide scope of evaluating 3 sub-sections under a single pillar, the section teams were requested to prioritize the KEQs which would help them gain insights about the response so far, and learn about course corrections, if any. This KEQ was 'not prioritized/deprioritized' by the section teams of this pillar and therefore, was not evaluated for Pillar 5. (Refer to section 2.2 and Annexure 1)

KEQ 4: Is UNICEF's COVID-19 response programming informed by evidence and guided by a clear ToC?

UNICEF's COVID-19 response plan and activities were not developed using any explicit ToC. UNICEF's Covid-19

⁵⁵ See (West Bengal Health State Booklet, pp. 09)

⁵⁶ UNICEF National Booklet, pp. 26.

⁵⁷ See Activity Mapping (Annexure 5)

response mainly relied on the experience of managing H1N1 and SBCC strategy. The UNICEF response also lacked a results framework.

Pillar 1: Risk communication and community engagement (RCCE)

)))UNICEF's COVID-19 response plan and activities were not developed using any explicit ToC. The response was developed at the onset of the pandemic and there was not much sufficient time to develop ToC. It mainly relied on the experience of managing H1N1 and SBCC strategy. The UNICEF response also lacked a results framework as a result of which comparative inferences and achievements could not be assessed against any set milestones.

This question was not been evaluated for Pillars 2, 3 and 5. This was because the learning of Pillar 1 established that there was no ToC in place for the response plan Therefore, to avoid generating similar findings for each subsequent pillar, it was mutually decided with the UNICEF R&E team to not evaluate this KEQ for all the subsequent pillars. (Refer to section 2.2 and Annexure 1)

KEQ 5: To what extent is UNICEF India's response adhering to global guidance on L3 emergencies?

UNICEF's COVID-19 response plan was aligned with the global guidance on Level-3 emergencies. However, it was formulated before UNICEF declared COVID-19 as an L3 emergency.

Pillar 1: Risk communication and community engagement (RCCE)

UNICEF's COVID-19 response plan was aligned with the global guidance on Level-3 emergencies. However, it was formulated before UNICEF declared COVID-19 as an L3 emergency.

This question was not been evaluated for Pillars 2, 3 and 5. It was felt that the learnings of Pillar 1 would be replicated in evaluations of subsequent pillars and would generate the same results rather than generating real-time learning. Therefore, it was mutually decided with the UNICEF R&E team to not evaluate this KEQ for all the subsequent pillars. (Refer to section 2.2 and Annexure 1)

3.2 Coverage

KEQ 1: To what extent are the key stakeholders and community members of the different approaches covered under the six pillars being reached?

The coverage of supplies was targeted and largely reached the focus or intervention areas. Some of the supplies as in West Bengal were diverted in case of emergency situations. However, the evaluation could not ascertain how effectively the supplies were utilized.

Pillar 2: Provision of critical medical and water, sanitation, and hygiene (WASH) supplies and services and improving Infection, Prevention, and Control (IPC)

UNICEF's activities under the IPC pillar targeted and largely reached focus/intervention areas and were accessible to many of the population as has been reported by the state district officials. While overall the responses were universal, some supplies/services were diverted to priority areas/sections in case of emergency. For example, **all states** reported that while services and supplies were provided to all, migrants were especially focused on during the migrant crisis⁵⁸. UNICEF trained ASHAs on using online systems to track migrants and visit migrant households to counsel them on home quarantine and IPC protocols.

Similarly, KII inputs informed that during floods in **West Bengal** additional services and supplies were directed

⁵⁸ Gap Analysis

to flooded areas to curb the infection spread like support to the state government to set up portable toilets. However, the evaluation did not find any findings/information indicating whether these toilets were accessible to vulnerable children and children with disabilities. Moreover, children were not identified as 'vulnerable groups' by the stakeholders. This is because "*since the beginning focus was more on the elderly as they were more susceptible to COVID-19. And later, the focus was more on adults and saving lives in general. In this, children were not left out but also not explicitly covered*" as reported by the state-level government official.

This question was not evaluated for Pillars 1, 3 and 5, in mutual consultation and agreement with UNICEF India. This question was deprioritized for the other pillars since the pandemic and the response plan affected and respectively largely covered the whole population and not just a few groups. Moreover, UNICEF provides technical support to the government in implementing the response activities. Assessing the overall reach and access was being covered in the next KEQ. Therefore, the evaluation of this KEQ from other pillars was dropped. (Refer to section 2.2 and Annexure 1)

KEQ 2: Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children?

UNICEF's COVID-19 response reached and was accessible to the majority sections of the target population, but not all as reported by the stakeholders especially in rural and remote areas. For instance, UNICEF officials in **UP and Bihar** reported that only 25% of children had access to continued learning and large section couldn't access due to the unavailability of smartphones, network issues, and limited learning. However, the exact percentage couldn't be validated though many reports and studies on pandemic reported that a large section of the children couldn't have continued learning due to digital challenges.

UNICEF leveraged – direct (rapid assessments) or indirect (images of people receiving supplies/services, data regarding reach from partner organizations at the local level) methods to understand the reach and accessibility. For example, UNICEF officials in **Maharashtra and UP** informed that telephone surveys – RapidPro – were extensively used to understand the needs of the people and to assess the coverage and whether UNICEF's response is reaching the target population. The government, as well as UNICEF officials in all states, informed that WhatsApp was used exhaustively to share updates, information, guidelines, and feedback as well as to coordinate and communicate various activities with the ground staff working at facility and community levels.

But there was no formal or separate tracking (beneficiary level) mechanism to track whether the supplies and services are reaching the target population and if it is reaching, then what is the actual coverage of community members being reached? For instance, a national-level official from UNICEF explained "*There is no mechanism for us to trace whether the beneficiary has received the service/supply or not. If a UNICEF official from X state has reported that supplies were distributed, then we have to go with that claim. So, it is only the word of mouth or what the state offices are reporting to us.*"

No new vulnerable groups were identified in the second or third COVID-19 wave in the 5 intervention states. No major challenges were explicitly highlighted by the stakeholder in reaching the vulnerable groups.

Pillar 1: Risk communication and community engagement (RCCE)

A combination of communication platforms such as digital media, interpersonal communication, and local group meetings (Gram Sabha meetings, Mahila Mandal, Yuva Kendra meetings, etc.) was utilized to strategize and disseminate COVID-19-related messaging and material⁵⁹. This was evident from the review of documents

⁵⁹ Activity Mapping (Annexure 5)

and corroborated during KIIs with government, partners, and civil society organizations. For wide coverage and reach, UNICEF used both financial and non-financial partnerships to support and implement activities in the priority districts/urban slums and utilized different existing platforms and networks to address the COVID-19 communication need and priorities⁶⁰. UNICEF was able to piggyback on their partners; local intervention areas through the volunteers/staff of NGO/CSO directly working towards providing COVID relief to the target population. For instance, UNICEF with PHIA-oriented ‘saathis’ in Bihar on the communication content and how to deliver messages to the people⁶¹. Select NGOs in **Maharashtra** working towards the village transformation mission have come together with UNICEF to provide masks and create awareness among people through their local network of volunteers and other community members⁶².

According to the state government officials, UNICEF’s COVID-19 response largely reached every section and community in the state and was accessible to all. However, children were not explicitly discussed while focusing on ‘vulnerable populations’. One of the state-level respondents informed that from the beginning there was a lot of information about the elderly being at the risk, and therefore attention on children especially the disabled, out of school, orphaned, etc. was not much in the beginning and came in much later. The district officials (of all states) informed that initially, messaging and communication were focused more on the urban areas and quarantine centers. However, later villages and rural areas were also included in the communication planning and rollout. Sudden and strict lockdown in the initial months was a key barrier to reaching out to communities.

The KII inputs and news reports informed that during the initial lockdown phase, the major mode of communication or messaging was through digital and mass media, which had its own limitations in reaching all sections of society especially the poor and marginalized. Initially, the cases and impact of COVID-19 were more in urban areas and so the focus and attention of the response was urban-centric and not much on rural areas. Hence it took some time to develop appropriate strategies and partnerships for rural areas. Moreover, in the initial period, the less educated/illiterate population who often fall under the vulnerable category were difficult to reach and covered. However, later with the help of visual and audio clips/messages, they were also covered. Given the existing network and proximity to the community, ASHA workers, SHGs, AWWs and ANMS remained a major source of communication and mobilization. Moreover, Wada Sakhis in UP, Jeevikas in Bihar, SBCC and VRPs in West Bengal, ASHA workers and NSS in Jharkhand are particularly active in reaching the target vulnerable population.

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

UNICEF leveraged the local networks and field channels (paramedics and doctors, SHGs, FLWs, teachers, Municipal Staff, Wada Sakhis, Jeevikas, NSS, VRPs, janitors, scavengers, field/regional staff of various private organizations/partners, etc.) of the government and partner organization to facilitate the distribution of essential services and critical supplies to ensure the reach and accessibility of its support. This has been mentioned in the UNICEF’s activity and state reports and confirmed by the state and district officials. The evaluation found that the demand/requisition for services and supplies originated from the state/district governments and was communicated to the UNICEF state officials during monthly/bi-monthly meetings or in form of a formal demand letter. Once received, UNICEF (along with government, and partners) mapped the geographical area/target population and approached local partner/CSO from whom resources could be mobilized. Once the partner agreed to provide the required sources, quality checks were undertaken. After receiving approval from UNICEF, the partner/CSO provided the supplies/services to the district government

⁶⁰ C4D Orientation call

⁶¹ Gap Analysis

⁶² Ibid.

who further undertook the distribution of those resources to the target population. For example, an official from Habitat for Humanity India informed that the organization supported UNICEF by conducting/contributing to the capacity-building sessions given to the government officials, sanitation workers and community workers focusing on WASH (how to follow guidelines and protocols given for sanitation and hygiene, how to keep public toilets clean and operational, etc.).

There was no formal or separate tracking (beneficiary level) mechanism to assess whether the supplies and services are reaching the target population and the actual coverage of community members being reached. UNICEF state-level officials from **UP** claimed that UNICEF's organic reach in the state was more than 1 million. This was reported by the government district-level offices directly to the UNICEF state office in UP. But there was no formal mechanism for UNICEF to trace/track whether supplies and services have been received by the end consumer/beneficiary. A national-level official from UNICEF explained "*There is no mechanism for us to trace whether the beneficiary has received the service/supply or not. If a UNICEF official from X state has reported that supplies were distributed, then we have to go with that claim. So, it is only through the word of mouth or what the state offices are reporting to us.*"

Some UNICEF state-level officials informed that they often receive images of 'distribution-sites' or target populations receiving the supplies which for them serves as evidence in the absence of an institutionalized mechanism to do the same. UNICEF's Monthly Situational Reports (2020- 2021) mentions the conduct of telephone surveys – RapidPro – which were also corroborated during the interviews with UNICEF officials in Maharashtra and UP, were extensively used to understand the needs of the people and to assess the coverage and whether UNICEF's response is reaching the target population. Following the feedback received from the migrants on the RapidPro platform (2020), supported by UNICEF, the Director of the Panchayati Raj Department has written letters to the concerned departments to ensure better services to migrants as per state directive⁶³. Government as well as UNICEF officials in all states informed that WhatsApp was used exhaustively to share updates, information, guidelines, and feedback as well as to coordinate and communicate various activities with the ground staff working at the facility and community level. Interestingly, no challenges w.r.t. the receipt of support provided by UNICEF were reported by stakeholders across all **5 states**. Moreover, the respondents did not report any section/community who was left out of the UNICEF response.

Pillar 3: Provision of adequate health care for women, children, and vulnerable communities, including case management, provision of essential routine health and nutrition services

Discussions with key stakeholders reflect that UNICEF provided support at the state level towards the continuity of essential services to reach the most marginalized and vulnerable groups, including migrants, Maha Dalits, tribal population, people living in hard-to-reach pockets, urban slums, and adolescent girls across the **5 evaluation states**. For example, in **UP**, migrants were considered/identified as the most marginalized by a majority of respondents from the state (including UNICEF officials). Migrant children and pregnant women were referred to appropriate immunization and institutions for deliveries, respectively, with support from UNICEF. Associated with these efforts, was UNICEF's support for building the capacity of staff through virtual platforms. Around 158,000 ASHA workers were trained through the blended methodology of WhatsApp videos and tele-calling in Uttar Pradesh⁶⁴.

No new vulnerable groups were identified in the second or third COVID-19 wave in the 5 intervention states. No major challenges were explicitly highlighted by the stakeholder in reaching the vulnerable groups.

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV)

⁶³ Refer Activity Mapping (Annexure 5)

⁶⁴ See National Booklet, pp 23)

services

Education: The rapid assessment (UNICEF 2020), as well as government officials at the national level, informed that UNICEF's support towards COVID-19 response was reachable and accessible to 60-70% of children in India through various means (WhatsApp, TV, Radio, learning apps, AWW/teacher network). However, UNICEF officials in **UP and Bihar** reported that only 25% of children had access to continued learning. UNICEF officials at the national level informed that "*there are no means in place to understand how many children say for example have accessed learning content on TV or radio, how many children were able to have continued access to digital content, etc. Only a little information/insight that we have about this is through the rapid assessments. But we do not know how to improve access.*" Post-lockdown, access was further restricted because the mobile phone was a shared commodity in many households. As parents resumed work, the availability of mobile phones had reduced.

The discussions with stakeholders reflected that no explicit measures were undertaken by UNICEF to increase the coverage during the second wave since the challenges (unavailability of smartphones, network issues, limited learning) largely remained the same. For example, a UNICEF national level official informed that "*in terms of school closures and the number of potential children needing learning assistance- it's very similar numbers. In terms of how children are being affected from an educational point of view – the situation has largely remained similar.*" Interestingly, UNICEF collected age and sex-disaggregated data (age and sex indicators were captured as part of basic details while collecting data collection for rapid assessments) as part of a larger sample, but this segregated data rendered not much use since the focus was on all children, irrespective of their gender, during the pandemic. The evaluation did not find any targeted approach being adopted by UNICEF for different groups of children (orphaned, out of school, etc.).

Child Protection: According to the majority of the stakeholders interviewed, UNICEF's response reached most of the vulnerable populations. However, UNICEF CP does not have a direct mechanism to reach vulnerable children or track them⁶⁵. A UNICEF official from **Jharkhand** explained that "*UNICEF is not a direct implementer. Hence, we do not have an understanding of the direct reach as such. UNICEF's role is to understand the existing government programs and identify the means/methods to link children to them. We take the help of our CSO partners with the paperwork - generating a database of children who have been linked to one or the other schemes. So that is how we come to know how many children are being reached. Our main job is awareness generation, identification and linking those in need to the available and appropriate government schemes through on-ground partners.*"

UNICEF provided support to CCI to provide services to vulnerable children⁶⁶. A UNICEF official from **UP** explained that they had provided extensive support to CCI functionaries about how to provide medical supplies, how to prevent the spread of the virus in institutions if a child has tested positive then how to act, how to seek medical help and mitigate the risk. As a result, zero deaths were reported due to COVID-19 in CCIs. Thus, reflecting UNICEF's support's reach. UNICEF CP collected age and sex-disaggregated data (through partners, and CSOs) to understand the reach and undertake steps to improve the coverage. For example, a UNICEF official from **Jharkhand** explained that "*This data is utilized to understand how many children are being reached or out of these how many are girls and boys. Say, for example, if within a scheme which is for both genders, we see that a greater number of boys are being linked than girls, then that automatically is an indicator for us that more work needs to be done with respect to that. So as a corrective measure, we tweaked the guidelines where we added a clause stating that a maximum of three children are to be linked and precedence will be given to the girl child.*"

⁶⁵ Gap Analysis

⁶⁶ Activity Mapping

Social Protection: Through its advocacy, UNICEF supported government to increase the reach and coverage of the COVID-19 response to vulnerable populations. Even though the response was reachable to a larger population, it was not accessible to all. For example, in Jharkhand a government state official (**Jharkhand**) informed that *there was an increasing number of community members being affiliated with the schemes. For example, despite schools being closed, the benefits (cash transfers and Mid-Day Meal) are still being provided to the children – as a result of UNICEF's advocacy.*" However, in the same state, a UNICEF official informed that approximately 30-40% of the vulnerable population has not been able to receive cash benefits from SP schemes due to the absence of a bank account. UNICEF has not been able to successfully advocate to ensure that banks open a bank account in the absence of official documents. *Similarly in Jharkhand rapid assessments indicated that all male-headed households were receiving benefits, but 27% of women-headed households were not receiving the benefits.*

UNICEF officials both at the state and national levels informed that *in absence of a formal mechanism to track it was not possible for them to understand whether the support was accessible and reached potential community members.* One of the UNICEF officials mentioned, "*unless we do monitoring of outcome budget and tracking, we will not come to know what the impact of this coverage has been or whether it is reaching the women and children or if it is not reaching then what are the reasons.*" UNICEF was dependent on rapid assessment and CSOs and implementing partners as another source to understand the reach and coverage. For instance, a UNICEF official in **Maharashtra** explained that Jeevan Rath provides a good platform to understand the ground reality and challenges faced by people in receiving/availing of SP benefits.

KEQ 3: Is UNICEF's COVID-19 response likely to reach/are materials accessible to girls and boys equally?

Pillars 1, 2, 3 and 5

Information related to sex and age-segregated data was collected for some pillars, which have been subsumed under the previous KEQ. This KEQ was not explicitly covered as part of the evaluation. This was agreed upon in mutual consultation with UNICEF during the pillar-specific evaluations.

3.3 Efficiency

KEQ 1: To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priorities?

The evaluation found that there was a need for increased resources (**human and financial**) (pillars 1, 2 and 3) and that the available resources for reaching the target population with various services and supplies were not adequate (pillars 1 and 2). For instance, the national level staff of UNICEF informed that the budget allocation received by the communication departments (C4D and CAP) for undertaking RCCE activities was limited, restricting them to undertake financial/paid partnerships for wider reach.

However, challenges in terms of restricted resources were mostly mitigated as the situation progressed and UNICEF was better prepared/equipped with the passage of time and real-time learning. UNICEF health officials at the national level highlighted in the initial months (March 2020) there was a lot of confusion within the UN family – UNICEF, WHO, and UNDP global – on who does what, and what is the mechanism. The demand from the government came to all agencies because the government was not aware, for example, that all the ventilators were being procured by WHO, and concentrators by UNICEF, which caused confusion and affected the overall efficiency of delivering the response. This ultimately resulted in the formation of a global portal about the procurement UNICEF was doing. Later, the guidelines also helped in defining the roles and responsibilities of agencies and sections within these agencies.

Pillar 1: Risk communication and community engagement (RCCE)

Activities related to RCCE were implemented extensively across **all states**. The nature and spread of the

pandemic created pressure for a quick turnaround time to fulfil the demand and expectations of the government⁶⁷. However, many of the discussants expressed that the human and financial resources were not adequate to meet the priorities and objectives of RCCE and need to strengthen. The national level staff of UNICEF informed that the budget allocation received by the communication departments (C4D and CAP) for undertaking RCCE activities was limited, restricting them to undertake financial/paid partnerships for wider reach. As a result, they largely had to rely on pro-bono partnerships. Furthermore, the UNICEF staff informed us that the team strength (internal, at the time) was low, and the staff were overworked. The funding mechanism for communication was highlighted as an issue. Funding related to communication activities was attached to each sector and not as a separate pot. Hence, there was no separate budget for the utilization of communication activities.

The design did not include any mechanism for RCCE to ensure the distribution of resources for communication outreach. However, at the state level attempts were made to cover and include hard-to-reach as well as vulnerable populations during the rollout. Further, it was reported that financial resources were not adequate to conduct proper micing/loudspeaker announcements at the village level, awareness campaigns, gram sabha meetings, Mahila Mandal meetings, printing handbills for villages, etc. specially to reach out to the vulnerable and the population living in remote areas.

Pillar 2: Provision of critical medical and water, sanitation, and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

The evaluation found that more resources could have been provided/mobilized by UNICEF to improve the efficiency of the response. One of the national level officials opined that “we were doing more with less. Even though the resources were not ours, it was the first time such a huge amount of investments and resources were pulled together to respond to such a crisis.” However, one of the officials from UNICEF WASH at the national level informed that initially, because WASH was not prioritized (by the Ministry of Jal Shakti) at the onset of the pandemic, it could not advocate for and mobilize resources to its full capacity – “Since this is a Health-led response and a health emergency, there was a very strong focus on health. Also, in terms of donor prioritization, most of the funding is going to Health and not necessarily to WASH, which is a challenge because there is also a requirement for proper access to water supply for drinking and hand washing, soaps, sanitation facilities, sewage treatments.” The respondents (government officials at the state level, UNICEF state consultants) explained that it was through UNICEF’s support (like its technical expertise, risk knowledge and quick turnaround time for developing in-house training material, data collection and analyzing gaps and needs) that they were able to support the government and guide the staff at facility and community level. “U'ICEF's support & contribution is very efficient and effective in handling this situation.” – State-level government official.

UNICEF health officials at the national level highlighted in the initial months (March 2020) there was a lot of confusion within the UN family – UNICEF, WHO, and UNDP global – on who does what, and what is the mechanism. The demand from the government came to all agencies because the government was not aware, for example, that all the ventilators were being procured by WHO, and concentrators by UNICEF, which caused confusion and affected the overall efficiency of delivering the response. This ultimately resulted in the formation of a global portal about the procurement UNICEF was doing. Later, the guidelines also helped in defining the roles and responsibilities of agencies and sections within these agencies.

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services

According to the respondents (State level government officials, UNICEF officials at the state level and CSO

⁶⁷ Guidance Note

partners), the human and financial resources allocated and facilitated by UNICEF were optimal and equitable in achieving its objectives and priority areas. The secondary data findings also highlight that UNICEF provided technical assistance at the state, regional and district levels. For instance, in **Bihar**, UNICEF technically supported the State Health Society Bihar (SHSB) along with partners in the containment of COVID-19 in the state. A total of three senior health consultants were deployed in the State Health Society - Emergency Cell for day-to-day response and management. Additionally, one senior consultant was positioned in the Patna Regional - Response Cell in the office of Divisional Commissioner Patna for technical support in the containment of COVID-19 in urban slums⁶⁸. However, there were respondents (State level government officials, UNICEF officials and CSO partners) in **Maharashtra, Jharkhand UP and West Bengal** who strongly highlighted the need for an increased human resource allocation to ensure that optimal technical assistance is not only being provided in the aspirational districts but rather can be scaled up to cover all districts.

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

This question was not evaluated for Pillar 5, in mutual consultation and agreement with UNICEF India. (Refer to section 2.2 and Annexure 1)

KEQ 2: To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent, and quality way?

Evaluation of some pillars (pillars 1, 3 and 5) highlighted that the response was largely timely, coordinated, and coherent and was delivered in a quality way, while the evaluation of other pillars (pillar 2) highlighted that the efficiency could have been better. For instance, in the RCCE pillar (Pillar 1), in the beginning, the focus was primarily on CAB (hand hygiene and mask usage). But with the evolving crisis, a need for promoting sensitive messaging (related to stigma and discrimination, providing psychosocial support) was identified and included in the response plan. The discussions with stakeholders highlighted that there was no delay in the implementation of RCCE activities. It typically took a week for the COVID-19-related messaging and activities to percolate down to the targeted population. However, the evaluation of Pillar 2 (IPC), brought forth that UNICEF India's response could have been executed faster. A major reason which had caused delays in the supply of essential materials was UNICEF's extensive internal processes (like processing of requests from the government, onboarding a new partner, etc.) which were extremely time-consuming as a result the supplies and services got delayed. For example, UNICEF **West Bengal** could not adequately provide soaps and sanitizers to some vulnerable sections in the state during cyclone Amphan because in order to redirect additional resources, internal approvals were required which took approximately 2 months. By the time the emergency period got over.

Many respondents of this evaluation also opined that UNICEF's efficiency improved during the second and consequently the third COVID-19 wave, as UNICEF was well informed of the challenges and limitations of the pandemic and was better prepared with the passage of time. For instance, (*during the evaluation of pillar 5 – Social Protection*) a government official at the state level (**Maharashtra**) opined that “as soon as the indication of the second wave kicked in, UNICEF pro-actively got in touch with the government and informed them about some of the issues which according to UNICEF needed special attention - especially those relating to women and children (such as issues of nutrition and health).”

Pillar 1: Risk communication and community engagement (RCCE)

UNICEF's overall COVID-19 response was executed in a timely manner and evolved with the changing scenario. For instance, in the beginning, the focus was primarily on CAB (hand hygiene and mask usage). However, with

⁶⁸ Bihar State Booklet, pp. 02

the evolving crisis, a need for promoting sensitive messaging (related to stigma and discrimination and providing psychosocial support) was identified and included in the response plan. Most of the stakeholders reported that there was no delay in the implementation of RCCE activities. It typically took a week for the COVID-19-related messaging and activities to percolate down to the targeted population. Also, the implementation of the activities happened in a phased manner and in many cases were dependent on the situation and focus of the state. For example, in **Bihar**, communication activities started a bit late since initially, the state's focus was not much on communication.

Though the communication roll-out was timely but in absence of a monitoring system, it was difficult to track the progress, of both the outcome (and at a disaggregated level (gender, vulnerable population, etc.) it was difficult to evaluate the effectiveness of the communication. There was no uniform monitoring mechanism across states to track actual coverage and reach of COVID-related messaging/activities. The reported numbers were not actual headcounts, rather, they were the estimated number based on different activities carried out across the states including viewership/likes/comments on posts on different digital media platforms. While UNICEF's staff provided regular updates on activities and progress through monthly and fortnightly situational reports, there was no formal/official feedback mechanism in place to ensure that relevant feedback from the community and FLWs is taken into consideration for decision-making and designing activities.

Pillar 2: Provision of critical medical and water, sanitation, and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

Discussion with stakeholders reflects that UNICEF India's response could have been executed faster. A major reason for delays in the supply of essential materials to both healthcare facilities as well as the community was UNICEF's extensive internal processes which were extremely time-consuming. For example, **UNICEF West Bengal** could not adequately provide soaps and sanitizers to some vulnerable sections in the state during cyclone Amphan because in order to redirect additional resources, internal approvals were required which took approximately 2 months and by that time emergency period got over. Additionally, at the national level, UNICEF health could not provide PPE kits to the government due to national and global scarcity (and the absence of local manufacturers). Moreover, there were quality issues and hence UNICEF could not approve the supply. However, this problem was resolved once the market in India picked up and local manufacturers were able to meet UNICEF's requirements. An official from the UNICEF donor agency informed about similar delays due to extensive auditing of soaps – “*UNICEF should be mindful of the situation we all are working in. Such extensive auditing for soaps (had it been vaccine or any pharma product then that would have been a different case), whether the color was blue instead of green, for example, caused an unnecessary delay in the supply.*” The synergies and interlinkages were well developed to optimize the COVID-19 response. UNICEF, across all **5 states**, streamlined the response by interlinking its partnerships with the government and service providers depending upon the need/request UNICEF received from the government.

Pillar 3: Provision of adequate health care for women, children, and vulnerable communities, including case management, provision of essential routine health and nutrition services

According to the stakeholders, UNICEF's response to support the continuity of essential health and nutrition services has been timely, coordinated, and coherent. For instance, a UNICEF official in **Bihar** opined that UNICEF's support has been 'very timely' because “*UNICEF recognized this kind of situation much ahead than the government because UNICEF is an international organization, so it also helped us to go to the government advocating with the limited available evidence that was first accessible to us.*”

A CSO partner in **Jharkhand** informed that UNICEF was quick to introduce guidelines for the continuation of IFA supplementation for women and adolescent girls in the state. “*UNICEF prepared guidelines within a week and get it approved in the next week, so within 10 days all SOPs, guidelines and directives were issued, so it*

was in a very timely manner." The respondents also informed that UNICEF's response to support the continuity of essential health and nutrition services was more efficient and timelier in the second and the third COVID-19 waves as compared with the first. This was because UNICEF, as well as the government and CSOs, were better prepared (how to leverage partnerships, how to leverage dissemination channels for delivering essential supplies and services during restricted movement, etc.) in the second and third COVID-19 waves.

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education: The majority of stakeholders at the national and state level (across all **5 states**) informed that the response largely reached those who had access to continued learning, in a timely and coordinated manner. For example, a block-level official in **West Bengal** opined that the UNICEF response was timely and coordinated because they received the translated material (into Bengali and Alchiki) every fortnight. A UNICEF national level official explained that UNICEF's support was largely conditional on government agreement and processes, which sometimes delay the response activities – *"For example, learning material for children and training module is prepared and ready from UNICEF's end but the senior government official hasn't given the approval yet, so we cannot proceed. There is going to be a delay."* UNICEF leveraged existing partnerships with government and CSO partners to ensure the timely delivery of the response.

Child Protection: According to the majority of stakeholders (government, CSOs and UNICEF) across **all 5 states**, UNICEF largely managed and delivered its support in a timely and coordinated manner. UNICEF prepared and launched the training model within 2 weeks of the lockdown and advocated for and prepared the guidelines for CCIs to prevent the spread of the virus. UNICEF provided timely support to the government through the capacity building of stakeholders involved in providing support and information about what to do and how to do – it to the support personnel. For example, CCI functionaries (across all **5 states**) were trained about how to identify early symptoms amongst children, what steps to take if a child tested positive and how to quarantine children within the CCI. UNICEF officials (**Bihar and UP**) however, highlighted that the response could have been more efficient and timelier towards addressing the migrant crisis – with more resources and proper 'scenario planning'. UNICEF official in **Jharkhand** informed that an increased number of cases (government and UNICEF stakeholders getting infected, family members getting infected, partner volunteers working on the ground being infected, etc.) also delayed some activities (getting approvals from government counterparts, volunteers not being able to reach children to connect them to a CCI, etc.) in the state.

Social Protection: Many government officials at the national and state level (**across all 5 states**) informed that UNICEF's contribution has been timely and 'proactive' in respect of identifying resources to provide social protection to vulnerable populations and capacitating the support staff at the grassroots level. Subsequently, they also highlighted that policy and planning level changes were time-consuming due to lengthy government procedures and therefore cause some delay in the delivery of support. *"UNICEF's consultation is on time, but its reach was slightly delayed due to governmental processes. So maybe implementation and roll-out can be further investigated."* – Government State-level Official in **Bihar**

Government officials at the national level as well as UNICEF officials (national and state level) believed that UNICEF's response was timelier and more efficient during the second wave as compared to the first wave. For instance, a government official at the state level (**Maharashtra**) opined that *"as soon as the indication of the second wave kicked in, UNICEF pro-actively got in touch with the government and informed them about some of the issues which according to UNICEF needed special attention - especially those relating to women and children (such as issues of nutrition and health)."*

UNICEF had largely leveraged government partnerships (and to some extent CSO partnerships) to ensure the timely delivery of the response. For instance, UNICEF **Maharashtra** partnered with Sigma Foundation to

generate evidence from rapid assessments which contributed to timely response planning.

KEQ 3: To what extent is UNICEF adapting its activities to become more efficient based on learning and a changing COVID-19 context?

The evaluation highlighted that UNICEF did adapt its response (activities and support services) based on the changing needs and situation. Shifting to the virtual mode of communication, training, and knowledge dissemination, producing visual and audio content for awareness generation, education etc., facilitating online meetings to plan and support the response, and facilitating WASH supplies based on the needs of the states – are a few adaptations to mention. Moreover, knowledge management and sharing were also given importance to promote real-time learning and adaptation of the response, for example, UNICEF used the ECM platform to share content developed for COVID-19 activities. All case studies and reports were available on the ECM website for UNICEF staff. Rapid Assessments also served as a source of knowledge and evidence for learnings in the absence of a proper mechanism.

Pillar 1: Risk communication and community engagement (RCCE)

The evaluation found that based on the evolving needs during the pandemic, communication and messaging content, mode, and technique were modified over the period. During the lockdown phase, all training for FLWs and SHGs were done virtually. UNICEF created WhatsApp groups for sharing messages and feedback. This feedback was taken into consideration while developing the next batch of communication/IEC material. This enabled UNICEF to introduce context-appropriate messages in the public domain. However, an increased focus on behavioral change was required to ensure the effectiveness of CAB and that people follow protocols⁶⁹. The qualitative discussions with UNICEF and government officials highlighted that to promote adaptation in the response, knowledge management and sharing mechanisms were also given importance. For this purpose, UNICEF used the ECM platform to share content developed for COVID-19 activities. All case studies and reports were available on the ECM website for the UNICEF staff. The Crisis Management unit was established to address the challenges and develop actionable solutions⁷⁰.

Pillar 2: Provision of critical medical and water, sanitation, and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

The evaluation of this pillar informed that there was no well-established knowledge management and knowledge sharing mechanism within UNICEF to contribute to learning and adaptation of the response. When probed, UNICEF officials at the national and state levels stated that rapid assessments served as a source of knowledge sharing helping them to analyze and assess the response/support so far and understand the needs of the target population. A UNICEF national official informed that UNICEF state officials from the WASH section had independently conducted studies to understand the response in their individual states and accordingly assess the kind of adaptations needed. UNICEF along with WaterAid as part of its partnership conducted a study to understand how COVID-19 had impacted WASH services in the country, how and what support was provided, and how useful and relevant it was. This helped UNICEF advocate with the government about some of the mainstream issues like WASH hygiene and hand hygiene and how these can be improved in India.

There was no mechanism in place for UNICEF to learn from the good practices of service providers at the national level. UNICEF state officials also did not know/did not inform about any such method of adopting and incorporating good practices of service providers/partners.

Pillar 3: Provision of adequate health care for women, children, and vulnerable communities, including case management, and provision of essential routine health and nutrition services; and Pillar 5: Access to continuous

⁶⁹ Gap Analysis

⁷⁰ UNICEF Response Plan

education, social protection, child protection, and gender-based violence (GBV) services

This question was not evaluated for Pillars 3 and 5, in mutual consultation and agreement with UNICEF India. (Refer to section 2.2 and Annexure 1)

However, the KII inputs informed that UNICEF's response to support the continuity of essential health and nutrition services was more efficient and timelier in the second and the third COVID-19 waves as compared with the first. This was because UNICEF, as well as the government and CSOs, were better prepared (how to leverage partnerships, how to leverage dissemination channels for delivering essential supplies and services during restricted movement, etc.) in the second and third COVID-19 waves.

KEQ 4: Are there any inefficiencies associated with the implementation of the crisis response (e.g., low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)?

The evaluation identified certain gaps and inefficiencies associated with the implementation of the crisis response. These were pillar-specific and have been discussed below. These mostly dealt with the lack of coordination, difficulty in accessing remote geographies, challenges in transitioning to digital modalities across focus areas, and a lack of scenario analysis. However, sustained efforts were made by UNICEF to address them and respond to an evolving situation in a dynamic fashion. For instance, the evaluation of Pillar 2 brought forth that there was scope for improvement in the procurement and provision of critical supplies. UNICEF WASH officials at the national level opined that UNICEF procedures for working at the L3 level needed to be eased to allow flexibility and autonomy to the country office to amend the support parameters and guidelines to suit the country's context.

It is important to note that the secondary literature available did not highlight gaps and critical aspects. It simply stated activities undertaken by UNICEF. Therefore, the evaluation had to largely rely on KII inputs to understand gaps and inefficiencies.

Pillar 1: Risk communication and community engagement (RCCE)

The evaluation found that there was an absence of a real-time MIS system within UNICEF to track the progress of activities implemented under RCCE. This restricted UNICEF to evaluate the efficiency of overall response (especially qualitative outputs) and the progress of outcome indicators. Disaggregated data on the reach and coverage of vulnerable populations such as women, children, and migrants were not available, as highlighted during qualitative discussions.

The UNICEF officials at the state level informed that given the pro-bono nature of non-financial partnerships, there was comparatively less control pertaining to the intensity, frequency, and accountability of various activities implemented via these partnerships. The pro-bono partnerships did not allow UNICEF to ensure that the external agencies were prioritizing UNICEF messaging in a quality and timely manner. Given the pro-bono nature, the external agencies often prioritized their own motives/tasks, and not aligning with UNICEF's priorities.

Also, certain geographies like Naxal affected/hard-to-reach areas were difficult to cover due to poor coverage of digital media during the lockdown.

KII inputs also revealed that initially, it was difficult for FLWs, and SHGs members to operate through digital learning platforms and understand the modules. However, later they became accustomed to and comfortable to a certain extent with the use of the digital mode of learning. Moreover, due to the lack of personnel and funds to hire new personnel/volunteers, existing FLWs and other stakeholders were overworked. UNICEF state officials (**Jharkhand, Bihar**) were of the opinion that lack of scenario analysis and preparedness, in the beginning, hampered the overall planning and implementation of activities efficiently.

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

The evaluation found that there was a lack of consensus between UNICEF Health and the WASH section about the priority areas on which UNICEF should focus on w.r.t. IPC response. UNICEF's IPC interventions could have been more efficient had there been an improved collaboration between the two sections. UNICEF WASH officials at the national level opined that both section teams (Health and WASH) should work more on streamlining their internal collaboration and convergence as well as convergence with WHO to ensure that the priority areas, as well as critical activities, are mutually identified. This was seconded by a UNICEF official in **Jharkhand**. Moreover, according to UNICEF national officials, UNICEF WASH's inputs were diluted across different pillars and subsequent section teams (like communication, health, education, etc.). As a result, it was unable to lead/take independent decisions (especially related to resource allocation to activities since the response is led by other section teams) for WASH priority areas.

There is scope for improvement in providing critical supplies. According to UNICEF **West Bengal**, UNICEF is not adept to respond to health calamities such as COVID-19. It should incorporate health emergency response in its L3 response measures apart from its existing emergency responses to natural calamities.

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, and provision of essential routine health and nutrition services; and Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

This question was not evaluated for Pillars 3 and 5, in mutual consultation and agreement with UNICEF India. (Refer to section 2.2 and Annexure 1)

3.4 Effectiveness

KEQ 1: What bottlenecks exist to the efficient implementation of the crisis response? What has UNICEF not thought about it delivering its response in each area under the six pillars?

The evaluation highlighted certain bottlenecks during the implementation of the UNICEF response – mostly pertaining to lack of coordination across different departments, difficulties in transitioning to digital modalities, and uncertainty/unfamiliarity with COVID-19 protocol across multiple geographies. For instance, since the COVID-19 response was mostly health-led, convergence between Health and WASH departments lacked in certain areas, which led to a different understanding of IPC. As a result, priority areas varied i.e., critical areas recognized by the WASH team were not given equal importance by the health team. There was no mechanism in place to capture the exact reach of UNICEF's support and interventions and therefore limiting the implementation efficiency. Moreover, according to some officials, in the absence of a structured platform, double counting (of community members and people provided with supplies and services) was being done. The monitoring mechanism also lacked in capturing whether the community members were provided with supplies only once or on a regular/continuous basis.

Major reliance was on digital and mass media for undertaking communication activities and messaging which had its own limitations and grey areas to reach out to all sections of society. Furthermore, network connectivity also posed a hurdle in reaching the target population.

The above discussed are a few bottlenecks to the efficient implementation of the crisis response. More pillar-specific bottlenecks have been discussed below.

It is important to note that the challenges/limitations/bottlenecks have largely been drawn from primary sources of information since the secondary sources (documents received for desk review) only informed about the activities undertaken and UNICEF achievements. The secondary literature lacked limitations, and challenges faced by UNICEF.

Pillar 1: Risk communication and community engagement (RCCE)

- COVID-19, initially, was urban-centric and there was a lack of resources and existing partnerships in urban areas to support and implement communication activities. This resulted in a delay in the implementation of UNICEF's COVID-19 response.
- Major reliance was on digital and mass media for undertaking communication activities and messaging which had its own limitations and grey areas to reach out to all sections of society. Furthermore, network connectivity also posed a hurdle in reaching the target population.
- The restricted movement, due to the lockdown, also delayed the process of reaching out to the remote areas and vulnerable sections of the population. **UP** state officials informed of the delay in budget allocation as a barrier to the efficient implementation of the RCCE activities. This restricted them from adhering to the set timelines/deadlines to meet the target.
- There was an absence of a comprehensive monitoring mechanism to track the progress of various activities and generate real-time learning to modify/alter the activities. The non-availability of adequate resources (internal) to implement communication activities had compromised the anticipated efficiency of UNICEF's COVID-19 response. Overlap of activities (media engagement) and lack of coordination between the C4D and CAP teams resulted in duplication of tasks and non-optimal resource use.

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

- UNICEF faced difficulty in advocating with the Ministry of Jal Shakti, initially. This was primarily because COVID-19 is a health emergency and largely led by the Ministry of Health and UNICEF faced a challenge in advocating and mobilizing support to make the line ministries take the WASH response more seriously.
- Urban-centric support was a new domain for UNICEF in many states. UNICEF officials faced difficulty in establishing rapport with the urban bodies and governance structure in a short span knowing that the engagement may be short-lived. But this was quickly resolved with help of partnerships. For example, World Vision helped UNICEF overcome this barrier in **West Bengal**.
- UNICEF country office did not have much flexibility to alter the global indicators in order to suit the country's context. For instance, the indicators lacked to extensively cover hand hygiene and hand washing behavior which were very critical to capture as part of WASH support provided by UNICEF.
- UNICEF's extensive reporting was communicated as a barrier. One of the national level stakeholders explained "*Our reporting requirements are absolutely waste. Anything we do we have to report on 5-6 dashboards and platforms with 5000 words in each platform. Excessive reporting is happening. One must be realistic about what is possible and what is not possible.*"
- The partner onboarding process was reported to be time-consuming at the time. This resulted in delays in providing support in a timely manner (Refer Efficiency, KEQ 2).
- Donor reporting/ accountability often becomes an area of concern for UNICEF. With fast-changing situations, emergency areas and pockets that require support change quickly. UNICEF facilitates resources from donors against a specific requirement. Given the delay in procuring approval for the supply, the emergency/need area often changes in which case UNICEF has to redirect the acquired resources. This often becomes problematic for UNICEF as it has to explain to the donor why it rerouted the resources from original community members to new ones.
- No mechanisms were set up to check the quality of training. Online training did not allow UNICEF officials to capture participant interest, involvement, and whether the participant was able to understand what

was being imparted.

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services

- Fear among the field staff, especially during the second wave, to deliver service on the ground and undertake household/community visits was a major challenge for coverage. Psychosocial support training was provided to overcome this hurdle, but, according to the respondents, the coverage did not improve during the peak of the COVID-19 wave(s).
- More focus was on COVID-19 vaccinations compared to Routine Immunization “*which lowered the efficiency of UNICEF’s COVID-19 response with respect to Routine Immunization as most of the people were busy with vaccination duties. According to a state official, 5-6% of more coverage could have been achieved if Medical Officers and people were not solely engaged with COVID-19 vaccination duties.*”
- Along with routine immunization, basic nutrition services were hampered in some states as expressed by some of the stakeholders interviewed. A UNICEF official in **West Bengal** expressed concern about nutrition not being prioritized by the government – “*Nutrition does not get the priority which it should, Anganwadi centers are still closed, and children are not getting complementary feeding etc. We have also not been able to monitor our response.*”
- Time-consuming lengthy procedure and due diligence for seeking UNICEF’s approval on various activities during emergencies – “*UNICEF takes a lot of time for giving approval and clearing proposals in such emergencies where a quick action and response should be made.*” – CSO, **Jharkhand and Maharashtra**.
- Lack of human resources with required technical knowledge to support the continuity of essential services in states.

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education:

- A lot of time was spent looking for the right partners for partnerships who matched the required expertise and skill set. Having partners’/consultants’ who could be immediately tapped into could have improved the efficiency of the response. Many partners (including the government) did not extensively focus on the equity-based approach that UNICEF intended. “*Many partners and governments focus on achieving short-term goals. They do not understand that if we aim at long-term planning and goals, the benefit will automatically reflect in short-term goals/outputs. For instance, Dalits and disabled children are often forgotten about while designing a program. Therefore, if we inclusively design the program, it will benefit all.*” – UNICEF Official (**UP**). A government official in **West Bengal** mentioned that “*UNICEF is an international organization, and their decisions and budgets are fixed at a higher level and as per their global planning. They do not set goals taking the grassroots realities of any state or district into consideration.*”
- Low/no literacy levels among parents restricted them from supporting home-based learning for children. In some instances, parental attitude towards children’s education was not very supportive. This hindered continued learning as children were encouraged to engage in labor/earning activities instead of studying.

During the first wave, teachers/AWWs/CSO volunteers were not very scared of going to the field and helping children (AWWs showing video content on their phones, teachers narrating stories using temple mic/speakers, and providing worksheets to children with no digital access, etc.) – thus enabling some local activities for children with no access to digital content. This was discontinued in the second wave due to the high number

of COVID-19 cases.

- TV, Radio and other modes of virtual education only enabled one-sided communication – which was not very beneficial. This also did not allow the teachers, and organizations such as UNICEF to assess whether children were understanding the content or not. There was no means to capture the exact learning loss.
- There was a high teacher burnout during both waves, according to UNICEF officials and the district-level government officials. During the first wave, teachers were not efficient with the technological modes of learning. This however reduced during the second wave as teachers became comfortable with virtual teaching and started making video content as well. Overall pressure (due to health emergencies in the families, and the overall worsening situation in society) resulted in high-stress levels in the second wave resulting in a poor level of teaching and limited learning.
- No internal capacity challenges were reported.

Child Protection:

- The response plan and activities were more adversely affected in the second wave compared to the first wave as more officials and staff or their family members got infected resulting in a shortage of manpower.
- According to UNICEF national-level officials, since the pandemic had been a health emergency there was a lack of recognition of child protection issues as the government had not been allocating adequate resources towards child protection, despite UNICEF's continuous advocacy.
- UNICEF's response could have been more effective if it had dedicated FLWs to work with. UNICEF CP officials informed that they had to depend on the Panchayat system or school management committees or teachers or police personnel as well as personnel identified by partners to function because there was no paid functionary by the government for CP activities.
- Absence of a National MIS system to track children benefiting or requiring support under CP also affected the effectiveness of the response: States like **Bihar** and **Maharashtra** have a state-specific CP MIS system to track the number of children receiving CP services (number of children in foster homes, children on the move receiving ration kits, etc.).

Social Protection

- A limited number of UNICEF staff also affected the delivery according to a UNICEF official, as there were not more than 2-3 UNICEF staff members managing various interventions in multiple districts and coordinating with government departments and CSOs. Increasing the number of human resources might have improved the efficiency of the response.
- Even though UNICEF's advocacy and technical assistance were timely, the delay from the government's end (such as delays in inter-departmental communication and coordination, delayed internal approvals, time-taking procedures, etc.) often reduced the overall efficiency and turnaround time of COVID-19 response at both national and state level.
- In **UP**, the UNICEF official informed that the government was more focused on furthering its political agenda and a lot of government resources were deployed towards the same. It was a challenge for UNICEF to convince the government to implement UNICEF's recommendations w.r.t. the development agenda.
- Many national and state-level services were not easily available and accessible to those who move across borders. UNICEF had been advocating for developing a system (such as one nation one ration card) to make the benefits agile and easily accessible by the majority of people. But the intended output had not been achieved at the time.

- One of the main challenges faced was that though there have been changes at the policy and planning level, they did not necessarily eliminate bottlenecks at the implementation level. A UNICEF official at the national level explained “*Unlike other UNICEF programs, we do not engage at the field level to provide benefits. So, tweaking something about the delivery system at policy level does not necessarily solve bottlenecks at ground level, such as class-based discrimination, which may hinder delivery mechanism in rural pockets, etc.*”

KEQ 2: To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting women and men, and vulnerable and minority populations?

The evaluation found that the UNICEF's support largely benefitted the target and vulnerable population to whom the support was reachable, but not all (as discussed in the previous section). UNICEF collected and used sex-segregated data (wherever possible and applicable) and HMIS data to identify vulnerable populations/pockets in a state as well as to assess different support services; based on which UNICEF advocated to draw the government's attention to these people/pockets. By doing so, UNICEF attempted to achieve the intended outputs and outcomes (which were the provision of critical supplies and continuity of services) equitably. For instance, UNICEF adopted a multi-model approach (different learning content for children across different classes and in a different language, disseminated through different modes) to target the different needs of children. UNICEF also provided psychosocial support (by bringing 300+ counsellors on board) to address the emerging needs to relieve children's stress which contributed to reduced irritation and anger levels among children.

But at the same time, the response lacked in reaching all, effectively. For instance, the Risk perception among young men and women was quite low and 57% of the respondents were comfortable using the same essential services (grocery stores, public spaces, and public transport) as they used to in the pre-COVID-19 scenario.

Pillar 1: Risk communication and community engagement (RCCE)

UNICEF's internal HMIS data⁷¹ indicates that out of three output indicators, the target of one indicator (Number of people engaged in COVID-19 through RCCE actions) has already been achieved while the remaining two are 'on track'. These numbers are just estimations and do not represent actual reach. Double counting could be one of the limitations. In the absence of disaggregated data, it was not possible to comment on whether communication messaging had reached 'equitably' the target vulnerable population. UNICEF's internal and other external evidence (produced by Population Council, Water Aid) suggested that RCCE activities had not been fully translated into the desired action. Studies⁷² show that Risk perception among young men and women was quite low and 57% of the respondents were comfortable using the same essential services (grocery stores, public spaces, and public transport) as they used to in the pre-COVID scenario. Health workers – ASHA, AWW, and ANM are the primary source of information for 41% of respondents. Significantly higher proportions of women depend on them as compared to males. A significantly higher proportion of female respondents depended on family members for receiving any information related to COVID-19 whereas a significantly higher proportion of male respondents depended on social media and newspapers for the same.

However, as informed earlier, attempts were made during the implementation of activities to reach out to the vulnerable populations using different platforms (FLWs, SHGs, Micing/Loudspeakers, Rath Yatra, community radio, etc.).

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

⁷¹ UNICEF Progress report

⁷² See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9173572/>

According to the majority of respondents, UNICEF's response w.r.t. IPC was '*highly effective*' (on a scale of highly effective, partially effective, and less effective). For example, the CSO partners in **Jharkhand** and **Bihar** opined that UNICEF's response met the needs of the target population as well as of service providers. According to a CSO partner in **WB**, frontline workers and healthcare workers were most vulnerable during the pandemic. And it was UNICEF's support which helped build their capacity and informed them about the latest information. Additionally, UNICEF was able to provide supplies (such as PPEs, hand washing stations, soaps, oxy meters, etc.) at both HCF and community levels. According to government officials and CSO partners across all 5 states, there was no duplication in terms of IPC-related activities in states. A block official in **Jharkhand** explained that even though WHO and UNICEF both were providing support w.r.t. IPC activities (like training) in states, there was no gap or overlap. This was primarily because, according to him, the roles of both organizations were established.

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services

The respondents opined that the intended outputs and outcomes of UNICEF's response were achieved to a major extent benefitting the vulnerable population. UNICEF officials across 5 states informed that HMIS data⁷³ was used to identify vulnerable populations/pockets in a state as well as to assess different essential services; based on which UNICEF advocated to draw the government's attention to these people/pockets. By doing so, UNICEF attempted to achieve the intended outputs and outcomes equitably. For instance, a UNICEF official from **West Bengal** informed that "*We regularly assess HMIS data through which we are aware of districts that require more support and attention. This is monthly data that we receive for services like institutional delivery, routine immunization, ante Natal care, etc. We cannot give disaggregated numbers for all population groups but indicators such as maternal deaths we see where they are happening. And then we do focused advocacy following which there are review meetings in which UNICEF participates. So, through our advocacy, we talk about the most vulnerable and try to focus the government's attention.*"

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education: The majority of government stakeholders opined that UNICEF's response was effective in meeting the needs of those vulnerable children who were able to access its support. For example, a government official at the national level explained that UNICEF adopted a multi-model approach (different learning content for children across different classes and in a different language, disseminated through different modes) because there was no 'one size fits all' w.r.t. education. Moreover, UNICEF also provided psychosocial support to address the emerging needs to relieve children's stress⁷⁴. UNICEF officials in **Maharashtra** informed about supporting children with no smartphones by providing stories (available in multiple languages and for different age groups) available on a toll-free number (where children can simply call and listen to a story). In **Jharkhand**, UNICEF officials informed that they received positive feedback⁷⁵ from parents as well as CSO partners that simple messages on psychosocial support provided by counsellors (with UNICEF's support) were very helpful for parents in engaging with their children. This resulted in reduced irritation and anger levels among children. However, some stakeholders opined that UNICEF's response was partially effective because it had not been able to address the needs of 30-40% of children (as per rapid assessments and government official at the national level) who had very limited/no access to continued learning. UNICEF official in **Jharkhand** opined "*We were not able to reach each and every child. The entire initiative's reach was limited.*"

Child Protection: Most stakeholders (government, CSO/partners, UNICEF) opined that UNICEF's response was

⁷³ HMIS Report 2020-2021, accessed on 7th January

⁷⁴ Activity Mapping (Annexure 5)

⁷⁵ RA synthesis Report

effective in addressing the needs of vulnerable children however, there were some components of the program which were partially effective. UNICEF national level official opined that “*on one hand we were highly effective in quickly developing child protection strategies, providing online training and adapting to the new modes of functioning; But on the other partially effective in influencing the allocation of government resources, or ensuring that CP receives extreme importance like health.*” A UNICEF official at the national level informed that orphaned children were provided fostering support by Child Welfare Committees and District Child Protection Unit who were trained by UNICEF (informed about ways of handling children, what steps to be taken in placing the children, etc.) across all 5 states. Moreover, UNICEF also developed migrant camp advisories to develop a checklist to ensure that certain facilities and services are in place (such as the 1098 ChildLine number should be displayed so that children in distress/unaccompanied/faced violence could be reported/found) for children⁷⁶. UNICEF officials in **Maharashtra** informed that UNICEF reached the children living in hotspot areas and containment zones with psychosocial support via faith-based organizations (who were provided with material and resources to communicate by UNICEF).

UNICEF official in **UP** highlighted that effectiveness of the response towards addressing the needs of vulnerable children cannot be properly understood in the absence of a feedback mechanism – “*For example, MHPSS was a very innovative approach to have a panel of counsellors on a pro-bono basis. But we didn't have a feedback system for clients to understand their experience with us or to seek their inputs/insights about how we have provided our services and what we could have done better. Further, there were no mid-term assessments that could help us undertake course correction (to understand and address the needs of children more effectively)*”.

Social Protection: The majority of respondents opined that UNICEF’s response had been effective in achieving the intended outputs and outcomes. For example, a government state-level official from **Jharkhand** informed that under the 15th finance commission certain provisions were introduced for GPs to use untied funds. But it was through UNICEF’s capacity building and handholding support that they were able to better understand the situation – what is required and how to utilize funds and provide support. Moreover, the FLWs were aware of the schemes and through those channels, a greater number of community members received information on SP schemes.

Some UNICEF state level officials opined that the response was more effective in achieving the intended outputs and outcomes during the second wave, as compared to the first wave. For example, a UNICEF official from **Maharashtra** explained that “*The first wave was focused towards analyzing the situation and identifying entry points to contribute towards COVID-19 response. During the transition phase (i.e., between the first and second wave) UNICEF put mechanisms in place for tracking schemes, established alliances and generated evidence from its pilot interventions. This evidence was used in the second COVID-19 wave to provide more effective support. We were more confident during the second wave*”.

KEQ 3: What unintended outcomes are realized that need to be reinforced or mitigated?

The evaluation found that due to the adoption of virtual modes of work, the stakeholders had become more tech-savvy. This improved coordination among stakeholders and facilitated faster decision-making. Moreover, the pandemic provided an opportunity for UNICEF WASH to expand its support in urban areas. UNICEF WASH officials at the national and state levels opined that the pandemic gave a major boost to hand hygiene – an area which UNICEF was advocating with the government to promote under SBM 2.0 and Jal Jeevan Mission. Similarly, issues of adoption, foster care, kinship care and family-based care had emerged as important areas and came under the limelight due to the pandemic.

⁷⁶ UNICEF Situational Reports

Pillar 1: Risk communication and community engagement (RCCE)

This question was not evaluated for Pillar 1, in mutual consultation and agreement with UNICEF India. (Refer to section 2.2 and Annexure 1)

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

There were no unintended outcomes as communicated by the UNICEF Officials at the state and national levels.

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services

Respondents were informed about the following unintended outcomes of UNICEF's response:

Positive:

- Digital mode of communication and training was adopted very well throughout the state by all stakeholders. As a result, the connectivity among different stakeholders increased.
- Direct communication channels were established, due to the virtual modes of communication being adopted during the pandemic, for the CSOs to be in direct touch with the government authorities. This contributed to faster and improved coordination and communication among stakeholders. This to some extent was facilitated by UNICEF's support.

Negative:

- Telephonic conversations were undertaken by the doctors with pregnant women to monitor their health. This, however, led to a neglect of physical check-ups by both the caregiver and the pregnant woman as they were avoiding coming to the health facility, even when the risk of COVID-19/number of COVID-19 cases was low.

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education: State-level UNICEF officials highlighted that the decision-making process had improved in terms of speed w.r.t. government approvals and decisions. Additionally, some teachers had shown the capacity of being resource persons who could contribute towards innovative learning continuation methods and curriculum development. Parents' engagement with their children w.r.t. education also increased. Parents were seen narrating stories to their children and spending more time with them.

Child Protection: The evaluation found that the issues of adoption, foster care, kinship care and family-based care had emerged as important areas and came under the limelight due to the pandemic. KII inputs informed that neighbors and relatives were seen coming forward to look after the children in the absence of a primary caregiver. Also, the importance of having a strong volunteer network that could deliver CP activities on the ground was highlighted by the pandemic.

Social Protection: No unintended outcomes (positive or negative) were informed by the stakeholders (at the national and state levels) of this pillar evaluation. However, a UNICEF official in **Maharashtra** highlighted a 'good practice' which should be continued in the future – Developing a trusted partnership and a consortium of partners had helped UNICEF significantly in delivering the response efficiently and effectively. These partnerships fed UNICEF with grassroots evidence which further enabled UNICEF to undertake informed advocacy at both state and national levels.

KEQ 4: How well is UNICEF's response coordinated?

UNICEF's response was largely well-coordinated externally (Pillar 1), but there were a few instances of lack of internal coordination (Pillar 2). UNICEF actively initiated meetings and leveraged official channels such as demand letters to government and regular emails to partner agencies and maintained transparent and timely communication. However, the evaluation of pillar 2 highlighted a lack of internal convergence between the UNICEF Health and WASH sections.

Pillar 1: Risk communication and community engagement (RCCE)

Almost all respondents informed that UNICEF's overall COVID-19 response was effective and well-coordinated. Many respondents mentioned that there was some duplicity in the tasks/activities performed by UNICEF, its own partners and other partners working in the state. However, that was unavoidable in an emergency. State officials in UP informed that UNICEF, WHO, PHFI, MOU, and NSS were working in a coordinated manner, wherein, UNICEF primarily provided technical assistance on awareness and communication-related activities.

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

According to UNICEF officials across all 5 states, UNICEF's response was well coordinated to a larger extent with few instances of incoordination. UNICEF communicated and coordinated (internally and externally) through channels such as regular/fortnightly/monthly meetings with state officials, emails, and demand letters communicating the requirement, telephonic calls and WhatsApp – which helped in coordinating the response activities with government and partner organizations, efficiently.

At the same time, the evaluation also found that there was a lack of internal coordination and convergence between the UNICEF Health and WASH sections. One of the UNICEF WASH officials at the national level informed us that there was a need for improved convergence between the two section teams. For example, improved convergence to identify common priority areas under IPC. This was seconded by a CSO partner who communicated that since many departments (UNICEF and government) were involved in IPC response, it often resulted in one department prioritizing one aspect while the other prioritizing another, and vice-versa. This reduced the clarity about priority areas, restricts the optimal utilization of resources and affects the efficiency of response. Hence increased convergence among UNICEF departments/teams is recommended.

This question was not evaluated for Pillars 3 and 5, in mutual consultation and agreement with UNICEF India. (Refer to section 2.2 and Annexure 1)

Gender and Equity

The gender equity aspect of the RTE program appears to be weak. The program did not have any gender-specific response strategy. The discussions with stakeholders did not reveal any explicit gender focus during implementation or gender-specific targeting for most of the pillars except for advocacy and training related to the resumption of the reproductive and maternal child health program. This is also because UNICEF support was in response to the specific request made by the Government of India or the State Governments. The Government of India's Covid response was a universal response program without any positive bias towards gender or any group. However, from interviews and desk review it was evident that UNICEF response was addressed to cater to the needs of the vulnerable section of the population and the population staying in remote areas. From the desk review of documents, it was not evident how inclusive the responsive was for the disabled persons baring instances of podcasts for blind children.

COVID-19 caused women to suffer disproportionately, whether through impact on their incomes, savings, agency or access to healthcare. The COVID-19 crisis created compounded economic impacts that are felt especially by women and girls- who are generally earning less, saving less, and holding insecure jobs or living

close to poverty. Between March and April 2020 alone, an estimated 17 million women in both the formal and informal sectors were left jobless. Literature review suggests, COVID-19 has exacerbated pre-existing social barriers and decreased women's ability to access essential services. The challenges include difficulties in accessing adequate food and nutrition, gaps in access to basic healthcare as supply chains for essential medicines and reproductive health services are interrupted. One of the study showed that nearly 70 million women in India lack ration cards, which grant access to the central food ration system. An IWWAGE survey further found that of their respondents, 28% of women did not have PDS access, and 20% of women did not have ration cards. The pandemic has had a long-reaching impact on mental health and has increased the prevalence of oppressive manifestations of gender inequality and domestic violence.

The evaluation finds that gender concerns were reflected in the continuity of the basic services of RMNCH. UNICEF's advocacy and technical support have influenced the resumption of the RMNCH services and the gradual increase in access to services. However, there has been limited data available which makes it difficult to assess the extent to which gender concerns were integrated across all the COVID-19 priority areas. UNIECF was also providing technical support on social protection schemes but how it supported women was not evident. From the desk review of documents and stakeholders' discussions it was also not very evident how the interventions supported and addressed the gender-related priorities of caregivers, teachers, and front-line workers. There was some evidence in the RCCE pillar of using community groups for information flow and participation. Some UNICEF report has documented evidence of inequities such as the digital divide, vulnerabilities of girls and boys leading to dropping out of school, increased child marriage and gender-based violence. There was not sufficient data and information to make assessment of the gender outcome of the interventions, and comment on the ender transformative aspect of the interventions.

4 CONCLUSIONS

At the overall level, the evaluation found that while UNICEF's response was largely relevant in addressing the pandemic and supporting the government, in few areas it lacked/had gaps in its coverage and efficiency, which ultimately impacted its effectiveness. Also given the lack of data and information it is difficult to comment the outcome and the transformative approach of the UNICEF's support.

The evaluation found that the activities undertaken as part of UNICEF's COVID-19 response were **relevant and aligned with the government priorities** as UNICEF's response plan was developed in close consultation with the national and state governments to address their needs. The response plan was developed in March 2020, and then regularly updated to adapt to the evolving pandemic situation and partner government's requests. UNICEF India followed the ROSA (Regional Office for South Asia) and HQ guidelines (and standard indicators) to structure its COVID-19 response. The global guidelines provided a wide array of activities and only those sections of the global guidelines were adopted that suited the Indian context. These were accommodated in the form of HPM indicators in UNICEF's COVID-19 response. The activities supported by UNICEF were **tailored to the local context** of different states. Rapid assessments were undertaken to identify the state's needs. UNICEF's **support was moderately relevant in meeting the needs of children and families**. As UNICEF was responding to the Government's request, the Government's pandemic response focused on the elderly and then on saving the lives of the adult population and children were not a focus in the initial period. The cessation of services during the lockdown affected, for instance, immunization, institutional deliveries, and coverage of other essential services, affecting maternal and child health services. UNICEF advocated for the re-establishment of essential health and nutrition services which were resumed after couple of months. However, certain support services (such as education) were not reachable to many children who lacked access to digital means or lived in hard-to-reach pockets.

UNICEF's COVID-19 response plan and activities were **not developed using any explicit ToC** The response was developed at the onset of the pandemic and there was not much sufficient time to develop ToC. It mainly relied on the experience of managing H1N1 and SBCC strategy which was not very effective with COVID. The **UNICEF response also did not have a results framework and therefore difficult to track progress and assess achievements. A TOC and results framework would have been useful for monitoring and program adaptation.** It is also important to note that UNICEF reports only informed about the activities undertaken and achievements but did not cover the impact, challenges and gaps. Omission in capturing the gaps and challenges during regular monitoring and reporting is not very helpful for program correction and especially so for a pandemic response

UNICEF's COVID-19 **response reached and was accessible to many sections** of the target population, **but not all**. Only 25% of children (in UP and Bihar) had access to continued learning due to the unavailability of smartphones, network issues, and limited learning. UNICEF leveraged – direct (rapid assessments) or indirect (images of people receiving supplies/services, data regarding reach from partner organizations at the local level) methods to understand the reach and accessibility.

There was **no uniform formal or separate tracking (beneficiary level) mechanism** to assess whether the supplies and services are reaching the target population and if it is reaching, then what is the actual coverage of community members being reached, except for relying on what the stakeholders or officials on the ground informed.

The evaluation found that the **available resources were not adequate given the demand and need**. However, **Evaluation of pillars (pillars 1, 3 and 5) highlighted that the response was timely, coordinated, and coherent and was delivered in a quality way to a certain extent (with few gaps), while the evaluation of other pillars (pillar 2) highlighted that the efficiency could have been better**. The evaluation of Pillar 2 (IPC) brought forth

that UNICEF India's response could have been executed faster. A major reason which had caused delays in the supply of essential material was UNICEF's extensive internal processes (like processing of requests from the government, onboarding a new partner, etc.) which were extremely time-consuming as a result the supplies and services got delayed. Also, there were challenges with respect to internal coordination which affected efficiency of support,

Many respondents of this evaluation also opined that **UNICEF's efficiency improved during the second and consequently the third COVID-19 wave**, based on the learnings of the first wave like how to leverage partnerships, how to leverage dissemination channels for delivering essential supplies and services during restricted movement, etc.). and was **better prepared with the passage of time**.

UNICEF adapted its response (activities and support services) based on the changing needs and situation, in an effort to be efficient and effective. Shifting to the virtual mode of communication, training, and knowledge dissemination, producing visual and audio content for awareness generation, education etc., facilitating online meetings to plan and support the response, and facilitating WASH supplies based on the needs of the states – are a few adaptations to mention. Moreover, knowledge management and sharing (leveraging the ECM platform and conducting Rapid Assessment) were also given importance to promote real-time learning and adaptation of the response.

The evaluation identified certain **gaps and inefficiencies associated with the implementation** of the crisis response. These mostly dealt with a lack of coordination, difficulty in accessing remote geographies, challenges in transitioning to digital modalities across focus areas, and lack of scenario analysis. However, efforts were made by UNICEF to address them and respond to an evolving situation

The evaluation found that **UNICEF's support largely benefitted the target and vulnerable population, but not all**. UNICEF collected and leveraged sex-segregated data (wherever possible and applicable) and HMIS data to identify vulnerable populations/pockets in a state as well as to assess different support services; based on which UNICEF advocated to draw the government's attention to these people/pockets. By doing so, UNICEF attempted to achieve the intended outputs and outcomes (which basically was the provision of critical supplies and continuity of services) equitably. However, UNICEF did not have any gender-responsive strategy and gender differentiated target was not explicit or observed during implementation for most of the pillars except for the resumption of the reproductive and maternal child health program. In absence of any outcome data difficult to comment on the gender outcome or gender transformative aspect of the program.

5 RECOMMENDATIONS

The recommendations below were drafted during the evaluation of each pillar and are therefore pillar specific⁷⁷. These were drafted and shared with UNICEF on completion of each pillar-specific evaluation. These recommendations are for UNICEF ICO, UNICEF R&E and CrMT team's consideration. These can further be disseminated to UNICEF section teams, for their reflection and consideration. **Since this is a real-time evaluation, almost all recommendations were for immediate actions (or prioritization) with some having short and long terms implications as well (for system strengthening).** Below, is a compilation of recommendations, previously shared.

Overarching Recommendations:

- UNICEF's internal reporting mechanism mostly reported on the progress and activities. The reporting systems did not capture the challenges, gaps, unaccomplished goals/targets, and bottlenecks. Capturing the challenges and gaps would help UNICEF in making course corrections and risk mitigation. (Priority High- responsible UNICEF State and country office)
- There is also a greater potential for more internal coordination, streamlining processes and joined-up approaches internally and with other UN agencies which would avoid delays relating to decision-making and the provision of services. This will help both sections in advocating for common goals, resource planning and streamlining the response. (Priority- Medium Term; Responsible -UNICEF Country Office)
- It was suggested that UNICEF should increase its field/on-ground presence (through local-level partnerships at the state level or linkages with communities and establishing feedback mechanisms) such that it is more informed of ground-level challenges of delivery, the effectiveness of its support and ways of working of partner agencies. It is also important to streamline the process and systems to effectively respond to the pandemic with respect to procurement and partnerships. (Priority Medium term – Responsible UNICEF Country office)
- It is also important for UNICEF to develop a results framework with targets and timelines for all its programs, including emergencies such as the COVID-19 pandemic. This would help UNICEF to monitor progress, track achievements and report. UNICEF has no formal mechanisms in place to understand the actual reach, coverage, impact and outcome of its support. It is suggested that UNICEF deploy a system to capture the real-time reach of its support to further improve informed planning and advocacy at national and state levels. Also, it is important to report on the budget spent and measure the cost efficiency and effectiveness of its support. (Priority High, Responsible UNICEF Country office)
- To improve the relevance and effectiveness of the response, UNICEF should develop a formal feedback system to receive inputs from clients/stakeholders and partners about UNICEF's support and services provided. This would help in understanding what worked and what did not and how UNICEF should improve its response to become more relevant and effective. (Priority- Medium Term; Responsible – Child protection and respective sections)
- On partnerships, UNICEF should carefully consider whether partnerships should be paid or pro-bono and ensure clear agreements and accountabilities in pro-bono partnerships, which are monitored and tracked. Also, UNICEF should continue to focus on developing more trusted partnerships and a consortium of partners who could feed UNICEF with evidence from the grassroots level. This may help UNICEF significantly in planning and delivering the response efficiently and effectively. (Priority-Medium;

⁷⁷ Since pillar evaluations were undertaken at different time periods of the pandemic, the recommendations reflect the same. There may be some recommendations which may have been acted upon by UNICEF after the pillar-evaluation was concluded, and not be relevant in the current dynamic and ever-changing situation.

Responsible- State offices and Respective Sections)

- It is important to have a gender and equity strategy to ensure the program delivery is inclusive and gender sensitive. The gender and equity strategy were missing, and there was no gender differentiated targeting done during implementation though many literatures and reports suggested that the burden and impact of Covid was more on women because of various aspect. Also, as the entire UN system is obliged to conduct evaluations that mainstream gender and human rights therefore it is expected that the program design and intervention also has explicit gender and equity strategy inbuilt within the program design. (Priority – High; Responsible -Country Office)

Pillar-Specific Recommendations:

The pillar wise recommendations given below were shared and accepted by UNICEF during the pillar wise assessment conducted in 2020 and 2021. This is compilation of the recommendations that were shared after completion of the pillar wise assessment to help UNICEF to improve their program response.

Pillar 1: Risk communication and community engagement (RCCE)

Unless separately mentioned responsible for acting on the recommendations is the C4D

- RCCE needs to move toward achieving actual behavior change, to close the knowledge-behavior gap, among the community members. There is a need for social behavior change strategy, particularly in emergencies. Messaging and strategy around COVID-19 appropriate behaviors need to be reviewed and regularly updated, with the evolving situation – taking into account, particularly the current message fatigue. (Priority – High)
- Response preparedness needs to be strengthened. To improve planning and implementation it is recommended a COVID-specific ToC (and perhaps pandemic-specific ToC) is developed for RCCE; especially as the next phase begins on vaccine communication. (Priority Medium term)
- Given the changing context of COVID-19, regular training of FLWs/partners are important so that updated information could reach the community. (Priority High)
- Improvements should be made in more strategic planning and better internal coordination between sections/teams (C4D and CAP). (Priority High)
- UNICEF should develop and use monitoring mechanisms for behavior change/action level data. Mapping appropriate digital platforms against the targeted population is important to reach out to the masses and vulnerable populations effectively and equitably. It is important to set up a community feedback mechanism to get continuous feedback on the activities implemented. This will also aid UNICEF in understanding the state-specific evolving needs of the community.
- HPM indicators should be tightened a bit more such that they include a unified operational definition, levels of reporting from the state, coverage/reach of communication package and the subsequent impact on the ground. (Priority- Medium term ; Responsible- Country office)
- The current design of UNICEF's COVID-19 response (at the state level) and the nature of the emergency does not allow to focus on children and women explicitly. The HPM indicators should allow for the collection of disintegrated data defining the vulnerable groups in the state and providing subsequent numbers.

Pillar 2: Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)

- UNICEF should focus on improving convergence between Health and WASH sections at both national as

well as state levels to focus on identifying common priority areas. This will help both sections in advocating for common goals, resource planning and streamlining the response. (Priority- High; Responsible health and WASH)

- UNICEF WASH's inputs are currently diluted across different pillars and subsequent section teams (like communication, health, education, etc.). As a result, it is unable to lead/take independent decisions (especially related to resource allocation to activities since the response is led by other section teams) for WASH priority areas. Hence, UNICEF WASH should be given the lead/more autonomy to provide more relevant support. (Priority- High; Responsible WASH and Country Office)
- UNICEF should work towards tweaking/easing its internal processes (such as onboarding new partners, and mobilizing resources from a local vendor at the state level). Though UNICEF has a different way of responding to different levels of emergencies – L1, L2 and L3 and has established mechanisms and roles in place to loosen up the processes (if needed) depending upon the level of emergency. However, even then it was not conducive and appropriate to the given need and circumstances. These mechanisms should be revisited and amended (if need be) to ease the internal processes (and the time it takes) to improve the efficiency of the response. (Priority- High; Responsible – Senior management in Country Office and Procurement Division)
- UNICEF should introduce layered auditing and quality assurance compliance protocols for various essential supplies. For example, it should have extensive auditing and quality assurance for supplies like oxygen concentrates or PPEs (or pharmaceutical-related supplies) but less exhaustive audit and quality assurance procedures for supplies like soaps, especially while partnering with big and renowned donor companies working at the national level. This will help in increasing the turnaround time of providing support and reducing donor fatigue throughout the process. (Priority High; Responsible Procurement Division)
- UNICEF should increase its field/on-ground presence (through local-level partnerships at the state level or linkages with communities, and establishing feedback mechanisms, institutionalizing, and scaling up state-level partnerships) such that it is more aware of the practicality of the implementation of different activities, way of working of partner agencies and donor priorities. This will help UNICEF to advocate with the government in an improved and more relevant manner. (Priority- Medium term; Responsible -Country and state offices)
- There should be more flexibility around HPM indicators in the monitoring mechanism. UNICEF India office should have more autonomy to amend the HPM indicators based on global guidelines such that it better captures the priority areas based on the country's context. For example, if the UNICEF country office wants to incorporate more parameters to capture hand hygiene (to assess hand hygiene behavior) in its HPM indicators, then it should have the power to tweak the language and parameters of indicators to make them more relevant. Moreover, in case a certain indicator is not useful for capturing the Indian context, then the country office should have the autonomy to remove the same. (Priority Medium term; Responsible Country Office and HQ)
- Hand hygiene and hand washing behavior are a major focus area of SBM 2.0 and JJM. The pandemic has pushed hand hygiene and hand-washing behavior into the limelight. UNICEF must hold on to this opportunity and focus on advocating more with the ministry to allocate funds and promote good hand hygiene behavior in future. (Priority Medium term; Responsible WASH Division)
- In terms of the ongoing and current situation, UNICEF Health should come forward to play an active role and converge with the UNICEF communication team to fight the misinformation around the COVID-19 vaccine and promote its benefits. This will help the government to seek voluntary participation (to be vaccinated) from the people. At the same time, UNICEF WASH should converge with the UNICEF

communication team to promote the continuous use of CAB. Due to message fatigue, people have become relaxed and do not use masks or maintain social distancing. UNICEF WASH should contribute towards developing new strategies to promote IPC behavior. (Priority- High; Responsible – WASH, Health and C4D)

Pillar 3: Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services

- Service providers as well as the community members/people were scared to visit the field and facility, respectively, during the COVID-19 waves. UNICEF should further generate awareness of the importance of the continuity of essential services and safety measures (following CAB) to ensure that people continue to visit the facilities and that the service providers do not hesitate in going to the field. Priority- High; Responsible Health and C4D)
- More focus is being given to COVID-19 vaccinations as compared to Routine Immunization. UNICEF should advocate more to ensure that the focus on the continuity of routine immunization persists with government, the service providers and people. (Priority- High- Responsible- Health Division)
- Since COVID-19 is a health emergency, the government's focus on prioritizing nutrition is comparatively less (as a result, Anganwadi Centers are still closed). UNICEF Nutrition section should undertake advocacy to bring the government's attention to nutrition under the umbrella of essential services. (Priority Medium; Responsible Nutrition Section)
- Virtual health consults have been widely leveraged during the pandemic. This has resulted in a neglect of physical check-ups by both the patient (especially in the case of pregnant women) and service providers. UNICEF should emphasize the importance of promoting physical check-ups during the training and capacity-building sessions, supported by UNICEF, conducted for FLWs. (Priority – High; Responsible Health)
- UNICEF should continue to monitor the HMIS data frequently to understand the real-time coverage, gaps and achievements which could be either reinforced or mitigated. This has helped the CSO partners and government to understand the ground situation and introduce relevant activities to support the continuity of essential services. (Priority- High- Responsible- Health)
- UNICEF should continue to strengthen community-based and more permanent mechanisms such as PRIs and SHGs to ensure continuity of services – through providing technical support in strengthening their capacities - which may contribute to a more sustainable health - system strengthening with a more capacitated and informed staff for emergencies with restrictions on the movement of people. (Priority- High; Responsible-State Offices)

Pillar 5: Access to continuous education, social protection, child protection, and gender-based violence (GBV) services

Education:

- UNICEF officials at the state level spent a considerable amount of time searching for partners (with the required expertise) to bring on board. To reduce the time being taken, UNICEF must maintain a state-specific partners pool which should immediately be tapped into by the program teams depending upon the nature of the crisis and subsequent requirements. (Priority – Medium- Responsible; State Offices)
- UNICEF is utilizing the available (sex and age disaggregated) data to focus more on and identify ways of improving access to continued learning. It is recommended that UNICEF utilize this data to undertake age and gender-appropriate decisions which will contribute towards inclusive policy decisions in the long run. (Priority- Medium term; Responsible- Education Section)

Child Protection:

- The overall working capacity of UNICEF was reduced due to a greater number of officials being infected with COVID-19, especially during the second wave. UNICEF should update and maintain its existing rooster pool which would enable program teams to quickly hire consultants with the required knowledge and skill sets to support the smooth and efficient implementation of response activities. (Priority – High; Responsible Country office and each Section)
- UNICEF in Bihar and Maharashtra has supported the government in developing and implementing MIS which was successfully used to track and monitor children receiving services under CP. UNICEF should advocate to develop a similar MIS at the national level to track the children and monitor the response in an improved manner. (Priority – Medium term; Responsible -State and Country office)

UNICEF should strengthen the existing government systems (Panchayats, School Management Committees, Teachers, Police personnel, etc.) on which it relies to implement CP activities. Additionally, UNICEF should focus on developing and strengthening its CSO/volunteer network to implement CP-related activities on the ground. UNICEF should continue to leverage this partnership further to advance the Child Protection agenda. (Priority- High; Responsible- State Office and Child Protection Section)

Education and Child Protection:

MHPSS has emerged as a strong forte of UNICEF which was recognized by the majority of stakeholders, especially government officials at the national and state level. Therefore, it is recommended that UNICEF should focus on strengthening and scaling up the same.

At present, UNICEF has no formal mechanisms in place to understand the actual reach and coverage of its support. It is suggested that UNICEF deploy a system to capture the real-time reach of its support to further improve informed planning and advocacy at national and state levels. (Priority- High; Responsible- Respective Sections and Monitoring and Evaluation Section)

Social Protection:

- UNICEF lacked a nuanced understanding of bottlenecks at the implementation level which impacts the relevance and effectiveness of its support at the planning level. UNICEF should explore mechanisms to understand implementation procedures and gaps to undertake more informed advocacy and provide better technical assistance. (Priority- High; Responsible – Social protection section and State Offices)
- The unavailability of official documents or IDs barred many potential community members from availing of social protection benefits. UNICEF should continue advocating to develop a mechanism (where benefits could be linked to a single identity card) with the government through which community members could receive benefits in the absence of relevant documents. This may also allow community members who move across borders to seek benefits. (Priority- Medium term: Responsible – State and Country office)
- To improve the coverage, the government should allocate more financial resources toward SP services and scale up UNICEF's successful pilot interventions. For this, UNICEF should continue its advocacy to ensure that the benefits reach the last mile people. (Priority- medium Term- Responsible- State Offices)
- Social protection is a comprehensive theme which requires UNICEF officials to coordinate the response with multiple stakeholders (ministries and departments), therefore, to improve the efficiency and delivery of services, UNICEF should increase its human resources at the state level. (Priority- medium term; Responsible-Country and state offices)

ANNEXURES**Annexure 1: KEQs and SEQs for each pillar**

Pillar 1	KEQ 1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government priorities?
	SEQs
	<ul style="list-style-type: none"> How do stakeholders at national, state and local level engage with children, women, adolescents and youth to reinforce positive behaviors and reduce negative behaviors? What are the key barriers to carry out these activities and how it is been addressed? What considerations are kept in mind while designing the RCCE activities? How are those aligned with the government's priorities and plans? To what extent is UNICEF India's response adhering to global guidance on Level-3 emergencies? How are these adjustments made to the global guidance on Level-3 emergencies to suit the Indian context?
	KEQ 2: To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?
	SEQs
Pillar 2	<ul style="list-style-type: none"> Which activities under RCCE are contextualized based on social economic and cultural context of the states to target women and children and vulnerable population? How are the RCCE activities adapted to the capacities and enabling environment of service providers and implementing partners? What kind of adjustments are made by UNICEF during its implementation? How frequently service provided are being oriented on COVID-19 and provided with handholding support?
	KEQ 3: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families?
	<ul style="list-style-type: none"> To what extent are the COVID-19 response activities appropriately tailored to respond to the different needs of girls and boys and women and men, and children and families from disadvantaged, marginalized and vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, out-of-school children and victims of gender-based violence (GBV)?
	SEQs
	<ul style="list-style-type: none"> Do the support and activities adequately address inclusion of disadvantaged, marginalized and vulnerable community (SC/ST/minority)? In what ways UNICEF activities meet the needs of children and families during the COVID-19 crisis?
Pillar 3	KEQ 4: Is UNICEF's COVID-19 response programming informed by evidence and guided by a clear ToC?
	SEQs
Whether the UNICEF's COVID response is guided by any conceptualized ToC? How RCCE pillar fits into this ToC?	

	<p>KEQ 5: Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • What mode of communication is being utilized to implement RCCE activities? How it is being ensured that the messages are percolated down to the targeted vulnerable population? What is the plan to mitigate propagation of myths and misconceptions on COVID related message? • How UNICEF's COVID-19 response (material, information) reaches the vulnerable population such as (i) children with disabilities, (ii) scheduled castes and tribes,(iii) children on the move, (iv) street children, (v) children without parental care (in institutions or foster care) and/or those separated from their families, (vi) orphaned, (vii) quarantined children, (viii) victims of GBV, and (ix) out-of-school children?
	<p>KEQ 6: To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priorities?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • Are the existing resources enough to meet the priorities and objectives of the RCCE pillar? Whether additional resources have been mobilized to meet the COVID-19 requirements? Are there any challenges faced in utilizing the resources optimally? • What mechanisms are in place for RCCE to ensure distribution of resources to the vulnerable and hard-to-reach population?
	<p>KEQ 7: To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent and quality way?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • Are the activities rolled out in a planned manner adhering to the timelines? What adjustments, if any, are made in the activities to address the evolving needs and context of the target population? • What is the mechanism internally and externally in place to track the progress of outcome indicators? • How does UNICEF generate data on the knowledge, attitudes and perspectives of the following categories (i) both women and men? (ii) among vulnerable populations (children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care)? (iii) What are constraints and opportunities of improvement pertaining to these groups? • How well the synergies and interlinkages between government and implementation partners' activities have been established to optimize the COVID-19 response? What are the overlaps that reduce the efficiency of the RCCE pillar? • What is the mechanism (Frequency, monitoring platform etc.) to ensure the quality of activities undertaken by the stakeholders? How are the identified bottlenecks and

	<p>corrective measures accounted and addressed to enhance the quality of preparedness and response for COVID-19?</p>
	<p>KEQ 8: To what extent is UNICEF adapting its activities to become more efficient based on learning and a changing COVID-19 context?</p>
	<p>SEQs</p>
	<p>What is the knowledge management and sharing mechanism within UNICEF? What are the innovations adopted to address the evolving crisis? How well the support and activities are flexible in adjusting to the local needs?</p>
	<p>KEQ 9: Are there any inefficiencies associated with implementation of the crisis response (e.g., low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)?</p>
	<p>SEQs</p>
	<p>What are the reasons for lower update of RCCE activities/service? In certain geographies and population?</p>
	<p>KEQ 10: What bottlenecks exist to efficient implementation of the crisis response? What has UNICEF not thought about it delivering its response in each area under the six pillars?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • What bottlenecks are encountered in achieving the intended targets? How it affects in efficiently achieving the intended outcomes? • To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting women and men, and vulnerable and minority populations?
	<p>How well is UNICEF's response coordinated?</p>
	<p>SEQs</p>
	<p>How UNICEF coordinates across sectors (multi-sectoral convergence) and its field offices and implementing partners for smooth collaboration and cross learnings</p>
	<p>KEQ 11: What are the key challenges faced?</p>
Pillar 2	<p>KEQ 1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • What are the government priorities for IPC pillar? How are UNICEF activities aligned with the government's priorities and plans? How is UNICEF India's response adhering to government guidelines on IPC? • How does UNICEF provide technical assistance to support the implementation and monitoring of identified measures under the IPC action plan as part of its COVID-19 response? What are the different activities undertaken to provide support towards improving IPC services? What considerations are kept in mind while designing these activities?
	<p>KEQ 2: To what extent are the activities and technical assistance provided by UNICEF tailored</p>

	<p>to the local context in different states?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • Which activities under IPC are contextualized based on social economic and cultural context of the states to target women and children and vulnerable population? • How are PC activities adapted to the existing capacities and enabling environment of service providers and implementing partners? What kind of adjustments are made by UNICEF during its implementation?
	<p>KEQ 3: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families?</p>
	<p>SEQs</p> <p>Do the services and supplies adequately reach the disadvantaged, marginalized and vulnerable population? What are the barriers faced? What are the measures undertaken to reach hard-to-reach and vulnerable population?</p>
	<p>KEQ 3: To what extent are the key stakeholders and community members of the different approaches covered under the six pillars being reached?</p>
	<p>SEQs</p> <p>Who are the stakeholders involved and community members covered under the IPC pillar? Are there any specific groups (socio-economic profile) that are being targeted by this pillar?</p>
	<p>KEQ 4: Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children?</p>
	<p>SEQs</p> <p>How are essential services and critical supplies being provided under the IPC pillar? How is it being ensured that the services and supplies are accessible to the targeted vulnerable population? Is there any variation in the supplies/services with the evolving crisis? What challenges emerged in ensuring the access to vulnerable target population and how were they mitigated?</p>
	<p>KEQ 5: To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priorities?</p>
	<p>SEQs</p> <p>Are the existing resources enough to meet the priorities and objectives of this pillar? Whether additional resources have been mobilized to meet the COVID-19 requirements? Are there any challenges faced in utilizing the resources optimally?</p> <p>How efficient are the mechanisms in place for IPC ensuring the accessibility of services and distribution of critical supplies to the vulnerable and hard-to-reach population?</p>
	<p>KEQ 6: To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent and quality way?</p>

	SEQs
	<p>Are the services and supplies reaching the healthcare and other facilities within the set timelines? What adjustments, if any, are made to improve the IPC in healthcare facilities?</p> <p>How is institutionalized capacity building being carried out by UNICEF as a part of COVID-19 response plan? How frequently are the stakeholders being oriented?</p> <p>How well the synergies and interlinkages between government and service providers' activities have been established to optimize the COVID-19 response? What are the overlaps that reduce the efficiency of the IPC pillar?</p> <p>What is the mechanism (frequency, monitoring platform etc.) to ensure the quality of healthcare and WASH services undertaken by the stakeholders under this pillar? How the identified bottlenecks and corrective measures accounted and addressed to enhance the quality of preparedness and response for COVID-19?</p>
	KEQ 7: To what extent is UNICEF adapting its activities to become more efficient based on learning and a changing COVID-19 context?
	SEQs
	<p>What is the knowledge management and sharing mechanism within UNICEF? What are the steps undertaken for resource management to address the evolving crisis? In what ways UNICEF learns from the good practices of service providers responding to COVID-19 situation in similar context?</p> <p>Are there any inefficiencies associated with implementation of the crisis response (e.g., low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)?</p> <p>Are there any inefficiencies associated with UNICEF's COVID-19 response? How could these be mitigated?</p> <p>Is there scope for improvement in providing IPC related support? If so, then in which areas and how can this be improved (to fit geographical and cultural context)?</p>
	KEQ 8: Are there any inefficiencies associated with implementation of the crisis response (e.g., low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)?
	SEQs
	<p>Are there any inefficiencies associated with UNICEF's COVID-19 response? How could these be mitigated?</p> <p>Is there scope for improvement in providing IPC related support? If so, then in which areas and how can this be improved (to fit geographical and cultural context)?</p>
	KEQ 9: What bottlenecks exist to efficient implementation of the crisis response? What has UNICEF not thought about it delivering its response in each area under the six pillars?
	SEQs
	What bottlenecks are encountered in achieving the intended targets? How they affect the plan of action towards intended outcomes?
	KEQ 10: To what extent are the intended outputs and outcomes of UNICEF's response achieved

	<p>in an equitable manner benefiting women and men, and vulnerable and minority populations?</p> <p>SEQs</p> <p>In what ways has UNICEF's COVID-19 response was effective in addressing the current needs? How are the bottlenecks identified and addressed to achieve the outcomes equitably for the vulnerable population?</p> <p>KEQ 11: What unintended outcomes are realized that need to be reinforced or mitigated?</p> <p>SEQs</p> <p>What are the positive and negative unintended outcomes of the IPC pillar? What is the plan for reinforcement and mitigation of the unintended outcomes respectively?</p> <p>KEQ 12: How well is UNICEF's response coordinated?</p> <p>SEQs</p> <p>How UNICEF coordinates across sectors (multi-sectoral convergence) and its field offices and implementing partners for smooth collaboration?</p>
Pillar 3	<p>KEQ 1: To what extent are the activities undertaken as part of RMNCHA in the context of the COVID-19 pandemic meeting the needs of children and families at the ground level?</p> <p>SEQs</p> <p>Are you aware of the kind of support UNICEF has provided for the continuity of Reproductive, Maternal, New-born, and Child and Adolescent Health (RMNCHA) services in your state?</p> <ul style="list-style-type: none"> • In your opinion, how have UNICEF response activities facilitated continuity of RMNCHA+ services? In your opinion, were these activities relevant? Do you think UNICEF's support was in line with the needs of children and the most marginalized families? • What were some of the activities which were disrupted during the pandemic? Why and when? When were they resumed? How did their disruption impact the target population - children and women? <p>KEQ 2: To what extent the structure of UNICEF's response plan (pillar-wise) relevant in providing COVID-19 support in an effective manner?</p> <p>SEQs</p> <p>UNICEF's response plan is divided across different pillars << For health section: and Health Program, specifically, is divided amongst pillar 2 & 3. >>. Are you aware of the same? Do you think that the current structure of the response plan is relevant in the current times? To what extent response plan was followed during the implementation? If any deviation, what are the reasons? In your opinion, how feasible is the response plan in the evolving situation and changing needs and priority?</p> <p>Probe: Why? What kind of changes can be introduced that would improve the relevance of the response plan?</p> <p>KEQ 3: To what extent are the key stakeholders and community members covered under this pillar being reached? What were some of the challenges?</p> <p>SEQs</p> <ul style="list-style-type: none"> • In your opinion, who is the most vulnerable population when it comes to RMNCHA

	<p>services?</p> <ul style="list-style-type: none"> • Probe: breastfeeding women, pregnant women, women in reproductive age, young children, adolescents, new-born children, vulnerable population in hard-to-reach pockets, and <<for nutrition - SAM children>> etc. • Now that the country is experiencing a third wave of COVID19 with the Omicron variant, do you think there are any more vulnerable groups that UNICEF should focus on? • What were some of the challenges faced to reach this vulnerable population you just mentioned?
	<p>KEQ 4: Was support for RMNCHA during COVID-19 accessible to vulnerable populations (including new-born children, young children, adolescents, pregnant and lactating women, SAM children, migrant children, etc.)?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • Do you think that UNICEF's response is reachable and accessible to the vulnerable population you mentioned previously? What are the different activities that have been tailored/aligned to address the needs of this vulnerable groups/population you just mentioned? Can you give examples? <p>What is the evidence to support its reach and coverage?</p> <p>Probe: (Ask about activities/support which has been provided to ensure the reach for each vulnerable group which the responded has mentioned in the previous question)</p> <ul style="list-style-type: none"> • Does UNICEF collect sex and age segregated data for RMNCHA services like <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> to inform its COVID-19 response? <p>How does it collect and how is this data utilized at the state level?</p> <ul style="list-style-type: none"> • Were any measures undertaken to increase the reach during the second wave? Can you give examples? Now that we are experiencing another COVID wave, do you think any measures have been put in place to expand the coverage in the third wave?
	<p>KEQ 5: To what extent is UNICEF allocating its resources (human, financial, other) optimally and equitably to achieve its objectives and priority areas ?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • In your opinion, is the currently available UNICEF human resource (staff and consultants) and financial resource sufficient to support all the activities that UNICEF is supporting to ensure the continuity of RMNCHA services? Do you think there are some gaps? Are there any areas where there is insufficient human or financial resource? <p>Probe: Are both human as well as financial resources enough? If no, then can you give examples for each category to support your response?</p> <ul style="list-style-type: none"> • Do you think the human and financial resources are being used efficiently by UNICEF? Why would you say so?
	<p>KEQ 6: To what extent is UNICEF managing and delivering RMNCHA during COVID-19 in a timely, coordinated, coherent, and quality way?</p>
	<p>SEQs</p>

	<ul style="list-style-type: none"> Has UNICEF provided any capacity building support to ensure the continuity of services like <>For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> during COVID-19? What are these trainings about? How were the quality of these orientations/training measured? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p> <ul style="list-style-type: none"> In your opinion, how timely UNICEF's response has been to support continuity of RMNCHA services? Can you give an example to support your answer? <p>Probes:</p> <ol style="list-style-type: none"> How quickly capacity building support, advocacy support, support towards developing SoPs and guidelines was provided, etc. If no, then what were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's RMNCHA service response? Did you observe any difference in UNICEF's response time during the period when there were lockdowns in the country or in your state? Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference? Are you facing any delays now, given that the country is dealing with the Omicron third wave?
	KEQ 7: What role has partnership played in the efficient rollout of UNICEF's support to continuity of services during COVID-19?
	SEQs
	<ul style="list-style-type: none"> How has UNICEF leveraged existing partnerships at state level to facilitate the efficient implementation of activities supporting continuity of RMNCHA? Did UNICEF establish any new partnerships? Why and how did these contribute towards an efficient response? How are the outputs and outcomes of these partnerships monitored? What are some of the challenges faced with existing and new partnerships for continuity of RMNCHA services? How were these addressed? What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners at state level?
	KEQ 8: What bottlenecks exist to efficient implementation of the crisis response? How far has been UNICEF's strategy successful in addressing the challenges?
	SEQs
	<ul style="list-style-type: none"> What have been some of the major challenges related to this pillar that have lowered the efficiency of UNICEF's COVID response w.r.t. RMNCHA services? <p>Probes: planning and implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services</p> <ul style="list-style-type: none"> What can be done to improve the efficiency of UNICEF's response towards continuity of RMNCHA services?

	<p>KEQ 9: How and to what extent is UNICEF adapting its activities to become more effective based on emerging learnings and the changing COVID-19 context?</p> <p>SEQs</p> <ul style="list-style-type: none"> How and to what extent is UNICEF adapting its activities w.r.t. RMNCHA services to become more effective? What can be done to improve the effectiveness of UNICEF's RMNCHA service response? <p>Probe: Can you give examples of activities/support which was adapted to address the crisis situation during the second wave? Has any adaptation been introduced to address the current/third wave?</p> <ul style="list-style-type: none"> What are some of the mechanisms (if any) that UNICEF employs to learn from the challenges faced so far? Can you give examples? <p>Probe: focus on evidence and learning activities, are there any examples of interventions driving gender responsive work in the COVID response which can be highlighted?</p>
	<p>KEQ 10: To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting vulnerable population?</p> <p>SEQs</p> <ul style="list-style-type: none"> I asked you earlier about how relevant UNICEF's actions have been to the needs of the most marginalized. I'd now like to understand from you – what you think – has been the most 'effective' activity that has 'effectively met' the needs of the most marginalized in your state – and ensured that services continued to be delivered. <ul style="list-style-type: none"> Did this activity ensure that services like <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> in your state continued in some form or another? <p>Probe: Was there any difference in the effectiveness of UNICEF's response across the 2 COVID waves in India? Can you give examples from the two waves to support your answer?</p>
	<p>KEQ 11: To what extent has UNICEF been effective in advocating with the government on specific gaps, responses, and strategies? Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?</p> <p>SEQs</p> <ul style="list-style-type: none"> Can you tell us a little about the kind of advocacy that UNICEF has undertaken with the government to ensure the continuity of services like << For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>? <ul style="list-style-type: none"> in your opinion, how effective has UNICEF's advocacy been towards an improved COVID-19 response w.r.t the above mentioned services? <ul style="list-style-type: none"> Are you aware of any programmatic strategies and policy recommendations which UNICEF suggested to strengthen the overall response? How have they changed/impacted the COVID-19 response towards continuity of RMNCHA services and system strengthening? <p>Probe: Can you please share examples</p>

	<p>KEQ 12: How has UNICEF used/leveraged its pre-existing mechanisms (partnerships and institutions) to ensure continuity of services (for example, what has been the role of Centers of Excellence in the case of Nutrition)?</p>
	<p>SEQs</p> <ul style="list-style-type: none"> • How has UNICEF used/ leveraged its pre-existing mechanisms (partnerships and institutions) to ensure continuity of RMNCHA services <<for nutrition - Centre for Excellence>>? How did the pre-existing mechanisms contribute towards continuity of RMNCHA+ services? Can you explain with an example? • What systems has UNICEF developed to ensure continuity of services and system strengthening in the long run? How have they contributed towards ensuring continuity of RMNCHA+ services? Can you explain with an example? • Are there any outcomes of UNICEF's support w.r.t RMNCHA services that will sustain after the end of the pandemic?
Pillar 5 (Education and Child Protection)	<p>KEQ 1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response relevant and in line with government needs and priorities?</p>
	<p>SEQs</p> <p>What are the different activities undertaken by UNICEF to address the COVID-19 response w.r.t. <<Education/CP/SP>>? To what extent do government/partners feel that the activities under UNICEF's COVID-19 response are relevant?</p>
	<p>KEQ 2: To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?</p>
	<p>Who according to UNICEF are recognized as vulnerable sections under <<CP/Education/SP>>? What are the different activities that have been tailored/aligned to address the needs based on local context of different states w.r.t. child protection, social protection, and education?</p>
	<p>KEQ 3: Is UNICEF's COVID-19 response likely to reach/are materials/services accessible to vulnerable populations?</p>
	<p>SEQs</p> <p>To what extent UNICEF's response is reaching/accessible to the target population?</p> <p>To what extent did UNICEF collect sex and age segregated data for <<education/CP/SP>> to inform its COVID-19 response?</p>
	<p>KEQ 4: To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priority areas ?</p>
	<p>SEQs</p> <p>Are the existing resources (financial, human resource and logistical/infrastructural resources) sufficient to achieve objectives in the area of child protection, continuity of education, social protection and gender equity?</p>
	<p>KEQ 5: To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent and quality way?</p>
	<p>SEQs</p>

	<p>How does UNICEF support the continuity of education, and child protection services and prevention of GBV during COVID-19 through institutionalized capacity building?</p> <p>Are the services reaching the target population in a timely and coordinated manner? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's COVID 19 response?</p> <p>How has UNICEF leveraged existing partnerships at national level to facilitate the efficient planning and advocacy under this pillar?</p> <p>What reporting mechanism is in place to track the progress of COVID-19 related social protection activities?</p>
	<p>KEQ 6: What bottlenecks exist to efficient implementation of the crisis response? How far has been UNICEF's strategy successful in addressing the challenges?</p>
	No SEQs
	<p>KEQ 7: To what extent are the intended outputs and outcomes of UNICEF's response achieved benefiting vulnerable population?</p>
	SEQs
	<p>How and to what extent has UNICEF's COVID-19 w.r.t. <>Education/CP/SP>> response been effective in addressing the needs of target population and achieving the intended outcome?</p>
	<p>KEQ 8: To what extent is UNICEF adapting its activities to become more effective based on learning and a changing COVID-19 context?</p>
	SEQs
	<p>How and to what extent is UNICEF adapting its activities to become more effective in the changing context of COVID-19? What are some of the mechanisms (if any) that UNICEF employs to learn from the challenges faced?</p>
	<p>KEQ 9: What unintended outcomes are realized that need to be reinforced or mitigated?</p>
	SEQs
	<p>What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?</p>
	<p>Are there any good practices which UNICEF can leverage going forward?</p>
Pillar 5 (Social Protection)	<p>KEQ 1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities?</p>
	SEQs
	<p>What are the different activities undertaken by UNICEF to address the COVID-19 response w.r.t. SP?</p>
	<p>To what extent do government/partners feel that the activities under UNICEF's COVID-19 response are relevant?</p>
	<p>KEQ 2: To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?</p>
	SEQs

	<p>Who according to UNICEF are recognized as vulnerable sections under SP?</p> <p>What are the different activities that have been tailored/aligned to address the needs based on local context of different states w.r.t. child protection, social protection, and education?</p>
	<p>KEQ 3: Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children?</p>
	<p>SEQs</p>
	<p>To what extent did UNICEF reach the policy makers with advocacy and technical assistance so support and enhanced social protection measures?</p> <p>To what extent did UNICEF support helped government and stakeholders in tailoring strategies and adapting delivery mechanism to ensure girls, women and vulnerable communities are reached better?</p> <p>To what extent have the scale and nature of social assistance measures enhanced in providing needed social assistance to larger number of people as a result of UNICEF's support?</p>
	<p>KEQ 4: To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priority areas ?</p>
	<p>SEQs</p>
	<p>To what extent UNICEF technical advisory and advocacy at the state level has been useful in delivering enhanced allocation for the GPs to meet the needs evolving out of crisis?</p>
	<p>KEQ 5: To what extent is UNICEF managing and delivering its COVID-19 response in a timely and coordinated manner?</p>
	<p>SEQs</p>
	<p>How does UNICEF support the social protection services and prevention of GBV during COVID-19 through institutionalized capacity building?</p> <p>How has UNICEF leveraged existing partnerships at national level to facilitate the efficient planning and advocacy under this pillar?</p> <p>What reporting mechanism is in place to track the progress of COVID-19 related social protection activities?</p>
	<p>KEQ 6: What bottlenecks exist to efficient implementation of the crisis response? How far has been UNICEF's strategy successful in addressing the challenges?</p>
	<p>SEQs</p>
	<p>What bottlenecks are encountered in achieving the intended targets? Which areas of support did these bottlenecks hinder?</p>
	<p>KEQ 7: To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting vulnerable population?</p>
	<p>SEQs</p>
	<p>To what extent the intended outcomes were achieved or benefitted the target population in</p>

	the areas of enhanced allocation for GPs, community awareness about government schemes and eligibility, advocacy with local governments, and capacitating local governments to plan and deliver the enhanced responsibilities arising out of COVID 19?
	KEQ 8: To what extent is UNICEF adapting its activities to become more effective based on learning and a changing COVID-19 context?
	SEQs
	How and to what extent is UNICEF adapting its activities to become more effective in the changing context of COVID-19, especially for women and girls?
	KEQ 9: What unintended outcomes are realized that need to be reinforced or mitigated?
	SEQs
	What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?

Annexure 2: Data Collection Tools (Discussion Guides)

The Discussion Guides used to conduct KIIs with different stakeholders' categories across each pillar have been attached below

Pillar 1: Risk communication and community engagement to build resilient communities**Discussion Guide-Government district/block level officials****Informed Consent****Purpose of the interview**

Good morning/Afternoon/Evening! Hi, my name is _____ and I work with IPE Global. On behalf of UNICEF India, we are conducting an Evaluation of UNICEF's response to COVID-19 in India. As part of data collection and taking into account your key role (or of your organization/department/section), we would like to interview you for this evaluation, to understand your views on UNICEF's response COVID-19. Your inputs are important to us as the objective of this evaluation is to assess UNICEF's role in COVID response.

The information that you will share with us will be analyzed and evaluation findings and recommendations will be prepared. The evaluation findings and recommendations will help UNICEF learn from what has already been done and will give them an opportunity to revisit their current strategies and future plans to better support on COVID-19 response.

The interview should take 35 to 45 minutes to complete. Your participation in this interview is voluntary. If we ask you any questions you do not want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation is NOT being recorded, but we will be taking notes. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in any way.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Note for Moderators:**Specific Activities Designed by UNICEF for RCCE at the National level:**

Interventions (based on the ICO response plan Apr 2020, reference activity nos. in VISION and Response Plan in brackets)	Sub activities
Development of RCCE strategy, materials and implementation plans, defining COVID specific (prevention & containment) and COVID sensitive (psychosocial care, nutrition, continuing education, parenting and child protection and online safety) behaviors.	Work with SBCC & TCNA Alliance, Advocacy with AIR, DD for broadcast of children content, IYCF and parenting content implemented through WhatsApp groups of AWWs, SHGs, etc.
Implement mass and community media that does not perpetuate gender stereotypes	Partnerships with Community Radio, Gram Vani and other media-based organizations to engage communities on COVID specific and COVID sensitive behaviors.
Monitoring and documentation of communication interventions on COVID	
<u>Capacity building and orientation</u> of state/district workforce (Health, Nutrition, Education and Child Protection) and community leaders (SHGs, PRIs, TRIFED, NSS, NGO volunteers) on COVID specific and sensitive behaviors	Training of Health dept., AWW, TRIFED resource group, NGO volunteers, etc.
<u>Social mobilization</u> through networks, multiple engagement platforms and frontline workers	Partnership with NSS, NYKS, PRI, SHGs, TRIFED, interfaith Alliance, other mobilization platforms
Monitoring and documentation of communication interventions on COVID	

Q No.	Questions
A. Implementation and contextualization	
1.	<ul style="list-style-type: none"> • What COVID-19 related messaging and community engagement (COVID-19 IEC activities, creating awareness on COVID-19 prevention and addressing stigma and discrimination) activities you are involved in? Probe: When activities started, when communication became Government priority, specific geography (Rural/Urban)? • How these activities have been designed? What parameters or issues are considered? • What are some of the key factors that supported these activities during implementation? What are some of the challenges faced by you while implementing these activities? In what ways do you address these challenges? • <i>How has UNICEF been involved w.r.t to these activities in your district? Do you think UNICEF has supported you well to address some of the barriers you just spoke about?</i> • <i>What can be improved further in the activities? What can be done better for designing and implementing these activities?</i>

Q No.	Questions
2.	<ul style="list-style-type: none"> • How COVID-19 related messaging and community engagement activities tailored to the needs/context of your district/block/municipality w.r.t. the social, economic, cultural, COVID-caseload? • If you want to make any modification in the communication process (Methods, messaging, language etc.) based on the local needs, do you have the freedom to do that? How? Can you give us some examples? • If some of the activities are not tailored or contextualized, what are the reasons?
3.	<ul style="list-style-type: none"> • When did the COVID-19 related messaging and community engagement activities start with the communities? (Probe: note the month, beginning of the lock down period). Do you think activities could have been implemented faster given the changing nature of this crisis (Probe- spread of COVID-19, lock down phase and opening of essential services)? What are some of your recommendations in terms of implementing these activities?` • For activities that have been delayed or stalled, what are some of the reasons?
B. Adaptation based on existing capacity	
4.	<ul style="list-style-type: none"> • How COVID-19 related messaging and community engagement activities were adapted to the existing capacities of the implementation cadre (SHGs, FLWs etc. - enough HR available, logistics-smart phone, internet, etc.)? Give us some examples. • Were these cadres able to implement these activities as per their existing capabilities (ability to do given their workload and multiple engagements in various activities)? Give us some examples. • How frequently are implementation cadre (SHGs, FLWs, etc.) being oriented on COVID-19 and provided with continuous guidance and support for COVID-19 related messaging and community engagement activities?
C. Marginalized- hard to reach population/ those with greater chances of being excluded from the support and services /Vulnerable population- population at greater risk and need support, coverage, and media/platform used	
5.	<ul style="list-style-type: none"> • Who in your district would you say are the most marginalized/the most vulnerable when it comes to COVID-19 related community engagement? • What are some of the groups that are being left out or are very difficult to engage with? • You mentioned that <i><insert here some of the population groups mentioned by the respondent earlier></i> groups are the ones often getting left out in COVID-19 communication and engagement. What efforts have been made to reach out specifically to these groups? • Why is it challenging to reach them/engage with them?
6.	<ul style="list-style-type: none"> • What are the various media sources/platforms being used for COVID-19 related messaging and community engagement? • To what extent, and in what ways, these platforms are used to ensure that messages are reaching everyone, including the most vulnerable populations? Probe: According to you which are the effective media sources/platforms for reaching out to the community especially during the lock-down situation when face to face interaction is not possible?

Q No.	Questions
D. Monitoring and Evaluation	
7.	<ul style="list-style-type: none"> • Are there any reporting mechanisms in place to track the progress of COVID-19 related messaging and community engagement activities in your district? If yes, please elaborate on the process and its frequency of reporting (probe: whether disaggregated data available (for male/female, age group-children, adolescents, vulnerable groups etc.) • How do you utilize this data/findings from monitoring data, reports, case studies, documentation to inform and strengthen these activities? Could you please provide some examples? • Do you have any community feedback mechanism in place where community members can share their feedback and concern related to COVID messaging? If yes, please explain. How do you incorporate the community's feedback to inform your work? • What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities?
E. Partnership and coordination mechanism	
8.	<ul style="list-style-type: none"> • What partners do you work with within your district for COVID-19 related messaging and community engagement activities? • What mechanisms have been used to ensure there is no duplication of effort and to ensure that objectives are clearly defined? • What are the various mechanisms through which you coordinate with other development partners/CSOs/other stakeholders/implementation partners?
F. Challenges and Suggestions	
9.	<p>What are some of the challenges faced by you related to the implementation of communication and community engagement activities?</p> <ul style="list-style-type: none"> • Did you face any challenges pertaining to the timeliness of response? • What three things can be done to improve the overall COVID response?

Discussion Guide-Government State level officials

Informed Consent**Purpose of the interview**

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with IPE Global. On behalf of UNICEF India, we are conducting an Evaluation of UNICEF's response to COVID-19 in India. As part of data collection and taking into account your key role (or of your organization/department/section), we would like to interview you for this evaluation, to understand your views on UNICEF's response to COVID-19. Your inputs are important to us as the objective of this evaluation is to assess UNICEF's role in COVID response.

The information that you will share with us will be analyzed and evaluation findings and recommendations will be prepared. The evaluation findings and recommendations will help UNICEF learn from what has already been done and will give them an opportunity to revisit their current strategies and future plans to better support on COVID-19 response.

The interview should take 35 to 45 minutes to complete. Your participation in this interview is voluntary. If we ask you any questions you do not want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation is NOT being recorded, but we will be taking notes. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in any way.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Note for Moderators:**Specific Activities Designed by UNICEF for RCCE at the National level:**

Interventions	Sub activities
Development of RCCE strategy, materials and implementation plans, defining COVID specific (prevention & containment) and COVID sensitive (psychosocial care, nutrition, continuing education, parenting and child protection and online safety) behaviors.	Work with SBCC & TCNA Alliance, Advocacy with AIR, DD for broadcast of children content, IYCF and parenting content implemented through WhatsApp groups of AWWs, SHGs, etc.
Implement mass and community media that does not perpetuate gender stereotypes	Partnerships with Community Radio, Gram Vani and other media-based organizations to engage communities on COVID specific and COVID sensitive behaviors.
Monitoring and documentation of communication interventions on COVID	
<u>Capacity building and orientation</u> of state/district workforce (Health, Nutrition, Education and Child Protection) and community leaders (SHGs, PRIs, TRIFED, NSS, NGO volunteers) on COVID specific and sensitive behaviors	Training of Health dept., AWW, TRIFED resource group, NGO volunteers, etc.

Interventions	Sub activities
Social mobilization through networks, multiple engagement platforms and frontline workers	Partnership with NSS, NYKS, PRI, SHGs, TRIFED, interfaith Alliance, other mobilization platforms
Monitoring and documentation of communication interventions on COVID	

Q No.	Questions	
A. Alignment of communication and community engagement activities, UNICEF's contribution and Challenges		
1.	<ul style="list-style-type: none"> What COVID-19 related messaging and community engagement (COVID-19 IEC activities, creating awareness on COVID-19 prevention and addressing stigma and discrimination) related <specify the activities> activities you are involved in? <i>Probe: When these specific activities started, when communication and messaging became Government priority, which specific geography was covered (Rural/Urban/both), communication material/messaging contextualized/ modified as per the state's needs?</i> Were these activities designed at the state level or were they based on national guidelines? What all factors did you consider while designing these activities? How well did the COVID-19 related messaging and community engagement activities reflect the local context/local needs at that time? How has UNICEF been involved in these activities? What has been its role in COVID-19 related communication and community engagement in your state? In what ways UNICEF COVID-19 related messaging and community engagement <specify the activities> were in line with the government's priorities and plans? Could you give us some examples of this alignment? In your opinion, what has been the biggest challenge related to these activities? Do you think these responses by UNICEF have effectively been able to respond to some of the challenges you just spoke about? 	
2.	<ul style="list-style-type: none"> How much time does it take to typically implement COVID-19 related messaging and community engagement activities with the communities? Do you think activities can be implemented fast enough, given the changing nature of this crisis? What are some of your recommendations in terms of implementing these activities? For activities that have been delayed or stalled, what are some of the reasons? 	
3.	<ul style="list-style-type: none"> Are you aware of any additional work UNICEF is doing over and above fulfilling government needs and priorities? 	
B. Marginalized- hard to reach population/ those with greater chances of being excluded from the support and services /Vulnerable population- population at greater risk and need support, coverage, and media/platform used		
4.	<ul style="list-style-type: none"> Who in your state would you say are the most marginalized/the most vulnerable when it comes to COVID-19 related community engagement? Who is being left out? Are there any issues in coverage? 	

Q No.	Questions
	<ul style="list-style-type: none"> You mentioned that <i><insert here some of the population groups mentioned by the respondent earlier></i> groups are the ones often getting left out in COVID-19 related messaging and community engagement activities. What efforts have been made to reach out specifically to these groups? <p>PROBES for the question(s) on the marginalized:</p> <p>Communities</p> <ul style="list-style-type: none"> - scheduled castes - tribes, - Urban slums - Migrants - economically weak (poor) - medically vulnerable (those under quarantine) <p>Women</p> <ul style="list-style-type: none"> - victims of GBV
5.	<ul style="list-style-type: none"> Do you think the COVID-19 related messaging and community engagement activities by UNICEF are designed and implemented in such a way to increase the likelihood of reaching out to the following specific population groups: (i) children with disabilities, (ii) scheduled castes and tribes,(iii) children on the move, (iv) street children, (v) children without parental care (in institutions or foster care) and/or those separated from their families, (vi) orphaned, (vii) quarantined children, (viii) victims of GBV, and (ix) out-of-school children? How?
6.	<ul style="list-style-type: none"> To what extent are the targeted groups/community members of the COVID-19 related messaging and community engagement activities being reached? Are there any issues in coverage? What is the evidence to support whether the activities (key messages and support) are reaching the specific vulnerable groups?
7.	<ul style="list-style-type: none"> What are the various media sources/platforms being used for COVID-19 related messaging and community engagement? To what extent, and in what ways, these platforms are used to ensure that messages are reaching everyone, including the most vulnerable populations? (Probe: According to you which are the effective media sources/platforms for reaching out to the community especially during the lock-down situation when face to face interaction is not possible?)
C. Adaptation as per emerging local needs	
8.	<ul style="list-style-type: none"> COVID-19 has proven to be a very dynamic crisis, situations in states change quickly. According to the changing need was UNICEF able to modify/alter COVID-19 related messaging and community engagement? If yes, How (could you give us some examples?) Do you think UNICEF has been able to provide timely and adequate support with the changing nature of the crises in the state? How (could you give us some examples?)
D. Partnership and coordination mechanism	
9.	<ul style="list-style-type: none"> What partners does UNICEF work with at the State-level? Are there other development partners working with you on COVID-19 related messaging and

Q No.	Questions
	<p>community engagement? If yes, who are those? Do these partners work with UNICEF as well or do they work independently with you? If so, why? What different activities each of these partners are doing?</p> <ul style="list-style-type: none"> • How effective do you think some of these partnerships have been? • How and to what extent UNICEF's COVID-19 related messaging and community engagement activities are in line with those of other key partners? • Do you feel that there has been any duplication or gaps in terms of the COVID-19 related messaging and community engagement activities for your state? If yes, how it can be ensured that there is no duplication of effort? • What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners? (probe: scheduled meetings, best practices sharing, how are lessons learned captured) <p><i>Note: WHO is an important partner of UNICEF and both work together on the same types of activities. So it is a partnership work. So we need to capture duplication of efforts by other development agencies like UNDP, ILO, etc. which are implementing similar activities in the same area.</i></p>
E. Monitoring and Evaluation	
10.	<ul style="list-style-type: none"> • Are there any reporting mechanisms in place to track the progress of COVID-19 related messaging and community engagement activities in your state? If yes, please elaborate on the process and its frequency of reporting. (probe: whether disaggregated data available (for male/female, age group-children, adolescents, vulnerable groups etc.) • Does UNICEF support you in any monitoring/reporting related to COVID-19 messaging and community engagement activities? • How do you utilize this data/finding from monitoring data, reports, case studies, documentation to inform and strengthen these activities? Could you please provide some examples? • Do you have any community feedback mechanism in place where community member can share their feedback and concern related to COVID messaging? If yes, please explain. How do you incorporate the community's feedback to inform your work? • What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities?
11.	<ul style="list-style-type: none"> • What according to you are the areas/activities supported and implemented by UNICEF have shown progress/achievements? • What are some of the areas that need to be improved/revised?
F. Challenges and Suggestions	
12.	<ul style="list-style-type: none"> • What are the key challenges faced in the overall COVID response? • What are three things that UNICEF can do that would significantly improve the effectiveness, efficiency, and equity (equal opportunities to engage with the most marginalized/the most vulnerable groups) for COVID-19 related messaging and community engagement activities?

Discussion Guide-CSO/Implementing partners

Informed Consent

Purpose of the interview

Good Morning/Afternoon/Evening! Hi, my name is _____ and I work with IPE Global. On behalf of UNICEF India, we are conducting an Evaluation of UNICEF's response to COVID-19 in India. As part of data collection and taking into account your key role (or of your organization/department/section), we would like to interview you for this evaluation, to understand your views on UNICEF's response to COVID-19. Your inputs are important to us as the objective of this evaluation is to assess UNICEF's role in COVID response.

The information that you will share with us will be analyzed and evaluation findings and recommendations will be prepared. The evaluation findings and recommendations will help UNICEF learn from what has already been done and will give them an opportunity to revisit their current strategies and future plans to better support on COVID-19 response.

The interview should take 35 to 45 minutes to complete. Your participation in this interview is voluntary. If we ask you any questions you do not want to answer, let us know and we will go on to the next question. You can also stop the interview at any time.

This conversation is NOT being recorded, but we will be taking notes. Please be assured that the information you provide will be kept confidential and will not be shared with anyone other than the evaluation team members. Your responses will also be kept anonymous and not tied back to you in any way.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Note for Moderators:

Specific Activities Designed by UNICEF for RCCE at the National level:

Interventions (based on the ICO response plan Apr 2020, reference activity nos. in VISION and Response Plan in brackets)	Sub activities
Development of RCCE strategy, materials and implementation plans, defining COVID specific (prevention & containment) and COVID sensitive (psychosocial care, nutrition, continuing education, parenting and child protection and online safety) behaviors,	Work with SBCC & TCNA Alliance, Advocacy with AIR, DD for broadcast of children content, IYCF and parenting content implemented through WhatsApp groups of AWWs, SHGs, etc.
Implement mass and community media that does not perpetuate gender stereotypes	Partnerships with Community Radio, Gram Vani and other media-based organizations to engage communities on COVID specific and COVID sensitive behaviors.
Monitoring and documentation of communication interventions on COVID	
Capacity building and orientation of state/district workforce (Health, Nutrition, Education and Child Protection) and community leaders (SHGs, PRIs, TRIFED, NSS, NGO	Training of Health dept., AWW, TRIFED resource group, NGO volunteers, etc.

Interventions (based on the ICO response plan Apr 2020, reference activity nos. in VISION and Response Plan in brackets)	Sub activities
volunteers) on COVID specific and sensitive behaviors	
<u>Social mobilization</u> through networks, multiple engagement platforms and frontline workers	Partnership with NSS, NYKS, PRI, SHGs, TRIFED, interfaith Alliance, other mobilization platforms
Monitoring and documentation of communication interventions on COVID	

Q No.	Questions
A. Implementation and contextualization	
1.	<ul style="list-style-type: none"> • <i>What COVID-19 related messaging and community engagement (COVID-19 IEC activities, creating awareness on COVID-19 prevention and addressing stigma and discrimination) related <specify the activities> activities you are involved in? Probe: When these specific activities started, when communication and messaging became Government priority, which specific geography was covered (Rural/Urban/both), communication material/messaging modified as per local requirements? How these activities have been designed?</i> • <i>What all factors did you consider while designing these activities? What are some of the challenges faced by you while implementing these activities? In what ways do you address these challenges?</i> • <i>How has UNICEF been involved w.r.t to these activities in your area? Do you think UNICEF has supported you well to address some of the barriers you just spoke about?</i> • <i>What more can UNICEF do to enhance the COVID-19 related messaging and community engagement activities?</i>
2.	<ul style="list-style-type: none"> • Are activities around COVID-19 related messaging and community engagement tailored to the local needs/context of your district/block/municipality w.r.t. the social, economic, cultural, COVID-case-load before being implemented? • If some of the activities are not modified (tailored or contextualized), what are the reasons?
3.	<ul style="list-style-type: none"> • Are the COVID-19 related messaging and community engagement activities been rolled out as planned (in accordance with planned timelines)? • For activities that have been delayed or stalled, what are some of the reasons?
B. Adaptation based on existing capacity	
4.	<ul style="list-style-type: none"> • How COVID-19 related messaging and community engagement activities were adapted to the existing capacities of the implementation cadre (SHGs, FLWs etc.- enough HR available, logistics-smart phone, internet, etc.)? Give us some examples. • Were these cadres able to implement these activities as per their existing capabilities (ability to do given their workload and multiple engagements in various activities)? Give us some examples. • How frequently are implementation cadre (SHGs, FLWs, etc.) being oriented on COVID-19 and provided with continuous guidance and for COVID-19 related messaging and community

Q No.	Questions
	<p>engagement activities?</p> <ul style="list-style-type: none"> Have you made any adjustments as per the existing capacities and capability of the implementation cadre? If yes, what are those adjustments made?
C. Marginalized- hard to reach population/ those with greater chances of being excluded from the support and services /Vulnerable population- population at greater risk and need support, coverage, and media/platform used	
5.	<ul style="list-style-type: none"> According to you who are the most marginalized/vulnerable groups/individuals when it comes to COVID-19 related messaging and community engagement in your block/municipality? Who is being left out? Are there any issues in coverage? You mentioned that <i><insert here some of the population groups mentioned by the respondent earlier></i> groups are the ones often getting left out in COVID-19 related messaging and engagement. To what extent are the targeted groups of the COVID-19 related messaging and community engagement activities being reached? Are there any issues in coverage? What efforts have been made to reach out specifically to these groups?
6.	<ul style="list-style-type: none"> Do you think the COVID-19 related messaging and community engagement activities are designed and implemented in such a way to increase the likelihood of reaching out to the following specific populations' groups: (i) children with disabilities, (ii) scheduled castes and tribes,(iii) children on the move, (iv) street children, (v) children without parental care (in institutions or foster care) and/or those separated from their families, (vi) orphaned, (vii) quarantined children, (viii) victims of GBV, and (ix) out-of-school children? How?
7.	<ul style="list-style-type: none"> What is the evidence / findings from monitoring data, reports, case studies, documentation to support whether the activities (key messages and support) are reaching the specific vulnerable groups?
8.	<ul style="list-style-type: none"> What are the various media sources/platforms being used to implement COVID-19 related messaging and community engagement activities? Are there any other platforms being used for implementation? To what extent, and in what ways, these platforms are used to ensure that messages are reaching everyone, including the most vulnerable populations? Probe: According to you which are the effective media sources/platforms for reaching out to the community especially during the lock-down situation when face to face interaction is not possible?
D. Monitoring and Evaluation and Partnership	
9.	<ul style="list-style-type: none"> Do you have any monitoring mechanism in place to track the implementation and progress of COVID-19 related messaging and community engagement activities? If yes, please elaborate on the process and its frequency of reporting (probe: whether disaggregated data available for male/female, age group-children, adolescents, vulnerable groups etc.) Do you have any community feedback mechanism in place where community member can share their feedback and concern related to COVID messaging? If yes, please explain. How do you incorporate the community's feedback to inform your work? Are there any challenges in terms of monitoring and tracking the progress of the activities? If yes, please elaborate? What is the advantage of working with UNICEF on COVID-19 related messaging and community

Q No.	Questions
	engagement activities? What are the things that are working out better, and what things are still challenging?
10.	<ul style="list-style-type: none"> • According to you which COVID-19 related messaging and engagement -activities have shown progress/achievements? • What activities should be intensified/scaled up to increase coverage? Why? • What are some of the areas that need to be improved/revised?
E. Challenges and Suggestions	
11.	<p>What are some of the challenges faced by you related to the implementation of COVID-19 related messaging and community engagement activities?</p> <ul style="list-style-type: none"> • Did you face any challenges pertaining to the timeliness of response? • Do you think that COVID-19 related messaging and engagement activities are adequately developed (contextualized) to address the local needs of your area? • What three things can be done to improve the overall COVID response?

Pillar 2: Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation, and hygiene (WASH) supplies

Discussion Guide- UNICEF State officials

Informed Consent

Goal:

- To understand the perception of UNICEF state officials about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (IPC pillar) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in

this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential and will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 35 to 45 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the ‘why?’ and ‘how?’ of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of activities supported by UNICEF under IPC pillar:

Interventions	Sub-Activities
Improve Infection Prevention and Control (IPC) in health care facilities (HCF)	<p>Support assessment, planning, implementation and monitoring of infection prevention and control measures in isolation wards and quarantine facilities and high-risk health facilities (that may receive COVID-19 patients). UNICEF will provide technical assistance to support implementation and monitoring of the implementation of the identified IPC measures.</p> <p>Institutionalizing capacity building: Along with the roll out of the costed IPC action plan, capacity building of state, district and block level stakeholders will be carried out to impart knowledge and emphasize the criticality of the WASH and IPC practices in order to enhance our preparedness and response to COVID -19. These capacity development initiatives will also focus on how hygienic practices, safe water and bio medical waste management impact the overall health and wellbeing of patients at the healthcare facilities.</p>
Ensure provision of critical medical and WASH	Support procurement services when required by States or Central level and whether manageable via UNICEF. Such procurement services will be processed via supply division or locally, will require MOU with government.

Interventions	Sub-Activities
supplies and services	Provide technical assistance for continuity of WASH services in high risk communities, to ensure availability of safe water for drinking, personal and household hygiene, access to functional latrines and safe management of waste.
	Support data collection and analysis to inform WASH service deliveries in support to most affected communities
	Support IPC practices in communities with both software and hardware , for example facilitation of social distancing around communal water points and community toilets, hand washing with water and soap, including the installation of hand washing stations in high risk high traffic locations.
	Provide technical assistance for the provision of critical supplies , including hand sanitizers, soaps, PPEs, hand washing stations, etc.; including supporting government counterparts with mapping of urgent requirement and allocation of supplies for high risk locations; leverage resources for provision of these supplies to critical locations, and facilitate in kind donation of such supplies by corporates; and procurement of critical supplies where government cannot meet the demand.
	Solid Waste management: inform/train and equip pickers/contractors/professionals for continued but safe waste removal/disposal, ensuring that they use safety measures and that they are equipped with PPEs.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and Challenges
1.	<ul style="list-style-type: none"> ● What are the different activities under IPC pillar through which UNICEF provides support to the state government? Were these designed at state level or are they based on national guidelines? How are these implemented and what factors/ parameters are considered while planning as well as implementing these activities in your state? <ul style="list-style-type: none"> ○ When did you start planning these activities start in your state? When were these implemented/rolled out? ● What are government priorities w.r.t. IPC in your state? In what ways the IPC activities undertaken by UNICEF are aligned with the government's priorities and plans? ● How these activities are relevant or significant (<i>on a scale of relevant, partially relevant or not relevant</i>) in context of your state and how these have contributed towards infection prevention? Can you explain with an example? <ul style="list-style-type: none"> ○ Do you think there were some activities that were not relevant or partially relevant to your state? What were these? ● Is there any additional work or activities UNICEF is doing over and above fulfilling government needs and priorities? If yes, what are these and what are the key reasons for undertaking these?
2.	<ul style="list-style-type: none"> ● Which activities (supplies and services) are tailored to the social, economic and cultural context of the states and how? Can you give examples? If, some of the activities are not tailored or contextualized, what are the reasons and what are its implications on coverage?

Q No.	Questions
	<p>Probe: How has UNICEF adapted to the changing scenario and the changing needs through the COVID-19 crisis?</p>
3.	<ul style="list-style-type: none"> • In your opinion, what have been some of the major challenges (implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) related to IPC activities and how these challenges which you mentioned above were addressed? <ul style="list-style-type: none"> ○ Was there any delay in implementation of IPC related activities? If yes, why? What are some of the supplies or services that have been stalled or delayed? How did UNICEF and state manage the demand in this case? ○ Could IPC activities have been implemented faster? Can you give examples of such activities?
B.	<p>Coverage (reach of IPC supplies and services to marginalized/vulnerable population), existing capacities</p>
4.	<ul style="list-style-type: none"> • Who in your state would you say are the most marginalized/the most vulnerable who are most affected by the pandemic with respect to IPC and essential services? • Are there any areas, groups or communities which are highly affected without much provision of health and wash essentials services during lock down and post lock down? What are the reasons? What could have been done better to ensure that they receive supplies and services? <p>Probe: How did UNICEF support the government to ensure inclusive coverage and to improve the reach? What are some of the barriers and enablers? Can you explain with examples?</p> <ul style="list-style-type: none"> • What are the evidence to support whether the activities (supplies and services) are reaching to the specific vulnerable groups from both UNICEF focus/aspirational districts? Can you draw examples from UNICEF's focus districts and non-focus districts?
C.	<p>Training/Capacity building, Existing capacities (Financial/technical/Human resource)</p>
5.	<ul style="list-style-type: none"> • How COVID-19 IPC related activities were adapted to the existing capacities of the state (at facility level, community level) in terms of: <ul style="list-style-type: none"> a. Financial resources b. Technical support provided by partners c. Logistics and infrastructure capabilities <p>What support did UNICEF provide in such case?</p> <ul style="list-style-type: none"> ○ What and how these adjustments were made? How is this different for UNICEF focus districts, aspirational district, hotspots and designated facilities? Can you give examples? Give us some examples of the existing and adjusted capacity of IPC at facility level, community level and supplies. ○ What are the factors that determined UNICEF's support to particular districts? What parameters were kept in mind? <p>Probe: How support and supplies varied for IPC at facility level, community level? Is UNICEF leveraging any feedback mechanisms or other tools to guide the adjustments?</p> <ul style="list-style-type: none"> • How and what support does UNICEF provide to state in carrying out institutionalized capacity building? What are these trainings about? How the quality of these orientations/training were

Q No.	Questions
	<p>measured? What were some of the shortfalls of these sessions?</p> <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered.</p>
6.	<ul style="list-style-type: none"> What are the various platforms and delivery mechanism being used to implement/providing IPC related support and services to the targeted community, including the most vulnerable populations? <p>Probe: Effective sources/mediums especially during the lock-down</p>
7.	<ul style="list-style-type: none"> What proportion of UNICEF resources are being allocated to the activities under the IPC pillar? How do you distribute these resources between different activities which you support/are involved in? Are the current resources (human and financial) sufficient to undertake the IPC activities in your state? Are there any gaps in resource disbursement and management that have hampered the implementation of activities under the IPC pillar? Can you explain with an example? What steps have been undertaken to mitigate those gaps? <p>Probe: Are both human as well as financial resources enough? Can you give examples for each category?</p>
8.	<ul style="list-style-type: none"> Do you think these COVID-19 IPC related activities (technical support in terms of planning, monitoring, guidelines, supplies and services) have effectively been able to address the current needs of the state in terms of COVID-19 response? If no, then why not and what can be done to improve the effectiveness of UNICEF's COVID-19 response in your state? <ul style="list-style-type: none"> If yes, what do you think have been the most effective activities? Why? How would you rate these activities <i>on a scale of highly effective, partially effective or less effective?</i>
D.	Partnership and coordination (internal and external)
9.	<ul style="list-style-type: none"> How UNICEF has leveraged existing partnerships to facilitate the efficient implementation of activities under the IPC pillar? Did UNICEF establish any new partnerships to support the activities under the IPC pillar? Why and how did these contribute towards an effective and efficient response? What is the nature of these new partnerships (financial/non-financial)? How are the outputs and outcomes of these partnerships monitored? What are some of the challenges faced with existing and new partnerships w.r.t. implementation of IPC activities? How were these addressed? What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners?
10.	<p>(External Coordination – with state and partners)</p> <ul style="list-style-type: none"> How UNICEF coordinates with government and other partners at state level w.r.t. IPC activities which it supports? <p>Probe: How does state communicate its demand? How UNICEF processes it? How long does it take to process these, given fast changing priorities? How UNICEF coordinates with implementing cadres and agencies to ensure timely and efficient delivery of services?</p>

Q No.	Questions
	<p>(Internal coordination – with program teams, national level)</p> <ul style="list-style-type: none"> How do UNICEF state officials coordinate with other UNICEF program teams (WASH, Health, S&P) at state level as well as with national level teams to address any demand/supply or issue with implementation of COVID-19 response plan? What are some of the challenges faced with external as well as internal coordination? <p>Probe: miscommunication/lack of communication, excessive reporting, duplication of tasks, non-optimal utilization of resources, etc.</p>
E.	Monitoring and evaluation mechanism, knowledge sharing
11.	<ul style="list-style-type: none"> What monitoring and reporting mechanism is in place to track the progress of COVID-19 related IPC activities in your state (<i>especially state-level reporting mechanism other than RAM and HPM</i>)? How the quality and timely delivery of supplies and services is being ensured? <p>Probe: Process and frequency of reporting, whether disaggregated data available (for male/female, age group-children, adolescents, vulnerable groups etc.), effectiveness and efficiency of response?</p> <ul style="list-style-type: none"> How do you utilize this data/findings collected via monitoring? What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities? How were these addressed? What are some of the areas that need to be improved/revised?
12.	<ul style="list-style-type: none"> What are the mechanisms/processes in place within UNICEF to create and share knowledge around the IPC pillar? Are the lessons learnt documented? How and at what level? Whether these are incorporated into RCCE pillar's design and implementation?
F.	Challenges and Recommendations
13.	<ul style="list-style-type: none"> What are the areas/activities that have shown achievements? What are some of the areas that need to be improved/revised? What are some of the unintended/unexpected outcomes of UNICEF's IPC activities? Why? Are these unintended/unexpected results positive or negative? How and to what extent has UNICEF reinforced or mitigated each of these? Is there a mechanism for UNICEF to document these unintended results?
14.	<ul style="list-style-type: none"> What are the challenges/bottlenecks faced by UNICEF in their IPC response? <p>Probe: Overall and Implementation</p> <ul style="list-style-type: none"> To what extent and how have these challenges affected results/outcomes? How, if at all, have these challenges/bottlenecks been addressed?
15.	<ul style="list-style-type: none"> COVID-19 has proven to be a very dynamic crisis, and situations in states change quickly. Going forward, what according to you are some of the specific areas under IPC on which UNICEF should focus more on? <ul style="list-style-type: none"> What kind of support/resources should be provided to enable UNICEF undertake/continue critical activities in your state? <p>Probe: Vaccine related cold storage, current IPC activities such as HCF assessments, critical supplies and services, etc.? In your opinion do the current IPC activities should continue in the future? How can the ongoing activities be improved?</p>

Q No.	Questions
	<ul style="list-style-type: none"> • What are some of your recommendations to improve the: <ol style="list-style-type: none"> I. Effectiveness II. Efficiency III. Equity of COVID-19 response w.r.t. IPC? • Is there anything else that you would like to add or share with us related to UNICEF's COVID-19 response? Do you have any question for us?

Discussion Guide-Government National level officials

Time: 20-30 minutes

Respondent: Government National Level Officials

Goal:

- To understand the perception of national level officials on relevance, efficiency and effectiveness of UNICEF's COVID-19 response (IPC pillar) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. The responses recorded shall be used entirely for research purposes only. The data will be used without any personally identifiable information.

Time required: The interview should take 20 to 30 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask
 – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of activities supported by UNICEF under IPC pillar:

Interventions	Sub-Activities
Improve Infection Prevention and Control (IPC) in health care facilities (HCF)	<p>Support assessment, planning, implementation and monitoring of infection prevention and control measures in isolation wards and quarantine facilities and high-risk health facilities (that may receive COVID-19 patients). UNICEF will provide technical assistance to support implementation and monitoring of the implementation of the identified IPC measures.</p> <p>Institutionalizing capacity building: Along with the roll out of the costed IPC action plan, capacity building of state, district and block level stakeholders will be carried out to impart knowledge and emphasize the criticality of the WASH and IPC practices in order to enhance our preparedness and response to COVID -19. These capacity development initiatives will also focus on how hygienic practices, safe water and bio medical waste management impact the overall health and wellbeing of patients at the healthcare facilities.</p>
	<p>Support procurement services when required by States or Central level and whether manageable via UNICEF. Such procurement services will be processed via supply division or locally, will require MOU with government.</p>
	<p>Provide technical assistance for continuity of WASH services in high risk communities, to ensure availability of safe water for drinking, personal and household hygiene, access to functional latrines and safe management of waste.</p>
	<p>Support data collection and analysis to inform WASH service deliveries in support to most affected communities</p>
	<p>Support IPC practices in communities with both software and hardware, for example facilitation of social distancing around communal water points and community toilets, hand washing with water and soap, including the installation of hand washing stations in high risk high traffic locations.</p>
	<p>Provide technical assistance for the provision of critical supplies, including hand sanitizers, soaps, PPEs, hand washing stations, etc.; including supporting government counterparts with mapping of urgent requirement and allocation of supplies for high risk locations; leverage resources for provision of these supplies to critical locations, and facilitate in kind donation of such supplies by corporates; and procurement of critical supplies where government cannot meet the demand.</p>
	<p>Solid Waste management: inform/train and equip pickers/contractors/professionals for</p>

	continued but safe waste removal/disposal, ensuring that they use safety measures and that they are equipped with PPEs.
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Q No.	Questions
A. Support and Assistance (activities) provided by UNICEF, and Challenges	
1.	<ul style="list-style-type: none"> What are the different areas/activities supported by UNICEF, which you are involved in w.r.t. COVID-19? What are the factors kept in mind while planning and designing these activities with UNICEF's support? What kind of support UNICEF provides you as part of its COVID-19 response? Probe: <i>Strategic support, planning and implementation support, facilitation of assessment, dissemination and knowledge sharing, etc.</i> How relevant is UNICEF's support (<i>on a scale of relevant, partially relevant or not relevant</i>) and how it has contributed towards infection prevention? Can you explain with an example?
2.	<ul style="list-style-type: none"> In your opinion, what have been some of the major challenges (<i>planning, designing, implementation</i>) related to IPC activities? <ul style="list-style-type: none"> How these challenges which you mentioned above were addressed? Do you think UNICEF's support/contribution have effectively been able to respond to some of the challenges you just spoke about?
B. Partnership and Alignment with government priorities	
3.	<ul style="list-style-type: none"> Why did the government choose to partner with UNICEF among other international organizations in this sphere? What are some of the key driving factors of this engagement? Probe: <i>Signed MoU, UNICEF's technical expertise, UNICEF's PAN-India presence, etc.</i> How successful would you say your partnership with UNICEF has been on a scale of 1 to 5 (<i>5 being the highest and 1 being the lowest value</i>)? Why would you say so? Was UNICEF's response (in terms of activities pertaining to IPC) aligned with government priorities? Can you give an example to support your response? If no, what were some of the reasons behind this?
C. Coordination and communication with UNICEF, Reporting Mechanism	
4.	<ul style="list-style-type: none"> Is there any communication/coordination/reporting mechanism in place with UNICEF? How frequently does UNICEF communicate with you? What are the different parameters which are covered under frequent communication/reporting? How do you utilize this data/findings collected via monitoring? Do you think the current communication/reporting channels and mechanism is sufficient? What can be done to enhance this?
D. Efficiency and effectiveness of UNICEF's COVID response	
5.	<ul style="list-style-type: none"> Do you think COVID-19 IPC related activities undertaken by UNICEF (technical support in terms of planning, designing, guidelines, supplies and services) have effectively been able to address the current needs in terms of COVID-19 response? If no, then why not and what can be done to improve the effectiveness of UNICEF's COVID-19 response? <ul style="list-style-type: none"> If yes, how you rate these activities on a scale of highly effective, partially effective or less

Q No.	Questions
	<p>effective)?</p> <ul style="list-style-type: none"> • In your opinion, how efficient was UNICEF's contribution w.r.t. its turnaround time and timely support especially in dynamic context of the pandemic? Can you give an example to support your stance? • Was there any deviation in the priorities or the nature of support? What are the reasons?
E. Challenges and Recommendations	
6.	<ul style="list-style-type: none"> • What are some of the challenges you faced in this engagement with UNICEF to support COVID-19 IPC related activities?
7.	<ul style="list-style-type: none"> • What according to you are some of the recommendations to improve the efficiency and effectiveness of UNICEF's COVID response? Going forward, how UNICEF can support the government in a better manner with infection prevention?

Discussion Guide-Government State level Officials

Time: 35-45 minutes

Respondent: State level officials

Goal:

- To understand the perception of state level officials about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (IPC pillar) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to UNICEF's support and assistance and your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared**

with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 35 to 45 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the ‘why?’ and ‘how?’ of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of activities supported by UNICEF under IPC pillar:

Interventions	Sub-Activities
Improve Infection Prevention and Control (IPC) in health care facilities (HCF)	<p>Support assessment, planning, implementation and monitoring of infection prevention and control measures in isolation wards and quarantine facilities and high-risk health facilities (that may receive COVID-19 patients). UNICEF will provide technical assistance to support implementation and monitoring of the implementation of the identified IPC measures.</p> <p>Institutionalizing capacity building: Along with the roll out of the costed IPC action plan, capacity building of state, district and block level stakeholders will be carried out to impart knowledge and emphasize the criticality of the WASH and IPC practices in order to enhance our preparedness and response to COVID -19. These capacity development initiatives will also focus on how hygienic practices, safe water and bio medical waste management impact the overall health and wellbeing of patients at the healthcare facilities.</p>
Ensure provision of critical medical and WASH supplies and services	<p>Support procurement services when required by States or Central level and whether manageable via UNICEF. Such procurement services will be processed via supply division or locally, will require MOU with government.</p> <p>Provide technical assistance for continuity of WASH services in high risk communities, to ensure availability of safe water for drinking, personal and household hygiene, access to functional latrines and safe management of waste.</p>

Interventions	Sub-Activities
	Support data collection and analysis to inform WASH service deliveries in support to most affected communities
	Support IPC practices in communities with both software and hardware , for example facilitation of social distancing around communal water points and community toilets, hand washing with water and soap, including the installation of hand washing stations in high risk high traffic locations.
	Provide technical assistance for the provision of critical supplies , including hand sanitizers, soaps, PPEs, hand washing stations, etc.; including supporting government counterparts with mapping of urgent requirement and allocation of supplies for high risk locations; leverage resources for provision of these supplies to critical locations, and facilitate in kind donation of such supplies by corporates; and procurement of critical supplies where government cannot meet the demand.
	Solid Waste management: inform/train and equip pickers/contractors/professionals for continued but safe waste removal/disposal, ensuring that they use safety measures and that they are equipped with PPEs.

Q No.	Questions
A. Support and Assistance (activities) provided by UNICEF, Alignment of IPC activities with government priorities, and Challenges	
1.	<ul style="list-style-type: none"> We have been informed that you are involved in <activities stakeholder can comment on> related activities w.r.t. infection prevention and control (IPC) under COVID-19 response in <<STATE NAME>>. Could you tell us more about your role in the implementation of these activities? <ul style="list-style-type: none"> When these activities were planned (which month) and when were they rolled out/implemented? <p>Probe: What geography was covered (urban/rural/both)?</p> <ul style="list-style-type: none"> How these activities are relevant or significant (<i>on a scale of relevant, partially relevant or not relevant</i>) in context of your state and how these have contributed towards infection prevention? Can you explain with an example? <ul style="list-style-type: none"> Do you think there were some activities that were not relevant or partially relevant to your state? What were these? Were these activities designed/planned at the state level or were they based on national guidelines? What are government priorities related to IPC in your state? How are UNICEF's IPC related activities aligned with government's priorities and plan?
2.	<ul style="list-style-type: none"> Do you think COVID-19 IPC related activities (technical support in terms of planning, monitoring, guidelines, supplies and services) have effectively been able to address the current needs of <<STATE NAME>> in terms of COVID-19 response? If no, then why not and what can be done to improve the effectiveness of UNICEF's COVID-19 response in <<STATE NAME>>? <ul style="list-style-type: none"> If yes, what do you think have been the most effective activities? Why? How you rate these activities <i>on a scale of highly effective, partially effective or less effective</i>?

Q No.	Questions
	<ul style="list-style-type: none"> • In your opinion, what has been some of the major challenges (<i>implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services</i>) related to IPC activities? <ul style="list-style-type: none"> ◦ How these challenges which you mentioned above were addressed? ◦ Do you think UNICEF's support/contribution have effectively been able to respond to some of the challenges you just spoke about? • Was there any delay in implementation of IPC related activities? If yes, why? What are some of the supplies or services that have been stalled or delayed? How did UNICEF and state manage the demand in this case? • How did state manage the demand during implementation of IPC related activities?
B. Coverage of UNICEF activities/support, stakeholders/community members involved, Marginalized- hard to reach population/ those with greater chances of being excluded from the support and services /Vulnerable population- population at greater risk and need support, coverage, and Sources/mediums used	
3.	<ul style="list-style-type: none"> • Who are the community members/stakeholders covered under IPC related activities you mentioned previously as part of UNICEF's COVID-19 response? • Who in <>STATE NAME<> would you say are the most marginalized/the most vulnerable who are most affected by the pandemic with respect to IPC and essential services? • Are there any areas, groups or communities which are highly affected without much provision of health and wash essentials services during lock down and post lock down? What are the reasons? What could have been done better to ensure that they receive supplies and services? <ul style="list-style-type: none"> ◦ Did these groups change over time, as the crisis unfolded?
4.	<ul style="list-style-type: none"> • What are the various platforms/delivery mechanism being used to implement/providing IPC related support and services to the targeted community, including the most vulnerable populations? <p>Probe: Effective sources/mediums especially during the lock-down</p> <ul style="list-style-type: none"> • How it is been ensured that IPC related support and services are reaching to the vulnerable population? Could you explain with an example?
C. Adaptation as per emerging local needs	
5.	<ul style="list-style-type: none"> • COVID-19 has proven to be a very dynamic crisis, and situations in <>STATE NAME<> change quickly. According to the changing needs did the IPC services/support change over time in response to the situation in <>STATE NAME<>?? If yes, then how? Could you explain with an example? <p>Probe: Change in type of services or materials with changing priorities? Increase/decrease in frequency/quantity? Quality of material/services?</p>
D. Capacity building/trainings, Existing Resources	
6.	<ul style="list-style-type: none"> • How institutionalized capacity building/trainings being carried out and what are these trainings about? <ol style="list-style-type: none"> I. What is UNICEF's role in these sessions?

Q No.	Questions
	<p>a. How the quality of these orientations/training were measured?</p> <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered frequency of training</p> <ul style="list-style-type: none"> What were some of the challenges/problems you faced with the capacity building sessions and how were they addressed? <p>Probe: How would you rate UNICEF's contribution in terms of capacity building /training out of 5 (Where 5 is the highest rating and 1 being the lowest)? What are the reasons for giving this rating?</p> <ul style="list-style-type: none"> How COVID-19 IPC related activities were adapted to the existing capacities in terms of <ol style="list-style-type: none"> Financial resources Technical support provided by partners, Logistics and infrastructural capabilities of the state <p>Can you give us some examples?</p> <ul style="list-style-type: none"> Do you think that the existing resources (Human and Financial) are adequate for smooth implementation of IPC related activities? If no, how did the state manage to provide IPC related support?
E. Partnership and coordination mechanism	
7.	<ul style="list-style-type: none"> What partners/donors does UNICEF work with at the State-level for IPC related supplies/services? Are there other development partners working with you (state) directly but not with UNICEF on COVID-19 related infection prevention and control? If yes, who are those? What different activities each of these partners are doing? <ul style="list-style-type: none"> What are reasons to have these additional partnerships? What is UNICEF's unique value proposition vs. another development partner? How effective do you think state's partnership with UNICEF has been in prevention infection? <p>Probe: Do you think UNICEF should broaden/reduce its engagement spectrum? Why would you say so?</p> <ul style="list-style-type: none"> Do you feel that there has been any duplication or gaps in terms of the COVID-19 related IPC activities in your state? If yes, what are these duplication or gaps? How can these be minimized?
8.	<ul style="list-style-type: none"> What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners? <p>Probe: Scheduled meetings, best practices sharing, how are lessons learned captured</p> <ul style="list-style-type: none"> What are some of the challenges you have faced in terms of partnership and coordination with various partners/donors, especially UNICEF? How can coordination be improved with these partners/donors? <ul style="list-style-type: none"> What can UNICEF do, specifically to improve the coordination? <p>Note: WHO is an important partner of UNICEF and both work together on the same types of activities. It is considered as partnership work. We need to capture duplication of efforts by other development agencies which are implementing similar activities in the state.</p>

Q No.	Questions
F. Monitoring and Evaluation	
9.	<ul style="list-style-type: none"> • Are there any reporting mechanisms in place to track the progress of COVID-19 related IPC activities in your state? If yes, please elaborate on the process and its frequency of reporting? <ul style="list-style-type: none"> (i) How the quality and timely delivery of supplies and services is being ensured? (ii) According to you, how reliable these reporting mechanisms are (Very reliable, somewhat reliable and not reliable) and what are the reasons for trusting or not trusting the data? • Does UNICEF support you in any IPC related monitoring/reporting activities as part of COVID-19 response? If yes, how? <p>Probe: Whether disaggregated data available (for male/female, age group-children, adolescents, vulnerable groups etc.)</p> <ul style="list-style-type: none"> • How do you utilize this data/findings collected via monitoring? • Do you have any community feedback mechanism in place where community member can share their feedback and concern related to COVID services and supplies? If yes, please explain. How do you incorporate the community's feedback to inform your work? <p>Probe: Can you give a recent example where the state implemented community's feedback?</p> <ul style="list-style-type: none"> • What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities? How were these addressed? • What are some of the areas that need to be improved/revised? How can UNICEF help in terms of improving monitoring and tracking mechanism?
G. Challenges and Suggestions	
10.	<ul style="list-style-type: none"> • What are the key challenges faced in the <i>overall</i> COVID-19 response related IPC activities? • What are three things that UNICEF can do that would significantly improve the <ul style="list-style-type: none"> I. Effectiveness II. Efficiency III. Equity <p>Of COVID-19 response w.r.t. IPC in your state?</p> <p>Probe: Vaccine related cold storage, current IPC activities such as HCF assessments, critical supplies and services, etc.? In your opinion do the current IPC activities should continue in the future? How can the ongoing activities be improved?</p> <p><i>In case the respondent fails to answer, recall some of the challenges and problems they highlighted through the interview and ask them about recommendations. Try to capture how these suggestions/recommendations can be implemented?</i></p> <ul style="list-style-type: none"> • Is there anything else that you would like to add or share with us related to UNICEF's COVID-19 response? Do you have any question for us?

Discussion Guide-Government District/Block level officials

Time: 35-45 minutes

Respondent: District/Block level officials

Goal:

- To understand the perception of district/block level officials about the relevance, coverage, efficiency and effectiveness of UNICEF's COVID-19 response (IPC pillar) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to UNICEF's support and assistance and your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 35 to 45 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give you consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of activities undertaken under Pillar IPC:

Interventions	Sub-Activities
Improve Infection Prevention and Control (IPC) in health care facilities	<p>Support assessment, planning, implementation and monitoring of infection prevention and control measures in isolation wards and quarantine facilities and high-risk health facilities (that may receive COVID-19 patients). UNICEF will provide technical assistance to support implementation and monitoring of the implementation of the identified IPC measures.</p>
	<p>Institutionalizing capacity building: Along with the roll out of the costed IPC action plan, capacity building of state, district and block level stakeholders will be carried out to impart knowledge and emphasize the criticality of the WASH and IPC practices in order to enhance our preparedness and response to COVID -19. These capacity development initiatives will also focus on how hygienic practices, safe water and bio medical waste management impact the overall health and wellbeing of patients at the healthcare facilities.</p>
Ensure provision of critical medical and WASH supplies and services	<p>Support procurement services when required by States or Central level and whether manageable via UNICEF. Such procurement services will be processed via supply division or locally, will require MOU with government.</p> <p>Provide technical assistance for continuity of WASH services in high risk communities, to ensure availability of safe water for drinking, personal and household hygiene, access to functional latrines and safe management of waste.</p>
	<p>Support data collection and analysis to inform WASH service deliveries in support to most affected communities</p>
	<p>Support IPC practices in communities with both software and hardware, for example facilitation of social distancing around communal water points and community toilets, hand washing with water and soap, including the installation of hand washing stations in high risk high traffic locations.</p>
	<p>Provide technical assistance for the provision of critical supplies, including hand sanitizers, soaps, PPEs, hand washing stations, etc.; including supporting government counterparts with mapping of urgent requirement and allocation of supplies for high risk locations; leverage resources for provision of these supplies to critical locations, and facilitate in kind donation of such supplies by corporates; and procurement of critical supplies where government cannot meet the demand.</p>
	<p>Solid Waste management: inform/train and equip pickers/contractors/professionals for continued but safe waste removal/disposal, ensuring that they use safety measures and that they are equipped with PPEs.</p>

Q No.	Questions
A. Support and Assistance (activities) provided by UNICEF, Alignment of IPC activities with government	

Q No.	Questions
priorities, and Challenges	
1.	<ul style="list-style-type: none"> We have been informed that you are involved in <activities stakeholder can comment on> related activities w.r.t. infection prevention and control (IPC) under COVID-19 response in your district/block. Could you tell us more about your role in the implementation of these activities? <ul style="list-style-type: none"> When these activities were planned (which month) and when were they rolled out/implemented? <p>Probe: What geography was covered (urban/rural/both)?</p> <ul style="list-style-type: none"> How these UNICEF supported activities are relevant or significant (<i>on a scale of relevant, partially relevant or not relevant</i>) in context of your district/block and how these have contributed towards infection prevention? Can you explain with an example? <ul style="list-style-type: none"> Do you think there were some activities that were not relevant or partially relevant to your state? What were these? What are the activities where the government requested UNICEF's support and why? <p>Probe: Technical support in planning, providing supplies/material, developing guidelines/protocols, roll out activities through UNICEF partners/network, etc.</p> <ul style="list-style-type: none"> Do you think these COVID-19 IPC related activities (technical support in terms of planning, monitoring, guidelines, supplies and services) have effectively been able to address the current needs of the district/block in terms of COVID-19 response? If no, then why not and what can be done to improve the effectiveness of UNICEF's COVID-19 response in your district? <ul style="list-style-type: none"> If yes, what do you think have been the most effective activities? Why? How you rate these activities <i>on a scale of highly effective, partially effective or less effective</i>?
2.	<ul style="list-style-type: none"> How much time does it take to typically implement IPC related activities? Was there any delay in implementation of IPC related activities? If yes, what are some of the supplies or services that have been stalled or delayed and what are the reasons? How did you (local government) manage the demand in this case? In your opinion, what has been some of the major challenges (<i>implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services</i>) related to IPC activities? <ul style="list-style-type: none"> How these challenges which you mentioned above were addressed? Do you think UNICEF's support/contribution have effectively been able to respond to some of the challenges you just spoke about?
B. Coverage of UNICEF activities/support, stakeholders/community members involved, Marginalized-hard to reach population/ those with greater chances of being excluded from the support and services /Vulnerable population- population at greater risk and need support, coverage, and Sources/mediums used	
3.	<ul style="list-style-type: none"> Who are the community members/stakeholders covered under IPC related activities you mentioned previously as part of UNICEF's COVID-19 response? Are there any areas, groups, communities in your district/block which are highly affected without much provision of health and wash essentials services during lock down and post lock

Q No.	Questions
	<p>down? What are the reasons? What could have been done better to ensure that they receive regular and quality supplies and services?</p> <p>Probe: Migrants, children (orphans, on the move), women, etc.</p>
4.	<ul style="list-style-type: none"> • What are the various platforms/delivery mechanism being used to implement/providing IPC related support and services to the targeted community, including the most vulnerable populations? <p>Probe: Effective sources/mediums especially during the lock-down</p> <ul style="list-style-type: none"> • How it is been ensured that IPC related support and services are reaching to the vulnerable population? Could you explain with an example?
C. Adaptation as per emerging local needs	
5.	<ul style="list-style-type: none"> • COVID-19 has proven to be a very dynamic crisis, and situations in districts/blocks change quickly. According to the changing needs did the IPC services/support change over time, in response to the situation in the district? If yes, then how? Could you explain with an example? <p>Probe: Change in type of services or materials with changing priorities? Increase/decrease in frequency/quantity? Quality of material/services?</p> <ul style="list-style-type: none"> (i) If you want to make any modification in the implementation process (Methods, supplies, services, modes, quantity etc.) based on the local needs, do you have the freedom to do that? How? Can you give us some examples? (ii) If some of the activities are not tailored or contextualized, what are the reasons?
D. Capacity building/trainings, Existing Resources	
6.	<ul style="list-style-type: none"> • How institutionalized capacity building/trainings being carried out and what is UNICEF's role in these sessions? How the quality of these orientations/training were measured? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered frequency of training</p> <ul style="list-style-type: none"> (i) What were some of the challenges/problems you faced with the capacity building sessions and how were they addressed? • How COVID-19 IPC related activities were adapted to the existing capacities in terms of <ul style="list-style-type: none"> I. Financial resources II. Technical support provided by partners, III. Logistics and infrastructural capabilities of the state Can you give us some examples? <p>Probe: Did the state/district mobilize resources from any other source? How and why? How did the additional resources help the state deliver efficiently?</p> <ul style="list-style-type: none"> • Were the implementation cadres able to implement IPC activities as per their existing capabilities (ability to do given their workload and multiple engagements in various activities) or did they face any challenge? How these challenges were dealt positively?
E. Partnership and coordination mechanism	
7.	<ul style="list-style-type: none"> • What partners/donors does UNICEF work with in your district/block for IPC related

Q No.	Questions
	<p>supplies/services? Which other development partners are working on COVID-19 related IPC activities in your district?</p> <ul style="list-style-type: none"> How effective do you think partnership with UNICEF has been and why? What is UNICEF's unique value proposition as a partner? Why would you work with them over others? <p>Probe: Do you think UNICEF should broaden/reduce its engagement spectrum? Why would you say so?</p> <ul style="list-style-type: none"> Do you feel that there has been any duplication in terms of the COVID-19 related IPC activities in your district/block? If yes, what are these duplication? How can these be minimized?
8.	<ul style="list-style-type: none"> How do you coordinate with UNICEF (or state) for IPC related demand and supply? How long does it take for UNICEF to respond to those needs?
9.	<ul style="list-style-type: none"> What are some of the challenges you faced in terms of partnership and coordination with various partners/donors? What can UNICEF do specifically to improve the coordination? <p>Note: WHO is an important partner of UNICEF and both work together on the same types of activities. It is considered as partnership work. We need to capture duplication of efforts by other development agencies which are implementing similar activities in the state.</p>
F. Monitoring and Evaluation	
10.	<ul style="list-style-type: none"> Are there any reporting mechanisms in place to track the progress of COVID-19 related IPC activities in your district/block? If yes, please elaborate on the process and its frequency of reporting. <ul style="list-style-type: none"> How does the quality and timely delivery of supplies and services is being ensured? Does UNICEF support you in any IPC related monitoring/reporting activities as part of COVID-19 response? If yes, how? <p>Probe: Whether disaggregated is data available (for male/female, age group-children, adolescents, vulnerable groups etc.,</p> <ul style="list-style-type: none"> How do you utilize this data/findings collected via monitoring? <p>Probe: Is it used to learn the lessons and improve the efficiency and effectiveness of the ongoing activities? Can you state an example?</p> <ul style="list-style-type: none"> Do you have any community feedback mechanism in place where community member can share their feedback and concern related to COVID services and supplies? How do you incorporate the community's feedback to inform your work? <p>Probe: Can you give a recent example where the government or UNICEF implemented community's feedback?</p> <ul style="list-style-type: none"> Do you have any feedback mechanism to the state where you report back on the issues identified/faced? If yes, how well does this function? <ul style="list-style-type: none"> Have your concerns been addressed? Can you give any example? What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities? How were these addressed?
11.	<ul style="list-style-type: none"> What according to you are the areas/activities supported and implemented by UNICEF have shown progress/achievements and what are the activities/areas which need improvement? How these can be improved?

Q No.	Questions
	Probe: What are the reasons behind poor performance?
G. Challenges and Suggestions	
12.	<ul style="list-style-type: none"> • What are the key challenges faced in the overall COVID-19 response related IPC activities? • What are three things that UNICEF and State government can do that would significantly improve the overall COVID-19 response w.r.t. IPC in your district/block? <p>Probe: Vaccine related cold storage, current IPC activities such as HCF assessments, critical supplies and services, etc.? In your opinion do the current IPC activities should continue in the future? How can the ongoing activities be improved?</p> <p><i>In case the respondent fails to answer, recall some of the challenges and problems they highlighted through the interview and ask them about recommendations. Try to capture how these suggestions/recommendations can be implemented?</i></p> <ul style="list-style-type: none"> • Is there anything else that you would like to add or share with us related to UNICEF's COVID-19 response? Do you have any question for us?

Discussion Guide-CSO/NGO/implementing partner(s)

Time: 35-45 minutes

Respondent: CSO/NGO/implementing partner

Goal:

- To understand the perception of donors, CSO/NGO/implementing partners about the relevance, coverage, efficiency and effectiveness of UNICEF's COVID-19 response (IPC pillar) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to UNICEF's support and assistance and your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of any partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 35 to 45 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give you consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the ‘why?’ and ‘how?’ of the stated response. For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of activities undertaken under Pillar IPC:

Interventions	Sub-Activities
Improve Infection Prevention and Control (IPC) in health care facilities	<p>Support assessment, planning, implementation and monitoring of infection prevention and control measures in isolation wards and quarantine facilities and high-risk health facilities (that may receive COVID-19 patients). UNICEF will provide technical assistance to support implementation and monitoring of the implementation of the identified IPC measures.</p> <p>Institutionalizing capacity building: Along with the roll out of the costed IPC action plan, capacity building of state, district and block level stakeholders will be carried out to impart knowledge and emphasize the criticality of the WASH and IPC practices in order to enhance our preparedness and response to COVID -19. These capacity development initiatives will also focus on how hygienic practices, safe water and bio medical waste management impact the overall health and wellbeing of patients at the healthcare facilities.</p>
Ensure provision of critical medical and WASH supplies and services	<p>Support procurement services when required by States or Central level and whether manageable via UNICEF. Such procurement services will be processed via supply division or locally, will require MOU with government.</p> <p>Provide technical assistance for continuity of WASH services in high risk communities, to ensure availability of safe water for drinking, personal and household hygiene, access</p>

Interventions	Sub-Activities
	to functional latrines and safe management of waste.
	Support data collection and analysis to inform WASH service deliveries in support to most affected communities
	Support IPC practices in communities with both software and hardware , for example facilitation of social distancing around communal water points and community toilets, hand washing with water and soap, including the installation of hand washing stations in high risk high traffic locations.
	Provide technical assistance for the provision of critical supplies , including hand sanitizers, soaps, PPEs, hand washing stations, etc.; including supporting government counterparts with mapping of urgent requirement and allocation of supplies for high risk locations; leverage resources for provision of these supplies to critical locations, and facilitate in kind donation of such supplies by corporates; and procurement of critical supplies where government cannot meet the demand.
	Solid Waste management: inform/train and equip pickers/contractors/professionals for continued but safe waste removal/disposal, ensuring that they use safety measures and that they are equipped with PPEs.

Q No.	Questions
A. Implementation, Challenges and Contextualization	
1.	<ul style="list-style-type: none"> We have been informed that you are involved in <activities stakeholder can comment on> related activities w.r.t. infection prevention and control (IPC) under COVID-19 response in your area. Could you tell us more about your role in the implementation of these activities? Probe: When did each specific activity start, which specific geography was covered (Rural/Urban/both)? How each activity is carried out and how these activities are contributing towards COVID infection prevention and Control? IPC supplies/services and overall support modified as per local requirements? How these activities are relevant or significant (<i>on a scale of relevant, partially relevant or not relevant</i>) in context of your area and how these have contributed towards infection prevention? Can you explain with an example?
2.	<ul style="list-style-type: none"> What are some of the supplies or services that have been stalled or delayed? Why according to you were they delayed and how was the local demand managed in this case?
3.	<ul style="list-style-type: none"> Do you think these activities (supplies and services) have <i>effectively</i> been able to address the current local needs in terms of COVID-19 response? If no, then why not and what can be done to improve the effectiveness of UNICEF's COVID-19 response in? <ul style="list-style-type: none"> How effective these activities are (<i>on a scale of effective, partially effective or not effective</i>)? In your opinion, what are the challenges (<i>Implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services, etc.</i>) in implementing IPC related activities? How these challenges which you

Q No.	Questions
	<p>mentioned above were addressed?</p> <p>Probe: Kindly mention all challenges in an order of its importance/criticality (starting from the most important to somewhat important)?</p>
	<p>B. Coverage - stakeholders/community members involved/covered, Marginalized- hard to reach population/Vulnerable population.</p>
4.	<ul style="list-style-type: none"> • Who are the community members/stakeholders covered under IPC related activities you mentioned previously as part of UNICEF's COVID-19 response? • What are some of the communities/ groups, areas/pockets (most marginalized/the most vulnerable) in your areas where supplies and services are not reaching adequately? What would be some of the services/supplies which are not reaching these pockets/populations? Why are they being left out?? <ul style="list-style-type: none"> ○ What can be done to ensure that they receive supplies and services? ○ What can be done to improve the coverage? • How it is being ensured that IPC related support and services are reaching to the vulnerable population? • Do you think these marginalized/vulnerable groups found the services/interventions met their needs? <p>Probe: Migrants, children (orphans, on the move), women, etc.</p>
	<p>C. Adaptation as per emerging local needs</p>
5.	<ul style="list-style-type: none"> • Are activities around IPC (supplies and services) tailored to the local needs/context of the area before being implemented, given the changing priorities? If some of the activities are not modified (tailored or contextualized), what are the reasons? <p>Probe: change in type of services or materials with changing priorities? Increase/decrease in frequency/quantity? Quality of material/services?</p>
6.	<ul style="list-style-type: none"> • How IPC related activities were adapted to the existing capacities of the implementation cadre? Give us some examples. <ul style="list-style-type: none"> (i) Were existing capacities of the implementing cadre enough to support IPC activities/response (ability to do given their workload and multiple engagements in various activities)? Were any adjustments made in this respect? Give us some examples. • How frequently are implementation cadre (For Health – nurses, healthcare staff, doctors; For WASH – FLWs, SHGs, etc.) being oriented and have been provided with continuous guidance on IPC? • Do you think that the existing resources (Human and Financial) are adequate for smooth implementation of IPC related activities? If no, how did you manage to provide IPC related support?
7.	<ul style="list-style-type: none"> • Do you think UNICEF has been able to provide <i>timely and adequate support</i> with the changing nature of the crises? Do you think UNICEF's support could have been implemented faster? Can you give examples of activities that could have been implemented faster or better?
	<p>D. Partnership</p>

Q No.	Questions
8.	<ul style="list-style-type: none"> How effective do you think is your partnership with UNICEF? What are the things that are working out better, and what things that can be improved? <p>Probe: Do you think UNICEF should broaden/reduce its engagement spectrum? Why would you say so?</p> <ul style="list-style-type: none"> Are there other development partners working with you (CSO/NGO) directly but not with UNICEF on COVID-19 related infection prevention and control? If yes, who are those? What different activities each of these partners are doing? Do you feel that there has been any duplication in terms of the COVID-19 related IPC activities? If yes, what are these duplication? How can these be minimized?
E. Monitoring and Evaluation	
9.	<ul style="list-style-type: none"> Do you have any reporting mechanisms in place to track the progress of COVID-19 related IPC activities? If yes, please elaborate on the process and its frequency of reporting. <ul style="list-style-type: none"> How does the quality and timely delivery of supplies and services is being ensured? Does UNICEF support you in any IPC related monitoring/reporting activities as part of COVID-19 response? If yes, how? Do you have any community feedback mechanism in place where community member can share their feedback and concern related to COVID services and supplies? If yes, please explain. How do you incorporate the community's feedback to inform your work? <p>Probe: Can you give a recent example where community's feedback was incorporated?</p> <ul style="list-style-type: none"> Are there any challenges in terms of monitoring and tracking the progress of the activities? If yes, please elaborate?
F. Challenges and Suggestions	
10.	<ul style="list-style-type: none"> What are some of the challenges faced by you related to the implementation of IPC activities? What three things can be done to improve the overall COVID response? <p>Probe: In case the respondent fails to answer, recall some of the challenges and problems they highlighted through the interview and ask them about recommendations. Try to capture how these suggestions/recommendations can be implemented? Going forward, what next can UNICEF focus more on?)</p> <ul style="list-style-type: none"> Is there anything else that you would like to add or share with us related to UNICEF's COVID-19 response? Do you have any question for us?

Pillar 3: Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management

Discussion Guide – UNICEF state level officials

Goal:

- To understand the perception of stakeholders about the relevance, efficiency, sustainability and effectiveness of UNICEF's COVID-19 response (Pillar 3 - Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.

- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to support continuity of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) services during COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take **45 to 60** minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Interviewer (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response. For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are

the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Intervention Area
Strengthening community outreach delivery platforms for COVID-19, immunization and RMNCAH+N services through mentoring and supportive supervision of immunization sessions / Village Health Sanitation and Nutrition Day VHSND / Urban Health Sanitation and Nutrition Days (UHSNDs) and Growth Monitoring and Promotion. Support will focus on session micro planning and face to face as well as remote monitoring support provided to frontline health workers in organizing VHSND days and Growth Monitoring and Promotion. Support will also focus on district health management support in planning and supporting VHSNDs, Growth Monitoring and Promotion and tracking
Supporting scaling up of key national flagship primary health care interventions including midwifery, adolescent health (school and community outreach programs) and community new-born and child health initiatives including Mothers' Absolute Affection (MAA) program, Anemia Mukt Bharat program, Home Based New-born Care (HBNC) and Home-Based Young Childcare (HBYC), through the development of e-modules and, (mentoring and supportive supervision of programs by national and state centers of excellence and professional associations through virtual platforms.
Strengthen institutions and professional associations and support a network for providing mentoring and supportive supervision for Quality of facility-based pregnancy and new-born and childcare services at aspirational district health facilities to ensure COVID-19 adapted service packages
Support health system resilience through safety and psychosocial wellness interventions for health care providers
Strengthen roll out of POSHAN Abhiyan and promote convergence across various Ministries and Departments to leverage the Nutrition Sensitive Actions. Further support the intensification of key priority interventions identified during Poshan Maah while maintaining the COVID related precautions. Strengthen Jan Andolan for Poshan (community mobilization and SBCC) to enhance demand generation for nutrition services and practices.

Respondent Category: UNICEF Official (State Level)	
	<p><i>Moderator to read this out before starting with the questions:</i></p> <p>Before commencing with the questions I would just like to inform you that the goal of this interview is to understand your perception and opinion about the relevance, efficiency, sustainability and effectiveness of UNICEF's COVID-19 response for continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>.</p> <p>It'll be helpful if you could provide specific examples and highlight achievement and gaps which can be taken into account to strengthen the overall response.</p> <p>I will begin with the questions.</p>
1	<p>What are the different support activities UNICEF has provided in your state for the continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>?</p>

	Respondent Category: UNICEF Official (State Level)
	<p>In your opinion, how have UNICEF response activities facilitated continuity of <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? In your opinion, were these activities relevant? Do you think UNICEF's support was in line with the needs of children and the most marginalized families?</p> <p>Probe: <<For Health Stakeholders/Respondents use these probes: Was UNICEF support able to facilitate supply and procurement essential supplies? Did UNICEF support contributed towards cold chain strengthening as well as system strengthening? Was UNICEF's support helpful in promotion of institutional delivery services, care of sick new-borns and essential new-born care, etc.? Can you give examples to support your answer?</p> <p>For Nutrition Stakeholders/Respondents use these probes: Was UNICEF's support able to facilitate continuity of complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls. Can You give examples to support your answer?>></p> <ul style="list-style-type: none"> • What were some of the activities which were disrupted during the pandemic? Why and when? When were they resumed? How did their disruption impact the target population - children and women?
2	<p>UNICEF's response plan is divided across different pillars << For health section: and Health Program, specifically, is divided amongst pillar 2 & 3.>>. Are you aware of the same? Do you think that the current structure of the response plan is relevant in the current times? To what extent response plan was followed during the implementation? If any deviation, what are the reasons? In your opinion, how feasible is the response plan in the evolving situation and changing needs and priority?</p> <p>Probe: Why? What kind of changes can be introduced that would improve the relevance of the response plan?</p>
3	<ul style="list-style-type: none"> • In your opinion, who is the most vulnerable population when it comes to services like <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? <p>Probe: breastfeeding women, pregnant women, women in reproductive age, young children, adolescents, new-born children, vulnerable population in hard to reach pockets, and <<for nutrition - SAM children>> etc.</p> <ul style="list-style-type: none"> • Now that the country is experiencing a third wave of COVID19 with the Omicron variant, do you think there are any more vulnerable groups that UNICEF should focus on? • What were some of the challenges faced to reach this vulnerable population you just mentioned?
4	<ul style="list-style-type: none"> • Do you think that UNICEF's response is reachable and accessible to the vulnerable population you mentioned previously? What are the different activities that have been tailored/aligned to address the needs of this vulnerable groups/population you just mentioned? Can you give examples? <ul style="list-style-type: none"> o What is the evidence to support its reach and coverage? <p>Probe: (Ask about activities/support which has been provided to ensure the reach for each vulnerable group which the responded has mentioned in the previous question)</p> <ul style="list-style-type: none"> • Does UNICEF collect sex and age segregated data for RMNCHA services like <<For Health

	Respondent Category: UNICEF Official (State Level)
	<p>mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> to inform its COVID-19 response?</p> <p>How does it collect and how is this data utilized at the state level?</p> <ul style="list-style-type: none"> • Were any measures undertaken to increase the reach during the second wave? Can you give examples? Now that we are experiencing another COVID wave, do you think any measures have been put in place to expand the coverage in the third wave?
5	<ul style="list-style-type: none"> • In your opinion, is the currently available <ol style="list-style-type: none"> a. UNICEF human resource (staff and consultants) and b. financial resource <p>Sufficient to support all the activities that UNICEF is supporting to ensure the continuity of RMNCHA services? Do you think there are some gaps? Are there any areas where there is insufficient human or financial resource?</p> <p>Probe: Are both human as well as financial resources enough? If no, then can you give examples for each category to support your response?</p> • Do you think the human and financial resources are being used efficiently by UNICEF? Why would you say so?
6	<ul style="list-style-type: none"> • Has UNICEF provided any capacity building support to ensure the continuity of services like<<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> during COVID-19? What are these trainings about? How the quality of these orientations/training were measured? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p>
7	<ul style="list-style-type: none"> • In your opinion, how timely UNICEF's response has been to support continuity of RMNCHA services especially <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>? Can you give an example to support your answer? <p>Probes:</p> <ol style="list-style-type: none"> 1. How quickly capacity building support, advocacy support, support towards developing SoPs and guidelines was provided, etc. 2. If no, then what were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's RMNCHA service response? 3. Did you observe any difference in UNICEF's response time during the period when there were lockdowns in the country or in your state? Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference? Are you facing any delays now, given that the country is dealing with the Omicron third wave?

Respondent Category: UNICEF Official (State Level)	
8	<ul style="list-style-type: none"> How UNICEF has leveraged existing partnerships at state level to facilitate the efficient implementation of activities supporting continuity of <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>? Did UNICEF establish any new partnerships? Why and how did these contribute towards an efficient response? How are the outputs and outcomes of these partnerships monitored? <ul style="list-style-type: none"> What are some of the challenges faced with existing and new partnerships for continuity of RMNCHA services? How were these addressed? o What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners at state level?
9	<ul style="list-style-type: none"> What have been some of the major challenges related to this pillar that have lowered the efficiency of UNICEF's COVID response w.r.t. <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>? <p>Probes: planning and implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services</p> <ul style="list-style-type: none"> What can be done to improve the efficiency of UNICEF's response towards continuity of <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>?
10	<ul style="list-style-type: none"> How and to what extent is UNICEF adapting its activities w.r.t. continuity of <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>? What can be done to improve the effectiveness of UNICEF's RMNCHA service response? <p>Probe: Can you give examples of activities/support which was adapted to address the crisis situation during the second wave? Have any adaptation been introduced to address the current/third wave?</p> <ul style="list-style-type: none"> What are some of the mechanisms (if any) that UNICEF employs to learn from the challenges faced so far? Can you give examples? <p>Probe: focus on evidence and learning activities, are there any examples of interventions driving gender responsive work in the COVID response which can be highlighted?</p>
11	<ul style="list-style-type: none"> I asked you earlier about how relevant UNICEF's actions have been to the needs of the most marginalized. I'd now like to understand from you – what you think – has been the most 'effective' activity that has 'effectively met' the needs of the most marginalized in your state – and ensured that services continued to be delivered. <ul style="list-style-type: none"> Did this activity ensure that services like <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> in your state continued in some form or another?

	Respondent Category: UNICEF Official (State Level)
	Probe: Was there any difference in the effectiveness of UNICEF's response across the 2 COVID waves in India? Can you give examples from the two waves to support your answer?
12	<ul style="list-style-type: none"> Can you tell us a little about the kind of advocacy that UNICEF has undertaken with the government to ensure the continuity of services like << For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>? <ul style="list-style-type: none"> In your opinion, how effective has UNICEF's advocacy been towards an improved COVID-19 response w.r.t the above mentioned services? Are you aware of any programmatic strategies and policy recommendations which UNICEF suggested to strengthen the overall response? How have they changed/impacted the COVID-19 response towards continuity of RMNCHA services and system strengthening? <p>Probe: Can you please share examples</p>
13	<ul style="list-style-type: none"> Have there been any unintended outcomes (positive and negative) of UNICEF's response towards continuity of the services like (i.e. << For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>) that need to be either reinforced or mitigated?
14	Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?
15	<ul style="list-style-type: none"> How has UNICEF used/ leveraged its pre-existing mechanisms (partnerships and institutions) to ensure continuity of <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>><<for nutrition - Centre for Excellence>>? How did the pre-existing mechanisms contributed towards continuity of RMNCHA+ services? Can you explain with an example? What systems has UNICEF developed to ensure continuity of services and system strengthening in the long run? How have they contributed towards ensuring continuity of <<For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>? Can you explain with an example? Are there any outcomes of UNICEF's support w.r.t RMNCHA services that will sustain after the end of the pandemic?

Moderator to read this out loud at the end of the interview:

That's all with my/our questions. Would you like to add any other information which you think will help this evaluation?

<<Yes/No.>>

Discussion Guides – Government State level and District/Block officials

Goal:

- To understand the perception of stakeholders about the relevance, efficiency, sustainability and effectiveness of UNICEF's COVID-19 response (Pillar 3 - Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to support continuity of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) services during COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take **30 to 45** minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.

- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Intervention Area
Strengthening community outreach delivery platforms for COVID-19, immunization and RMNCAH+N services through mentoring and supportive supervision of immunization sessions / Village Health Sanitation and Nutrition Day VHSND / Urban Health Sanitation and Nutrition Days (UHSNDs) and Growth Monitoring and Promotion. Support will focus on session micro planning and face to face as well as remote monitoring support provided to frontline health workers in organizing VHSND days and Growth Monitoring and Promotion. Support will also focus on district health management support in planning and supporting VHSNDs, Growth Monitoring and Promotion and tracking
Supporting scaling up of key national flagship primary health care interventions including midwifery, adolescent health (school and community outreach programs) and community new-born and child health initiatives including Mothers' Absolute Affection (MAA) program, Anaemia Mukt Bharat program, Home Based New-born Care (HBNC) and Home-Based Young Childcare (HBYC), through the development of e-modules and, (mentoring and supportive supervision of programs by national and state centers of excellence and professional associations through virtual platforms.
Strengthen institutions and professional associations and support a network for providing mentoring and supportive supervision for Quality of facility-based pregnancy and new-born and childcare services at aspirational district health facilities to ensure COVID-19 adapted service packages
Support health system resilience through safety and psychosocial wellness interventions for health care providers
Strengthen roll out of POSHAN Abhiyaan and promote convergence across various Ministries and Departments to leverage the Nutrition Sensitive Actions. Further support the intensification of key priority interventions identified during Poshan Maah while maintaining the COVID related precautions. Strengthen Jan Andolan for Poshan (community mobilization and SBCC) to enhance demand generation for nutrition services and practices.

Government State
<p><i>Moderator to read this out before starting with the questions:</i></p> <p>Before commencing with the questions I would just like to inform you that the goal of this interview is to understand your perception and opinion about the relevance, efficiency, sustainability and effectiveness of UNICEF's COVID-19 response for continuity of <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>.</p> <p>It'll be helpful if you could provide specific examples and highlight achievement and gaps which can be taken into account to strengthen the overall response.</p> <p>I will begin with the questions.</p>

Government State	
1	<p>Are you aware of the kind of support UNICEF has provided for the continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> in your state?</p> <ul style="list-style-type: none"> In your opinion, how have UNICEF response activities facilitated continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? In your opinion, were these activities relevant? Do you think UNICEF's support was in line with the needs of children and the most marginalized families? <p>Probe: <>For Health Stakeholders/Respondents use these probes: Was UNICEF support able to facilitate supply and procurement essential supplies? Did UNICEF support contributed towards cold chain strengthening as well as system strengthening? Was UNICEF's support helpful in promotion of institutional delivery services, care of sick new-borns and essential new-born care, etc.? Can you give examples to support your answer?</p> <p>For Nutrition Stakeholders/Respondents use these probes: Was UNICEF's support able to facilitate continuity of complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls. Can You give examples to support your answer?>></p>
2	<ul style="list-style-type: none"> Who according to you is the most vulnerable population in your state when it comes to RMNCHA services like <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? <p>Probe: breastfeeding women, pregnant women, women in reproductive age, young children, adolescents, new-born children, vulnerable population in hard to reach pockets, and <>for nutrition - SAM children>> etc.</p> <ul style="list-style-type: none"> Now that the country is experiencing a third wave of COVID19 with the Omicron variant, do you think there are any more vulnerable groups that UNICEF should focus on? What were some of the challenges faced to reach this vulnerable population you just mentioned?
3	<ul style="list-style-type: none"> Do you think that activities supported by UNICEF are reachable and accessible to the vulnerable population you mentioned previously? What are the different activities that have been tailored/aligned by UNICEF to address the needs of this vulnerable groups/population you just mentioned? Can you give examples? <p>o What is the evidence to support its reach and coverage?</p> <p>Probe: (Ask about activities/support which has been provided to ensure the reach for each vulnerable group which the responded has mentioned in the previous question)</p> <ul style="list-style-type: none"> Were any measures undertaken by UNICEF to increase the reach during the second wave? Can you give examples? Now that we are experiencing another COVID wave, do you think any measures have been put in place to expand the coverage in the third wave?
4	<ul style="list-style-type: none"> Do you think that the resources: <ol style="list-style-type: none"> human financial

Government State	
	<p>allocated by UNICEF for roll out of its COVID-19 response activities w.r.t. continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> are sufficient? Why/Why not?</p> <p>- Do you think the human and financial resources are being used efficiently by UNICEF? Why would you say so?</p> <p>Probe: Can you give an example to support your answer?</p>
5	<ul style="list-style-type: none"> Has UNICEF provided any capacity building support to ensure the continuity of services like <>For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> during COVID-19? What are these trainings about? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p> <ul style="list-style-type: none"> How do you think UNICEF's support in these trainings has increased your capacity/participants' capacity to function and address the crisis situation in a better manner? <p>Probe: has it helped in providing the RMNCHA services in a timely manner? What could have happened if UNICEF did not provide support for continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>?</p>
6	<ul style="list-style-type: none"> In your opinion, how timely UNICEF's response has been to support continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? Can you give an example to support your answer? <p>Probes:</p> <ol style="list-style-type: none"> How quickly capacity building support, advocacy support, support towards developing SoPs and guidelines was provided, etc. If no, then what were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's RMNCHA service response? Did you observe any difference in UNICEF's response time during the period when there were lockdowns in the country or in your state? Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference? Are you facing any delays now, given that the country is dealing with the Omicron third wave?
7	<ul style="list-style-type: none"> Do you think that the government's partnership with UNICEF has led to an increased and better responsiveness to ensure continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? How?

	Government State
	<p>o What are some of the challenges faced by the government in its existing partnership with UNICEF w.r.t. planning and implementation of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? Were these addressed by UNICEF? If yes, then how? If no, then why not?</p>
8	<ul style="list-style-type: none"> • In your opinion, what have been some of the major challenges that have lowered the efficiency of UNICEF's COVID response w.r.t. <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? What can UNICEF do to mitigate the challenges? • Do you think that RMNCHA related activities could have been planned and executed faster by UNICEF? Can you give examples of such activities? • What can be done to improve the efficiency of UNICEF's response towards continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>?
9	<ul style="list-style-type: none"> • Do you think that with the changing scenario UNICEF is adapting its COVID-19 response to support continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> to become more effective? Can you give example? <p>If no, then do you think there are activities which could have been modified to suit the changing context? Probe: Can you give examples of activities/support which was adapted to address the crisis situation during the second wave? Have any adaptation been introduced to address the current/third wave?</p>
10	<ul style="list-style-type: none"> • I asked you earlier about how relevant UNICEF's actions have been to the needs of the most marginalized. I'd now like to understand from you – what you think – has been the most 'effective' activity that has 'effectively met' the needs of the most marginalized in your state – and ensured that services continued to be delivered. o Did this activity ensure that services like <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> in your state continued in some form or another? <p>Probe: Was there any difference in the effectiveness of UNICEF's response across the 2 COVID waves in India? Can you give examples from the two waves to support your answer?</p>
11	<ul style="list-style-type: none"> • In your opinion, how effective has UNICEF's advocacy been towards ensuring continuity of RMNCHA services like <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> in your state? • Are you aware of any programmatic strategies and policy recommendations which UNICEF suggested to strengthen the overall response? How have they changed/impacted the COVID-19 response towards continuity of RMNCHA services and system strengthening?

Government State	
	Probe: Can you please share examples
12	<ul style="list-style-type: none"> Have there been any unintended outcomes (positive and negative) of UNICEF's response towards continuity of the services like (i.e. <> For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><> For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>) that need to be either reinforced or mitigated?
13	Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?

Moderator to read this out loud at the end of the interview:

That's all with my/our questions. Would you like to add any other information which you think will help this evaluation?

Government District/Block	
	<p><i>Moderator to read this out before starting with the questions:</i></p> <p>Before commencing with the questions I would just like to inform you that the goal of this interview is to understand your perception and opinion about the relevance, efficiency, sustainability and effectiveness of UNICEF's COVID-19 response for continuity of <> For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><> For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>.</p> <p>It'll be helpful if you could provide specific examples and highlight achievement and gaps which can be taken into account to strengthen the overall response.</p> <p>I will begin with the questions.</p>
1	<p>Are you aware of the kind of support UNICEF has provided for the continuity of <> For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><> For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> in your district/block?</p> <ul style="list-style-type: none"> In your opinion, how have UNICEF response activities facilitated continuity of <> For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><> For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? In your opinion, were these activities relevant? Do you think UNICEF's support was in line with the needs of children and the most marginalized families? <p>Probe: <> For Health Stakeholders/Respondents use these probes: Was UNICEF support able to facilitate supply and procurement essential supplies? Did UNICEF support contributed towards cold chain strengthening as well as system strengthening? Was UNICEF's support helpful in promotion of institutional delivery services, care of sick new-borns and essential new-born care, etc.? Can you give examples to support your answer?</p> <p>For Nutrition Stakeholders/Respondents use these probes: Was UNICEF's support able to facilitate continuity of complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls. Can You give examples to support your answer?>></p>

2	<ul style="list-style-type: none"> Who according to you is the most vulnerable population in your district/block when it comes to <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? Probe: breastfeeding women, pregnant women, women in reproductive age, young children, adolescents, new-born children, vulnerable population in hard to reach pockets, and <>for nutrition - SAM children>> etc. Now that the country is experiencing a third wave of COVID19 with the Omicron variant, do you think there are any more vulnerable groups that UNICEF should focus on? What were some of the challenges faced to reach this vulnerable population you just mentioned?
3	<ul style="list-style-type: none"> Do you think that activities supported by UNICEF are reachable and accessible to the vulnerable population you mentioned previously? What are the different activities that have been tailored/aligned by UNICEF to address the needs of this vulnerable groups/population you just mentioned? Can you give examples? <ul style="list-style-type: none"> o What is the evidence to support its reach and coverage? <p>Probe: (Ask about activities/support which has been provided to ensure the reach for each vulnerable group which the responded has mentioned in the previous question)</p> Were any measures undertaken by UNICEF to increase the reach during the second wave? Can you give examples? Now that we are experiencing another COVID wave, do you think any measures have been put in place to expand the coverage in the third wave?
4	<ul style="list-style-type: none"> Has UNICEF provided any capacity building support to ensure the continuity of services like <>For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> during COVID-19? What are these trainings about? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p> How do you think UNICEF's support in these trainings has increased your capacity/participants' capacity to function and address the crisis situation in a better manner? <p>Probe: has it helped in providing the RMNCHA services in a timely manner? What could have happened if UNICEF did not provide support for continuity of RMNCHA services?</p>
5	<ul style="list-style-type: none"> In your opinion, how timely UNICEF's response has been to support continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? Can you give an example to support your answer? <p>Probes:</p> <ol style="list-style-type: none"> How quickly capacity building support, advocacy support, support towards developing SoPs and guidelines was provided, etc. If no, then what were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's RMNCHA service response? Did you observe any difference in UNICEF's response time during the period when there were

	lockdowns in the country or in your district/block? Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference? Are you facing any delays now, given that the country is dealing with the Omicron third wave?
6	<ul style="list-style-type: none"> What have been some of the major challenges related to implementation of RMNCHA services, specifically <>For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> that have lowered the efficiency of UNICEF's COVID response? <p>Probes: planning and implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services</p> <ul style="list-style-type: none"> What can be done to improve the efficiency of UNICEF's response towards continuity of RMNCHA services?
7	<ul style="list-style-type: none"> Do you think that with the changing scenario UNICEF is adapting its COVID-19 response to support continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> to become more effective? Can you give example? <p>If no, then do you think there are activities which could have been modified to suit the changing context?</p> <p>Probe: Can you give examples of activities/support which was adapted to address the crisis situation during the second wave? Have any adaptation been introduced to address the current/third wave?</p>
8	<ul style="list-style-type: none"> I asked you earlier about how relevant UNICEF's actions have been to the needs of the most marginalized. I'd now like to understand from you – what you think – has been the most 'effective' activity that has 'effectively met' the needs of the most marginalized in your district/block – and ensured that services continued to be delivered. <ul style="list-style-type: none"> Did this activity ensure that services like <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> in your district/block continued in some form or another? <p>Probe: Was there any difference in the effectiveness of UNICEF's response across the 2 COVID waves in India? Can you give examples from the two waves to support your answer?</p>
9	Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?

Moderator to read this out loud at the end of the interview:

That's all with my/our questions. Would you like to add any other information which you think will help this evaluation?

<>Yes/No.>>

Discussion Guide – CSO/Implementing Partner**Goal:**

- To understand the perception of stakeholders about the relevance, efficiency, sustainability and effectiveness of UNICEF's COVID-19 response (Pillar 3 - Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case

management) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.

- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: *Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.*

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to support continuity of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) services during COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take **30 to 45** minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons?

How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Intervention Area
Strengthening community outreach delivery platforms for COVID-19, immunization and RMNCAH+N services through mentoring and supportive supervision of immunization sessions / Village Health Sanitation and Nutrition Day VHSND / Urban Health Sanitation and Nutrition Days (UHSNDs) and Growth Monitoring and Promotion. Support will focus on session micro planning and face to face as well as remote monitoring support provided to frontline health workers in organizing VHSND days and Growth Monitoring and Promotion. Support will also focus on district health management support in planning and supporting VHSNDs, Growth Monitoring and Promotion and tracking
Supporting scaling up of key national flagship primary health care interventions including midwifery, adolescent health (school and community outreach programs) and community new-born and child health initiatives including Mothers' Absolute Affection (MAA) program, Anaemia Mukt Bharat program, Home Based New-born Care (HBNC) and Home-Based Young Childcare (HBYC), through the development of e-modules and, (mentoring and supportive supervision of programs by national and state centers of excellence and professional associations through virtual platforms.
Strengthen institutions and professional associations and support a network for providing mentoring and supportive supervision for Quality of facility-based pregnancy and new-born and childcare services at aspirational district health facilities to ensure COVID-19 adapted service packages
Support health system resilience through safety and psychosocial wellness interventions for health care providers
Strengthen roll out of POSHAN Abhiyan and promote convergence across various Ministries and Departments to leverage the Nutrition Sensitive Actions. Further support the intensification of key priority interventions identified during Poshan Maah while maintaining the COVID related precautions. Strengthen Jan Andolan for Poshan (community mobilization and SBCC) to enhance demand generation for nutrition services and practices.

CSO/Implementing Partner
<p><i>Moderator to read this out before starting with the questions:</i></p> <p>Before commencing with the questions I would just like to inform you that the goal of this interview is to understand your perception and opinion about the relevance, efficiency, sustainability and effectiveness of UNICEF's COVID-19 response for continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>.</p> <p>It'll be helpful if you could provide specific examples and highlight achievement and gaps which can be taken into account to strengthen the overall response.</p> <p>I will begin with the questions.</p>
<p>1</p> <ul style="list-style-type: none"> • We have been informed that you are involved in <activities stakeholder can comment on> with UNICEF to support continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to

	CSO/Implementing Partner
	<p>pregnant women and adolescent girls.>> during the pandemic. Could you tell us more about your role in the implementation of these activities?</p> <p>In your opinion, was UNICEF's support towards implementation of these activities, relevant? Do you think UNICEF's support was in line with the needs of children and the most marginalized families?</p> <p>Can you give example to support your answer?</p> <p>Probe: <<For Health Stakeholders/Respondents use these probes: Was UNICEF support able to facilitate supply and procurement essential supplies? Did UNICEF support contributed towards cold chain strengthening as well as system strengthening? Was UNICEF's support helpful in promotion of institutional delivery services, care of sick new-borns and essential new-born care, etc.? Can you give examples to support your answer?</p> <p>For Nutrition Stakeholders/Respondents use these probes: Was UNICEF's support able to facilitate continuity of complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls. Can You give examples to support your answer?>></p> <ul style="list-style-type: none"> • What were some of the activities which were disrupted during the pandemic? Why and when? When were they resumed? How did their disruption impact the target population - children and women?
2	<ul style="list-style-type: none"> • In your opinion, who is the most vulnerable population when it comes to <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? <p>Probe: breastfeeding women, pregnant women, women in reproductive age, young children, adolescents, new-born children, vulnerable population in hard to reach pockets, and <<for nutrition - SAM children>> etc.</p> <ul style="list-style-type: none"> • Now that the country is experiencing a third wave of COVID19 with the Omicron variant, do you think there are any more vulnerable groups that UNICEF should focus on? • What are the mechanisms created or supported by UNICEF to reach this vulnerable population? Did your organization utilize mechanism supported by UNICEF to reach the vulnerable population? Can you give examples? • What are some of the challenges faced to reach vulnerable groups you just mentioned and how did UNICEF support you in addressing those?
3	<ul style="list-style-type: none"> • Do you think that the support provided by UNICEF and activities implemented via its CSO/Implementing partners such as yourself, are reachable and accessible to target vulnerable population you mentioned previously? How? <ul style="list-style-type: none"> – If not, then which pockets/sections are being left out? – What measures are taken/can be taken to ensure that the benefits are accessible to all? • Are you aware of any measures undertaken by UNICEF to increase the reach during the second wave? Can you give examples? Now that we are experiencing another COVID wave, do you think any measures have been put in place to expand the coverage in the third wave?
4	<ul style="list-style-type: none"> • To what extent, do you think, that the resources <ol style="list-style-type: none"> a. human b. financial <p>Allocated by UNICEF for roll out of its COVID-19 response activities w.r.t. continuity of RMNCHA</p>

	CSO/Implementing Partner
	<p>services are sufficient? Why/Why not?</p> <p>- Do you think the human and financial resources are being used efficiently by UNICEF? Why would you say so?</p>
5	<ul style="list-style-type: none"> Has UNICEF provided any capacity building support to ensure the continuity of services like <>For Health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> during COVID-19? What are these trainings about? What were some of the shortfalls of these sessions? Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context? How do you think UNICEF's support in these trainings has increased your capacity/participants' capacity to function and address the crisis situation in a better manner? Probe: has it helped in providing the RMNCHA services in a timely manner? What could have happened if UNICEF did not provide support for continuity of RMNCHA services?
6	<ul style="list-style-type: none"> In your opinion, how timely UNICEF's response has been to support continuity of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>? Can you give an example to support your answer? Probes: <ol style="list-style-type: none"> How quickly capacity building support, advocacy support, support towards developing SoPs and guidelines was provided, etc. If no, then what were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's RMNCHA service response? Did you observe any difference in UNICEF's response time during the period when there were lockdowns in the country or in your state? Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference? Are you facing any delays now, given that the country is dealing with the Omicron third wave?
7	<ul style="list-style-type: none"> Do you think that your partnership with UNICEF has led to an increased and better responsiveness to the disruption of <>For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> in your intervention area/state? How? <ul style="list-style-type: none"> What are some of the challenges faced with existing partnership with UNICEF regarding implementation of RMNCHA related activities? How were these addressed? Is there any feedback mechanisms for UNICEF to receive feedback/concerns from <>partners/donors>> such as yourself? <p>Probe: Scheduled meetings, best practices sharing, how are lessons learned captured, recommendations</p>
8	<ul style="list-style-type: none"> What according to you are some of the challenges that have lowered the efficiency of UNICEF's

	CSO/Implementing Partner
	<p>COVID response w.r.t. <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>>?</p> <p>Probe: reporting, utilization of funds, administrative challenges, disbursement of funds, coordination and communication, etc.</p> <ul style="list-style-type: none"> • What according to you are some of the recommendations to improve the efficiency of UNICEF's COVID response? <<For donors - How UNICEF can better utilize the funds/resources provided>>?
9	<ul style="list-style-type: none"> • Do you think that with the changing scenario UNICEF is adapting its COVID-19 response to support continuity of <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> to become more effective? Can you give example? <p>If no, then do you think there are activities which could have been modified to suit the changing context?</p> <p>Probe: Can you give examples of activities/support which was adapted to address the crisis situation during the second wave? Have any adaptation been introduced to address the current/third wave?</p>
10	<ul style="list-style-type: none"> • I asked you earlier about how relevant UNICEF's actions have been to the needs of the most marginalized. I'd now like to understand from you – what you think – has been the most 'effective' activity that has 'effectively met' the needs of the most marginalized in your intervention area/state – and ensured that services continued to be delivered. o Did this activity ensure that services like <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>> in your intervention area/state continued in some form or another? <p>Probe: Was there any difference in the effectiveness of UNICEF's response across the 2 COVID waves in India? Can you give examples from the two waves to support your answer?</p>
11	<ul style="list-style-type: none"> • Have there been any unintended outcomes (positive and negative) of UNICEF's response towards continuity of the services like (i.e. << For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls>>) that need to be either reinforced or mitigated?
12	Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?
13	<ul style="list-style-type: none"> • Has UNICEF developed any systems/mechanisms to ensure continuity of <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care>><<For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> and system strengthening in the long run? How have they contributed towards ensuring continuity of RMNCHA+ services? Can you explain with an example? • Are there any outcomes of UNICEF's support w.r.t <<For health mention: Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born

CSO/Implementing Partner
care><>For Nutrition mention: Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls.>> that will sustain after the end of the pandemic?

Moderator to read this out loud at the end of the interview:

That's all with my/our questions. Would you like to add any other information which you think will help this evaluation?

<<Yes/No.>>

Pillar 5: Support access to continuous education, social protection, child protection and gender-based violence (GBV) services

Education and Child Protection:

Discussion Guide- UNICEF National officials

Goal:

- To understand the perception of stakeholders about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally

identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 45 to 60 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the ‘why?’ and ‘how?’ of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Education	Support to national, state governments and partners for continuity of learning especially for the most vulnerable; technical support to differential and state-specific appropriate strategies for the access to and use of flexible and remote/ home-based learning; technical support in development of low tech/no tech local language resource materials; training of teacher educators and teachers on distance and blended approaches to learning including specific needs of girls, children with disabilities and marginalized groups; mentoring and psycho-social support including responsive parenting for early years and adolescence.
	Strengthen capacity of National and state governments for responsive planning, monitoring and program implementation for the reopening of schools including safety, well-being and protection for the most vulnerable ; technical support to education authorities and functionaries; risk reduction communication for teachers, parents, education functionaries and SMC members. UNICEF will also support state education departments and partners to plan and implement campaigns to encourage children's safe return to schools and to continue education for marginalized children , children at risk of drop-out, girls, children with disabilities, children out-of-school pre-COVID-19 and migration populations Supporting a safe and healthy learning environment for students and teachers with infection prevention and control measures after schools reopen and education on COVID-19 prevention.
Child Protection	Continue ensuring the availability of and accessibility to quality, gender responsive and age sensitive child protection and SGBV essential services (case management, care arrangement, PSS support, medical and legal support) through expanding the coverage and strengthening the capacity of existing SGBV/Child Protection service providers (One Stop Centers, ChildLine, District Child Protection Units, Child Welfare Committees and Juvenile Justice Boards), for

Section	Intervention Area
	children affected by COVID19, children at risk/survivors of violence against children, sexual and gender based violence (SGBV), children deprived of parental care, children affected by migration, etc.
	Continue supporting the accessibility to quality mental health and psychosocial support (MHPSS) services for children affected by COVID19 , at risk/survivors of violence against children, SGBV, children in institutions, children affected by migration, in collaboration with the National Institute for Mental Health and Neuroscience (NIMHANS), CHILDLINE, civil society organizations (CSO) and child protection structures
	Continue providing capacity building , including through online platforms/channels, to frontline workers and functionaries from statutory bodies such as CHILDLINE and other Child Care Institutions and partners, on COVID-19 prevention and protection measures, as well as adapting child protection service delivery in the context of COVID-19
	Continue empowering and facilitating the participation of children, adolescents and youth in addressing VAC, SGBV, child marriage and other child protection risks in the times of COVID19 by integrating child protection and SGBV messages into ongoing SBCC interventions for COVID19 response led by adolescents and youth groups, civil society/NGO coalitions and alliances.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
1.	<ul style="list-style-type: none"> What are the different activities undertaken by UNICEF to address the COVID-19 response w.r.t. <>education/CP>>? <ul style="list-style-type: none"> (For Education): To what extent does the government see UNICEF adding value to its response in relation to the ‘continuity of education’ and safe school reopening (e.g. Response planning, digital content, lesson plans, development of learning resources materials including risk reduction messages, reporting and evidence generation)? Why? Can you give examples? (For CP): To what extent does the government see UNICEF as a contributing partner w.r.t. CP activities, especially distance learning? Why? Can you give examples?
2.	<ul style="list-style-type: none"> To what extent do government/partners feel that the activities under UNICEF's COVID-19 response are relevant (on a scale of relevant, partially relevant and not relevant)? Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer? Do you think there were some activities that were not relevant or partially relevant to your state? What were these and why would you say so?
3.	<ul style="list-style-type: none"> Who according to you are the most marginalized and vulnerable when it comes to <>education/child protection>> related services? Probe: children with disabilities, Scheduled Caste and Schedules tribes, children on the move (including child labor, trafficked and migrant children), Orphaned/without parental care (in institutions or foster care), quarantined children, survivors of GBV, out-of-school/away-from-school children?

Q No.	Questions
	<ul style="list-style-type: none"> • What are the different activities that have been tailored/aligned to address: <ul style="list-style-type: none"> a. The needs of this vulnerable groups/population you just mentioned? Probe: Activities to suit the needs of out of school children, orphaned/on the street, SC/ST, children on the move (migrant children), activities tailored to suit girls/women, to address gender based violence, etc. • Were there any new vulnerable groups which emerged during the second wave? Which activities were introduced to meet their needs?
B.	Coverage (reach of <>Education/Child Protection>> services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> • Is UNICEF's response reachable and accessible to the vulnerable groups you just mentioned/target population? <ul style="list-style-type: none"> ○ What is the evidence to support its reach and coverage? Probe: <i>(Ask about activities/support which has been provided to ensure the reach for each vulnerable group which the responded has mentioned in Q3)</i> ○ Who are the key stakeholders at the national level with whom UNICEF engages to roll out <>education/CP>> related activities? How are activities rolled-out to ensure maximum coverage/reach of UNICEF activities/support? • Does UNICEF collect sex and age segregated data for <>education/child protection>> to inform its COVID-19 response? <ul style="list-style-type: none"> ○ How it does collect and how is this data utilized? • Were any measures undertaken to increase the coverage during the second wave? Can you give examples?
C.	Resource availability, Training/Capacity building, and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> • Do you think UNICEF has mobilized sufficient resources (human and financial) to efficiently meet the demands of the government and the target population? If yes, then how? Can you give examples? • If no, then why not? What are the areas which did not improve due to lack of resources? How more resources can be mobilized? How has this affected the responsiveness of UNICEF's response?
6.	<ul style="list-style-type: none"> • How and what support does UNICEF provide to the government in carrying out institutionalized capacity building? What are these trainings about? How the quality of these orientations/training were measured? What were some of the shortfalls of these sessions? Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?
7.	<ul style="list-style-type: none"> • Is UNICEF's support (in form of activities, materials, financial benefits, services, etc.) w.r.t. <>continuity of education/child protection>> reaching the target population in a timely and coordinated manner? If yes, then how? <ul style="list-style-type: none"> ○ If no, then why not? What were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of

Q No.	Questions
	<p>UNICEF's COVID 19 response?</p> <p>Probe: How was this different from the lockdown period? Did the reach increase when lockdown was lifted? How? Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference?</p>
D.	Partnership and Reporting and Monitoring
8.	<ul style="list-style-type: none"> • How UNICEF has leveraged existing partnerships at national level to facilitate the efficient implementation of activities related to <>Education/CP<>? Did UNICEF establish any new partnerships? Why and how did these contribute towards an efficient response? How are the outputs and outcomes of these partnerships monitored? <ul style="list-style-type: none"> ◦ What are some of the challenges faced with existing and new partnerships? How were these addressed? ◦ What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners at national level?
9.	<ul style="list-style-type: none"> • What reporting mechanism is in place to track the progress of COVID-19 related <>education/CP<> activities at national level? How the quality and timeliness of support and services is being monitored? Has there been any change in the reporting parameters or frequency recently? How has that affected UNICEF's responsiveness? <p>Probe: Process and frequency of reporting? Parameters reported? Is quality of support monitored? How? How is the response monitored to ensure that the support being provided is optimal, relevant for the target population?</p> <ul style="list-style-type: none"> • How do you utilize this data/findings collected via monitoring? • What are the bottlenecks and challenges (if any) in terms of reporting? What are some of the areas that need to be improved/revised?
E.	Challenges and Bottlenecks
10.	<ul style="list-style-type: none"> • What have been some of the major challenges (planning and implementation challenges, financial crunch, administrative barriers, poor coordination, lack of supplies, poor quality services) related to this pillar that have lowered the efficiency of UNICEF's COVID response w.r.t. <>education/CP<>? • What can be done to improve the efficiency of UNICEF's COVID-19 response w.r.t. to <>education/child protection<>?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
11.	<ul style="list-style-type: none"> • How and to what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of target population w.r.t. <>CP/Education<>? How have these benefitted them? • What are three area of UNICEF's COVID-19 response w.r.t. <>education/CP<> which have shown improvement with the changing context and have benefitted the target population? • On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of</p>

Q No.	Questions
	COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?
12.	<ul style="list-style-type: none"> • How and to what extent is UNICEF adapting its activities to become more effective? What can be done to improve the effectiveness of UNICEF's COVID response w.r.t. <>education/CP>>? <p>Probe: Can you give examples of activities/support which was adapted to address the crisis situation during the second wave?</p> <ul style="list-style-type: none"> • What are some of the mechanisms (if any) that UNICEF employs to learn from the challenges faced so far? Can you give examples? <p>Probe: Can you give example of an activity which UNICEF adapted according to the emerging needs during the second wave as against the first wave?</p>
13.	<ul style="list-style-type: none"> • What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?
14.	<ul style="list-style-type: none"> • Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?

Discussion Guide- UNICEF State officials

Goal:

- To understand the perception of UNICEF state officials about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared**

with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 45 to 60 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the ‘why?’ and ‘how?’ of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Education	Support to national, state governments and partners for continuity of learning especially for the most vulnerable; technical support to differential and state-specific appropriate strategies for the access to and use of flexible and remote/ home-based learning; technical support in development of low tech/no tech local language resource materials; training of teacher educators and teachers on distance and blended approaches to learning including specific needs of girls, children with disabilities and marginalized groups; mentoring and psycho-social support including responsive parenting for early years and adolescence.
	Strengthen capacity of National and state governments for responsive planning, monitoring and program implementation for the reopening of schools including safety, well-being and protection for the most vulnerable ; technical support to education authorities and functionaries; risk reduction communication for teachers, parents, education functionaries and SMC members. UNICEF will also support state education departments and partners to plan and implement campaigns to encourage children's safe return to schools and to continue education for marginalized children , children at risk of drop-out, girls, children with disabilities, children out-of-school pre-COVID-19 and migration populations Supporting a safe and healthy learning environment for students and teachers with infection prevention and control measures after schools reopen and education on COVID-19 prevention.
Child	Continue ensuring the availability of and accessibility to quality, gender responsive and age sensitive child protection and SGBV essential services (case management, care arrangement,

Section	Intervention Area
Protection	PSS support, medical and legal support) through expanding the coverage and strengthening the capacity of existing SGBV/Child Protection service providers (One Stop Centers, ChildLine, District Child Protection Units, Child Welfare Committees and Juvenile Justice Boards), for children affected by COVID19, children at risk/survivors of violence against children, sexual and gender based violence (SGBV), children deprived of parental care, children affected by migration, etc.
	Continue supporting the accessibility to quality mental health and psychosocial support (MHPSS) services for children affected by COVID19 , at risk/survivors of violence against children, SGBV, children in institutions, children affected by migration, in collaboration with the National Institute for Mental Health and Neuroscience (NIMHANS), CHILDLINE, civil society organizations (CSO) and child protection structures
	Continue providing capacity building , including through online platforms/channels, to frontline workers and functionaries from statutory bodies such as CHILDLINE and other Child Care Institutions and partners, on COVID-19 prevention and protection measures, as well as adapting child protection service delivery in the context of COVID-19
	Continue empowering and facilitating the participation of children, adolescents and youth in addressing VAC, SGBV, child marriage and other child protection risks in the times of COVID19 by integrating child protection and SGBV messages into ongoing SBCC interventions for COVID19 response led by adolescents and youth groups, civil society/NGO coalitions and alliances.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
1.	<ul style="list-style-type: none"> What are the different activities undertaken by UNICEF to address the COVID-19 response w.r.t. <>education/CP>> in your state? <ul style="list-style-type: none"> (For Education): To what extent does the government see UNICEF adding value to its response in relation to the 'continuity of education' and safe school reopening (e.g. Response planning, digital content, lesson plans, development of learning resources materials including risk reduction messages, reporting and evidence generation)? Why? Can you give examples? (For CP): To what extent does the government see UNICEF as a contributing partner w.r.t. CP activities, especially distance learning? Why? Can you give examples?
2.	<ul style="list-style-type: none"> To what extent do government/partners feel that the activities under UNICEF's COVID-19 response are relevant (on a scale of relevant, partially relevant and not relevant)? Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer? Do you think there were some activities that were not relevant or partially relevant to your state? What were these and why would you say so?
3.	<ul style="list-style-type: none"> Who according to you are the most marginalized and vulnerable in your state when it comes to <>education/child protection>> related services? Probe: children with disabilities, Scheduled Caste and Schedules tribes, children on the move

Q No.	Questions
	<p>(including child labor, trafficked and migrant children), Orphaned/without parental care (in institutions or foster care), quarantined children, survivors of GBV, out-of-school/away-from-school children?</p> <ul style="list-style-type: none"> • What are the different activities that have been tailored/aligned to address? <ol style="list-style-type: none"> a. The needs of this vulnerable groups/population you just mentioned? b. The local needs of people living in urban, rural and hard to reach areas regarding <>education/child protection>> related support? <p>Probe: Activities to suit the needs of out of school children, orphaned/on the street, SC/ST, children on the move (migrant children), activities tailored to suit girls/women, to address gender based violence, etc.</p> <ul style="list-style-type: none"> • Were there any new vulnerable groups which emerged during the second wave? Which activities were introduced to meet their needs?
B.	Coverage (reach of <>Education/Child Protection>> services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> • Is UNICEF's response reachable and accessible to the vulnerable groups you just mentioned/target population? <ul style="list-style-type: none"> ○ What is the evidence to support its reach and coverage? <p>Probe: <i>(Ask about activities/support which has been provided to ensure the reach for each vulnerable group which the responded has mentioned in Q3)</i></p> <ul style="list-style-type: none"> ○ Who are the key stakeholders at the state level with whom UNICEF engages to roll out <>education/CP>> related activities? How are activities rolled-out to ensure maximum coverage/reach of UNICEF activities/support? • Does UNICEF collect sex and age segregated data for <>education/child protection>> to inform its COVID-19 response? <ul style="list-style-type: none"> ○ How it does collect and how is this data utilized? • Were any measures undertaken to increase the coverage during the second wave? Can you give examples?
C.	Resource availability, Training/Capacity building, and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> • Are the current resources (human and financial) sufficient to undertake the activities associated with <>education/child protection>> in your state? Are there any gaps in resource allocation/disbursement and management that have hampered the implementation of activities under this pillar? Can you explain with an example? What steps have been undertaken to mitigate those gaps? <p>Probe: Are both human as well as financial resources enough? Can you give examples for each category to support your response?</p> <ul style="list-style-type: none"> • In your opinion, has the current resource level improved or decreased the efficiency of UNICEF's COVID 19 response? What can be done to mobilize and utilize the resources more optimally?
6.	<ul style="list-style-type: none"> • How and what support does UNICEF provide to the state in carrying out institutionalized capacity building w.r.t. <>education/child protection>>? What are these trainings about? How the quality of these orientations/training were measured? What were some of the shortfalls of

Q No.	Questions
	<p>these sessions?</p> <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p>
7.	<ul style="list-style-type: none"> • Is UNICEF's support (in form of activities, materials, financial benefits, services, etc.) w.r.t. <>continuity of education/child protection<> reaching the target population in a timely and coordinated manner? If yes, then how? <ul style="list-style-type: none"> ◦ If no, then why not? What were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's COVID 19 response? <p>Probe: How was this different from the lockdown period? Did the reach increase when lockdown was lifted? How? Was there any difference in the support during the second wave as compared to the first wave to improve the efficiency of UNICEF's response? Can you give examples to highlight the difference?</p>
D.	Partnership and coordination (internal and external), Reporting and Monitoring
8.	<ul style="list-style-type: none"> • How UNICEF has leveraged existing partnerships at state level to facilitate the efficient implementation of activities related to <>Education/CP<>? Did UNICEF establish any new partnerships? Why and how did these contribute towards an efficient response? How are the outputs and outcomes of these partnerships monitored? <ul style="list-style-type: none"> ◦ What are some of the challenges faced with existing and new partnerships w.r.t. implementation of <>education/CP<> related activities? How were these addressed? ◦ What feedback mechanisms exist for UNICEF to receive feedback from the government and other key partners at state level?
9.	<ul style="list-style-type: none"> • What reporting mechanism is in place to track the progress of COVID-19 related <>education/CP<> activities in your state (especially state-level reporting mechanism other than RAM and HPM)? How the quality and timeliness of support and services is being ensured? • Has there been any change in the reporting parameters or frequency recently? How has that affected UNICEF's responsiveness? <p>Probe: Process and frequency of reporting? Parameters reported? Is quality of support monitored? How? How is the response monitored to ensure that the support being provided is optimal, relevant for the target population?</p> <ul style="list-style-type: none"> ◦ How do you utilize this data/findings collected via monitoring? ◦ What are the bottlenecks and challenges (if any) in terms of monitoring and tracking of these activities? How were these addressed? What are some of the areas that need to be improved/revised?
E.	Challenges and Bottlenecks
10.	<ul style="list-style-type: none"> • What have been some of the major challenges (implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) related to this pillar that have lowered the efficiency of UNICEF's COVID response w.r.t. <>education/CP<>? • Could <>education/CP<> related activities have been implemented faster? Can you give

Q No.	Questions
	<p>examples of such activities?</p> <ul style="list-style-type: none"> • What can be done to improve the efficiency of UNICEF's COVID-19 response w.r.t. to <>education/child protection>>?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
11.	<ul style="list-style-type: none"> • How and to what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of target population w.r.t. <>CP/Education>>? How have these benefitted them? • What are three area of UNICEF's COVID-19 response w.r.t. <>education/CP>> which have shown improvement with the changing context and have benefitted the target population? • On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
12.	<ul style="list-style-type: none"> • How and to what extent is UNICEF adapting its activities to become more effective? What can be done to improve the effectiveness of UNICEF's COVID response w.r.t. <>education/CP>>? <p>Probe: Can you give examples of activities/support which was adapted to address the crisis situation during the second wave?</p> <ul style="list-style-type: none"> • What are some of the mechanisms (if any) that UNICEF employs to learn from the challenges faced so far? Can you give examples? <p>Probe: focus on evidence and learning activities, are there any examples of interventions driving gender responsive work in the COVID response which can be highlighted?</p>
13.	<ul style="list-style-type: none"> • What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?
14.	<ul style="list-style-type: none"> • Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?

Discussion Guide- Government State officials

Goal:

- To understand the perception of stakeholders about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent

from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take **30 to 40** minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Education	Support to national, state governments and partners for continuity of learning especially for the most vulnerable; technical support to differential and state-specific appropriate strategies for the access to and use of flexible and remote/ home-based learning; technical support in development of low tech/no tech local language resource materials; training of teacher educators and teachers on distance and blended approaches to learning including specific needs

Section	Intervention Area
	<p>of girls, children with disabilities and marginalized groups; mentoring and psycho-social support including responsive parenting for early years and adolescence.</p>
	<p>Strengthen capacity of National and state governments for responsive planning, monitoring and program implementation for the reopening of schools including safety, well-being and protection for the most vulnerable; technical support to education authorities and functionaries; risk reduction communication for teachers, parents, education functionaries and SMC members. UNICEF will also support state education departments and partners to plan and implement campaigns to encourage children's safe return to schools and to continue education for marginalized children, children at risk of drop-out, girls, children with disabilities, children out-of-school pre-COVID-19 and migration populations Supporting a safe and healthy learning environment for students and teachers with infection prevention and control measures after schools reopen and education on COVID-19 prevention.</p>
Child Protection	<p>Continue ensuring the availability of and accessibility to quality, gender responsive and age sensitive child protection and SGBV essential services (case management, care arrangement, PSS support, medical and legal support) through expanding the coverage and strengthening the capacity of existing SGBV/Child Protection service providers (One Stop Centers, ChildLine, District Child Protection Units, Child Welfare Committees and Juvenile Justice Boards), for children affected by COVID19, children at risk/survivors of violence against children, sexual and gender based violence (SGBV), children deprived of parental care, children affected by migration, etc.</p> <p>Continue supporting the accessibility to quality mental health and psychosocial support (MHPSS) services for children affected by COVID19, at risk/survivors of violence against children, SGBV, children in institutions, children affected by migration, in collaboration with the National Institute for Mental Health and Neuroscience (NIMHANS), CHILDLINE, civil society organizations (CSO) and child protection structures</p> <p>Continue providing capacity building, including through online platforms/channels, to frontline workers and functionaries from statutory bodies such as CHILDLINE and other Child Care Institutions and partners, on COVID-19 prevention and protection measures, as well as adapting child protection service delivery in the context of COVID-19</p> <p>Continue empowering and facilitating the participation of children, adolescents and youth in addressing VAC, SGBV, child marriage and other child protection risks in the times of COVID19 by integrating child protection and SGBV messages into ongoing SBCC interventions for COVID19 response led by adolescents and youth groups, civil society/NGO coalitions and alliances.</p>

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
12.	<ul style="list-style-type: none"> • What are the different activities relating to the <>continuity of education/child protection<> through which UNICEF provides support to the state government? Do you think UNICEF's response is aligned to the government priorities relating to <>CP/Education<>? How? • (For Education): To what extent do you see UNICEF adding value to the COVID-19 response in relation to the 'continuity of education' and safe school reopening? Why? Can you give

Q No.	Questions
	<p>examples?</p> <p>Probe: Response planning, digital content, lesson plans, development of learning resources materials including risk reduction messages, monitoring and evidence generation</p> <ul style="list-style-type: none"> (For CP): To what extent does the government see UNICEF as a contributing partner w.r.t. CP activities, especially distance learning? Why? Can you give examples?
13.	<ul style="list-style-type: none"> In your opinion, how relevant (on a scale of relevant, partially relevant or not relevant) is UNICEF's COVID-19 response and support in context of your state w.r.t. <>continuity of education/Child Protection>> measures? Can you give examples?
14.	<ul style="list-style-type: none"> Who according to you are the most marginalized and vulnerable in your state when it comes to receiving <>education/child protection>> related services? <p>Probe: children with disabilities, Scheduled Caste and Schedules tribes, children on the move (including child labor, trafficked and migrant children), Orphaned/without parental care (in institutions or foster care), quarantined children, survivors of GBV, out-of-school/away-from-school children?</p> <ul style="list-style-type: none"> What are the different activities that have been tailored/aligned by UNICEF to address? <ol style="list-style-type: none"> The needs of this vulnerable groups/population you just mentioned? The local needs of people living in urban, rural and hard to reach areas regarding <>education/child protection>> related support? <p>Probe: Activities to suit the needs of out of school children, orphaned/on the street, SC/ST, children on the move (migrant children), activities tailored to suit girls/women, to address gender based violence, etc.</p> <ul style="list-style-type: none"> How was UNICEF's response different during the second wave as compared to first wave in addressing the crisis? <p>Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer?</p>
B.	Coverage (reach of <>Education/Child Protection>> services to marginalized/vulnerable population)
15.	<ul style="list-style-type: none"> Is UNICEF's response reachable and accessible to the target vulnerable population in your state? If yes, the how? Can you give examples? If not, who are the sections which are left behind/not benefiting from UNICEF's support? Why? <p>Probe: How did UNICEF support the state government in expanding reach and ensuring access to benefits by all? What were the effective sources/mediums especially during the first and second wave?</p>
C.	Resource availability, Training/Capacity building, and overall efficiency of UNICEF's response
16.	<ul style="list-style-type: none"> In your opinion, to what extend UNICEF allocates and utilizes its resources optimally to increase the efficiency of its COVID-19 response in your state? Do you think it should increase/decrease its resources? Why? Can you give examples?
17.	<ul style="list-style-type: none"> How and what support does UNICEF provide support to the district/block level in carrying out institutionalized capacity building? What are these trainings about? What were some of the shortfalls of these sessions?

Q No.	Questions
	<p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who all participated, what focus areas did these sessions cover? Were these sessions useful?</p> <ul style="list-style-type: none"> • How do you think UNICEF's support in these trainings has increased your capacity/participants' capacity to function and address the crisis situation in a better manner? How?
18.	<ul style="list-style-type: none"> • Is UNICEF's support (in form of activities, materials, advocacy, implementation, etc.) w.r.t. <>continuity of education/ child protection>> reaching the target population in a timely and coordinated manner? <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made by UNICEF to improve the responsiveness of its COVID 19 response? <p>Probe: Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference?</p>
D.	Partnership and coordination
19.	<ul style="list-style-type: none"> • Do you think that the government's partnership with UNICEF has led to an increased and better responsiveness to the pandemic in your state? How? • What are some of the challenges faced in by the government in its existing partnerships with UNICEF w.r.t. planning and implementation of <>education/CP>> related activities? Were these addressed by UNICEF?
E.	Challenges and Bottlenecks
20.	<ul style="list-style-type: none"> • What have been some of the major challenges (implementation/planning challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) that have posed as a hurdle in smooth implementation of response activities led by/guided by UNICEF? What can UNICEF do to mitigate the challenges? • Could <>education/CP>> related activities have been planned and executed faster by UNICEF? Can you give examples of such activities? • What can UNICEF do to improve the efficiency and responsiveness of its COVID-19 response w.r.t. <>education/child protection>>?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
21.	<ul style="list-style-type: none"> • Do you think that UNICEF's response has been successful in meeting the needs (specific to <>education/CP>>) of children and other vulnerable groups you previously mentioned? Can you explain your response with and example? • What are three areas of COVID-19 response w.r.t. <>education/CP>> which have shown improvement in the changing context and have benefitted the target population with UNICEF's support? • On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of</p>

Q No.	Questions
	COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?
11.	<ul style="list-style-type: none"> • Do you think that with the changing scenario UNICEF is adapting its COVID-19 response activities to become more effective? Can you give example? <ul style="list-style-type: none"> ◦ If no, then do you think there are activities which could have been modified to suit the changing context? <p>Probe: Can you give example of an activity which UNICEF adapted according to the emerging needs during the second wave as against the first wave?</p>
12.	<ul style="list-style-type: none"> • Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?

Discussion Guide- Government District/Block officials

Goal:

- To understand the perception of stakeholders about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (*To be read out by the moderator to the respondent*):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way

that is identifiable.

Time required: The interview should take **30 to 40** minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the ‘why?’ and ‘how?’ of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Education	Support to national, state governments and partners for continuity of learning especially for the most vulnerable; technical support to differential and state-specific appropriate strategies for the access to and use of flexible and remote/ home-based learning; technical support in development of low tech/no tech local language resource materials; training of teacher educators and teachers on distance and blended approaches to learning including specific needs of girls, children with disabilities and marginalized groups; mentoring and psycho-social support including responsive parenting for early years and adolescence.
	Strengthen capacity of National and state governments for responsive planning, monitoring and program implementation for the reopening of schools including safety, well-being and protection for the most vulnerable ; technical support to education authorities and functionaries; risk reduction communication for teachers, parents, education functionaries and SMC members. UNICEF will also support state education departments and partners to plan and implement campaigns to encourage children's safe return to schools and to continue education for marginalized children , children at risk of drop-out, girls, children with disabilities, children out-of-school pre-COVID-19 and migration populations Supporting a safe and healthy learning environment for students and teachers with infection prevention and control measures after schools reopen and education on COVID-19 prevention.
Child Protection	Continue ensuring the availability of and accessibility to quality, gender responsive and age sensitive child protection and SGBV essential services (case management, care arrangement, PSS support, medical and legal support) through expanding the coverage and strengthening the capacity of existing SGBV/Child Protection service providers (One Stop Centers, ChildLine, District Child Protection Units, Child Welfare Committees and Juvenile Justice Boards), for children affected by COVID19, children at risk/survivors of violence against children, sexual and gender based violence (SGBV), children deprived of parental care, children affected by

Section	Intervention Area
	migration, etc.
	Continue supporting the accessibility to quality mental health and psychosocial support (MHPSS) services for children affected by COVID19 , at risk/survivors of violence against children, SGBV, children in institutions, children affected by migration, in collaboration with the National Institute for Mental Health and Neuroscience (NIMHANS), CHILDLINE, civil society organizations (CSO) and child protection structures
	Continue providing capacity building , including through online platforms/channels, to frontline workers and functionaries from statutory bodies such as CHILDLINE and other Child Care Institutions and partners, on COVID-19 prevention and protection measures, as well as adapting child protection service delivery in the context of COVID-19
	Continue empowering and facilitating the participation of children, adolescents and youth in addressing VAC, SGBV, child marriage and other child protection risks in the times of COVID19 by integrating child protection and SGBV messages into ongoing SBCC interventions for COVID19 response led by adolescents and youth groups, civil society/NGO coalitions and alliances.

Q No.	Questions
A.	Design and plan (activities), UNICEF as contributing partner, contextualization and relevance
1.	<ul style="list-style-type: none"> What are the different activities relating to <<continuity of education/child protection>> through which UNICEF provides support at the district/block level and how are these implemented? <ul style="list-style-type: none"> (For Education): To what extent do you see UNICEF adding value to the COVID-19 response in relation to the 'continuity of education' and safe school reopening in your district? Why? Can you give examples? Probe: Response implementation, digital content, lesson plans, development of learning resources materials including risk reduction messages, monitoring and evidence generation <ul style="list-style-type: none"> (For CP): To what extent does the government see UNICEF as a contributing partner w.r.t. CP activities, especially distance learning? Why? Can you give examples?
2.	<ul style="list-style-type: none"> In your opinion, how relevant (on a scale of relevant, partially relevant or not relevant) is UNICEF's COVID-19 response and support in context of your district w.r.t. <<continuity of education/Child Protection>> measures? Can you give examples?
3.	<ul style="list-style-type: none"> Who according to you are the most marginalized and vulnerable in your district/block when it comes to receiving <<education/child protection>> related services? Probe: children with disabilities, Scheduled Caste and Schedules tribes, children on the move (including child labor, trafficked and migrant children), Orphaned/without parental care (in institutions or foster care), quarantined children, survivors of GBV, out-of-school/away-from-school children? <ul style="list-style-type: none"> What are the different activities that have been tailored/aligned by UNICEF to address? <ol style="list-style-type: none"> The needs of this vulnerable groups/population you just mentioned? The local needs of people living in urban, rural and hard to reach areas regarding <<education/child protection>> related support?

Q No.	Questions
	<p>Probe: Activities to suit the needs of out of school children, orphaned/on the street, SC/ST, children on the move (migrant children), activities tailored to suit girls/women, to address gender based violence, etc.</p> <ul style="list-style-type: none"> • How was UNICEF's response different during the second wave as compared to first wave in addressing the crisis? <p>Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer?</p>
B.	Coverage (reach of <>Education/Child Protection>> services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> • Is UNICEF's response reachable and accessible to the target vulnerable population in your state? If yes, the how? Can you give examples? <p>Probe: What are the different platforms/networks and mechanisms through which UNICEF supports and ensures that the support mechanisms are reachable to all vulnerable groups, especially children and women?</p> <ul style="list-style-type: none"> • How did UNICEF support in expanding reach and ensuring access to benefits? What were the effective sources/mediums especially during the first and second wave?
C.	Training/Capacity building, and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> • How and what support does UNICEF provide support to the district/block level in carrying out institutionalized capacity building? What are these trainings about? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who all participated, what focus areas did these sessions cover? Were these sessions useful?</p> <ul style="list-style-type: none"> • How do you think UNICEF's support in these trainings has increased your capacity/participants' capacity to function and address the crisis situation in a better manner? How?
6.	<p>Is UNICEF's support (in form of activities, materials, advocacy, implementation, etc.) w.r.t. <>continuity of education/ child protection>> reaching the target population in a timely and coordinated manner?</p> <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made by UNICEF to improve the responsiveness of its COVID 19 response? <p>Probe: Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference?</p>
D.	Challenges and Bottlenecks
7.	<ul style="list-style-type: none"> • What have been some of the major challenges (implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) that have posed as a hurdle in smooth implementation of response activities led by/guided by UNICEF? What can UNICEF do to mitigate the challenges? • Could <>education/CP>> related activities have been planned and executed faster by UNICEF?

Q No.	Questions
	<p>Can you give examples of such activities?</p> <ul style="list-style-type: none"> • What can UNICEF do to improve the efficiency and responsiveness of its COVID-19 response w.r.t. <>education/child protection>>?
E.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
8.	<ul style="list-style-type: none"> • Do you think that UNICEF's response has been successful in meeting the needs (specific to <>education/CP>>) of children and other vulnerable groups you previously mentioned? Can you explain your response with and example? • What are three areas of COVID-19 response w.r.t. <>education/CP>> which have shown improvement in the changing context and have benefitted the target population with UNICEF's support? • On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
9.	<ul style="list-style-type: none"> • Do you think that with the changing scenario UNICEF is adapting its COVID-19 response activities to become more effective? Can you give example of such activities? <ul style="list-style-type: none"> ○ If no, then do you think there are activities which could have been modified to suit the changing context? <p>Probe: Can you give example of an activity which UNICEF adapted according to the emerging needs during the second wave as against the first wave?</p>

Discussion Guide- CSO/Implementing Partner

Goal:

- To understand the perception of stakeholders about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section),

we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take **30 to 40** minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.
For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Education	Support to national, state governments and partners for continuity of learning especially for the most vulnerable; technical support to differential and state-specific appropriate strategies for the access to and use of flexible and remote/ home-based learning; technical support in development of low tech/no tech local language resource materials; training of teacher educators and teachers on distance and blended approaches to learning including specific needs of girls, children with disabilities and marginalized groups; mentoring and psycho-social support including responsive parenting for early years and adolescence.
	Strengthen capacity of National and state governments for responsive planning, monitoring and program implementation for the reopening of schools including safety, well-being and protection for the most vulnerable ; technical support to education authorities and

Section	Intervention Area
	functionaries; risk reduction communication for teachers, parents, education functionaries and SMC members. UNICEF will also support state education departments and partners to plan and implement campaigns to encourage children's safe return to schools and to continue education for marginalized children , children at risk of drop-out, girls, children with disabilities, children out-of-school pre-COVID-19 and migration populations Supporting a safe and healthy learning environment for students and teachers with infection prevention and control measures after schools reopen and education on COVID-19 prevention.
Child Protection	Continue ensuring the availability of and accessibility to quality, gender responsive and age sensitive child protection and SGBV essential services (case management, care arrangement, PSS support, medical and legal support) through expanding the coverage and strengthening the capacity of existing SGBV/Child Protection service providers (One Stop Centers, ChildLine, District Child Protection Units, Child Welfare Committees and Juvenile Justice Boards), for children affected by COVID19, children at risk/survivors of violence against children, sexual and gender based violence (SGBV), children deprived of parental care, children affected by migration, etc.
	Continue supporting the accessibility to quality mental health and psychosocial support (MHPSS) services for children affected by COVID19 , at risk/survivors of violence against children, SGBV, children in institutions, children affected by migration, in collaboration with the National Institute for Mental Health and Neuroscience (NIMHANS), CHILDLINE, civil society organizations (CSO) and child protection structures
	Continue providing capacity building , including through online platforms/channels, to frontline workers and functionaries from statutory bodies such as CHILDLINE and other Child Care Institutions and partners, on COVID-19 prevention and protection measures, as well as adapting child protection service delivery in the context of COVID-19
	Continue empowering and facilitating the participation of children, adolescents and youth in addressing VAC, SGBV, child marriage and other child protection risks in the times of COVID19 by integrating child protection and SGBV messages into ongoing SBCC interventions for COVID19 response led by adolescents and youth groups, civil society/NGO coalitions and alliances.

Q No.	Questions
A.	Design and plan (activities), contextualization and relevance
1.	<ul style="list-style-type: none"> We have been informed that you are involved in <activities stakeholder can comment on> related activities with UNICEF w.r.t. <>education/child protection<> as part of its COVID-19 response. Could you tell us more about your role in the implementation of these activities?
2.	<ul style="list-style-type: none"> According to you, how relevant (on a scale of relevant, partially relevant or not relevant) is UNICEF's COVID-19 response and support in context of your district w.r.t. <>continuity of education/Child Protection measures<>? Can you give examples?
3.	<ul style="list-style-type: none"> Who according to you are the most marginalized and vulnerable in your intervention areas when it comes to receiving <>education/child protection<> related services? <p>Probe: children with disabilities, Scheduled Caste and Schedules tribes, children on the move (including child labor, trafficked and migrant children), Orphaned/without parental care (in</p>

Q No.	Questions
	<p>institutions or foster care), quarantined children, survivors of GBV, out-of-school/away-from-school children?</p> <ul style="list-style-type: none"> • What are the different activities that have been tailored/aligned by UNICEF to address? <ul style="list-style-type: none"> a. The needs of this vulnerable groups/population you just mentioned? b. The local needs of people living in urban, rural and hard to reach areas regarding <>education/child protection>> related support? <p>Probe: Activities to suit the needs of out of school children, orphaned/on the street, SC/ST, children on the move (migrant children), activities tailored to suit girls/women, to address gender based violence, etc.</p> <ul style="list-style-type: none"> • How was UNICEF's response different during the second wave as compared to first wave in addressing the crisis? • Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer?
B.	Coverage (reach of <>Education/Child Protection>> services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> • Do you think that the support provided by UNICEF and activities implemented via its CSO/Implementing partners such as yourself, are reachable and accessible to all? How? <ul style="list-style-type: none"> ○ If not, then which pockets/sections are being left out? ○ What measures are taken/can be taken to ensure that the benefits are accessible to all? • How did UNICEF support in expanding reach and ensuring access to benefits by all? What were the effective sources/mediums especially during the first and second wave?
C.	Resource availability and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> • To what extend do you think that the resources (human and financial) allocated by UNICEF for roll out of its COVID-19 response activities are sufficient? Why/Why not? • Are these resources being optimally utilized? Can you give example?
6.	<ul style="list-style-type: none"> • Is UNICEF's support (in form of activities, materials, advocacy, implementation, etc.) w.r.t. <>continuity of education/ child protection>> reaching the target population in a timely and coordinated manner? <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made by UNICEF to improve the responsiveness of its COVID 19 response? <p>Probe: Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference?</p>
D.	Partnership and coordination
7.	<ul style="list-style-type: none"> • Do you think that your partnership with UNICEF has led to an increased and better responsiveness to the pandemic in your intervention area/state? How? <ul style="list-style-type: none"> ○ What are some of the challenges faced with existing partnership with UNICEF regarding implementation of <>education/CP>> related activities? How were these addressed?

Q No.	Questions
	<ul style="list-style-type: none"> ○ Is there any feedback mechanisms for UNICEF to receive feedback/concerns from CSO/implementing partners such as yourself? <p>Probe: Scheduled meetings, best practices sharing, how are lessons learned captured, recommendations</p>
E.	Challenges and Bottlenecks
8.	<ul style="list-style-type: none"> ● What have been some of the major challenges (implementation challenges, financial crunch, communication, poor coordination, lack of training, lack of supplies, poor quality services, institutional delays) w.r.t. UNICEF's <>education/CP<> that have barred the smooth implementation of UNICEF COVID response activities? What can UNICEF do to mitigate those challenges?
9.	<ul style="list-style-type: none"> ● Could <>education/CP<> related activities have been implemented faster by UNICEF? If yes, can you give examples of such activities? ● What can UNICEF do to improve the efficiency and responsiveness of its COVID-19 response w.r.t. <>education/child protection<>?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
10.	<ul style="list-style-type: none"> ● Do you think that UNICEF's response has been successful in meeting the needs (specific to <>education/CP<>) of children and other vulnerable groups you previously mentioned? Can you explain your response with and example? ● What are three areas of COVID-19 response w.r.t. <>education/CP<> which have shown improvement in the changing context and have benefitted the target population with UNICEF's support? ● On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
11.	<ul style="list-style-type: none"> ● Do you think that with the changing scenario UNICEF is adapting its COVID-19 response activities to become more effective? Can you give example? <ul style="list-style-type: none"> ○ If no, then do you think there are activities which could have been modified to suit the changing context? <p>Probe: Can you give example of an activity which UNICEF adapted according to the emerging needs during the second wave?</p>
12.	<ul style="list-style-type: none"> ● What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?
13.	<ul style="list-style-type: none"> ● Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?

Social Protection

Discussion Guide- UNICEF National officials

Goal:

- To understand the perception of UNICEF national level officials about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: *Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.*

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 45 to 60 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.

- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Social Protection	Continue strengthening the protective role of families and supporting prevention of family separation through linkages with social protection programs
	Continue ensuring quality rehabilitation and reintegration services for child survivors of forced labor, trafficking, unsafe migration and those being sent back home from institutions. Support evidence generation and policy analysis to improve design and implementation of national and state social protection programs being used to tackle vulnerabilities emerging due to the COVID pandemic
	Build a proof of concept of the efficacy of SHG Collectives and GPs collaborating with each other and Government line departments to improve delivery of social protection programs to marginalized rural communities, in view of new vulnerabilities emerging due to the pandemic. Focus will be on schemes having direct implication on the welfare of women and girl children.
	Integrate shock response and child sensitive planning into the Gram Panchayat Development Plans and capacitate the Gram Panchayats to deliver and monitor shock responsive interventions in the villages.
	Continue undertaking evidence generation through community-based monitoring of the emerging situation due to impact of COVID on the socio-economic condition of the marginalized population.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
1.	<ul style="list-style-type: none"> • What are the different activities undertaken by UNICEF to address the COVID-19 response w.r.t. social protection? <ul style="list-style-type: none"> ○ How do these activities support government's plan and the overall COVID-19 response? <p>Probe: What are government priorities w.r.t. SP and which UNICEF activities are aligned to government priorities to promote COVID-19 response?</p> <ul style="list-style-type: none"> ○ To what extent does the government recognize UNICEF as a contributing player in domain of social protection? <p>Probe: registries, data, technical expertise, planning, advocacy and convening, evidence generation, policy influencing, policy amendments for increasing the reach and coverage etc.</p>
2.	<ul style="list-style-type: none"> • To what extent do government/partners feel that the activities under UNICEF's COVID-19 response are relevant (on a scale of relevant, partially relevant and not relevant)? <p>Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer?</p>

Q No.	Questions
3.	<ul style="list-style-type: none"> Who according to you are the most marginalized and vulnerable when it comes to social protection related services? <p>Probe: children exposed to migration, children affected by disruption in social services delivery, children from marginalized communities, children facing lack of food security, children in households with loss of livelihoods, girl children and adolescents, OOSC especially girls, survivors of violence, early and child marriage, children (especially girls) facing challenges in remote learning?</p> <ul style="list-style-type: none"> What are the different activities that have been tailored/aligned to address the needs of this vulnerable groups/population you just mentioned? Were there any new vulnerable groups which emerged during the second wave of COVID-19? Which activities were introduced to meet their needs?
B.	Coverage (reach of social protection services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> Is UNICEF's response reachable and accessible to the target vulnerable population? What is the evidence to support its reach and coverage? How and to what extent did UNICEF reach the policy makers to advocate and provide technical assistance in design and roll out of social protection measures to ensure greater coverage? Did UNICEF support the government in tailoring strategies and delivery mechanism to ensure girls, women and vulnerable communities are reached better? How? Can you give examples?
5.	<ul style="list-style-type: none"> How has the scale and nature of UNICEF's social assistance measures enhanced in providing social assistance to? <ul style="list-style-type: none"> a. larger number of families, b. increased assistance in size and / or duration, c. Newer kinds of vulnerabilities being recognized and addressed? What was UNICEF's modus operandi to support governments and CSOs to sustainably reach various stakeholders and community members?
C.	Resource allocation, Training/Capacity building, and overall efficiency of UNICEF's response
6.	<ul style="list-style-type: none"> Do you think UNICEF's technical advisory and advocacy at the national level has been useful in delivering enhanced allocation for the GPs (local bodies) to meet crisis arising out of COVID 19? <ul style="list-style-type: none"> Are the current resources sufficient for the GPs to implement the COVID response? Is there a need for advocating for more resources? Can you give example? What are the internal capacity challenges that UNICEF faces in scaling up its social protection programming, especially with the increasing relevance and scope of the programmatic area?
7.	<ul style="list-style-type: none"> How and what support does UNICEF provide to the government in carrying out institutionalized capacity building? What are these trainings about? How the quality of these orientations/training were measured? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p>
8.	<ul style="list-style-type: none"> Is UNICEF's support (in form of activities, materials, financial benefits, services, etc.) w.r.t. social

Q No.	Questions
	<p>protection reaching the target population in a timely and coordinated manner?</p> <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's COVID 19 response? <p>Probe: Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference?</p> <p>(if relevant, then ask -) How was this different from the lockdown period? Did the reach increase when lockdown was lifted? How?</p>
D.	Partnership and Reporting and Monitoring
9.	<ul style="list-style-type: none"> ● How UNICEF has leveraged existing partnerships at national level to facilitate the efficient planning and advocacy under this pillar? Did UNICEF establish any new partnerships to address the needs arising out of COVID-19 crisis? How did they help in improving the efficiency of UNICEF's response? ● What are some of the challenges faced with existing and new partnerships w.r.t. implementation of social protection related activities? How were these addressed?
10.	<ul style="list-style-type: none"> ● What reporting mechanism is in place to track the progress of COVID-19 related social protection activities at national level? How the quality and timeliness of support and services is being monitored? <p>Probe: Process and frequency of reporting? Parameters reported? Is quality of support monitored? How? How is the response monitored to ensure that the support being provided is optimal, relevant for the target population?</p> <ul style="list-style-type: none"> ○ How do you utilize this data/findings collected via monitoring? ○ What are the bottlenecks and challenges (if any) in terms of reporting? What are some of the areas that need to be improved/revised?
E.	Challenges and Bottlenecks
11.	<ul style="list-style-type: none"> ● What have been some of the major challenges (implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) related to this pillar that have lowered the efficiency of UNICEF's COVID response w.r.t. social protection? <p>Probe: nature of social protection schemes, internal and external planning and coordination, lack of system readiness to surge the services to meet the demand, lack of capacity of local government to fulfil the increased responsibility, fiscal constraints, administrative barriers, etc.</p>
12.	<ul style="list-style-type: none"> ● Could social protection related activities have been planned and executed faster by UNICEF? Can you give examples of such activities? <p>Probe: multiplicity of the nature of social protection schemes, capacity constraints to plan and deliver, system readiness to surge in tandem with need, immediate surge in responsibilities of the LOCAL GOVERNMENTS, significant increase in responsibilities of the LOCAL GOVERNMENTS against their financial and procurement capacities, fiscal constraints etc.?</p> <ul style="list-style-type: none"> ● What can be done to improve the efficiency of UNICEF's COVID-19 response w.r.t. to social

Q No.	Questions
	<p>protection?</p> <ul style="list-style-type: none"> How does UNICEF factor the role of influencers and gatekeepers who facilitate or act as an impediment for reaching women, girls and vulnerable communities on various social assistance measures?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
13.	<ul style="list-style-type: none"> To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in social protection have effectively shown improvement in the areas of: <ol style="list-style-type: none"> enhanced allocation for GPs, community awareness about government schemes and eligibility, advocacy with local governments, capacitating local governments to plan and deliver the enhanced responsibilities arising out of COVID 19 What are three area of UNICEF's COVID-19 response w.r.t. social protection measures which have shown improvement with the changing context and have benefitted the target population? How has it been successful in meeting the needs of target vulnerable population, especially women and children? On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response in addressing the needs of children and vulnerable population in a sustainable manner? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
14.	<ul style="list-style-type: none"> In your opinion, how and to what extent is UNICEF adapting its activities to become more effective? What can be done to improve the effectiveness of UNICEF's COVID response w.r.t. social protection? What are some of the mechanisms (if any) that UNICEF employs to learn from the challenges faced so far? Can you give examples? <p>Probe: focus on evidence and learning activities, are there any examples of interventions driving gender responsive work in the COVID response which can be highlighted?</p>
15.	<ul style="list-style-type: none"> What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?
16.	<ul style="list-style-type: none"> Are there any good practices which UNICEF can leverage going forward?

Discussion Guide- UNICEF State officials

Goal:

- To understand the perception of UNICEF state officials about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.

- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take 45 to 60 minutes to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.
For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Social Protection	Continue strengthening the protective role of families and supporting prevention of family separation through linkages with social protection programs
	Continue ensuring quality rehabilitation and reintegration services for child survivors of forced labor, trafficking, unsafe migration and those being sent back home from institutions. Support evidence generation and policy analysis to improve design and implementation of national and state social protection programs being used to tackle vulnerabilities emerging due to the COVID pandemic
	Build a proof of concept of the efficacy of SHG Collectives and GPs collaborating with each other and Government line departments to improve delivery of social protection programs to marginalized rural communities, in view of new vulnerabilities emerging due to the pandemic. Focus will be on schemes having direct implication on the welfare of women and girl children.
	Integrate shock response and child sensitive planning into the Gram Panchayat Development Plans and capacitate the Gram Panchayats to deliver and monitor shock responsive interventions in the villages.
	Continue undertaking evidence generation through community-based monitoring of the emerging situation due to impact of COVID on the socio-economic condition of the marginalized population.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
1.	<ul style="list-style-type: none"> • What are the different activities undertaken by UNICEF to address the COVID-19 response w.r.t. social protection? <ul style="list-style-type: none"> ○ How do these activities support government's plan and the overall COVID-19 response? <p>Probe: What are government priorities w.r.t. SP and which UNICEF activities are aligned to government priorities to promote COVID-19 response?</p> <ul style="list-style-type: none"> ○ To what extent does the government recognize UNICEF as a contributing player in domain of social protection? <p>Probe: registries, data, technical expertise, planning, advocacy and convening, evidence generation, policy influencing, policy amendments for increasing the reach and coverage etc.</p>
2.	<ul style="list-style-type: none"> • To what extent do government/partners feel that the activities under UNICEF's COVID-19 response are relevant (on a scale of relevant, partially relevant and not relevant)? <p>Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer?</p> <ul style="list-style-type: none"> ○ Do you think there were some activities that were not relevant or partially relevant to your state? What were these?
3.	<ul style="list-style-type: none"> • Who according to you are the most marginalized and vulnerable when it comes to social protection related services? <p>Probe: children exposed to migration, children affected by disruption in social services delivery, children from marginalized communities, children facing lack of food security, children in</p>

Q No.	Questions
	<p>households with loss of livelihoods, girl children and adolescents, OOSC especially girls, survivors of violence, early and child marriage, children (especially girls) facing challenges in remote learning?</p> <ul style="list-style-type: none"> • What are the different activities that have been tailored/aligned to address the needs of this vulnerable groups/population you just mentioned? • Were there any new vulnerable groups which emerged during the second wave? Which activities were introduced to meet their needs?
B.	Coverage (reach of social protection services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> • Is UNICEF's response reachable and accessible to the target vulnerable population? What is the evidence to support that UNICEF's response and support is reaching the target population? • How and to what extent did UNICEF reach the policy makers in your state to advocate and provide technical assistance in design and roll out of social protection measures to ensure greater coverage? <ul style="list-style-type: none"> ○ Did UNICEF support the government in tailoring strategies and delivery mechanism to ensure girls, women and vulnerable communities are reached better? How? Can you give examples? • How has the scale and nature of UNICEF's social assistance measures enhanced in providing social assistance to? <ul style="list-style-type: none"> • larger number of families, • increased assistance in size and / or duration, • Newer kinds of vulnerabilities being recognized and addressed? • What was UNICEF's modus operandi to support governments and CSOs to sustainably reach various stakeholders and community members?
C.	Resource availability, Training/Capacity building, and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> • Do you think UNICEF's technical advisory and advocacy at the state level has been useful in delivering enhanced allocation for the GPs (local bodies) to meet crisis arising out of COVID 19? <ul style="list-style-type: none"> ○ Are the current resources sufficient for the GPs to implement the COVID response? Is there a need for advocating for more resources? Can you give example? • What are the internal capacity challenges that UNICEF faces in scaling up its social protection programming, especially with the increasing relevance and scope of the programmatic area?
6.	<ul style="list-style-type: none"> • How and what support does UNICEF provide to the state in carrying out institutionalized capacity building? What are these trainings about? How the quality of these orientations/training were measured? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p>
7.	<ul style="list-style-type: none"> • Is UNICEF's support (in form of activities, materials, financial benefits, services, etc.) w.r.t. social protection reaching the target population in a timely and coordinated manner? <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers?

Q No.	Questions
	<p>What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's COVID 19 response?</p> <p>Probe: Was there any difference in the support during the second wave as compared to the first wave to improve the efficiency of UNICEF's response?</p> <ul style="list-style-type: none"> ● What can be done to improve the efficiency of UNICEF's COVID-19 response w.r.t. to social protection?
D.	Partnership and coordination (internal and external), Reporting and Monitoring
8.	<ul style="list-style-type: none"> ● How UNICEF has leveraged existing partnerships at state level to facilitate the efficient planning and advocacy under this pillar? Did UNICEF establish any new partnerships to address the needs arising out of COVID-19 crisis? How did they help in improving the efficiency of UNICEF's response? ● What are some of the challenges faced with existing and new partnerships w.r.t. implementation of social protection related activities? How were these addressed?
9.	<ul style="list-style-type: none"> ● What reporting mechanism is in place to track the progress of COVID-19 related social protection activities at state level? How the quality and timeliness of support and services is being monitored? <ul style="list-style-type: none"> ○ Has there been any change in the reporting parameters or frequency recently? How has that affected UNICEF's responsiveness? <p>Probe: Process and frequency of reporting? Parameters reported? Is quality of support monitored? How? How is the response monitored to ensure that the support being provided is optimal, relevant for the target population?</p> <ul style="list-style-type: none"> ○ How do you utilize this data/findings collected via monitoring? ○ What are the bottlenecks and challenges (if any) in terms of reporting? What are some of the areas that need to be improved/revised?
E.	Challenges and Bottlenecks
10.	<ul style="list-style-type: none"> ● What have been some of the major challenges (implementation challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) related to this pillar that have lowered the efficiency of UNICEF's COVID response w.r.t. social protection? <ul style="list-style-type: none"> ○ Have you observed any inefficiencies impeding the implementation of the crisis response? <p>Probe: nature of social protection schemes, internal and external planning and coordination, lack of system readiness to surge the services to meet the demand, lack of capacity of local government to fulfil the increased responsibility, fiscal constraints, administrative barriers, etc.</p> <ul style="list-style-type: none"> ● Could social protection related activities have been planned and executed faster by UNICEF? Can you give examples of such activities? <p>Probe: multiplicity of the nature of social protection schemes, capacity constraints to plan and deliver, system readiness to surge in tandem with need, immediate surge in responsibilities of the LOCAL GOVERNMENTS, significant increase in responsibilities of the LOCAL GOVERNMENTS against their financial and procurement capacities, fiscal constraints etc.?</p> <ul style="list-style-type: none"> ● How does UNICEF factor the role of influencers and gatekeepers who facilitate or act as an impediment for reaching women, girls and vulnerable communities on various social assistance

Q No.	Questions
	measures?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
11.	<ul style="list-style-type: none"> • To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in social protection have effectively shown improvement in the areas of: <ol style="list-style-type: none"> enhanced allocation for GPs, community awareness about government schemes and eligibility, advocacy with local governments, capacitating local governments to plan and deliver the enhanced responsibilities arising out of COVID 19 • What are three area of UNICEF's COVID-19 response w.r.t. social protection measures which have shown improvement with the changing context and have benefitted the target population? • How has it been successful in meeting the needs of target vulnerable population, especially women and children? • On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response in addressing the needs of children and vulnerable population in a sustainable manner? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
12.	<ul style="list-style-type: none"> • In your opinion, how and to what extent social protection measures were adapted in your state to respond to the crisis, especially for women and girls and the most vulnerable; with technical assistance from UNICEF or as a result of advocacy done by UNICEF? • Did UNICEF support facilitate improving existing policy, programs and implementation mechanism to become more adaptive to various crisis and emergency situation in the future? How? • What are some of the mechanisms (if any) that UNICEF employs to learn from the challenges faced so far? Can you give examples? <p>Probe: focus on evidence and learning activities, are there any examples of interventions driving gender responsive work in the COVID response which can be highlighted?</p>
13.	<ul style="list-style-type: none"> • What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?
14.	<ul style="list-style-type: none"> • Are there any good practices which UNICEF can leverage going forward? What are they and how can they benefit in the long run?

Discussion Guide- Government State officials

Goal:

- To understand the perception of stakeholders about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection

and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.

- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: *Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.*

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take **30 to 40 minutes** to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the

reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Social Protection	Continue strengthening the protective role of families and supporting prevention of family separation through linkages with social protection programs
	Continue ensuring quality rehabilitation and reintegration services for child survivors of forced labor, trafficking, unsafe migration and those being sent back home from institutions. Support evidence generation and policy analysis to improve design and implementation of national and state social protection programs being used to tackle vulnerabilities emerging due to the COVID pandemic
	Build a proof of concept of the efficacy of SHG Collectives and GPs collaborating with each other and Government line departments to improve delivery of social protection programs to marginalized rural communities, in view of new vulnerabilities emerging due to the pandemic. Focus will be on schemes having direct implication on the welfare of women and girl children.
	Integrate shock response and child sensitive planning into the Gram Panchayat Development Plans and capacitate the Gram Panchayats to deliver and monitor shock responsive interventions in the villages.
	Continue undertaking evidence generation through community-based monitoring of the emerging situation due to impact of COVID on the socio-economic condition of the marginalized population.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
1.	<ul style="list-style-type: none"> • What are the different activities relating to social protection through which UNICEF provides support to the government at state level? How do these activities promote or contribute to fulfil government priorities relating to social protection in your states? • Do you see UNICEF as a contributing player in domain of social protection? Why? Can you give examples? <p>Probe: registries, data, technical expertise, planning, advocacy and convening, evidence generation, policy influencing, policy amendments for increasing the reach and coverage etc.</p>
2.	<ul style="list-style-type: none"> • How these activities are relevant or significant (on a scale of relevant, partially relevant or not relevant) in context of your state and how these have contributed towards social protection? Can you explain with an example? <p>Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer?</p>
3.	<ul style="list-style-type: none"> • Who according to you are the most marginalized and vulnerable when it comes to social protection related services? <p>Probe: children exposed to migration, children affected by disruption in social services delivery, children from marginalized communities, children facing lack of food security, children in households with loss of livelihoods, girl children and adolescents, OOSC especially girls, survivors</p>

Q No.	Questions
	<p>of violence, early and child marriage, children (especially girls) facing challenges in remote learning?</p> <ul style="list-style-type: none"> • What are the different activities that have been tailored/aligned by UNICEF to address the needs of? <ol style="list-style-type: none"> a. The vulnerable groups/population you just mentioned? b. The local needs of people living in urban, rural and hard to reach areas regarding social protection related support? • Were there any new vulnerable groups which emerged during the second wave? Which activities were introduced to meet their needs?
B.	Coverage (reach of social protection services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> • Do you think that UNICEF's response is reachable and accessible to the target vulnerable population (vulnerable groups you just mentioned)? Can you give examples? • Did UNICEF support the government in tailoring strategies and delivery mechanism to ensure girls, women and vulnerable communities are reached better? How? Can you give examples? • Do you think UNICEF's support has helped the government in enhancing the scale and nature of social assistance measures in your state? <p>Probe: larger number of families, increased assistance in size and / or duration, newer kinds of vulnerabilities being recognized and addressed? How?</p>
C.	Enhancement in Resource Allocation, Training/Capacity building, and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> • Do you think UNICEF's technical advisory and advocacy at the national level has been useful in delivering enhanced allocation for the GPs (local bodies) to meet crisis arising out of COVID 19? • Are the current resources sufficient for the GPs to implement the COVID response? Is there a need for advocating for more resources? Can you give example?
6.	<ul style="list-style-type: none"> • How and what support does UNICEF provide to the state government in carrying out institutionalized capacity building? What are these trainings about? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p> <ul style="list-style-type: none"> • How do you think UNICEF's support towards these trainings has benefitted the state government in responding to the COVID crisis w.r.t social protection?
7.	<ul style="list-style-type: none"> • Is UNICEF's support (in form of advocacy, high degree of technical assistance, activities, materials, financial benefits, advocacy, implementation, etc.) w.r.t. social protection reaching the target population in a timely and coordinated manner? <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers? What adjustments in this respect, if any, are made to improve the responsiveness of UNICEF's COVID 19 response? <p>Probe: Was there any difference in the support during the second wave as compared to the first</p>

Q No.	Questions
	wave? Can you give examples to highlight the difference?
D.	Partnership and coordination
8.	<ul style="list-style-type: none"> • Do you think that the government's partnership with UNICEF has led to an increased and better responsiveness to the pandemic in your state? How? • What are some of the challenges faced in by the government in its existing partnerships with UNICEF w.r.t. planning and implementation of social protection related activities? Were these addressed by UNICEF? <p>Probe: Scheduled meetings, best practices sharing, how are lessons learned captured</p>
E.	Challenges and Bottlenecks
9.	<ul style="list-style-type: none"> • What have been some of the major challenges (implementation/planning challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) that have posed as a hurdle in smooth implementation of response activities led by/guided by UNICEF? What can UNICEF do to mitigate the challenges?
10.	<ul style="list-style-type: none"> • Could social protection related activities have been planned and executed faster by UNICEF? Can you give examples of such activities? <ul style="list-style-type: none"> ○ What can UNICEF do to improve the efficiency and responsiveness of its COVID-19 response?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
11.	<ul style="list-style-type: none"> • To what extent are the social protection related activities undertaken by UNICEF as part of its COVID response have effectively shown improvement in the areas of: <ol style="list-style-type: none"> a. enhanced allocation for GPs, b. community awareness about government schemes and eligibility, c. building capacity of the local government to plan and deliver the enhanced responsibilities arising out of COVID 19 • What are three area of UNICEF's COVID-19 response w.r.t. social protection measures which have shown improvement with the changing context and have benefitted the target population? • How has it been successful in meeting the needs of target vulnerable population, especially women and children?
12.	<ul style="list-style-type: none"> • On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response in addressing the needs of children and vulnerable population in a sustainable manner? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
13.	<ul style="list-style-type: none"> • In your opinion, how and to what extent social protection measures were adapted in your state to respond to the crisis, especially for women and girls and the most vulnerable; with technical assistance from UNICEF or as a result of advocacy done by UNICEF?

Q No.	Questions
	Probe: How has UNICEF's response been different during the second wave as compared to the first wave? What changes were introduced to suit the crisis situation during second wave as compared to the first wave? Can you give example of an activity which UNICEF adapted according to the emerging needs during the second wave as against the first wave?
14.	<ul style="list-style-type: none"> • Are there any good practices which UNICEF can leverage going forward?

Discussion Guide- Government District/Block officials

Goal:

- To understand the perception of stakeholders about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

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Time required: The interview should take **30 to 40 minutes** to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No
 Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

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- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response.

For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Social Protection	Continue strengthening the protective role of families and supporting prevention of family separation through linkages with social protection programs
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	Integrate shock response and child sensitive planning into the Gram Panchayat Development Plans and capacitate the Gram Panchayats to deliver and monitor shock responsive interventions in the villages.
	Continue undertaking evidence generation through community-based monitoring of the emerging situation due to impact of COVID on the socio-economic condition of the marginalized population.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
1.	<ul style="list-style-type: none"> • What are the different activities relating to social protection through which UNICEF provides support to the government at district level and how are these implemented? Probe: registries, data, technical expertise, planning, advocacy and convening, evidence generation, policy influencing, policy amendments for increasing the reach and coverage etc.

Q No.	Questions
2.	<ul style="list-style-type: none"> How these activities are relevant or significant (on a scale of relevant, partially relevant or not relevant) in context of your district? Can you explain with an example? <p>Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you give examples from both first and second wave to support your answer?</p>
3.	<ul style="list-style-type: none"> Who according to you are the most marginalized and vulnerable when it comes to social protection related services? <p>Probe: children exposed to migration, children affected by disruption in social services delivery, children from marginalized communities, children facing lack of food security, children in households with loss of livelihoods, girl children and adolescents, OOSC especially girls, survivors of violence, early and child marriage, children (especially girls) facing challenges in remote learning?</p> <ul style="list-style-type: none"> What are the different activities that have been tailored/aligned by UNICEF to address the needs of? <ul style="list-style-type: none"> The vulnerable groups/population you just mentioned? The local needs of people living in urban, rural and hard to reach areas regarding social protection related support? How was UNICEF's response different during the second wave as compared to first wave in addressing the crisis?
B.	Coverage (reach of social protection services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> Do you think that UNICEF's response is reachable and accessible to the target vulnerable population (vulnerable groups you just mentioned)? Can you give examples? Do you think UNICEF's support has helped the government in enhancing the scale and nature of social assistance measures in your district? <p>Probe: larger number of families, increased assistance in size and / or duration, newer kinds of vulnerabilities being recognized and addressed? How?</p>
C.	Enhanced allocation of resources, Training/Capacity building, and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> Do you think UNICEF's technical support has been useful in delivering enhanced allocation for the GPs (local bodies) to meet crisis arising out of COVID 19? Are the current resources sufficient for the GPs to implement the COVID response? Is there a need for advocating for more resources? Can you give example?
6.	<ul style="list-style-type: none"> How and what support does UNICEF provide to the government in carrying out institutionalized capacity building? What are these trainings about? What were some of the shortfalls of these sessions? <p>Probe: How different were they from the routine training, frequency of training/capacity building sessions, who were the participants, what focus areas did these sessions covered, what measures were taken to ensure that relevant information is given with the changing context?</p> <ul style="list-style-type: none"> How do you think UNICEF's support towards these trainings has benefitted the government in responding to the COVID crisis w.r.t social protection? How has it been successful in increasing the capacity of stakeholders and FLW? Can you give examples?

Q No.	Questions
7.	<ul style="list-style-type: none"> ● Is UNICEF's support (in form of advocacy, high degree of technical assistance, activities, materials, financial benefits, advocacy, implementation, etc.) w.r.t. social protection materializing and reaching the target population in a timely and coordinated manner? <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers and how these can be mitigated? How did UNICEF support the state in managing the demand in this case? <p>Probe: Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference?</p>
D.	Challenges and Bottlenecks
8.	<ul style="list-style-type: none"> ● What have been some of the major challenges (implementation/planning challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) that have posed as a hurdle in smooth implementation of response activities led by/guided by UNICEF? <ul style="list-style-type: none"> ○ What can be done to mitigate the challenges?
9.	<ul style="list-style-type: none"> ● Could UNICEF's social protection related activities and services have been planned and implemented faster by UNICEF? Can you give examples of such activities? ● What can UNICEF do to improve the efficiency and responsiveness of its COVID-19 response?
E.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
10.	<ul style="list-style-type: none"> ● To what extent are the social protection related activities undertaken by UNICEF as part of its COVID response have effectively shown improvement in the areas of: <ol style="list-style-type: none"> a. enhanced allocation for GPs, b. community awareness about government schemes and eligibility, c. building capacity of the local government to plan and deliver the enhanced responsibilities arising out of COVID 19 ● What are three area of UNICEF's COVID-19 response w.r.t. social protection measures which have shown improvement with the changing context and have benefitted the target population?
11.	<ul style="list-style-type: none"> ● On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response in addressing the needs of children and vulnerable population in a sustainable manner? Why? Can you give examples? <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
12.	<ul style="list-style-type: none"> ● Did UNICEF support facilitate improving existing social protection program and implementation mechanism to become more adaptive to various crisis and emergency situation in the future? How? <p>Probe: How has UNICEF's response been different during the second wave as compared to the first wave? What changes were introduced to suit the crisis situation during second wave as compared to the first wave? Can you give example of an activity which UNICEF adapted according to the</p>

Q No.	Questions
	emerging needs during the second wave as against the first wave?
13.	<ul style="list-style-type: none"> Are there any good practices which UNICEF can leverage going forward?

Discussion Guide- CSO/Implementing Partner

Goal:

- To understand the perception of stakeholders about the relevance, efficiency and effectiveness of UNICEF's COVID-19 response (Pillar 5 - Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services) i.e. whether the current support and assistance provided by UNICEF is effective in addressing the current crisis and needs of the state.
- To understand the challenges and gaps in UNICEF's response in terms of assistance and support provided, reasons behind inadequate service delivery and how these can be mitigated.
- To capture some of the key areas where, going forward, UNICEF should focus its assistance and resources in order to support the government in addressing the current crisis in a better manner.

Instructions prior to beginning the interview: Please introduce yourself to the respondents by stating your name and your role as a moderator, and then explain the purpose of the research and obtain verbal consent from the respondent prior to commencing the interview.

Informed Consent (To be read out by the moderator to the respondent):

Introduction and Objective: Hello my name is [moderator's name] and I work with IPE Global. On behalf of UNICEF India, we are conducting a study to understand UNICEF's response to COVID-19 in India. As part of data collection activity and taking into account your key role (or of your organization/department/section), we would like to ask you a few questions related to your views on UNICEF's response to COVID-19. This study focuses only on UNICEF's role in the COVID-19 response, and does not evaluate the role of the government or of any other partners. Your inputs will help us in framing recommendations for UNICEF which will contribute towards UNICEF providing better support to the government.

Voluntary Participation: Participation in the survey is voluntary. You have the choice to refuse any question and stop the interview at any time. If at any time and for any reason, you would prefer to not participate in this study, please feel free to stop this discussion.

Confidentiality: Information collected during this interview will be **entirely confidential** and **will not be shared** with anyone outside of our research team. We would like to audio record the interview. The recording will be transcribed without any information that could identify you. The tape will then be erased. The responses recorded shall be used entirely for research purposes only. Your name will not be associated in any report or presentation with the information collected from you. The data will be used without any personally identifiable information. No recordings or any information will be shared with UNICEF or anyone else in a way that is identifiable.

Time required: The interview should take **30 to 40 minutes** to complete.

Do you have any questions about the evaluation or the Interview at this time?

Are you willing to participate in this interview? Yes / No

Do you give your consent to record this interview? Yes/No

Note for Moderator: In case the respondent does not give consent to audio record, please reinstate that you

would still like to go ahead with the interview and will be taking notes while the interview is on.

Note for Moderators (This is not to be read/discussed with the respondent):

- For each response, try to seek examples (wherever possible) as supportive argument for facts stated. Any information collected without supporting evidence (in the form of examples or proper reasoning) will not be beneficial and may not be used.
- Each response (wherever applicable) should cover the 'why?' and 'how?' of the stated response. For instance, if the respondent claims that capacity building can be improved. The moderator should ask – why according to the respondent is capacity building not sufficing at the given time? What are the reasons? How can it be improved? What can be done?

Broad spectrum of intervention areas supported by UNICEF under this pillar:

Section	Intervention Area
Social Protection	Continue strengthening the protective role of families and supporting prevention of family separation through linkages with social protection programs
	Continue ensuring quality rehabilitation and reintegration services for child survivors of forced labor, trafficking, unsafe migration and those being sent back home from institutions. Support evidence generation and policy analysis to improve design and implementation of national and state social protection programs being used to tackle vulnerabilities emerging due to the COVID pandemic
	Build a proof of concept of the efficacy of SHG Collectives and GPs collaborating with each other and Government line departments to improve delivery of social protection programs to marginalized rural communities, in view of new vulnerabilities emerging due to the pandemic. Focus will be on schemes having direct implication on the welfare of women and girl children.
	Integrate shock response and child sensitive planning into the Gram Panchayat Development Plans and capacitate the Gram Panchayats to deliver and monitor shock responsive interventions in the villages.
	Continue undertaking evidence generation through community-based monitoring of the emerging situation due to impact of COVID on the socio-economic condition of the marginalized population.

Q No.	Questions
A.	Design and plan (activities), alignment with government priorities, contextualization and relevance
1.	We have been informed that you are involved in <activities stakeholder can comment on> related activities with UNICEF w.r.t. social protection under COVID-19 response. Could you tell us more about your role in the implementation of these activities?
2.	According to you, how relevant (on a scale of relevant, partially relevant or not relevant) is UNICEF's COVID-19 response and support in context of your district w.r.t. social protection? Can you give examples? Probe: Was the response relevant during the first wave and second wave of COVID-19? Can you

Q No.	Questions
	give examples from both first and second wave to support your answer?
3.	<ul style="list-style-type: none"> • Who according to you are the most marginalized and vulnerable when it comes to social protection related services in your intervention areas? <p>Probe: children exposed to migration, children affected by disruption in social services delivery, children from marginalized communities, children facing lack of food security, children in households with loss of livelihoods, girl children and adolescents, OOSC especially girls, survivors of violence, early and child marriage, children (especially girls) facing challenges in remote learning?</p> <ul style="list-style-type: none"> • What are the different activities that have been tailored/aligned by UNICEF to address the needs of? <ul style="list-style-type: none"> a. The vulnerable groups/population you just mentioned? b. The local needs of people living in urban, rural and hard to reach areas regarding social protection related support? • How was UNICEF's response different during the second wave as compared to first wave in addressing the crisis?
B.	Coverage (reach of social protection services to marginalized/vulnerable population)
4.	<ul style="list-style-type: none"> • Do you think that the support provided by UNICEF and activities implemented via its CSO/Implementing partners such as yourself, are reachable and accessible to target vulnerable population? How? <ul style="list-style-type: none"> ○ If not, then which pockets/sections are being left out? Why? ○ What measures are taken/can be taken to ensure that the benefits are accessible to all? • Do you think UNICEF's support has helped the government in enhancing the scale and nature of social assistance measures in your state? <p>Probe: larger number of families, increased assistance in size and / or duration, newer kinds of vulnerabilities being recognized and addressed? How?</p>
C.	Enhancement of Resource Allocation, Training/Capacity building, and overall efficiency of UNICEF's response
5.	<ul style="list-style-type: none"> • Do you think UNICEF's technical support and advocacy has been useful in delivering enhanced allocation for the GPs (local bodies) to meet crisis arising out of COVID 19? • Are the current resources sufficient for the GPs to implement the COVID response? Is there a need for advocating for more resources? Can you give example?
6.	<ul style="list-style-type: none"> • Do you think that the support provided by UNICEF towards increasing the capacity of stakeholders and FLW through trainings has benefitted that in real time? Can you explain with examples?
7.	<ul style="list-style-type: none"> • Is UNICEF's support (in form of advocacy, high degree of technical assistance, activities, materials, financial benefits, advocacy, implementation, etc.) w.r.t. social protection materializing and reaching the target population in a timely and coordinated manner? <ul style="list-style-type: none"> ○ If yes, then how? ○ If no, then why not? What were the activities which were delayed? What are the barriers and how these can be mitigated? How did UNICEF support the state in managing the

Q No.	Questions
	<p>demand in this case?</p> <p>Probe: Was there any difference in the support during the second wave as compared to the first wave? Can you give examples to highlight the difference?</p>
D.	Partnership and coordination
8.	<ul style="list-style-type: none"> • Do you think that your partnership with UNICEF has led to an increased and better responsiveness to the pandemic in your intervention area/state? How? • What are some of the challenges faced with existing partnerships with UNICEF w.r.t. implementation of social protection related activities? How were these addressed? <ul style="list-style-type: none"> ○ Is there any feedback mechanisms for UNICEF to receive feedback/concerns from CSO/implementing as well as other key partners? <p>Probe: Scheduled meetings, best practices sharing, how are lessons learned captured, recommendations</p>
E.	Challenges and Bottlenecks
9.	<ul style="list-style-type: none"> • What have been some of the major challenges (implementation/planning challenges, financial crunch, administrative barriers, poor coordination, lack of training, lack of supplies, poor quality services) that have posed as a hurdle in smooth implementation of response activities led by/guided by UNICEF? • What can be done to mitigate the challenges?
10.	<ul style="list-style-type: none"> • Could social protection related activities have been planned and implemented faster by UNICEF? Can you give examples of such activities? • What can UNICEF do to improve the efficiency and responsiveness of its COVID-19 response?
F.	Effectiveness of UNICEF's response – achieved outcomes and outputs, adaptability and good practices
11.	<ul style="list-style-type: none"> • To what extent are the social protection related activities undertaken by UNICEF as part of its COVID response have effectively shown improvement in the areas of: <ul style="list-style-type: none"> a. enhanced allocation for GPs, b. community awareness about government schemes and eligibility, c. building capacity of the local government to plan and deliver the enhanced responsibilities arising out of COVID 19 • What are three area of UNICEF's COVID-19 response w.r.t. social protection measures which have shown improvement with the changing context and have benefitted the target population with UNICEF's support?
12.	<p>On a scale of highly effective, partially effective and not effective, how would you rate UNICEF's response in addressing the needs of children and vulnerable population in a sustainable manner? Why? Can you give examples?</p> <p>Probe: How would you comment on effectiveness of UNICEF's response during the two phases of COVID-19? Can you give examples of its effectiveness in addressing the needs of people across the two waves?</p>
13.	<ul style="list-style-type: none"> • In your opinion, how and to what extent social protection measures were adapted in your

Q No.	Questions
	<p>state to respond to the crisis, especially for women and girls and the most vulnerable; with technical assistance from UNICEF or as a result of advocacy done by UNICEF?</p> <p>Probe: How has UNICEF's response been different during the second wave as compared to the first wave? What changes were introduced to suit the crisis situation during second wave as compared to the first wave? Can you give example of an activity which UNICEF adapted according to the emerging needs during the second wave as against the first wave?</p>
14.	<ul style="list-style-type: none"> • Are there any good practices which UNICEF can leverage going forward?

Annexure 3: List of Documents referred to for Desk Review

List of key documents referred to for all pillars which were shared by UNICEF for the purpose of this RTE.

COVID JRP India Draft May 15	Guidance Note – Monitoring & Reporting – COVID Response
Guidance Note on Internal Coordination during COVID Response	UNICEF Procedure for Corporate Emergency Activation for L3
UN Immediate Socio-economic Response to COVID 19	WHO – Maintaining Essential Health Services Operational Guidelines (2019)
Sector-wise Indicator Metadata	Mapping of Stakeholders against HPM interventions and indicators
Kick off Meeting_11 th September	UNICEF India Response Plan Final
Monthly SitReps	Program Guidance Note_Program Response and Continuity
Education and Nutrition Consolidated Work Plans	DRR AWP Revised
SPME AWP Revised	Delhi Wash AWP 2020
CP AWP 2020	C4D AWP 2020
Quarterly Standard COVID Indicator Notes	UNICEF comments on RTE Inception Report
Indicator baseline matrices:	<p>MTSR Network meeting reports:</p> <ul style="list-style-type: none"> • Education • Health • ISP • Nutrition • PPSE • WASH <ul style="list-style-type: none"> • C4D Results Matrix • Guidance on the development of program strategy notes • Final SBCC Gender Strategy • Responsive Parenting Resource Kit • Gender considerations for resumption of services • ECD guidance notes for program network meetings • 5 Key DRR messages • MTSR related survey • MTSR Qualitative Feedback • ISP Guidance and Questions for MTSR
Agenda Education CP_Joint Program Network	EVAC program strategy – Education
UNICEF India Health_Network Meeting	M4R Strategy_2020-2022
C4D PE Output 3- NM reflections	CAP MTSR Reflections for PE PSN 17 July
DRR presentation	MTSR_Gender in UNICEF ICO
National Program Strategy Notes:	<p>HPM State reports:</p> <ul style="list-style-type: none"> • Child Protection • Bihar

<ul style="list-style-type: none"> Inclusive Social Policy Nutrition Program Effectiveness Education RCH WASH PPSE 	<ul style="list-style-type: none"> Jharkhand West Bengal Maharashtra Uttar Pradesh
Report on Training of Front-line Workers Jharkhand	Report on Training of Front-line Workers West Bengal
Report on Training of Front-line Workers Uttar Pradesh	Consolidated SBCC strategy
RCCE Document – Background and overview	Audio preventive behaviors
UNICEF-RTE COVID-19 response- Desk review and Key evaluation questions-v1	C4D Orientation call
HPM Monthly reports	POSHAN Portal (Resources and Monitoring)
Evaluation Questions UNICEF Call	SBCC Strategy posters
Urban and Rural communication package	100% mask use protocol
UNICEF Interim Guidance on Support for Strengthening Infection Prevention and Control (IPC) measures inclusive of WASH at Healthcare Facilities during the COVID-19 Response in India	Personal Safety and Hand Hygiene
COVID IPC Health 2020	Pictorial Guide on Biomedical Waste Management Rules 2016
WASH and IPC in COVID 19 times	UNICEF IPC Report
Report on Health Care Providers Training	Guidelines on Rational Use of Personal Protective Equipment
IPC national level documents: <ul style="list-style-type: none"> Hygiene kits Oxygen concentrators Masks PPE Soap distribution ECM links for IPC 	IPC state level documents: <ul style="list-style-type: none"> Aspirational District trainings on WASH IEC material – posters and videos Sanitation protocol Trainings with PCB and Health
SoP on school reopening different states	UNICEF IPC_Report
UNICEF ICO RA Synthesis Report	Programming Continuity of health and Nutrition Services
UNICEF India Nutrition and COVID Response Strategy	Guidance to UNICEF Network: Nutrition and COVID-19 Impact – Response Planning
SAM Network	Union Ministry websites and publicly available resources

Summary of Guidance to UNICEF Network: Nutrition and COVID-19 Impact – Response Planning	Guidance note on continuation of ICDS services shared with MWCD
MoHFW guideline on continuation of essential services (14.04.2020) Summary of Nutrition components in MoHFW guideline on continuation of essential services (14.04.2020):	Monitoring C2IQ (Coverage, Continuity, Intensity and Quality) of Anemia Mukt Bharat for school-going 10-19-year olds, during and after Lockdown in COVID-19 pandemic. Various SBSS materials / posters on COVID and Nutrition for NRLM
Immunization services_UNICEF_program continuity	UNICEF results from Wave 1 and Wave 2
National and State Booklets	Monthly Brochures_States wise
Photo story	Infographics
Final RA synthesis report	UP PPT for network meeting
Guidance note on the role of women collectives to support continued delivery of health & nutrition services for mothers and adolescent girls	Ensuring RMNCHA+ program continuity
Uninterrupted Delivery of Essential Health services	Webinar UNICEF ICO RA Synthesis
UNICEF Psycho-Social Support document	School Safety Guidelines
Legal Provisions and Guidelines on Child Safety	Key Legislations on Child Safety
Gender considerations for Resumption of services	COVID materials gender checklist
Program Approaches and Prioritization	UNICEF India Guidance on Social Protection
SoP on management of children	CP and Gender KEQs
Education and Gender KEQs	SP and Gender KEQs
Continuation of learning	Enrolment drive COVID
Socio-economic impact of COVID-19 on children	DMI study on Impact of COVID on migrant workers
UNICEF India Guidance on Social Protection	Program Approaches and Prioritization
School Reopening Guidelines	Psycho-social Support Document
Railways	Support documents
Foster care	Materials on COVID 19
AFTER care	Stakeholder Nominations
Monthly reports	

Annexure 4: Gap Analysis Template

DAC Criteria	KEQs	Pillar-SEQs	Pillar-X Key activities/ Intervention areas	Resources / Budget/ inputs	Key achievements (Quantitative)- Sitr reports	Key achievements (Qualitative)	Gaps Quant	Gaps Qual	Key achievements (Quant)- Sitr reports	Key achievements (Qual)	Gaps Quant	Gaps Qual
Pillar number and description					Overall			State-wise				
<i>Relevance</i>												
<i>Coverage</i>												
<i>Efficiency/ Coherence</i>												
<i>Effectiveness</i>												

The Gap Analysis sheet (secondary data analysis using documents shared by UNICEF) developed for each pillar can be found [here](#).

Annexure 5: Activity Mapping

No Activity Mapping was undertaken for Pillar 1.

Pillar 2:

Health

STATE	KEY ACTIVITIES
West Bengal	<p>Webinar by UNICEF for more than 200 members of Society of Midwives -mainly faculties of Nursing Colleges and Schools- on Infection Prevention & Control, with focus on Standard Precautions, additional Precautions for COVID & Triaging;</p> <p>Onsite Training on Infection Prevention & Control and Psychosocial care for nurses working in COVID Hospitals:</p> <ul style="list-style-type: none"> - 4th batch of Onsite training on Infection Prevention & Control and interactive session on Psychosocial Care for more than 50 staff nurses working in Medical College, Kolkata- a COVID Hospital; - The 5th and final batch of training was completed with 60 participants in attendance which led to a total of 259 nurses who have been trained so far in Medical College & Hospital, Kolkata. Similar onsite trainings have also been previously conducted for 208 nurses at the M. R. Bangur hospital, another COVID designated Hospital in West Bengal. The training methodology included interactive discussions using videos, power-point presentations, live demonstrations and Q&A sessions, facilitated by UNICEF Health Specialist and Consultant, Consultant Psychiatrist and Clinicians. The topics covered included Infection Prevention & Control, Mental Health & Psychosocial Care and Communication. <p>Online training on Infection Prevention & Control in Health Facilities, with special reference to Maternal & Newborn Health Care and Safe Delivery App, to staff of all delivery points in the state. In collaboration with State H&FW dept., this training is being conducted in 4 batches between 23 to 31 July with about 200 participants attending in each batch. This training has been conceptualized by UNICEF is co-facilitated with state officials. The training focusses on IPC in Non-COVID Hospitals, including Standard precautions, use of PPE, additional precautions and Triaging. In each session, following the power point presentation, Q&A sessions are conducted which is attended by expert Obstetricians and Pediatricians, who provide their expert views on the matter and responds to the queries.</p> <p>Online Training for Support Persons under POCSO Act: 55 Para Legal Volunteers from 10 different districts of West Bengal participated from 21-24 July, 2020 organized by the State Child Protection Society, State Legal Services Authority (SLSA) and UNICEF. The training is expected to develop basic understanding of Violence Against Children (VAC), facilitate the journey of a child through the judicial system, provide psychosocial support and help a child in receiving the deserved compensation. A quarterly reporting mechanism has been jointly initiated with SLSA to document the learnings as well as challenges faced by support persons in the district.</p> <p>Campaign on Intensified Diarrhea Control Fortnight (IDCF) was conducted in the Purulia district and supported by the SBCC Cell for promotion of Zinc & ORS, importance of hand washing with soap at critical times, regular use of toilets and taking special care in case a child had diarrhea. 8 Hand washing and ORS demonstrations at household level were conducted</p>

STATE	KEY ACTIVITIES
	<p>among pregnant and lactating women, adolescents, parents and caregivers</p> <p>The SBCC campaign planned for activities given the limitations of physical distancing and included tableau campaign implemented across 20 blocks of Purulia district and urban areas of Dinajpur district, IPC skills by AWWs and ASHAs for mobilization of Pregnant and Lactating mothers and their caregivers using key Nutrition messages shared by UNICE</p>
	<p>Following UNICEF's advocacy and coordination efforts, the state Health & FW department is gradually re-starting the onsite training programs. The Home-based Young Child Care (HBYC) training program for ASHAs was restarted in South 24 Parganas district, maintaining COVID Compliance. This example is expected to motivate other districts to re-start similar onsite programs.</p>
	<p>To strengthen the community and home-based services by ASHAs including their supervision, the state has resumed onsite Homebased Care for Young Child (HBYC) and Homebased Newborn Care for refresher training for ASHA facilitators in all HPDs, with technical support from UNICEF. This is in addition to HBYC training conducted for ASHAs.</p>
	<p>UNICEF continued to facilitate IPC training programs in the High Priority districts using both onsite and online platforms More than 180 doctors and nurses in Malda have been trained online while in Murshidabad 30 doctors and nurses will join a COVID Hospital shortly following their onsite training on IPC, including hands-on demonstration on donning, doffing of PPE etc.</p>
	<p>As a part of the Multi-sectoral response to COVID-19, three wards in the urban dense population (slums) of Kolkata have been selected for which UNICEF has entered into a partnership with West Bengal Doctors Forum- a doctor's body- for public health and community-based response to COVID as well as support for continuation of maternal & child health services in the local area, which has been compromised to a large extent. The work commenced with mapping of the areas, planning with local KMC officials and training of NGO workers. UNICEF is also initiating a campaign on Mask Usage at community level, in which SHGs are participating for production, distribution and promotion of masks, facilitated by Anahat and West Bengal Doctors Forum.</p>
	<p>RCH: Production and Distribution of Masks in Kolkata</p> <p>UNICEF partnered with Anahat for production of masks by Self Help Groups. The masks are being other partner NGOs for distribution in collaboration</p>
Jharkhand	<p>Training of frontline workers on infection prevention and control:</p> <ul style="list-style-type: none"> - First round of training of health workers was done through online platforms. - Onsite demonstration trainings are better for compliance from health workers as far as IPC. Therefore, UNICEF and GOJ started onsite trainings on IPC wherever social distancing was possible. - UNICEF provided technical material for training and monitored the quality of trainings at many places. - In last one month, 1585 health workers were trained at different level of facilities. - UNICEF and GOJ is envisaging training of at least 50% health workers working in facilities to be trained on site for IPC till December 2020 <p>UNICEF Jharkhand has developed ODK Collect data collection web portal of VHND.</p>

STATE	KEY ACTIVITIES
Jharkhand	- It was developed internally within the UNICEF with no extra cost. Going forward UNICEF and Government will use ODK platform for VHND monitoring and supportive supervision.
	UNICEF supported SS visits to 156 VHND session sites in the month of June. Most of the indicators are still below pre COVID-19 level but fast catching and it is expected to be at Pre-COVID-19 level by the end of August if the situation remains the same.
	There is significant increase in hand washing with soap among health workers and knowledge of PW about due dates is at pre COVID-19 level due to increase in counselling in last two months. Data is used to plan targeted capacity building measures and review both at state and district level.
	Strengthening Cold Chain and Vaccine Management: UNICEF coordinated with NCCVMRC and technically supported government in a four-day online training of newly joined VCCMs in all 24 districts on National cold chain management information system and on online platform of supportive supervision of cold chain using mobile application.
	UNICEF is providing technical support in the establishment of new SNCUS in the state. UNICEF provided technical assistance in purchase of SNCU equipment
	Strengthening quality of care at facilities: Optimally functioning water, sanitation & hygiene facilities directly impacts the infection prevention activities within the facility. UNICEF supported Government of Jharkhand in reviewing the WASH compliance within the 27 health facilities of focus districts of Giridih and West Singhbhum. Key gaps identified were related to non-availability of water, elbow taps and practices related to waste management. Necessary instructions have been shared to the facilities and districts for its compliance.
	Focus on LaQshya: In the month of July 2020, Government of India and State Government has started resuming major activities and started focusing on other health programs including online national certification of health facilities. To support this, UNICEF has resumed contact with the facility in-charges in both the facilities and following up for the completion of gaps identified as per the national standards. UNICEF consultant started personal visits to the facilities from July onwards and reinstated the record keeping/infection prevention practices, development of SOPs and quality tools to improve and showcase the quality of services rendered by these facilities.
	Ensuring School Preparedness before reopening to ensure COVID-19 IPC measures- The district team have started visits to schools and interacting with teachers and SMC members to ensure the required WASH facilities before the reopening of schools.
	Strengthening & Supportive Supervision of IDCF Campaign: UNICEF provided technical and monitoring support in IDCF campaign in the state.
	Uttar Pradesh
Uttar Pradesh	UNICEF and WHO provided support in drafting SOPs , drawing from the experience of the migrant tracking supported by UNICEF and polio campaigns . SMNet supported microplanning, trainings and monitoring (jointly with WHO and PATH) at district level.
	Technical assistance was provided in the online review meeting of Community team of NHM where HBNC telephonic monitoring data from more than 2,000 calls were shared- families of more than 80 per cent newborns reported face-to-face/telephonic contact by ASHAs.
	193 COVID-19 helpdesks have been established in 11 districts, with UNICEF support: As state

STATE	KEY ACTIVITIES
	<p>and district authorities realized the importance of surveillance and monitoring of COVID-19 response, helpdesks have emerged as an important mechanism to inquire, discuss and identify solutions.</p>
	<p>RapidPro-3 findings influence action by the Director PRD: Following the feedback received from the migrants on RapidPro platform, supported by UNICEF, the Director of Panchayati Raj Department has written letters to the concerned departments to ensure better services to migrants as per state directive.</p>
	<p>UNICEF provided technical support in strengthening the “Home Isolation”- self reporting application of GoUP.</p> <ul style="list-style-type: none"> - To strengthen implementation of home isolation guidelines, a monitoring checklist was developed and training for 530 SMNet consultants organized. SMNet monitored 34,398 COVID-19 positive patients in “Home Isolation” from 75 districts. - Based on monitoring findings, GoUP issued letters to district magistrates and chief medical officers for taking necessary action for improvement. SMNet also facilitated review of implementation by divisional and district level health and administrative officials. Five Divisional Commissioners and 34 District Magistrates issued letters to Chief Medical Officers for taking corrective action for improvement. - NHM established a state level eight-member call center. The team has been oriented on the home isolation monitoring checklist used by UNICEF. - GoUP requested UNICEF and WHO to collect data on COVID-19 deaths in Lucknow and Kanpur between 1-15 Sep 2020. The data was collected to conduct death audit reports.
	<p>Capacity building work continued across districts: WASH team oriented a total of 1,215 government officials (district & block SBM (G) team) of three districts (1,150 - Sonbhadra, 55 - Kasganj & 10 - Etah) on SBM(G) - II guidelines in the context of COVID-19 (including infection prevention measures, waste management and roles of Nigrani Samitis).</p> <ul style="list-style-type: none"> - WASH team oriented a total of 67 government officials of Chitrakoot district on SBM(G) - II guidelines in the context of COVID-19 (including infection prevention measures, waste management and roles of Nigrani Samitis) and climate resilient WASH through Zoom webinar platform.
	<p>Model Block Initiative: The Panchayati Raj Department (PRD) has started a process of developing Sevapuri Block of Varanasi district as a model block, to be showcased during the PM’s upcoming visit. A meeting was called by the MD to seek ideas on how the issue of SLWM could be addressed. UNICEF team attended the meeting and provided inputs on how sustainable SLWM planning and implementation could be done, based on the evidence generated from Ghaziabad and other districts in 2019-20. A multi-partner team consisting of consultants from SBM(G), UNICEF and WaterAid has been formed to guide SLWM planning and implementation work at the Sevapuri Block.</p> <ul style="list-style-type: none"> - UNICEF team supported community level consultation process and subsequently in preparing solid liquid waste management (SLWM) plan of Amini GP in Sewapuri Block. The team oriented 31 government officials on SLWM concepts, planning, solution and implementation steps. Similarly, 14 frontline workers (ASHA, A&M, & AWW) were oriented on menstrual hygiene waste management; and 60 shopkeepers of Amini GP were oriented on

STATE	KEY ACTIVITIES
	waste segregation & management using users charges. Quality of care in Urban PHCs under urban programming: UNICEF in coordination with NHRSC, New Delhi, NUHM, UP and Quality Cell, NHM of UP facilitated a three days training of UPHC staff, urban coordinators on Quality of Care in UPHCs, developing as delivery points for the urban poor, migrants and slum population. Capacity of more than 600 staff from 450 UPHCs was enhanced on the Quality Assurance under NQAS (National Quality Assurance Standards) program.
Bihar	One round LaQshya, WiHF and IPC assessment of all 32 health facilities conducted in UNICEF supported 2 HPDs. Facilitated development of Realtime data collection app for Wash, LaQshya and IPC for regular data collection. - Technical Guidance provided to Purnea District Hospital LR & SNCU for smooth functioning after detection of COVID19 cases. Deployed 11 Health Consultants and 38 SMCs to facilitate monitoring cum mentoring visits to all Covid19 Isolation facilities (CCC, DCHC and DCH) across the State. Facilitated orientation of all Civil Surgeon, Deputy Superintendent of Sadar Hospital, Deputy Superintendent & HOD Medicine of Medical College and Hospital, Medical Officer & Staff Nurse of all COVID19 facilities through AIIMS Patna on 18 th July 2020. Total 1200 staff were participated on the same. - Facilitated development of Action plan to expedite the ROP approved MNH activities
	SMNET - Orientation of SMNET members on IPC guidelines and precautionary measures to take during the field visit to avoid COVID19 infection - SMNET is engaged in shifting of COVID19 containment zone persons to the government identified safe areas. - Support extended to district administration through SMNet in flood affected 14 districts. Line listing of PW 37037 and children <2 years 57000 done so far in floods affected districts. Line list of PW with EDD near 1 month shared with NDRF/SDRF teams for evacuation of PW to safe location for institutional delivery services
	Supportive supervision of Dedicated COVID Hospitals , Dedicated COVID Health Centers (DCHC) and COVID care centers (CCC) under chairmanship of State Program Officer (SPO) SHSB and other partners like CARE and JHPIEGO
	Measures taken at flood affected areas: - Provided training to 35 NDRF and 25 SDRF teams on COVID 19 prevention and early detection in flood affected areas - Support extended to district administration through SMNet in flood affected 14 districts. - Supportive supervision of flood relief camps in 17 districts being done by SMNet and daily reports shared with DM in the evening briefing meetings
	Capacity Building: - Facilitated capacity building of around 4400 district and block level government functionaries and partners on various components of IDCF and its supportive supervision.

STATE	KEY ACTIVITIES
	<ul style="list-style-type: none"> - Completed orientation of 209+ Medical Officers and other staff posted at the 20 ART centers in Bihar on Psychosocial Support and dealing with Stigma & Discrimination related to COVID 19. - Facilitated Capacity building of 450+ Medical Officers, SNs, Hospital Managers and Other facility staff of the UNICEF support 4 Aspirational Districts with support of WASH sector on WASH in Health Facility, IPC Skills and on the upcoming Global Hand Hygiene Day.
	Successfully Advocated ED SHSB to re-initiate UNICEF supported HBYC training which was halted since March 2020 due to COVID19.

WASH

STATE	KEY ACTIVITIES
West Bengal	<p>As a collaboration between CII West Bengal (Confederation of Indian Industry) and UNICEF, an online orientation of CSR frontline workers, managers and CSO members from eastern region was held on: "Safety Measures & Management of COVID 19 for CSR Frontline Workers". This orientation, facilitated by UNICEF was attended by more than 97 participants the sessions were jointly facilitated by WASH, Health, C4D and CAP sectors. The success of this orientation has generated interest from CII for further collaborations.</p> <p>243 ICDS functionaries (Supervisors, CDPOs, AWWs) of Maldah district were oriented on COVID 19 and WASH measures during COVID 19 in the first batch. Another three batches of trainings are planned by July to saturate all ICDS stakeholders of the district.</p> <p>C4D program also supported the training of PRIs from Purulia districts in convergence with WASH where approx. 90 PRI members were oriented and mobilized on COVID-19 response through RCCE.</p> <p>SBCC Cell Murshidabad jointly with Kanyashree Cell mobilized 148 adolescent students on COVID-19, use of toilet facilities in house and community, hand washing with soap at critical times, respiratory hygiene, physical distancing and stay home stay safe, menstrual hygiene management (MHM) especially among adolescent so, that they reach out to their peers with these messages. Local PRI members block level SBCC master trainers and Annyasha clinic counsellors facilitated the session with adolescents.</p> <p>Water Sanitation & Hygiene: Reaching vulnerable HHs with critical WASH supplies and RCCE messages</p> <p>The WASH COVID-19 response and post cyclone Amphan response targeted vulnerable communities in urban slums in Kolkata and rural communities in South and North 24 Parganas districts reaching a total of 40,674 community members with critical WASH supplies and RCCE messages.</p> <ul style="list-style-type: none"> - The key response at household level included distribution of 4,244 out of a total of 4,666 hygiene kits, distribution of 3,07,500 chlorine tablets, distribution of 3,113 tarpaulin sheets. The households who received hand sanitizers and 3 ply cloth masks and were unaware about reusable cloth sanitary pads benefited on receiving them - At community level too, 62 HW stations out of 150 were installed to enable adoption of handwashing at frequent times during COVID-19. The HW stations were installed in community places like market, community toilets and in institutions like schools and Health

STATE	KEY ACTIVITIES
	facilities. Installations continue in identified places such as AWCs, Schools, PHCs, NRC and Community places. 11 water tanks installed for provision of drinking water in cyclone Amphan affected communities, one hundred thousand soaps donated by Hindustan Unilever Limited were delivered to Zilla Parishad office of Purulia District Administration and locations for installation of 5 bio toilets finalized and currently being installed.
	Virtual training facilitated by WASH in collaboration with Nutrition was conducted with participation of approximately 153 functionaries of Nutrition Rehabilitation Centers (NRCs). The training was conducted to enhance knowledge on Infection Prevention and Control (IPC) and WASH in NRCs. The increased knowledge of NRC functionaries is expected to make role models out of each staff who will demonstrate adopting key preventive behaviors for COVID 19 and contribute to create COVID 19 sensitive systems in NRCs.
	Trainers Training to Reach every AWW/AWH with key preventive messages on COVID 19 and WASH in Malda: In line with the district administration of Malda's aim to make every AWC in the district COVID-19 sensitive and be WASH compliant, a trainers training of ICDS supervisors of Malda was organized. This facilitated them to acquire skills and knowledge as trainers on COVID 19 and WASH and subsequently train AWWs and AWHs on COVID-19 and WASH post the training. A total of 63 ICDS Supervisors were trained as trainers. The training also focused on protocols, for safe opening of AWCs. Around 5172 AWW and 4969 AWH will be oriented first virtually through zoom platform and then through sector meetings by ICDS Supervisors trained as trainers. The training of AWW and AWH is planned in October.
	UNICEF, in collaboration with its partners and with cooperation from Kolkata Municipal Corporation has rolled out a Multi-sectoral COVID Response in the slums of 3 wards of Kolkata. The Health activities of the initiative are presently ongoing in full swing and is being implemented in partnership with West Bengal Doctors Forum and Anahat . As part of the partnership, seven health camps have been conducted in the most underserved areas to provide free treatment and medicines to the local population and provide them with scientific information about COVID Prevention measures . Household visits for raising awareness on COVID prevention, as well as on maternal and child health care during COVID times, is ongoing by NGO workers where more than 3000 households have already been visited. SHGs in the local areas have been trained and are producing cotton masks for distribution and spearheading a campaign on mask usage. Leaflets and posters have been developed. Masks are being distributed through household visits, in medical camps and also through the health centers.
	Water quality testing in Schools and AWCs in Malda in times of COVID 19 for access to safe water and increased water availability: Post the initial water quality testing done in 164 schools and the need identified to do water quality testing of all schools and AWCs in the district, a training on COVID 19 and Water quality was done at Malda district. A total of 325 participants which included water facilitators, GP representatives, block representatives and district officials from PHED, Zilla Parishad and School Education department were trained. The training helped the participants to have improved knowledge on COVID 19 and WASH, on Why safe water and Water availability during COVID 19 and on the actual WQ test campaign planned by district.
	Gobal Handwashing Day: It highlighted UNICEF West Bengal's commemoration of the day by

STATE	KEY ACTIVITIES
	<p>conducting various online programs and trainings with School teachers and ICDS stakeholders and public outreach activities like soap bank drives and 100 days hand wash with soap campaigns. CFO, UNICEF West Bengal spoke on how the day offers an opportunity to focus on the critical yet simple practice of handwashing with soap as a least resource intensive and preventive public health measures that can be adopted as the first line of defence against various diseases. He also emphasized the importance of handwashing with soap or alcohol-based sanitizers as an important COVID prevention behavior.</p>
Jharkhand	<p>Statewide capacity building of teachers on COVID response and WASH in schools: Two specific online modules were developed by GoJ in collaboration with UNICEF, which is based on Standard Operating Procedures (SOPs) on schools reopening and safety measures and Swachh Vidyalaya Program. These courses are also have to be undertaken by the teachers of private schools. Updates across months were as follows:</p> <ul style="list-style-type: none"> - Using SVSB application platform, 100% Government teachers in the state completed the online course on COVID-19 response and WASH in Schools course. These courses are also open for teachers of private schools. UNICEF has advocated with JEPC that these courses should be completed by private school's teachers also. - Under training of teachers through e-learning about 1,40,110 teachers have completed the course on COVID – 2019 <p>State-wide month-long campaign on MHM concluded:</p> <ul style="list-style-type: none"> - Under <i>Chuppi Todo Swasth Raho</i>, one-month state – wide MHM campaign along with a series of orientations were done. More than 8000 FLWs were oriented digitally and these FLWs reached out to over one million adolescent girls and women with appropriate messages on safe MHM. - Around 3,44,264 sanitary pads were distributed to adolescent girls by health dept., NGO partners and district administration. <p>Initiation of Menstrual Hygiene Scheme for state— UNICEF advocated with the Government department for a state specific scheme on MHM. Based on discussion with key departments, state's MHM action plan and ODFS guidelines, a draft document on MHM scheme has been prepared by UNICEF. This dedicated scheme has three major objectives - awareness, supply of sanitary pad and proper disposal of used absorbents.</p> <ul style="list-style-type: none"> - UNICEF advocated with Government department for a state specific scheme on MHM. Based on discussion with key departments, state's MHM action plan and ODFS guidelines, draft document on MHM scheme has been prepared by UNICEF. <p>Installation of Hand Washing Unit / Platforms – In two HPDs – West Singhbhum and Giridih - 130 sites have been finalized by UNICEF and district administration to install HWUs to promote hand washing during COVID – 19 with UNICEF's funding support. During the last two weeks 20 COVID-19 appropriate hand washing units have been installed. With government funds and UNICEF's technical assistance 12 hand washing units were installed in last two weeks in Bokaro, Godda and Palamu districts.</p> <ul style="list-style-type: none"> - 27 COVID sensitive hand washing units were installed in health facilities using government funds in last one month, 36 hand washing units were installed by UNICEF's partner agency, World Vision, using their own resources. UNICEF supported installation of 30 hand washing

STATE	KEY ACTIVITIES
	<p>units (Orbia funds), which are used by approx. 3000 people every day.</p> <ul style="list-style-type: none"> - Till now 200 hand washing stations have been established through government funds and 100 hand washing units at Health care centers have been installed through support from UNICEF(Orbia) fund. - Installation of hand washing units completed in 120 sites from Orbis fund as a part of COVID-19 response. As a part of HCF improvement plan and COVID-19 response World vision has supported in installation of HWU in 36 HCFs at Ranchi and Giridih district.
	<p>Technical support in planning and monitoring of Garib Kalyan Rozgar Abhiyan (GKRA) – To provide immediate employment opportunities to migrant workers, the central government has initiated Garib Kalyan Rozgar Abhiyan. In Jharkhand three districts are covered under GKRA and action plan has been prepared to construct 600 community sanitary complexes and implementation of PWS in 853 sites. UNICEF along with NGO partners are supporting in planning and monitoring of GKRA in state.</p> <ul style="list-style-type: none"> - Under Garib Kalyan Rojgar Yojna, UNICEF provided technical support to DWSD to roll out the targets set in 3 districts-Giridih, Godda and Hazaribagh in training to VWSC / GP members, orientation to masons, facilitating Gram Sabha and VAP preparation. As part of support to GKRA in JJM, UNICEF supported in orientation of VWSC and PRIs of 50 villages on VAP (Village Action Plan) preparation process with structured participatory process using PRA tools along with community engagement and ownership. In GKRA Jharkhand has planned to construct 600 CSCs and work has started in 564 CSCs and 43 are complete now.
	<p>WASH supplies using local resources: Using local resources 25199 soaps (total so far 148426), 2929 sanitizers (so far 33487), 35854 masks (total so far 613659) were distributed by PRIs. SBMG has issued letters for distribution of bleaching power to each village, 25 kg each from IEC funds and Jalsahiyas will promote hygiene issues on Covid-19 in this context.</p> <ul style="list-style-type: none"> - Using local resources 4666 soaps (total of 153092 till now), 2000 sanitizers (total till now 35487), 6719 masks (total so far 620378) were distributed by PRIs. During the Chuppi Todo Swasth Raho (MHM), state – wide campaign, about 4,41,846 sanitary pads were distributed among adolescent girls, benefitting them at large during COVID – 19 with the support of Health department, district administration, PRI and partners contribution.
	<p>Convergent meeting with Rural Development, Panchayati Raj, DWSD, Water Resource and Central ground water board: UNICEF facilitated a convergent meeting for focused implementation of water supply scheme, rainwater harvesting, soak pit construction and SLWM activities using 15th FC funds. Following this, the state has notified for construction of soak pits, rainwater harvesting CSCs as well for creation of employment in rural areas in line with Garib Kalyan Rojgar Yojna (GKRA).</p> <ul style="list-style-type: none"> - GKRA: under Garib Kalyan Rojgar Yojna, UNICEF is providing technical support to DWSD to develop community-based plan for water and construction of community sanitary complexes (CSCs). UNICEF's partner NGOs conducted trainings for VWSC / GP members, masons, and supported in planning of village action plan (VAP) for JJM.
	<p>State level refresher training on Sujal Swachh Gaon – In the context of COVID-19, an online refresher training program was organized by SBMG, DWSD & UNICEF. About 112 Master Trainers and District Coordinators were oriented on ODFS and JJM activities. Refresher training materials were developed in context of revised guideline of SBMG 2.0 and JJM. Till now, 4446</p>

STATE	KEY ACTIVITIES
	members from 2727 GPs have been trained in 109 batches in the state. These MTs were also oriented on IPC in context of Covid-19.
	<p>Orientation on Jalsahiya (FLW of WASH) on IPC – About 229 Jal Sahiya's have been oriented in last two weeks on IPC towards hand washing, safe handling of drinking water and maintaining physical distancing while fetching drinking water. These Jal Sahiya's are demonstrating these safe ways to women in small groups at water source points.</p> <ul style="list-style-type: none"> - Approximately 825 Jal Sahiya's have been oriented in last 15 days on IPC, key focus of orientation was on hand washing, safe handling of drinking water through hand pumps and maintaining physical distancing for fetching drinking water. All the Jal Sahiya's are demonstrating these safe behaviors to women in small groups because protection of water sources is invariably the best way to ensure safe drinking water during COVID – 2019.
	<p>Technical support in developing state guidelines for 15th Funds: UNICEF has been supporting department of Rural Development and DWSD in developing guidelines for tied funds under 15th FC funds. UNICEF is a member of state level committee for development of guidelines. State has received around INR 422 Crore as first installment (tied grant), which has been given to all GPs. Draft guidelines for implementing water supply schemes using 15th FC funds has been developed by UNICEF and shared with GoJ for finalization.</p> <ul style="list-style-type: none"> - State guidelines on 15th FC grant developed with specific focus on WASH components: Government of Jharkhand with technical support from UNICEF has drafted guidelines for use of tied funds under 15th FC. Other than water supply, provision of hand washing units in institutions including O&M of WASH facilities have been included in guideline.
	<p>Gandigi Mukt Bharat Abhiyan: DWSD with support from UNICEF is implementing week-long behavior change campaign “Gandigi Mukt Bharat” (GMB) from 8th of August to 15th August. UNICEF supported partner NGOs are actively participating in the program and mobilizing communities at for awareness on single use plastic ban and other ODFS activities. At state level 106 MTs were oriented on the campaign who oriented about 11,579 FLWs in different districts.</p>
	<p>Leveraging partnerships: UNICEF has also explored possible partnerships and collaborative interventions on WASH in Schools, COVID-19 response and critical supplies in context of the pandemic. UNICEF's WASH partners such as World vision, VIKAS Bharti and LEADS are also supporting state in WASH supplies</p>
	<p>Soap production units have been established by JSLPS with TA from UNICEF.</p>
	<p>Development of WASH compliant GPs - This year UNICEF has planned to develop at least 30 WASH compliant GPs. UNICEF advocated to integrate all components with district administration for development of WASH compliant GPs. The idea is to use funds (CSR, DMFT, 15th FCG, and with partnership collaboration) available in different programs for WASH activities.</p>
	<p>State workshop on Jal Jeevan Mission – DWSD in collaboration with UNICEF conducted two days orientation on JJM for all engineers of state. Over 300 engineers were oriented on JJM guidelines, development of district plan, village action plan, JJM MIS and SBCC for JJM.</p>
	<p>Global handwashing Day celebration- Global hand washing Day was organized in</p>

STATE	KEY ACTIVITIES
	convergence with DWSD, health, WCD, education and rural development department. State level program was organized by department of Drinking Water & sanitation with support of UNICEF
Uttar Pradesh	<p>15,007 government officials of three districts trained: WASH staff continued district level training of key government functionaries through online platform (Zoom webinar) towards making schools safe and ready to reopen.</p> <p>Sanitary risk assessment of 15 handpumps (on WHO parameters) and one piped water supply scheme and subsequent repair work in Gorakhpur has benefitted 2,800 people.</p> <ul style="list-style-type: none"> - Sanitary survey of 50 hand pumps of Harpur village is completed, and water sample of all 50 hand pumps have been submitted to laboratory for testing. <p>Baseline survey of 477 urban households (out of targeted 720) has been completed, collecting basic information from all 30 urban poor settlements (UPS) - in Lucknow. UNICEF RPs oriented Community Facilitators and Project Coordinator of NGO on various WASH aspects of COVID-19.</p> <ul style="list-style-type: none"> - The baseline assessment in Lucknow shows the following findings: i) 32% of HHs get water from shared sources, ii) women are responsible for collecting water in 60% of the HHs, iii) only 64% of HHs own toilets, iv) 67% of the HHs throw garbage in open, v) only 36% of HHs reported that they are able to maintain physical distancing while going outside. <p>Innovative handwashing station made of wood demonstrated: Responding to local demand, UNICEF partner AKF has demonstrated 25 innovatively designed foot operated hand washing stations made from local wood in three districts</p> <p>27,823 people benefitted from repair of five piped water supply schemes and 44 handpumps in six districts (Agra - 1, Chitrakoot - 5, Kasganj - 2, Mirzapur - 6, and Gorakhpur – 30). UNICEF support included identification of defunct water supply system, advocacy at district, block and GP level, preparation of repair action-planning, technical guidance, coordination with trained mechanics and supervision of the repair work on the ground.</p> <ul style="list-style-type: none"> - 20,900 people benefitted from repair of five piped water supply schemes in Gorakhpur district and 21 handpumps in three districts <p>Oriented 1,062 government officials by facilitating e-chaupal on Gandgi Mukt Bharat Abhiyan (like sanitization & cleaning of public places, establishment of ODF clinic, collection & segregation of single use plastic, SLWM, construction of community toilet etc.), role of Nigrani Samitis and COVID-19 preventive measures.</p> <p>Urban WASH: UNICEF WASH staff oriented Community Facilitators on WASH service delivery in the times of COVID-19; the CFs further trained 1,318 community members, and 238 service providers (32 Anganwadi workers, 23 ASHA workers, 9 Anganwadi helpers, 10 volunteers, 110 members of Women groups/SHG and 54 natural leaders,) on WASH and COVID-19 preventive measures.</p> <ul style="list-style-type: none"> - Urban WASH service delivery gaps identified: Under convergent partnership with Vigyan Foundation, gaps in WASH service delivery are identified that included: 60 water sources with risks of contamination (12 hand pump, 11-household piped water connection, 29 community water tank, 6 submersible and 2 public stand posts); 869 households without access to individual or community toilets in 6 urban poor settlements; and 1,070 households with

STATE	KEY ACTIVITIES
	<p>standalone toilet structure without sewer connection in 4 urban poor settlements. Based on the findings UNICEF is working with ULB along with line department to address the gaps. Community Facilitators (trained by UNICEF earlier) oriented 190 women and children of 15 urban poor settlements on practice of social distancing while fetching water from public water points in the times of COVID-19.</p>
	<p>Under SAMBHAV program a joint initiative of UNICEF, UNDP and WHO and ULB, six foot operated handwashing stations in six wards of Lucknow (Ahibaranpur, Raheem Nagar Dudhauli, Bataha, Paltan, Matiyari and Mayawati Colony), were inaugurated by Councilors to mark the celebration of GHD. Adding to the occasion was demonstration of handwashing along with conveying preventive messages and importance of handwashing was conducted for around 720 people. Furthermore, around 10,000 soaps (including 4000 soaps distributed earlier) were distributed to 2000 families to promote viability of handwashing.</p> <ul style="list-style-type: none"> - Under SAMBHAv program, approx. 3,000 people are benefitting from the 10-feet operated handwashing units installed in 10 urban poor settlements to promote frequent handwashing with soap as a preventive measure against COVID-19.
	<p>Getting schools ready to reopen with improved WASH facilities: Following UNICEF supported orientation, block level action plan has been completed in 643 (additional 231 in the last two weeks) blocks and 138,000 (14,065 during this period) school improvement plans have been prepared and uploaded in the online Prerna Portal for time-bound implementation.</p> <ul style="list-style-type: none"> - Schools have been sanitized as a result of UNICEF's advocacy. - Urban WASH in Schools: WASH team oriented 200 officials of 75 districts (75 - District Coordinator-civil, 75 - District Coordinator-inclusive education and 45 ITRT teachers and 5 UNICEF Resource Persons) on baseline situational analysis of urban schools under Operation Vidyalaya Kayakalp.
	<p>Operation Vidyalaya Kayakalp (OVK)</p> <ul style="list-style-type: none"> - Increasing access to WASH infrastructure in schools under OVK: - During this period, 154 schools received onsite handholding support for developing child-friendly WASH infrastructure under Operation Vidyalaya Kayakalp (OVK) by UNICEF Resource Person. - 218 block action plans (n=823) and 96,143 school level Kayakalp plans (n=159,623) have been prepared and uploaded in the online Mission Prerna Portal of OVK for time-bound implementation. IVR calls have also been sent to Headmasters (HMs) of all 159,623 schools and tracked progress. 96,505 HMs (60.5%) responded to the IVR calls; and out of which construction work has been started in 46,185 (48%) schools. - Urban School Upgradation to be included under OVK: As a result of UNICEF advocacy, Principal Secretary, Urban Development Department has issued an Order to all 75 districts to improve and upgrade all school premises including WASH facilities of all 6,009 elementary schools in urban areas of UP, under the Operation Kayakalp by leveraging FFC/SFC grants, Smart City Funds, Corpus Fund and other development funds.
	<p>Uttar Pradesh & its three districts retain top positions in SSA campaign in the country: By completing construction and geotagging of 5,452 (out of targeted – 58,736) community sanitary complexes (CSCs) (as of 6 September 2020) under the Samudayik Shauchalaya Abhiyan (SSA) launched by Ministry of Jal Sakti to cater the sanitation need for all and generate</p>

STATE	KEY ACTIVITIES
	<p>employment for migrant workers, UP's progress has been the best across the country.</p> <p>WASH activities in 30 urban poor settlements of Lucknow district: Under convergent partnership with Vigyan Foundation, a total of ten groups named “Handwashing Swachhta Samuh” (five members in each group, total 50 members) have been formed for promotion of hand washing with soap and operation & maintenance of foot operated hand washing stations to be installed in 10 urban poor settlements. Around 62 plumbers, masons and mechanics were oriented by UNICEF resource person on WASH service delivery.</p>
	<p>Media meet for handwashing with soap and soap distribution campaign in seven districts jointly organized by PRD and UNICEF:</p> <ul style="list-style-type: none"> - 54 people participated in the media meet for soap (donated by UNICEF partner HUL) distribution and handwashing with soap (HWWS) campaign in seven AES/JE affected districts - UP receives 600,000 soap bars. Hindustan Unilever Limited (HUL) through UNICEF released a second consignment of soaps of 600,000 to UP.
	<p>UP accelerates Community Sanitary Complex (CSC) construction. As the SBM(G) in UP accelerates the process of constructing CSCs, UNICEF resource persons facilitated detailed quality assurance support in seven districts and reviewed 52 CSCs.</p>
	<p>UNICEF WASH team provided technical support in developing three key documents: i) Community led water quality monitoring & surveillance system for piped water supply schemes, ii) Quality assurance for new infrastructures to be created under the JJM or existing water supply systems, and iii) Approach towards water safety & security in context of Jal Jeevan Mission.</p>
Bihar	<p>VQCs Intervention: WASH supported intervention for selected 120 Village Quarantine Centers (VQCs) in 12 blocks of 8 districts with support of 3 CSO Partners continues in different dimensions. Though Government of Bihar had discontinued VQC from 15 June onwards, the partner teams are reaching out to the community to create awareness on COVID-19 transmission and prevention measures.</p> <p>Urban Intervention:</p> <ul style="list-style-type: none"> - Aga Khan Foundation (AKF) team as part of the Urban COVID-19 response intervention has started on site orientation to the sanitary workers of ward number 38 Bankipur circle under Patna Municipal Corporation. The orientation is done with the help of various tools like audio messages & flipcharts. - Foot operated, mobile handwashing unit has been installed in Taj Nagar slum pocket and foot operated hand sanitizer vending machine has been installed in Primary Health Centers (PHCs) of Phulwari Sharif, Danapur & Khagaul during the reporting period. - Due to complete lockdown in Bihar during the reporting period, Aga Khan Foundation (AKF) team as part of the Urban COVID-19 response intervention could not do the onsite orientation to the Sanitary workers and Individual Households. However, the team reached out to 119 Sanitary workers and 657 Individual households through mobile phone to reinforce the messages related to COVID-19. - During the reporting period the partner team has reached out to around 55 Resident Welfare Associations (RWA) in Patna city Kankarbagh, and Patliputra circle with COVID-19 messages

STATE	KEY ACTIVITIES
	<p>and necessary steps to be taken within their residential area.</p> <ul style="list-style-type: none"> - Due to the limited field movement in Patna city during the reporting period due to the state wide lockdown, Aga Khan Foundation (AKF) team as part of the Urban COVID-19 response intervention could not do the onsite orientation of the Sanitary workers and Individual Households. However, the team reached out to 10 Sanitary workers and 778 Individual households through mobile phone to reinforce the messages related to COVID-19. - Orientation of PMC stakeholders on COVID- 19 & City Level Preparedness has been initiated during the reporting period.
	<p>WASH in Health care facilities: As desired by the State Health Society Bihar, a detailed proposal developed in collaboration with Health Section on improving Water Sanitation & Hygiene (WASH) facilities in 40 health care facilities and submitted to SHSB. Five key areas have been identified in each health care facility which can contribute to Infection Prevention & Control significantly in the Health care facility which is much need of the hour in the context of COVID-19. SHSB will submit the proposal to Hindustan Unilever to obtain financial support under CSR</p>
	<p>WASH in Schools:</p> <ul style="list-style-type: none"> - Bihar Education Project Council (BEPC) has issued an advisory to all the District authorities increasing the minimum 10% cap of composite grant to minimum 25% for Swachhata related activities in Schools keeping in view of the COVID-19 context. - An online orientation on WASH and IPC measures in Schools in the context of COVID-19 was organized for Sitamarhi District Education Department Stakeholders on 28th July 2020. - An online orientation on WASH and IPC measures in Schools in the context of COVID-19 was organized for Purnia, Gaya and Banks Districts during the reporting period
	<p>COVID-19 response in collaboration with DRR:</p> <ul style="list-style-type: none"> - WASH section in collaboration with DRR initiated three CSO partnerships to support the government for providing better services in the Village Quarantine Centers in 12 Blocks of 8 Districts. Though Government of Bihar had discontinued Village Quarantine Centers from 15 June onwards, the partner teams are reaching out to the community to create awareness on COVID-19 transmission and prevention measures. - WASH section in collaboration with DRR initiated three CSO partnerships to support the government for providing better services in the Village Quarantine Centers in 12 Blocks of 8 Districts. Though the Government of Bihar had discontinued Village Quarantine Centers from 15 June onwards, the partner teams are reaching out to the community to create awareness on COVID-19 transmission and prevention measures.
	<p>Foot operated handwashing stations to contain COVID-19</p> <ul style="list-style-type: none"> - 30 No touch hand washing units installed in 8 districts under COVID 19 response are proving effective during the floods as well. - A total of 20-foot operated handwashing stations had installed during the reporting period by the partner agency called Grama Swarajya Samithi Ghoshi at various government locations in Sitamarhi.
	<p>Online orientation on WASH in Healthcare facilities in UNICEF supported Aspirational</p>

STATE	KEY ACTIVITIES
	<p>Districts: An online orientation on role of WASH in Infection Prevention and Control in Healthcare facilities in the context of COVID-19 was organized for Purnia, Gaya, Banka and Sitamarhi District health stakeholders during the reporting period. The participants are Medical Officer in charge (MoICs), Block Health Managers, Hospital Managers, ANMs, Staff Nurse. A total of 457 members participated from these four Districts.</p> <p>Global handwashing day 2020: WASH Section in collaboration with C4D has developed a one-week campaign on the occasion of Global Handwashing Day on 15th October 2020. As part of this campaign, various events were held across the state and UNICEF created social behavioral change communication collaterals - audio, video and print - which were shared with the concerned state departments and civil society partners for further dissemination.</p> <ul style="list-style-type: none"> - Key focus was maintained to effectively engage the community while adhering to COVID-19 precautions. This was done through activities such as Saturday Facebook Live orientation sessions for teachers in an interactive format, painting competitions and quizzes for school children, to generate awareness on handwashing with soap, and digital awareness sessions through the Internet Saathi initiative.

State	Activity	Sub-Activity
Maharashtra	Strengthen IPC in healthcare and community settings	<p>Capacity building of FLWs through supporting the Master trainers and Trainers training for Infection prevention and control. (192657 out of 1,89,426 195429 frontline workers FLW (94.798.5% of the total) from 36 districts have been trained on basics of transmission, cluster containment, community surveillance as well as on detecting, referring and managing COVID 19 in children, and pregnant and breastfeeding women.) In addition Health and WASH jointly trained 175,651 Jalsurashaks, Swacchagrahis, Sanitary Inspectors from 36 Districts and 355 ULBs.</p> <p>During the COVID-19 pandemic, Department of Water Supply and Sanitation, Government of Maharashtra used RapidPro system with the technical support from UNICEF to connect with the field level functionaries, service providers i.e. Jalsurakshaks and Swachhagrahis, using voice calls. The purpose of this initiative was to deliver rapid and immediate real-time information, monitor the basic WASH continuity under JJM and SBM and COVID-19 interventions on the ground. During the pilot implemented from June 8, 2020 to September 13, 2020, the department has reached out to more than 55,000 registered Swachhagrahis and Jalsurakshaks from all villages in the state.</p>
	Provide technical assistance and procurement services for the	Training of health care providers (5981 out of planned number of 7000) in detecting, referral and appropriate

State	Activity	Sub-Activity
	provision of medical supplies and equipment	<p>management of COVID19 case.</p> <p>Supplies of 10000PPE kits for health functionaries through Pune Municipal Corporation.</p> <p>Supplies of 458 Oxygen jumbo cylinders through Pune Municipal corporation to Dedicated COVID19 Hospital - Dalvi Hospital in Pune Municipal corporation.</p> <p>Supplies of Disinfectant solutions and sanitizers stock for 6 months to 13 Hospitals and 8 dispensaries of Pune Municipal Corporation.</p> <p>Supported the strengthening of IPC in 13 Hospitals and 8 dispensaries of Pune Municipal Corporation.</p> <p>Supported baseline assessments, capacity building of 289 health functionaries.</p> <p>Supported in strengthening of Isolation wards in three COVID19 Health facilities in Pune Municipal corporation.</p> <p>Establishment and operationalization of COVID19 screening and Training areas in 13 hospitals of Pune municipal corporation.</p>
	Direct support to case management (facility assessments, surge response and planning)	<p>Assessment of DCH and DCHCs in state as per GOI directives in collaboration with Public Health Department GoM and WHO.</p> <p>Facility assessment of 25 UPHCs/Health post in two wards (g/North and M/East) of Mumbai for IPC through NGO Partner Doctors For You.</p>
	Capacity building and orientation of state/district workforce including WASH personnel, and social mobilization through frontline functionaries, to ensure response, infection prevention and control in communities, schools and health care facilities.	Capacity building and orientation of state/district workforce including WASH personnel for infection prevention and control in communities, schools and health care facilities.
	Provide technical assistance to strengthen infection prevention and control in isolation wards, quarantine facilities and health care facilities through assessment, planning, capacity development, handholding and monitoring support, including improving WASH facilities and services.	<p>Provision of access to COVID sensitive water, sanitation and hygiene facilities in 21 health care facilities, 19 dispensaries and 35 COVID cares centers in Mumbai and Pune.</p> <p>Retrofitting of Sanitation and Hygiene Facilities in 21 facilities including minor repair and upgradation work leading to improved infection and prevention control measures for active COVID patients, OPDs patients and further protection of health care workers to reduce the spread of COVID.</p>

State	Activity	Sub-Activity
	<p>Provide technical assistance for continuity of WASH services and access to supplies in high risk communities, to ensure infection prevention and control through availability of safe water for drinking, personal and household hygiene, access to functional latrines and safe management of solid and liquid waste, and handwashing facilities.</p>	<p>Bio-medical Waste Management assessment and action planning in 21 health facilities of PMC.</p> <p>Developed facility improvement plans for BMWM and WASH in HF for all the 21 Hospitals and dispensaries under project of Pune Municipal Corporation.</p> <p>Development comprehensive WASH Micro plans in 10 slum pockets reaching out to more than 600,000 population partnering with 4 MCs and 6 NGOs</p> <p>Development of WASH and COVID sensitive District plans in three rural districts (Osmanabad, Latur and Sholapur), covering 250 Villages, 6 PHCs and 4 Sub centers partnering with SSP</p> <p>Assessment of more than 350 Community toilets from Mumbai, Thane, Pune and Navi Mumbai MC and supplies of consumables leveraging from 3 corporate houses covering 180 days for operation and maintenance of community toilets in peak COVID time</p> <p>Mapping of Community touch points in 10 slum pockets</p> <p>Leveraged more than 200 IHHL in Thane and Pune slums under One home One toilet partnerships parrnersing with Shelter Associates</p> <p>Specially designed 635 pedal operated hand washing stations with soap has been fabricated and Installed in 4 MCs implemented by 7 NGO partners</p> <p>Developing forecasting plans for disinfectant consumables like bleaching powder, phenyl for community.</p> <p>Reaching out to 2500 prison inmates and 300 Children in Child Care Institute Number of health centers with pedal operated hand washing stations with soap and other consumables.</p> <p>Reaching out to more than 131,000 migrants and people on move with WASH supplies during lock down time through Jeevan Rath aggregator platform</p> <p>Reaching out 50 families and shop vendors with innovative Sato Taps solutions from Mumbai, Pune and Thane covering rural and urban areas</p> <p>More than 7,00,000 families from 10 Districts reached with 13,45,000 bar soaps in partnership with HUL partnering with 6 NGOs and 4 MCs</p> <p>More than 35,000 families and FLW supplied with cloth masks covering 10 slum pockets and 250 villages</p> <p>4 mobile toilets with 16 seats and 8 hand washing stations</p>

State	Activity	Sub-Activity
		<p>installed in M East and H North reaching out to 250-300 users every day for last 120 days</p> <p>20 SHGs produced more than 3000 cotton masks and distributed in rural villages of Osmanabad partnering with SSP</p> <p>GHD 2020 Day celebrated with fortnightly campaign partnering with 30 NGO partners and 5 government line departments reaching out to 30 million population from 36 districts with access to hand and respiratory hygiene facilities and water</p>
		<p>Provision of 5,750 Hygiene and MHM kits. by partners</p> <p>Provision of 31,000 hygiene kits have been provided comprising of Soap, Mask, and Sanitary Napkins for people on move (IDPs).</p>
	<p>Provide technical assistance to strengthen infection prevention and control in schools and pre-schools through assessment, planning, capacity development, handholding and monitoring support.</p>	<p>Augmentation of 473 hand washing points with elbow operated system, ensuring soaps in 32 schools which are used as quarantine centers in Mumbai.</p>
	Add any additional activities here	<p>Partnership with SSP on Risk Informed WASH IPC and WASH RCCE: Capacity building trainings for the district level HODs and the Taluka Level HODs were carried out in Latur, Solapur and Osmanabad. Three block level orientations were carried out with the CEOs of Zila Parishad and the HODs. In the previous month, followed by which, taluka level trainings for the taluka staff are being carried out. A ToT was carried out for all the trainers who would conduct the training at the Taluka levels. These trainings are based on the the training module issued by the MoPR for the implementation of the COVID prevention activities at the Gram Panchayat Level. The aim is to have a district level policy to minimize the impact of COVID in the GPs. Out of 29 talukas across 3 districts, 23 orientation trainings are completed.</p> <p>Sangli and Kolhapur a special action plan post RCCE training is being implemented considering other hazard profiles like heat wave and flood with an app-based system to reach out the health workers, citizens on contact tracing, reporting, case management. Special training on RCCE has been completed covering all the 235 PRI and FLW members from 50 villages of Osmanabad on</p>

State	Activity	Sub-Activity
		<p>GP level containment strategy considering the return of inbound migrants to develop SoP and protocol for state based on evidence.</p> <p>Hand Sanitizers and Disinfectants at local level aligning with State Rural Livelihood Mission. More than 2000 master trainers from FLW has been oriented on WASH COVID response from 34 districts and District level orientation has been initiated in Sangli, Kolhapur and Osmanabad with the help of MFO appointed partners. UNICEF MFO WASH and DRR successfully completed the assessment of 9 shelter camps covering 4 districts and a project has been initiated to develop IT based shelter management system leading to Shelter Management Protocol integrating WASH elements. The shelter assessment report has been shared with Secretary DWCD (Shelter Manager for Maharashtra) and SDMA. Mapping has also been initiated to identify number of schools and colleges which are presently used for Shelter and quarantine camps.</p>

Pillar 3:**Health**

State	Key Activities
Bihar	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> • Guidelines developed and issued for resumption of outreach services for immunization and village health days • Advocacy and technical guidance to SHSB for continuation of routine RMNCH+A activities. Supportive supervision of Delivery Points, SNCU, PMSMA, VHSND Session site etc. • Technical Guidance provided to Purnea District Hospital LR & SNCU for smooth functioning after detection of COVID19 cases. • Technical support in review of ongoing JE vaccination campaign performance with SMNET support in its monitoring and implementation in 9 newly identified JE endemic districts of Bihar. • Support extended to district administration through SMNet in flood affected 7 districts. Line listing of 300,000+ PW and 500,000 +children <2 years done so far in floods affected districts. Line list of PW with EDD near 1 month shared with NDRF/SDRF teams for evacuation of PW to safe location for institutional delivery services • Successfully Advocated ED SHSB to re initiate UNICEF supported HBYC training which was halted since March 2020 due to COVID19. Implementation of HBYC also started with communication of detailed guidelines on HBYC implementation and disbursement of incentives to ASHA for completed visits. • UNICEF is supporting analysis of the 2nd Dose Dropout causes and strategy planning with WHO and other partners to identify the key gaps in 2nd Dose vaccination and mobilization

State	Key Activities
	<p>of dropouts. This was done based on the meeting with Principal Secretary, Health, Executive Director-SHSB and Civil Surgeons of Bihar. UNICEF, through its SMNet team is supporting intensive drive to mobilize second dose community members in 291 blocks.</p> <ul style="list-style-type: none"> • Supported office in COVID 2nd wave response plan preparation and operationalization. Development of Hindi Pediatric COVID care guidelines for the state. Development of state action plan for third wave to tackle the Pediatric care for the state. Development of state action plan for third wave to tackle the Pediatric care for the state. • Advocacy with Government for releasing the guidance to Districts for continued RMNCHA services during COVID. • Successfully advocated for resumption of Home-based young childcare training in the states. • After consistent evidence- based advocacy, government has issued a letter for mandatory routine immunization on Wednesday and Friday
	<p>Monitoring and Assessments</p> <ul style="list-style-type: none"> • Rapid assessment of health facilities carried out to advocate Health Department to continue the facility based essential RMNCH+A services. • Total 8705 VHSND session and more than 15000HTH monitoring done in June 2020. • One round LaQshya, WiHF and IPC assessment of all 32 health facilities conducted in UNICEF supported 2 HPDs • Supported SHSB for developing a daily monitoring common ODK App for IDCF round, Vitamin-A and NDD campaign reporting. Facilitated issuance of communications from SHSB to improve HMIS reporting. • Continued Tracking of high-risk contacts of positive cases through SMNet and recommending them for testing and management. • Facilitating daily monitoring of the ongoing IDCF round and NDD campaign by using UNICEF supported ODK app and daily reports are submitted to SHSB for mid -course corrections. • Facilitated development of Real-time data collection app for Wash, LaQshya and IPC for regular data collection. • Continued Routine immunization/VHSND session site monitoring by SMNet in 291 blocks and feedback shared with respective government counterparts for action, as needed. • HBYC training monitoring developed in convergence with all the development partners • Pediatric care gap assessment of 438 health facility was conducted to assess the preparedness for third wave anticipated to affect children. Technical support to state in designing and developing detailed questionnaire for this assessment <p>COVID vaccination- 6 months 6 crore campaign- started in Bihar with support from UNICEF and partners for planning, mobilization for coverage and monitoring support.</p>
	<p>Training and capacity building (including training for psychosocial support)</p> <ul style="list-style-type: none"> • Training of 8700+ Doctors, staff nurse and ANM/ GNM done on provision of maternal & Child Health care services amid COVID 19 pandemic <p>120 SNCU Doctors and Medical College Faculties and 43 Hospital Managers were oriented on Management of Sick Newborn during COVID19.</p>

State	Key Activities
	<p>Facilitated selection of 14 Staff Nurses for Midwifery training and 6 out of whom enrolled for first batch midwifery training. Provided training to 35 NDRF and 25 SDRF teams on COVID 19 prevention and early detection in flood affected areas</p> <ul style="list-style-type: none"> • Facilitated Division wise orientation of Stakeholders in 4 batches for the upcoming 16-29 September IDCF round, Vitamin-A and NDD campaign by involving Regional Program Management Units, DPMUs, ICDS, Education, PHED, BMSICL, SRLM(JeeVika) departments, IMA, IAP, CSOs, NGOs, ROTARY, LIONS Club and Development Partners. • Facilitated orientation of 200+ members CSO/NGO partners on Psychosocial Support and dealing with Stigma & Discrimination related to COVID 19. • Completed orientation of Medical Officers in all 9 divisions planned for Bihar and trained 3000+ staff on Psychosocial Support and dealing with Stigma & Discrimination related to COVID 19. • Completed orientation of 104 Call Center Staff- 80, ICTC Counsellors- 170, FLW Workers- 96000, NSS Volunteers- 1420, Division wise MOs- 3301, SMNET-369, Patna Women's College- 100, Field Publicity Officers (FPOs)- 200, CSO/NGO Partners-471, Health Consultant/Staff- 26, ARTC Staff- 206, Jeevika staff- 230 in Bihar on Psychosocial Support and dealing with Stigma & Discrimination related to COVID 19. • Orientation Cum Review on Home Based Care of Young Child (HBYC) was held on 02 February 2021 through online Zoom platform under the chairmanship of Shri Manoj Kumar IAS, Executive Director, State Health Society Bihar for the implementation of HBYC program in all 13 aspirational districts (Araria, Aurangabad, Banka, Begusarai, Gaya, Jamui, Katihar, Khagaria, Muzaffarpur, Nawada, Purnea, Sheikhpura and Sitamarhi). The specific objective of the meeting was to address the key strategies and role of RPM, DAC, ACMO, DPM, DCM, MOIC, BHM and BCM for successful implementation of HBYC programs and to orient them on HBYC implementation formats. 519 participants of different cadres belonging to Government and different development partners participated in the workshop. • IMI 3.0 orientation (Phase one- Starting from 22 February 2021) has been completed along with State task force meeting. UNICEF through SMnet is supporting in IMI 3.0 in planning (special efforts are being made by SMnet for Communication planning in all these IMI districts), mobilization through rallies and other activities. Regular app-based monitoring and support supervision will be done by UNICEF (through SMNet) and feedback will be shared. Total 1533 sessions planned in February with target to cover 19208 children and 3266 pregnant women in the first phase of the camp. • Orientation of Private providers on Institutional Delivery, MDSR, MPSMA and HMIS reporting done at Patna and Purnea with the support of SHSB, FOGSI and DHS with the technical support of UNICEF. • All the master trainers and external NQAS assessors were trained on Kayak alp at SHSB with the technical support of UNICEF • Appr. 8200 COVID sessions including government and private facilities were monitored during the month by SMNet and support extended in contact tracking of more than 75000 contact and formation of containment zone in the SMNet blocks area in close collaboration with District/Block Administration and Partners. Regular feedback shared with

State	Key Activities
	<p>government for corrective actions.</p> <ul style="list-style-type: none"> House to house COVID patent tracking by frontline workers initiated in the state. UNICEF is supporting in SM Net blocks in capacity development and supportive supervision. Facilitated training of District, Block Officials, ASHA & ASHA Facilitators on improving COVID-19 vaccination coverage and ensuring coverage of routine RMNCH+A services. One to one conversation held with QVIA documentation of Polio SMnet documentation and provided information and data support on Indo- Nepal border coverage and strategies for Polio, PRI and other stakeholder support and provided inputs on the draft Polio SMNet draft documentation 25000+ ASHA & ASHA Facilitators Trained on IPC, CAB and RMNCH+A Continuity through ASHA Resource Center, SHSB <p>Facilitated onsite Laqshya clinical mentoring visit of 6 Health facilities in 2 Aspirational Districts through FOGSI (Federation of Obstetrics and Gynecological Societies of India).</p>
	<p>Surveillance and tracking if suspected cases</p> <ul style="list-style-type: none"> Supportive supervision of Delivery Points, SNCU, PMSMA, VHSND Session site, COVID19 Health facilities etc. Supportive supervision of Dedicated COVID Hospitals, Dedicated COVID Health Centers (DCHC) and COVID care centers (CCC) under chairmanship of State Program Officer (SPO) SHSB and other partners like CARE and JHPIEGO Tracking of high risk contacts of positive cases through SMNet and recommending them for testing and management. Continued Tracking of high-risk contacts of positive cases through SMNet and recommending them for testing and management. Dashboard on COVID-19 caseload for period 15th April to 30th April 2021 prepared as a step to plan and take immediate actions for the prevention of rural community transmission and will be updated regularly. Dashboard on IDCF (Intensified Diarrheal Control Fortnight) monitoring data was prepared and shared with SHSB regularly between 15th to 29th July.
	<p>Hospital preparedness and health resources</p> <p>Facilitated SHSB in developing an Urban IDCF Coverage Improvement Plan through POLIO Mobilizers and Volunteers.</p> <ul style="list-style-type: none"> Facilitated visit of Additional Project Director-BSACS to UNICEF supported 2 HPDs to review EMTCT, HIV Testing at VHSND and PPTCT program. Approx. 8200 COVID sessions including government and private facilities were monitored during the month by SMNet and support extended in contact tracking of more than 75000 contact and formation of containment zone in the SMNet blocks area in close collaboration with District/Block Administration and Partners. Regular feedback shared with government for corrective actions. Facilitated distribution of Oxygen Concentrators at the Paediatrics Care facilities of Bihar Facilitated an Interactive meeting held with all SMNet members and UNICEF sector head lead by CFO on COVID rural transmission in Bihar to understand the ground situation and

State	Key Activities
	<p style="color: red;">plan ahead. (12th May 2021).</p>
	<p>Partnerships and involvement of professionals</p> <ul style="list-style-type: none"> Facilitated MDSR and EMTCT Review through SHSB & BSACS by involving the partners like BMGF, CARE, NIPI, PLAN India, HLFPPPT, Piramal etc. SMNET is engaged in shifting of COVID19 containment zone persons to the government identified safe areas. Also supporting in mobilization and coordination for COVID19 Sampling collection in the flood affected areas Facilitated planning meeting for National Newborn Week (to be observed between 15-21st November 2020) in presence of SPO-Child Health, HoDs of pediatrics department of all Government medical colleges, representatives of professional bodies, NNF, IAP, and other development Partners, CARE, NIPI, Piramal, A&T. Facilitated State Level Review of RMNCH+A progress by involving all Regional Additional Directors and Civil Surgeons of Bihar. Facilitated State level JBSY/JSSK Progress Review by involving Regional and District Program Managers and Accounts Managers. Facilitated Meet of State Advisory Review Committee (SARC) under the Chairmanship of APD BSACS. Many key decisions taken to improve HIV testing of PW, EMTCT, Strengthen Recording Reporting System, Procurement of Syphilis Kit etc. UNICEF Supported the Government with Celebration of International Women's day with BSACS by "Youth Health dialogue" with explaining the role of youth in elimination of Mother to Child transmission. Facilitated an Interactive meeting held with all SMNet members and UNICEF sector head lead by CFO on COVID rural transmission in Bihar to understand the ground situation and plan ahead. (12th May 2021). HBYC training monitoring developed in convergence with all the development partners Collaborated with other development partners for the development of preparedness plan such as NIPI and CARE
	<p>Assessments and Research</p> <ul style="list-style-type: none"> Facilitated Finalization of Maternal, Child Health and RI research questionnaires on the impact of COVID-19 on the Health System to further work on the root causes to improve the RMNCH+A services with the support of SHSB and NHSRC Support and use of " COVID precaution and routine immunization message" along with Polio IEC prior and during the campaign.
	<p>Facilitating vaccinations</p> <ul style="list-style-type: none"> Supporting Japanese Encephalitis Campaign in 11 districts of which campaign has been completed in 2 districts with 95% coverage while it is ongoing in 9 selected districts where, 66.1% children have been covered. Till date, around 6.7 million children in the age group of 1 year to 15 years have been vaccinated with single dose of JE vaccine in these 11 districts. Supported review of Routine Immunization and VHSND under chairmanship of ED SHSB along with partners WHO, UNDP and CARE Technical and financial support provisioned to SHSB & SIHFW in improving Urban IDCF Coverage through POLIO Mobilizers and Volunteers.

State	Key Activities
	<ul style="list-style-type: none"> UNICEF is closely working with State Health Society Bihar (SHSB) and Districts in roll out of COVID vaccination drive. The drive was launched by Honorable Chief minister and Honorable Health minister of Bihar at IGIMS, Patna on 16th Jan 2021. It has started in the State at 301 vaccination sites for regular inoculation. <p>Special efforts (government letter) for especially differently abled persons and PLHA vaccination guideline being implemented across the state.</p>
West Bengal	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> Resumption of immunization services- Guidelines prepared, final approval awaited. Support given and continued to be given to resume essential RMNCHA services across the state. Orientation of districts, blocks and frontline workers are being organized. In HPDs, support for microplanning for resumption of services. Field level monitoring by consultants being done. Analysis of coverage of essential RMNCHA services being shared with state-MD-NHM and others on regular basis. HIV screening in HMIS had been decreased for the current financial year (53% for April and May 2020) compared to last financial year 2019 - 2020 (81%), Syphilis screening is also very low (27%) and needs to be improved. It was decided that all lab technicians should be brought back to the program who were deployed for COVID-19 sample collection and improve the testing of both HIV and syphilis through ICTC centers. State has completed RI/VHND microplanning exercise in 14 districts, UNICEF provided technical support to inclusion of all left out and migrant children in the micro-plans. UNICEF provided technical support in the analysis of children who missed out on vaccination since April 2020, a total of 89000 left out and drop out children have been identified. UNICEF technically supported identification and immunization of migrant children, 14000 children have already received age appropriate vaccines. UNICEF also advocated for immunization of children coming in with migrant population. 44,000 children were identified which were due for their age appropriate vaccination. State is organizing special immunization days for covering these drop out/migrant children. UNICEF has supported in the planning and roll out of IDCF campaign in the state. <p>UNICEF provided support in the planning and procuring of ORS and Zinc and roll out of IDCF campaign.</p> <ul style="list-style-type: none"> UNICEF is supporting state in creating guidelines for online certification of LaQshya facilities as per national guidelines. UNICEF supported government in preparation of an action plan for identifying and supporting facilities to achieve the certification of 19 facilities. UNICEF provided technical support in planning and roll out of first round of IMI 3.0 in 11 identified districts the state. UNICEF supported microplanning in and within districts along with WHO. A total of 20043 children and 5774 pregnant women were identified based on headcount for the campaign. State covered all identified (100%) children during the IMI round and 97% pregnant women were covered. UNICEF technically supported developing an implementation plan of COVID -19 vaccination roll out for all age-eligible community members of 45 years and above and age group of 18+. A total of 0.6 million community members have been immunized till date. UNICEF technically supported the state in conducting the state level reviews of vaccination

State	Key Activities
	<p>coverage across the district and initiating corrective actions. UNICEF has supported in preparation of Rural public health survey which is starting from 25th May to identify COVID 19 cases in rural areas. Rural task force has been constituted and UNICEF is one of the key members of the task force. UNICEF is also conducting supportive supervision of CVCs in the district with the government.</p> <ul style="list-style-type: none"> • The state is focusing on bringing back the functioning of health system to pre-COVID times. Health facilities and community- based services and programs have come back to near normal level. UNICEF district consultants are back in the field, supporting RMNCHA activities. However, reports from states like Maharashtra, Kerala etc. are indicating towards a second wave and local data also shows some increase in cases, for which full preparedness has also being discussed. • Planning & Monitoring support to ongoing Intensified Mission Indradhanush 3.0 in selected districts. • Rapid Assessment for National Midwifery Training Institute at NRS Medical College, Kolkata • Planning and preparation of content for training of ANMs and ASHAs across the state on COVID- transmission, prevention, home management, vaccination, care of mothers and children- in view of the second wave, on request and in collaboration with State H&FW • Urban COVID response and strengthening Primary Health Care- Household visits for awareness on COVID and RMNCHA, Health camps, UPHC assessment, monitoring of UHND & RI sessions <p>A planning meeting and orientation on School Health & Wellness Program was organized by UNICEF in collaboration with MOHFW, State H&FW, State School Education Dept. & SCERT to facilitate roll-out of the program. Support to State H&FW for preparing for Routine Immunization Review by MOHFW</p>
	<p>Monitoring and Assessments</p> <ul style="list-style-type: none"> • A compilation of status of adolescent services in 11 priority districts during the lockdown period was done in collaboration with partner NGOs to enable further planning and monitoring of adolescent specific interventions. It covers the holistic needs of adolescents ranging from provision of WIFS to take home rations (THR) for OoS girls, vocational training under SAG-KP convergence and functionality of Adolescent Friendly Health Clinics (AFHCs). Functionality of CP structures and institutions such as CWCs, JJBs, CCIs have also been captured. • The progress on the actions is being monitored at the state level. UNICEF is also supporting state in conducting district wise review of newborn care corners. • UNICEF provided technical and monitoring support in IDCF campaign in the state. A total of 96 Villages and respondents from 452 household were met to assess the quality of campaign, it was found that 77% of Sahiyas were trained for the IDCF campaign, 91% of Sahiyas were aware about their role during the campaign about distribution of ORS packets, counselling & referral of serious cases. However, only 69% of Sahiyas were pre-positioning ORS/Zn. • Rapid Assessment for National Midwifery Training Institute at NRS Medical College, Kolkata

State	Key Activities
	<ul style="list-style-type: none"> Monitoring of COVID Vaccination campaign and feedback to state and districts on regular basis. <p>Monitoring, supervision, data analysis, feedback and evidence-based advocacy for continuation of RMNCHA services during the pandemic 2nd wave, including inputs for developing guidelines and organizing technical webinars at state level as well as onsite coordination and technical support in HPDs continue through RMNCHA district monitors. IPC training for HPD conducted and planned at state level</p> <ul style="list-style-type: none"> Onsite Monitoring and supervision of RMNCHA activities in HPDs including LaQshya visits
	<p>Training and capacity building (including training for psychosocial support)</p> <ul style="list-style-type: none"> In HPDs, consultants engaged in capacity building of FLWs in community surveillance, and other COVID response activities <p>At M R Bangur Hospital, the main Government COVID Hospital in the state, on-site training on IPC and communication and Psychosocial support for nurses initiated by UNICEF. Training being conducted in small batches and apart from improving knowledge and skills of nurses, problem-solving also being done through open discussions involving administrators</p> <ul style="list-style-type: none"> 70% ANMS are providing counselling for institutional deliveries and RI which was around 90% in March, equipment, diagnostic kits and drugs availability was only 20% lower than pre COVID levels As SBA coverage across the state has dropped significantly, there is a need to renew focus on it. UNICEF supported situational analysis of around 440 SBA trained ANMs in Giridih and West Singhbhum for place of posting and number of deliveries conducted by them in last three months. The exercise will be used for rationalization of SBAs. UNICEF also submitted comprehensive training plan with timelines for saturating all delivery points with SBA, but it has not kick started yet due to the COVID-19 situation. UNICEF supported government in capacity building of more than 1000 Vaccinator on guidelines of COVID vaccination, cold chain, biomedical waste management and AEFI management and more than 850 computer operators on the use of COWIN application SAANS training (Pneumonia management) ongoing in state with technical support from UNICEF, especially for the High Priority districts
	<p>Surveillance and tracking if suspected cases</p> <ul style="list-style-type: none"> State is planning to organize review meeting with support from UNICEF to review the situation and issue necessary instructions. UNICEF supported state in drafting guidelines for testing and treatment of the children living in childcare institution in partnership with Child Protection Section. As per guidelines there will be special arrangements for the children who are infected by Covid-19 which include safe place for isolation, round the clock attendant and psychosocial counselling. The guidelines have already been notified by Health department. UNICEF supported state in reinitiating the maternal death surveillance & response which got affected during pandemic. UNICEF technically supported one day reorientation of district level program managers & Medical Officers and supported district wise review of MDSR and CDR (Child Death Review). (Jan-Feb 2021) IMI has been declared from 22nd February across all districts of the state.

State	Key Activities
	<p>Frontline workers have started vaccinating left-out and drop-out children, with focus on urban slums, migrants and underserved areas of rural West Bengal.</p>
	<p>Hospital preparedness and health resources</p> <ul style="list-style-type: none"> UNICEF is providing support for scaling up Facility Based Newborn Care at different levels of facilities by providing technical support in establishment and service provision with quality of care UNICEF technically supporting government to achieve EMTCT 2020. UNICEF technically supported government to increase its capacity of testing pregnant women for HIV during antenatal period. State added 21 new PHCs from seven districts which are now offering HIV testing for pregnant women. To strengthen referral and transport, UNICEF advocated for a) rationalization of advance life support ambulances and basic life support ambulances and b) Restoring local transport system for pregnant women (Mamta Vahan). Instruction has been sent to all districts to restart Mamta Vahan in 40% blocks where Mamta Vahan is currently not functional. State has formed committee to prepare plan for rationalization of the 108 ALS/BLS as well as procurement of new ambulances. State had SNCUs only in 18 out of 24 districts at the beginning of 2020 and it was looking difficult to establish SNCUs in other districts due to COVID-19 pandemic in 2020. COVID-19 pandemic put a complete halt on Procurement and infrastructure improvement work in the entire state. UNICEF started advocating with the government in June 2020 to reinitiate the process of establishment of SNCUs citing the importance of availability of these facilities within the reach of the community. Issues in tendering processes for renovation and equipment were solved with support from UNICEF. Government started the process of establishment in the month of September 2020 with technical support from UNICEF. Planning and preparation of content for training of ANMs and ASHAs across the state on COVID- transmission, prevention, home management, vaccination, care of mothers and children- in view of the second wave, on request and in collaboration with State H&FW Working with Health Section and S&P for Supply of Pediatric Pulse Oximeters for CHCs, PHCs and SD Hospitals of the state, for strengthening Pediatric Care
	<p>Partnerships and involvement of professionals</p> <ul style="list-style-type: none"> Strengthening the quality of care in delivery services post COVID-19 lock down has been a key priority area. UNICEF convened along with government and other partner agency to review the progress of LaQshya certification to facilities within the state. UNICEF is identified as lead development partner to support the government in conducting two rounds of dry runs for COVID immunization in the state. UNICEF led the quality of dry run and worked with WHO and UNDP teams to identify the gaps in preparation. Action points were shared with the government and its implementation was followed up. For COVID response and Primary Health Care strengthening in selected wards of Kolkata, Partnership with West Bengal Doctors Forum initiated
	<p>Assessments and Research</p> <ul style="list-style-type: none"> UNICEF supported review of all 73 FRUs in the state in six batches where district program managers, doctors, specialist, labor room and OT staff attended the review. Key issues

State	Key Activities
	<p>identified were around availability of specialist doctors, functional OTs and facility of Blood within the FRUs. During the review facility wise action plan has been identified for implementation and timelines were decided to implement those actions</p> <ul style="list-style-type: none"> (Jan-Feb 2021) After almost a year, face to face review of all health programs involving state officials and CMOHs of all districts resumed on 20th Feb. UNICEF also participated actively and the important findings of NFHS 5 especially Teenage pregnancy., anemia, malnutrition along with urban issues and maternal deaths were discussed in detail. <p>Facilitating vaccinations</p> <ul style="list-style-type: none"> Strengthening Cold Chain and Vaccine Management: UNICEF coordinated with NCCVMRC and technically supported government in a four-day online training of newly joined VCCMs in all 24 districts on National cold chain management information system and on online platform of supportive supervision of cold chain using mobile application. UNICEF's both health & C4D section has partnered with NGOs for improving immunization in selected tribal blocks of Giridih which has poor immunization coverage. The key strategy is involvement of Panchayati Raj institution at village level for mobilization and program audit. This partnership will also focus on improving microplanning for routine immunization and improving community awareness. Strengthening of Immunization Supply chain for upcoming new vaccines: With notification from GoI on forthcoming COVID -19 vaccine strengthening of supply chain and cold chain management will be critical. UNICEF in coordination with National Cold Chain Vaccine Management Resource Center (NCCVMRC) supported second batch of 12 districts for state level ToT of Cold Chain Handler. Supporting capacity building of teams was critical for efficient support to government in COVID vaccination planning and roll out. UNICEF in collaboration with WHO & UNDP conducted training & capacity building on operational guidelines for COVID vaccine introduction for field functionaries of UN agencies in the state. UNICEF along with partners also supported capacity building of Government district/block health level functionaries on COVID operational guidelines and prepared master trainers for all 24 districts. These master trainers conducted FLW training on COVID operational guidelines. Ensuring quality of conduct of session is important, UNICEF is supporting the supportive supervision visits to COVID vaccination sites, its planning, and mobilization of community members for uptake of vaccines. Supported capacity building of district and block level medical officers on supportive supervision of COVID vaccination sites to assess their quality of service provision more than 250 doctors across the state were trained on supportive supervision, these trained doctors are now conducting supporting supervision visits to COVID vaccination sites. UNICEF is supporting the supportive supervision visits to COVID vaccination sites, UNICEF conducted 170 supportive supervision visits, key gaps in planning, and mobilization of community members for uptake of vaccines were shared with the government and review conducted for corrective action. COVID Response- UNICEF supporting state in vaccination planning, training, monitoring & feedback, AEFI causality analysis, cold chain on a regular basis. Process for recruitment of a Public Health consultant for COVID Vaccination almost completed.

State	Key Activities
Maharashtra	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> Joint advocacy letter from WHO-UNICEF sent to Health Minister for inviting FBOs to address fear, stigma and discrimination. Awaiting approval from Dy CM and CM, on similar lines MFO is planning for a Joint declaration by GoM, IMA, IAP, AMOGS, UNICEF WHO on COVID 19 containment and continuity of RMNCHA services. UNICEF Maharashtra NRC, AMB, and Vitamin A supplementation guidelines during COVID19 released by SFWB Pune UNICEF also continued support at state level and in ADs for continuity of essential RMNCHA services, facilitated State level review of Tribal RI activities under NHM PIP 20-21 completed on 11th Aug 2020. Facilitated action plan for improving the clinical care in 39 SNCUs. UNICEF also supported the identification of blocks with high Under five mortality, still birth and Maternal death based on analysis of data from HMIS, death audit and supported the state in preparation of action plan for reducing the death rates. The government order has been issued to all districts. UNICEF provided technical support on organizing webinar on Clinical Management of COVID 19; revision of Standard Treatment Protocol for COVID 19- Revision of STP for COVID 19 based on newly released MOHFW clinical management guidelines; UNICEF provided technical support to the operational guideline of 'Majhi Kutumb, Majhi Jababdari' (My Family, My Responsibility) being implemented during 15 Sept to 25 Oct 2020 in entire state for COVID-19 containment reaching 113 million population. This campaign is launched based on the directive of the Hon'ble Chief Minister of the state. Based on UNICEF's inputs, government health department included messages on COVID 19 as a treatable infection; on health promotion and treatment of co-morbidities so that mortality among COVID-19 patients can be reduced; on addressing fear, stigma, discrimination around COVID 19 disease. Further, based on UNICEF's inputs, GOM decided to include RMNCHA service continuity messages in the campaign prioritizing institutional delivery and routine immunization. UNICEF provided technical support at the state level, in four aspirational districts and Mumbai Municipal Corporation in the implementation of the campaign. RMNCHA service continuity is a critical element of health system strengthening in the midst of COVID-19 pandemic, which will save maximum lives of women and children. Based on the request from Hyderabad Field Office, UNICEF Mumbai participated in the Joint consultation of UNICEF, Hyderabad, Government of Telangana consultation on Ending Maternal Death in Telangana on 5th October 2020. Commissioner Health, senior Government officials, of Government of Telangana, approximately 35 national and international experts on maternal health, senior Obstetricians participated in the meeting. Government of Telangana and UNICEF Hyderabad agreed to scale up the Nashik model of Primary Health Care innovation for promoting Pre-conception care in the state of Telangana. Technical support provided at state level and at MCGM for different Covid 19 and RMNCHA activities (Covid 19 surveillance, LaQshya, MLCU assessment in two hospitals of the state, SNCU and home based KMC intensification, routine immunization, preconception care scaleup in ten districts among others),

State	Key Activities
	<ul style="list-style-type: none"> • Supported GOM and JHPIEGO in roll out of LaQshya-Manyata rolled out in 210 Private hospitals in 25 districts • Under Urban PHC roadmap in MCGM, support extended for strengthening of LR and Maternity wards of 28 Maternity homes using LaQshya guidelines. Baseline assessment completed in 18 facilities. • Unicef continued its support for Tribal RI strategy implementation in Nandurbar and Gadchiroli – supportive supervision of 400+ VHSNDs sessions and 108 cold chain points. Supported rollout of SAANS and SHWAI. • Technical support for inclusion of 11 pediatric High Dependency Units (HDUs), 3 SNCUS (KDMC, PMC, PCMC) in urban areas, PICU at DH Nashik/Amravati under NHM PIP 2021-22. • UNICEF is also supporting the state health department and district administration in four aspirational districts for RMNCHA service continuity by providing technical support for maternal and child health services including labor room quality improvement, home based KMC, routine immunization and primary health care for promoting women's health for reducing low birth weight and neonatal mortality in ten districts. • Drafted the report of the Healthy Parents, Health Child Initiative in Nashik, report being reviewed at the office of Additional Chief Secretary, Mission Director, DHS. Edited the Home Based KMC Manual for implementation at Primary Health Care level. There is interest for replication of the module at National Level.
	<p>Monitoring and Assessments</p> <ul style="list-style-type: none"> • A total of 10 districts have been digitally visited to understand nutrition programming and challenges. Coverage in the Urban areas through ICDS is very limited. Only 15-20% of the population is covered in Nashik and Malgaon corporations. • UNICEF Maharashtra is planning rapid situation assessments and Facility preparedness assessment (DCH and DCHC) in six districts. COVID-19 response activities are also continued in Pune and Mumbai. • As rapid response to COVID-19 surge of cases in Vidarbha division during last week of Feb 2021, UNICEF supported Rapid facility preparedness assessment of 68 COVID-19 facilities in five districts (Amravati, Akola, Buldhana, Washim and Yavatmal) of Akola Health division and Nagpur during 1-4 March 2021. Report sharing the improvement plan with GOM Officials; trainings, infection prevention and control activities being initiated to address the gaps. SNCU mentoring visits to ensure care to Sick LBW Newborns. Home Based KMC in 78 tribal blocks, Primary Health Care for RPMNCHA in ten districts. • After successful advocacy, initiated the Urban Primary Health Center assessment of 264 UPHCs in 22 wards of MCGM through DFY.
	<p>Training and capacity building (including training for psychosocial support)</p> <ul style="list-style-type: none"> • 1456 COVID19 affected persons and 943 Caregivers counselled and 2432 Family members reached through Psychosocial support helpline at KEM Hospital Mumbai. - Oriented 180 Obstetricians and Gynecologists, who are members of Federation of Obstetrics and Gynecological Societies of India (FOGSI) and Association of Maharashtra Obstetrics and Gynecological Societies (AMOGS) on Neonatal Care and Infant Care up to 18 months including ARV Prophylaxis, EID and IYCF during the Maharashtra TOT on 20 August 2020.

State	Key Activities
	<p>- During the month of July 2020, through PSS cell, total 4200 calls were made, 1779 persons (1125 Male, 654 Female) affected with COVID19 and 1132 Caregivers (675 Male, 457 Female) were reached. 967 persons (605 Male, 362 Female) and 871 caregivers provided counselling services for mental health, stigma and discrimination faced due to COVID19.</p> <ul style="list-style-type: none"> • UNICEF Maharashtra reached to 1823 persons (1223 Male +600 Female) affected with COVID19 and 1528 caregivers through tele counselling services established under Dept. of Psychiatry KEM Hospital Mumbai for providing Psychosocial support to the families and health care providers in urban areas of Mumbai during the month of January 2021. 137 Caregivers provided with referral for additional mental support. • Psychosocial Support: During January to 15th May 2021 the PSS cell reached to 8536 persons (4859 Male, 2799 Female) affected with COVID-19 and their Caregivers telephonically. 5385 persons (3187 Male, 2098 Female) were provided counselling services for mental health stigma and discrimination faced due to COVID-19. Additionally, 243 people are referred for additional mental health support. • Supported capacity building and mentoring to 13 LaQshya certified facilities in 4 ADs with jointly with FOGSI. • Psychosocial Support: During January to 15th May 2021 the PSS cell reached to 8536 persons (4859 Male, 2799 Female) affected with COVID-19 and their Caregivers telephonically. 5385 persons (3187 Male, 2098 Female) were provided counselling services for mental health stigma and discrimination faced due to COVID-19. Additionally, 243 people are referred for additional mental health support.
	<p>Surveillance and tracking of suspected cases</p> <ul style="list-style-type: none"> • PSS Cell at KEM Mumbai: Till date, through 22435 calls, reached to 9105 (6060M, 3045 F) persons affected with COVID19 and 5700 (3229 M, 2471 F) Caregivers reached. 7973(5050 M,2923 F) persons provided counselling services for mental health, stigma and discrimination faced due to COVID19. 197 people are referred for additional mental health support. 475 HCP provided counselling services. <ul style="list-style-type: none"> - Total number of PW/Lactating mothers and children followed up for screening, testing and admission 4188 (2464 children, 1395 PNC and 329 PNC) - Number of children Immunized 2037 through 92 Outreach camps. - Completed assessments of 25 Health post/UPHCs. - Through 162 fever clinics/flu OPDs, 40066 patients screened and 1644 referred to testing center, • SNCU mentoring visits to ensure care to Sick LBW Newborns. Home Based KMC in 78 tribal blocks, Primary Health Care for RPMNCHA in ten districts.
	<p>Hospital preparedness and health resources</p> <ul style="list-style-type: none"> • Assessment of Dedicated COVID health centers initiated, UNICEF supporting 52 DCHC facilities assessment. • Initiated strengthening of Kangaroo Mother Care practices in 4 LaQshya certified facilities and Respectful Maternity Care in 21 PHCs of Osmanabad aspirational district. • Under Urban PHC roadmap in MCGM, support extended for strengthening of LR and Maternity wards of 28 Maternity homes using LaQshya guidelines. Baseline assessment

State	Key Activities
	<p>completed in 18 facilities.</p> <ul style="list-style-type: none"> Initiated strengthening of Kangaroo Mother Care practices in 4 LaQshya certified facilities and Respectful Maternity Care in 21 PHCs of Osmanabad aspirational district. Supported capacity building and mentoring to 13 LaQshya certified facilities in 4 ADs with jointly with FOGSI. Completed the baselines assessment of 28 Maternity homes in MCGM using LaQshya guidelines. Also, facilitated capacity building and mentoring to 13 LaQshya certified facilities in 4 ADs with FOGSI. <p>Partnerships and involvement of professionals</p> <ul style="list-style-type: none"> Psychosocial and Mental health support to COVID19 patients and families, health care workers rolled out in partnership between UNICEF MFO and KEM Hospital Mumbai under MCGM. A partnership has been established with “Doctors For You”, an NGO of national repute, for implementation of the multi-sectoral plan of action and UNICEF has also, started technical assistance at these two Wards for ensuring continuity of Essential RMNCHA services while strengthening COVID19 containment measures in two wards (M/East and G/North) of Mumbai <ul style="list-style-type: none"> Doctors for You with UNICEF support has finalized the Communication materials for community engagement. More than 75 hotspots or areas of high congregation mapped in two wards for putting up creative signage with regards to physical distancing, hand washing and use of Mask. 15 community level structures mapped to be transformed into quarantine facilities from two wards. A total of 11045 Symptomatic patients attended through Fever/Flu OPDs in M/East ward and 548 Symptomatic patients referred to testing center. Screening for COVID19 operationalized using IR thermometers and Pulse-oxymeter in 20 health post of two wards. 24 outreach camps for RI/ANC services organized and a total of 1116 children <2yrs fully immunized through outreach camps by DFY. UNICEF through, Doctors For You (DFY), supported community engagement activities in G North and M East wards of Mumbai, supported fever OPDs reaching 20203 persons. Further, screening for COVID19 operationalized using IR thermometers and Pulse-oxymeter in 20 health post. A total of 1532 children <2yrs fully immunized through 43 outreach camps organized by DFY. UNICEF in collaboration with Pune Municipal Corporation successfully completed the activities for IPC, BMW management and WASH in HF in 13 Hospitals and 8 dispensaries. UNICEF supported operationalization of Dalvi Hospital with 164 beds with Central oxygen support and 10 beds with Ventilator support. Isolation wards (10 beds each) are established in three Dedicated Covid19 hospital/Health Centers of PMC. In collaboration with NCCVMRC organized NCCMIS review cum orientation and SS application trainings in state using virtual platform during 3-16 Sept. Total 209 (RCH officers, PHN, CCTs, Vaccine Cold Chain Managers and Consultant's) participants trained. Urban RI planning meeting with two Municipal corporation Aurangabad and Nashik completed on 20 Aug 2020. UNICEF Maharashtra initiated phase II of the partnership with “DOCTORS FOR YOU” focusing on “Health Systems strengthening through comprehensive Urban Primary Health

State	Key Activities
	<p>Care approach in MCGM" - Jan-Feb 2021 (Fortnightly report)</p> <ul style="list-style-type: none"> Through partnership with Doctors For You, UNICEF supported strengthening of 115 Outreach RI sessions and organized 118 Outreach camps for Immunization and ANC services in vulnerable pockets reaching out and ensuring the full immunization to 1038 children under 2 years, supporting 363 ANC with birth plans, ensuring institutional delivery of 412 Pregnant women including 118 high risk mothers. Health sector-initiated phase II partnership with DOCTORS FOR YOU for Health Systems strengthening through comprehensive Urban Primary Health Care approach in MCGM. Through partnership with Doctors For You, UNICEF supported strengthening of 115 Outreach RI sessions and organized 118 Outreach camps for Immunization and ANC services in vulnerable pockets reaching out and ensuring the full immunization to 1038 children under 2 years, supporting 363 ANC with birth plans, ensuring institutional delivery of 412 Pregnant women including 118 high risk mothers. Established the Partnership with MAVIM (Mahila Aarthik Vikas Mahamandal) and planned to mobilize >7,00,000 population in Vidarbha Division through awareness campaign for CAB and VH, produce and distribute > 2 lakh masks Initiated the partnership with MahaSewa (CSO) for CAB and VH work in Resident Welfare Association reaching out to 35000 housing societies in Mumbai.
	<p>Facilitating vaccinations</p> <ul style="list-style-type: none"> UNICEF facilitated the state level training workshop for Primary Vaccine Store Supportive Supervision checklist orientation for Maharashtra Immunization Team (Public Health Department officials from all divisions, WHO, UNDP and UNICEF Consultants) in collaboration with PHD GoM, NCCVMRC New Delhi on 24 September 2020. This is further to letter from Joint Commissioner UIP MoHFW GOI indicating that UNICEF is the lead development partner responsible for Supportive supervision of Primary Vaccine Stores (State Vaccine Store, Regional Vaccine Stores and GMSD Mumbai). Total 60+ participants trained. Plan for SS drafted. State has rolled out the COVID19 vaccination from 16th January 2021. Till date completed COVID-19 vaccination 1st dose to 63% (645242/1027484) HCW, and 42% (336715/803007) FLWs. 48.5%(104876/216194) HCW already vaccinated with second dose of COVID-19 vaccine. UNICEF facilitated vaccination of COVID-19 vaccine in the state, provided technical support for supportive supervision, 2,13,52,323 doses of COVID-19 vaccine administered in the state. <p>UNICEF supplied 6 WICs and 2 WIFs for Maharashtra for COVID-19 vaccination and RI support. WIF at RVS Nashik got installed and operational. Other WIC/WIF will be installed by end of June 2021.</p> <ul style="list-style-type: none"> (May-June 21) Through Implementing Partner DFY, UNICEF supported strengthening of 115 Outreach RI sessions organized by MCGM and organized 118 Outreach camps for Immunization and ANC services in vulnerable pockets reaching out and ensuring the full immunization to 1038 children under 2 years, supporting 363 ANC with birth plans, ensuring institutional delivery of 412 Pregnant women including 118 high risk mothers. UNICEF is supporting the COVOD-19 vaccination in the state by providing technical support

State	Key Activities
	<p>for monitoring the vaccine availability, conducting the supportive supervision, coordinating with district and Municipal Corporation officials.</p> <ul style="list-style-type: none"> Supportive supervision of cold chain points in four aspirational districts and MCGM. Successful roll out of the Pneumococcal Conjugate vaccine (PCV) in the state, Hon'ble Health Minister launched the PCV in Jalna district on 12th July 2021. UNICEF supported the training on cold chain and communication for PCV roll out at the state, four aspirational districts. Tribal Immunization Strategy implemented in Nandurbar and Gadchiroli <p>Urban Immunization strategy implemented in Nashik and Aurangabad Municipal corporations and Two wards of Municipal corporation of Greater Mumbai.</p>
Uttar Pradesh	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> Provided technical support to the state in tracking the migrants. AHSAs were oriented to provide immediate relief kit to migrants in quarantine centers as well as undertake household visits for home quarantined population. VHND/RI sessions initiated after being suspended for more than one month. UNICEF had earlier supported drafting of guidelines for the same. Joint monitoring with WHO rolled out; SMNet monitored 1077 sessions this week. Technical support was provided in organizing the state training of trainers for Pneumococcal Conjugated Vaccine (PCV) expansion in 56 of the 75 districts of Uttar Pradesh in collaboration with WHO and UNDP. Advocacy to Government was done for release of the feedback of community and facility follow up of SNCU discharged newborns for corrective measures by respective SNCUs done by SMNet. Based on monitoring findings of June 2020 and SNCU online MIS data, SMNet got letters issued by CMS from 51 SNCUs to DEOs and SNCU staff for improving community and facility follow up. Chief Minister of Uttar Pradesh launched Pneumococcal Conjugate Vaccine (PCV) in 56 districts on 10 August. Apart from technical support for the launch event, UNICEF supported organization of state media workshop on PCV expansion in collaboration with GoUP, NHM and WHO. The Social Mobilization Network (SMNet) supported district level trainings particularly on communication. UNICEF advocated and supported release of revised guidelines on Home-Based Newborn C (HBNC) service continuity for containment and non-containment zones. District level advocacy was done to support extensive media coverage on these guidelines and role of ASHA in HBNC. In August, UNICEF initiated support to GoUP for improving ANC services and identification of High-Risk Pregnancies (HRPs) through PMSMA monitoring. 32 sessions were monitored and feedback shared with government. UNICEF initiated support to GoUP for improving ANC services and identification of High-Risk Pregnancies (HRPs) through PMSMA monitoring PMSMA monitoring report for HIV & Syphilis was shared with UPSACS. Based on the UNICEF monitoring report a letter was sent to all CMOs to strengthen HIV counseling and maintain confidentiality. From the next month, government has agreed to use this tool across the state. Advocacy efforts and agreed for establishment of Facility Integrated Counselling and Testing centers (FICTC) at PHCs in Health and Wellness Centers (HWCS) Maternal Health/PPTCT- With UNICEF technical assistance on elimination of mother-to-

State	Key Activities
	<p>child transmission (EMTCT) 2020, 18 batches of Divisional level EMTCT review meetings with district official, counselors and technicians were carried out</p> <ul style="list-style-type: none"> • JE/AES (DASTAK Abhiyaan) - Chaired by the Health Secretary and attend by the DG, Medical Health, Director Vector Borne Diseases (VBD), AD-VBD and partners: Most of UNICEF suggestions were incorporated in the revised monitoring checklist for the upcoming DASTAK-SRNA Abhiyaan in October 2020; In 44 districts, SMNet supported the review and planning of DASTAK-SRNA (JE/AES) Campaign, October 2020. • (Sept-20) DASTAK campaign: Technical assistance provided to integrate COVID appropriate behavior messaging, surveillance for COVID-19 and tracking of pregnant women and left out children for vaccination in RI in the Dastak campaign. SMNet facilitated 58 district and 183 sub district level inter departmental meetings and shared monitoring findings, supported orientation of 15,365 Pradhans, 44,084 Nodal teachers, 58,863 AWWs, 78,737 ASHAs, Sanginis and ANMs and visited 13,148 households in 2,640 villages in 398 blocks of 60 SMNet districts for monitoring. The findings are shared at state and district levels regularly. • Elimination of Mother to Child Transmission (EMTCT): To accelerate the preparation for achieving EMTCT 2020 and make up for the gains lost due to pandemic, supported the state in conducting 12 divisional review meetings with health facilities providing HIV/syphilis screening/testing services • TSG on Child Health: Under RMNCH+A Continuity UNICEF provided technical assistance in organizing a meeting of the Technical Support Group (TSG) on Child Health. The plans for SAANS, HBYC, NBSU trainings and Child Death Review were finalized, with UNICEF leading technical assistance on planning SAANS and HBYC trainings. UNICEF prepared a plan to reinitiate FBNC trainings for SNCU staff and supported UP-TSU in finalizing a training modality for NBSU staff. • UNICEF supported the review of HBNC and HBYC programs during the quarterly meeting of District Community Process Managers. SMNet is providing support at district and block level preparatory activities for the Dastak campaign/ Vishesh Sanchari Rog Niyantran Abhiyaan to be conducted across the state from 01 March. The Chief Minister will launch IMI 3.0 and JE campaign in 38 districts on 21 February. • TA provided for State ToT on 'Ensuring quality ANC services during VHNDs' that has contributed to building the capacity of over 1,500 district and block officials. These trainers will, in turn train more than 23,000 ANMs in the districts. <p>Monitoring and Assessments</p> <ul style="list-style-type: none"> • Comparative analysis of SNCU MIS data (April 2019 Vs 2020) done to underscore the impact of COVID and shared with government. UNICEF had earlier done similar analysis using HMIS data to advocate for continuity of RMNCH+A services. <p>As a part of RMNCHA continuity, a total RI/VHND 40,329 sessions were planned out of which 38,584 sessions were held in Uttar Pradesh. SMNet monitored 3715 sessions and joint monitoring feedback along with WHO was shared with GoUP for corrective actions.</p> <ul style="list-style-type: none"> • Telephonic monitoring of follow up of 7,080 SNCU graduates by SMNet showed that 65 per cent had been visited by ASHAs and 69 per cent were contacted by SNCU data entry operators. The follow up status registered an increase of 01 percent (from 33 percent in

State	Key Activities
	<p>May to 34 per cent in June 2020). Technical assistance was provided in the online review meeting of Community team of NHM where HBNC telephonic monitoring data from more than 2,000 calls were shared- families of more than 80 per cent newborns reported face-to-face/telephonic contact by ASHAs.</p> <ul style="list-style-type: none"> During the reporting period, out of 86,582 VHND/RI sessions planned, 81,786 (94 per cent) were conducted. SMNet monitored 4,762 sessions- 85 per cent sessions had updated due lists and 89 per cent had all vaccines and diluents. Facility-wise online mentoring on LaQshya/NQAS standards with focus LaQshya facilities - 25 sessions were conducted and oriented a 73 staff nurses and quality team consultants. Technical support to UPSACS was provided on continuation of RMNCHA services with focus on HIV/syphilis services and accelerating efforts to achieve EMTCT 2020. A series of webinars was conducted in three batches to reach out to district officials, nodal officers, counsellors and Lab technicians from 75 districts. Advocated with NHM to initiate HIV and Syphilis screening at all PHCs where wellness centers are established. Newborn Health- 833 telephonic HBNC monitoring were facilitated by the Divisional Resource Persons in two weeks. Review of HBNC program facilitated by DRPs in the 18 district health society (DHS). Monitoring of Home Isolation for COVID cases: SMNet monitored 8,740 COVID-19 cases in "Home Isolation" from 61 districts. RRT visited 83% cases, availability of pulse oximeter was found to be 81 percent, availability of hydroxychloroquine 58 per cent and Ivermectin 86 per cent. TA provided to LaQshya facilities of two aspirational districts (Shrawasti and Sonebhadra) and state NHM in submitting the documents to GoI for national LaQshya / NQAS assessment after state certification. 2045 VHND sessions were monitored through SMNet and the state issued a letter to districts sharing monitoring feedback for corrective actions
	<p>Training and capacity building (including training for psychosocial support)</p> <ul style="list-style-type: none"> LaQshya NQAS mentoring plan for labor rooms and SNCUs LR/SNCU started this week; 40 participants from four batches completed till 29 May 2020. A mentoring plan has been developed for facility in-charges/medical officer in-charge, pediatricians and nurse mentors to maintain quality standards at SNCUs and Labor rooms and develop an action plan along with timelines for the identified gaps. The success of the UNICEF-assisted initiative of online mentoring sessions for labor rooms (21 labor rooms mentored between 16 to 30 June- 61 per cent found to have separate COVID labor rooms) and SNCUs, have further been used by NHM UP, UNICEF and TSU for facilitating the joint online mentoring of 29 facilities selected for National LaQshya/NQAS assessment. To expand the HIV/syphilis screening to Urban PHCs, online eMTCT training on HIV/Syphilis screening and data reporting was conducted on 19 and 20 August 2020 for staff of Urban Primary Health Centers (PHCs). More than 700 participants from 452 UPHCs including divisional urban coordinators, districts urban coordinators, medical officers and ANMs participated in this training. Skill based Facility Based Newborn Care trainings for SNCU staff were re-initiated. 70 SNCU staff (pediatricians and staff nurses) were trained in three batches. The first batch of

State	Key Activities
	<p>observation ('observership') training (after pandemic onset) for eight SNCU staff from UP was conducted at KSCH, New Delhi in collaboration with National Collaborative Centre. Capacity of 120 trainers from 20 districts (including eight aspirational districts) was built on the skill based SAANS training. The plan for further roll-out was prepared.</p> <ul style="list-style-type: none"> Capacity of more than 800 SNCU personnel built on care of COVID positive newborns in collaboration with NHM, State Resource Centre and KGMU Intensified Diarrhea Control Fortnight (IDCF) was celebrated in UP in August. UNICEF provided technical assistance at the state level for planning, capacity building and advocacy. Approximately 1000 district and block officials were oriented on the guidelines. A joint meeting with IAP was organized to sensitize IAP members on the importance of IDCF, standard case management of diarrhea and IYCF. <p>52 District Immunization Officers trained on various aspects of routine immunization in collaboration with the government, WHO, UNDP, CHAI and other partners. One batch of virtual SOCH (online MIS) training of 48 STI Counselors for accelerating EMTCT held and capacity of 48 counselors enhanced.</p>
	<p>Surveillance and tracking of suspected cases</p> <p>Under phase 2 of the online migrant tracking by ASHAs, 1,048,550 migrants have been tracked till the morning of 29 May, with 986 identified with ILI, 896 were screened by RRTs, 95 out of 336 migrants who were tested were found positive for COVID 19.</p>
	<p>Hospital preparedness and health resources</p> <ul style="list-style-type: none"> Divisional resource persons for HBNC facilitated one commissioner review meeting and also presented HBNC feedback during 21 district health society meetings and 12 district review meetings during the reporting period. Telephonic monitoring continued during the month. Over 1,500 telephonic calls were made to families and ASHAs and results will be available in next fortnight report.
	<p>Partnerships and involvement of professionals</p> <ul style="list-style-type: none"> Aga Khan Foundation (AKF), with UNICEF support, conducted a telephonic assessment of 15 quarantine centers and 15 health care facilities (HCFs) for WASH infrastructures and practices. <p>301 pregnant and lactating women reached in 13 health facility sites by a four-member team of AIIMS Gorakhpur through one-to-one and online counselling on early initiation of breastfeeding</p> <ul style="list-style-type: none"> UNICEF in partnership with BMGF- TSU, supported Quality Cell of NHM in conducting a series of state-level orientation sessions (8 sessions), on LaQshya NQAS sessions for district officials and LaQshya facilities staff. In 24 of the 75 districts, UNICEF facilitated the participation of Labour Room/OT staff. Flood preparedness plans have been completed in six flood prone districts in collaboration with DRR. State Population policy: UNICEF as a technical partner of the Population Foundation of India, BMGF supported TSU, NHM and GoUP supported in drafting the state Population policy 2020 with a target to achieve population stabilization and reduction maternal and child mortality as per the SDG targets. UNICEF Health team contributed in developing

State	Key Activities
	<p>strategies and policies for reduction of maternal and newborn mortality and coordinated with other sections such as CDN for maternal and child nutrition, CP for teenage pregnancies, ISP for birth registration, C4D for communication strategies.</p>
	<p>Assessments and Research</p> <ul style="list-style-type: none"> SNCU online MIS data analysis was carried out and shared with government. It shows that: while a six per cent increase was noted in the bed occupancy rate as compared to May 2020, the rates were 28 per cent lower than June 2019. The mortality rates decreased by 1.2 percent as compared to May 2020 but were 2.2 percent higher than June 2019.
	<p>Facilitating vaccinations</p> <ul style="list-style-type: none"> Efforts are being made to link 14,531 children below two years with immunization services and 502 pregnant women with antenatal care/delivery services. During the reporting period, out of 81, 832 VHND/RI sessions planned, 79, 939 (97 per cent) were conducted where 343,793 pregnant women were vaccinated and 966, 960 children were vaccinated during this period. SMNet monitored 4,131 sessions out of which, 87 per cent sessions had updated due lists and 93 per cent had all vaccines and diluents. Effective Vaccine Management (EVM) concurrent monitoring has resumed to normal in Uttar Pradesh. 278 last cold chain points and 40 district vaccine stores were monitored in August 2020. 77 per cent last cold chain points and 87 per cent district vaccine stores had scores above 80 per cent while 22 per cent last cold chain points and 13 per cent district vaccine stores had scores in between 60 – 79 per cent only one per cent last cold chain points had scores in between 40-59. vaccination for 18-44 age group population; that has commenced from 1 May 2021 in 23 districts out of 75 and planning to expand it further depending on the vaccine availability. 365,835 community members (18-44 age) received COVID-19 vaccine in first two weeks. Frequently asked questions (FAQs) for this phase of vaccination drive have been developed and designed by UNICEF with WHO & UNDP support. These FAQs have been widely disseminated through government officials, line departments, SHG groups, NSS/NYK. Mid-year assessment of cold chain for adequacy of capacity for RI and COVID vaccines was carried out. Report shared with GoUP.
Jharkhand	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> On 17 April, UNICEF and WHO received a request from GOI to assess 24 COVID-19 hospitals in the state, with the objective of validating the findings uploaded on the Government portal and provide supportive supervision for further improvements. UNICEF was lead partner for the assessment in Jharkhand. The assessments were completed in two days with support from WHO and UNDP. The findings were uploaded through ODK kit and the issues and recommendations will be discussed with the state after it receives the final data from GOI. Essential health services to migrant populations such as antenatal care, linkages to institutional deliveries including routine immunization to children/pregnant women are critical to prevent morbidity and mortality during pregnancy, delivery and vaccine preventable disease outbreak. UNICEF advocated and provided technical assistance for essential health service provisions to all, including returning migrants. These services will

State	Key Activities
	<p style="color: red;">be ensured both at government quarantine centers and to those undergoing home quarantine.</p> <ul style="list-style-type: none"> Support to RMNCHA Services: UNICEF with Government of Jharkhand started working on the aspect of health system strengthening which had taken a backseat during the last three months. UNICEF started work on three potential areas: improving SBA coverage with focus on UNICEF high priority districts, strengthening of first Referral Units (FRUs) and improving referral transport. UNICEF also conducted rapid assessment of resumption of essential services in the state at Village Health and Nutrition Days on request of the Government. UNICEF supported SS visits to VHND session sites, and it was found that 45% villages have resumed Manta Wahan (referral transport) for transport of pregnant women to facilities. Although Jharkhand has showed significant reduction in maternal mortality (71/100000 population), many areas still need significant improvement especially in remote and hard to reach areas. UNICEF is supporting Government of Jharkhand (GoJ) in improving Referral Transport. State has completed RI/VHND microplanning exercise in 14 districts, UNICEF provided technical support to inclusion of all left out and migrant children in the micro-plans. UNICEF provided technical support in the analysis of children who missed out on vaccination since April 2020, a total of 89000 left out and drop out children have been identified. UNICEF technically supported identification and immunization of migrant children, 14000 children have already received age appropriate vaccines. UNICEF also advocated for immunization of children coming in with migrant population. 44,000 children were identified which were due for their age appropriate vaccination. State is organizing special immunization days for covering these drop out/migrant children. UNICEF has supported in the planning and roll out of IDCF campaign in the state. Support to RMNCHA services: Improving quality of care in SNCUs and NBCC: COVID-19 and lock down impacted access to quality of services in SNCUs. UNICEF technically supported the state in review of data across all SNCUs in the state using SNCU online software. Primary Health Centers which offer HIV testing for Pregnant Women: UNICEF technically supporting government to achieve EMTCT 2020. UNICEF technically supported government to increase its capacity of testing pregnant women for HIV during antenatal period. State added 21 new PHCs from seven districts which are now offering HIV testing for pregnant women. In Jharkhand UNICEF advocated resumption of HIV screening initially at facilities and then at outreach sites in the month of May and June. The data were compiled for every month to monitor the progress of screening and for gap identification; the compiled data are being submitted to Maternal Health Division on monthly basis for necessary action. Maternal Health Division with the support of UNICEF reviewed the progress on regular basis through virtual meetings with specific focus on low performing districts. UNICEF provided technical and monitoring support in IDCF campaign in the state. State had SNCUs only in 18 out of 24 districts at the beginning of 2020 and it was looking difficult to establish SNCUs in other districts due to COVID-19 pandemic in 2020. COVID-19 pandemic put a complete halt on Procurement and infrastructure improvement work in entire state. UNICEF started advocating with the government in June to reinitiate the process of establishment of SNCUs citing the importance of availability of these facilities

State	Key Activities
	<p>within the reach of the community. Issues in tendering processes for renovation and equipment were solved with support from UNICEF. Government started the process of establishment in the month of September with technical support from UNICEF. As a result, six new SNCUs have been established and functional and two new will be functional by March 2021.</p> <ul style="list-style-type: none"> UNICEF provided technical support in planning and roll out of first round of IMI 3.0 in 11 identified districts the state. UNICEF supported microplanning in and within districts along with WHO. A total of 20043 children and 5774 pregnant women were identified based on headcount for the campaign. State covered all identified (100%) children during the IMI round and 97% pregnant women were covered. State has constituted an expert empowered group for Pediatric care in the state with UNICEF being its member to technically guide the government in ensuring preparedness and guide in its response to any future surge in COVID cases which may disproportionately affect children. As part of strategy to strengthen immunization supply chain, UNICEF technically supported the state & districts with establishment of five new cold chain points at PHC level in Chatra (2), Simdega (1), Ranchi (1) & Khunti (1) districts this will ensure timely supply of potent vaccines. To reduce diarrhea related morbidity and mortality UNICEF technically supported capacity building & preparing of 226 master trainers & roll out of Intensified diarrhea control fortnight campaign in the state for prepositioning of ORS/Zn in families with children less than 5 years of age.
	<p>Monitoring and Assessments</p> <ul style="list-style-type: none"> Gap Assessment and Continuation of Services: 23 facilities, across 19 districts have been assessed. Support areas shows maximum gap of 42% observed in support areas like AMC for ventilators, O2 concentrators and Sample collection. 33% gaps were observed in availability of protocols, 32% gaps were in drugs availability, 30% gaps in infrastructure and 20 % gap in capacity building. The state, with support from UNICEF has conducted reviews to strengthen RMNCH+A services which were compromised during the month of April. All districts except Ranchi have started VHNDs and providing all essential services. District wise review of continuation of maternal health services especially for Institutional Delivery was conducted on 7th May 2020. District wise review of facility based newborn care (FBNC) services was done on 12th May 2020 and review for VHND/RI is planned for next week. The review meeting of PPTCT program was conducted with the objective of improving HIV screening which has shown significant decline in last quarter. HIV screening in HMIS had been decreased for the current financial year (53% for April and May 2020) compared to last financial year 2019 - 2020 (81%), Syphilis screening is also very low (27%) and needs to be improved. It was decided that all lab technicians should be brought back to the program who were deployed for COVID-19 sample collection and improve the testing of both HIV and syphilis through ICTC centers. UNICEF Jharkhand has developed ODK Collect data collection web portal of VHND. It was developed internally within the UNICEF with no extra cost. Going forward UNICEF and Government will use ODK platform for VHND monitoring

State	Key Activities
	<p>and supportive supervision. UNICEF supported SS visits to 156 VHND session sites in the month of June.</p> <ul style="list-style-type: none"> UNICEF will support in analysis of timelines to conduct state level review. Based on the analysis, necessary instructions were sent to respective deputy commissioners for preparing an action plan and addressing the gaps in the service. The progress on the actions is being monitored at the state level. UNICEF is also supporting state in conducting district wise review of newborn care corners. Strengthening LaQshya Initiative: Strengthening the quality of care in delivery services post COVID-19 lock down has been a key priority area. UNICEF convened along with government and other partner agency to review the progress of LaQshya certification to facilities within the state. UNICEF is supporting state in creating guidelines for online certification of LaQshya facilities as per national guidelines. UNICEF supported government in preparation of an action plan for identifying and supporting facilities to achieve the certification of 19 facilities. (Jul-Aug 21) To improve routine immunization coverage in the state, UNICEF supported the government in the review of RI program. Districts with poor RI coverage identified and instructions regarding conducting of all planned RI sessions, coverage of left out & drop out children, and weekly review at district level. UNICEF supported conceptualizing & conducting special immunization drive in Giridih, where 2247 children received age appropriate vaccines and 345 children achieved full immunization.
	<p>Training and capacity building (including training for psychosocial support)</p> <ul style="list-style-type: none"> The health and CP sections collaborated to conduct training of psychosocial counsellors and Mental Health counsellors along with the Central Institute of Psychiatry. UNICEF provided technical support to complete skill-based training of Medical officers and staff nurses so that they are equipped to handle neonatal emergencies in SNCUs. The effective functioning of these SNCUs will reduce the referral of sick newborns to a tertiary center. There would be early detection and referral of sick and newborn and special care of preterm and low birth weight newborns. In 2020, 9761 newborns were admitted, and 6491 newborns were successfully treated in SNCUs of the state. Support to Intensified Mission Indradhanush 3.0: To improve coverage of routine immunization for children state will be launching Intensified Mission Indradhanush (IMI3.0) from 22nd February in 11 districts in the state. UNICEF is providing technical assistance in planning of campaign at state level and supporting microplanning activities for IMI at district level. UNICEF conducted capacity building of coordinators and health functionaries on supportive supervision of IMI session site. UNICEF supported state in reinitiating the maternal death surveillance & response which got affected during pandemic. UNICEF technically supported one day reorientation of district level program managers & Medical Officers and supported district wise review of MDSR and CDR (Child Death Review). Key decisions taken during the review were around starting near miss reviews in all district hospitals in the state. Based on this, UNICEF technically supported district level reviews of MDSR & CDR in five districts of Jharkhand - Khunti, Dumka, Godda, Dhanbad and Lohardaga. As per SRS 2018 estimates, Jharkhand is reporting 99% (589/595) of maternal death against estimated deaths.

State	Key Activities
	<ul style="list-style-type: none"> UNICEF supported various training programs which include training of frontline workers on rural public health survey, Infection prevention and treatment, Training of Medical officers on revised treatment protocols, Training of health workers on appropriate use of O2 and training of medical officers on pediatric care. UNICEF facilitated State level ToT for pneumococcal vaccine launch in the state and prepared a total of 266 master trainers which included DRCHOs, MOICs, VCCMs and DPMs were trained for downline training within the district and provided technical support in planning, cold chain space estimation, vaccine management for the initial cohort. UNICEF supported capacity building of 80 staff and program managers of five districts. This will help to ensure quality of service provision and compliance with LaQshya protocols.
	<p>Hospital preparedness and health resources</p> <ul style="list-style-type: none"> Jharkhand has also started outreach sessions to provide immunization and antenatal services. 25% blocks started the VHNDs this week and rest will start within a week. State has conducted reviews of maternal health and child health on 7th May were instructions were provided to prepare plans for institutional deliveries and Immunization UNICEF provided support in the planning and procuring of ORS and Zinc and roll out of IDCF campaign. As per the GoI guideline, state is conducting truncated IDCF campaign. ASHA/ANM are prepositioning ORS packets in families with under five children during their HBYC/surveillance visits and managing/referring cases of diarrhea. Vitamin A supplementation – first round to be initiated from 1 June 2021. Adequate supplies have been procured by NHM in Feb 2021 and have already reached the district warehouse. As per the plan UNICEF also supported government in initiating capacity building on NICU and PICU management by medical officers in RIMS and Rani children's Hospital. UNICEF also supported the government in initiation of second batch of emergency pediatric care course in Rani Children's Hospital. A total of 15 participants have joined the course which will help to enhance state's capacity to for pediatric care.
	<p>Partnerships and involvement of professionals</p> <ul style="list-style-type: none"> Strengthening routine immunization coverage in tribal & hard to reach areas in focus district of Giridih: UNICEF's both health & C4D section has partnered with NGOs for improving immunization in selected tribal blocks of Giridih which has poor immunization coverage. The key strategy is involvement of Panchayati Raj institution at village level for mobilization and program audit. This partnership will also focus on improving microplanning for routine immunization and improving community awareness.

Nutrition:

State	Key Activities
Bihar	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> Supported issuance of guidance for continuity of services in ICDS <p>Succeeded in advocating for inclusion of community members of Migrant families to ICDS beneficiary list.</p> <p>Promotion of exclusive breastfeeding for first 6 months and CF+ BF for 2 years of age in light</p>

State	Key Activities
	<p>of the Infant Milk Substitute promoted in quarantine centers and otherwise in the time of distress.</p> <ul style="list-style-type: none"> Facilitate issuance of guidelines and implementation of RMNCAH+N services like continuity of AMB services, screening of children at VHSND and NRC referral at state level and aspirational districts. Supportive supervision of VHSND initiated and provided technical support at state and five aspirational districts. Technical support to the SHS-B on resumption of Maternal and child nutrition services and facilitate preparing the guidance documents and capacity building of district and block personnel through remote mode Advocacy with the ICDS for issuing state specific guidance on Growth Monitoring and Promotion activities by frontline functionaries and draft note shared with the Director ICDS. A continued advocacy with ICDS / National Nutrition Mission led to organizing the web-series for ICDS field functionaries. Facilitated the 4 days (2nd to 5th September 2020) web series on key topic including identification and management of children with SAM, strengthening IYCF and preventing Stigma & Discrimination with COVID-19. Advocacy with Directorate ICDS, resulted in orientation program for frontline functionaries of ICDS including CDPOs and Lady Supervisors on IYCF in COVID situation. This virtual orientation was jointly organized by State Resource Center on IYCF, NNM and UNICEF. Continued advocacy with the Dept. of Social Welfare and Directorate ICDS resulted on meeting of State level Technical Committee (SLTC) for finalization of guideline on resumption of Anganwadi services, especially growth monitoring and Community based events in the context of COVID. Technical support to the SHS-B for planning of Vitamin-A Supplementation (VAS) round during 2020 scheduled from 16-29 Sept 2020 and state coordination meeting for VAS round. Technical support to the SHS-B for planning of Vitamin-A Supplementation (VAS) round during 2020 and facilitated drafting of guideline and orientation of district and block level functionaries through four batches of remote training. Technical support to ICDS towards resumption of essential nutrition services during home visits by AWW through facilitate developing guidelines, SoPs, orientation / capacity building at state level and five aspirational districts. Advocacy with the State for upscaling of CSAM across the state in collaboration with other development partners and RAU-PUSA. Technical support to State Health Society towards developing maternal, child and adolescent nutrition components of State PIP 2021-22. Advocacy meeting with Executive director SHSB on scaling up CSAM intervention in 5 Aspirational districts in partnership with Piramal Swasthya held on 19th March 2021. District level training & activities scheduled from April 2021. Technical support to the SHS-B on continuation of Maternal and child nutrition services and facilitate preparing the guidance documents and capacity building of the district and block personnel through remote mode. Technical support to ICDS towards continuation of essential nutrition services during home visits by AWW through facilitate developing guidelines, SoPs, orientation / capacity

State	Key Activities
	<p>building at state level and five aspirational districts.</p> <ul style="list-style-type: none"> Advocacy with the ICDS on detailed guideline for field functionaries on service provision through home visits by AWW as AWCs remain closed due to COVID Provided technical support to SHS-B towards developing guidance note on functioning of NRCs and management of SAM children at NRC in the context of COVID-19 second wave. Facilitate developing guidance note on promotion of early and exclusive breastfeeding in the context of COVID-19. Provided technical support to ICDS as part of TAG towards exploring alternate energy dense food against HCM, as AWCs in the state remained closed. Facilitate preparing the guidance document on continuation of Anganwadi services and detail guideline issued by ICDS directorate on 18th June 2021.
	<p>Assessments</p> <ul style="list-style-type: none"> Supported the State Health Society, Bihar (SPO, AMB) towards phone-based review of availability of Anaemia Mukt Bharat supplies (IFA Tab and IFA Syrup) at districts and block. Guidance note on resumption of AMB services for children and adolescent shared with the SHS-B. <p>Strengthening SWABHIMAAN Reporting: The data collection for Bihar is completed and data analysis is under progress.</p> <ul style="list-style-type: none"> Partners meeting for rapid assessment of AMB program across the state and four partners organization (CARE-India, A&T, Evidence Action and UNICEF) will facilitate this assessment across all districts. UNICEF will coordinate the state-level activities with all relevant department for this rapid assessment Fortnightly telephonic assessment of status of services for SAM (NRC) and IYCF (Early initiation) being done and shared with state (May-June 2021) UNICEF supported Health Department in assessment of 436 Paediatrics Health facilities across the State and facilitated development of District wise FACT Sheets with recommendations to ensure adequate facility based COVID19 care during emergency.
	<p>Training and capacity building</p> <ul style="list-style-type: none"> Training with the Community management of SAM team for resuming services in one high priority (Purnea) district. Training of Resource persons of State Resource Centre to reach out select districts to promote IYCF counseling. <p>Facilitated orientation of District functionaries (DPM, DPC, District Community Mobilizers & Medical Officers -NRC) of all districts by Centre of Excellence IMSAM & State Resource Centre IYCF regarding “Guidance on NRCs functioning in context of COVID19. Facilitated sensitization of AWWs on COVID and IYCF during COVID 19 pandemic and refresher training on CF promotion and Growth monitoring, in 2 Aspirational Districts – Sitamarhi & Sheikhpura-through CSO partner Mamta. The team reached over 1200 AWWs over phone and WhatsApp</p> <ul style="list-style-type: none"> Facilitated the State Level online Training on Growth Monitoring and maternal nutrition for District & Block level team of Piramal Foundation in collaboration with Center of Excellence at PMCH. The field-level staff of Piramal Foundation were oriented on the methods and importance of growth monitoring and gestational weight gain monitoring during pregnancy.

State	Key Activities
	<ul style="list-style-type: none"> • Organized an orientation webinar on World Breastfeeding Day jointly with Indian Dietetics Association on 2nd August 2020. Around 70 participants including Nutritionists working in various hospitals, Faculty and students of Nutrition colleges engaged actively on "Exclusive Breastfeeding: Challenges & Opportunities in times of Pandemic" • Facilitated orientation of state, district and frontline functionaries of ICDS and health dept. on 'Breastfeeding in the context of COVID' during World Breastfeeding Week. • Facilitated the orientation of district and block level functionaries of health on revised guideline for RMNCHA+N Services focusing essential nutrition services for women and children in the context of COVID. Three remote orientation programs completed for Purnea, Gaya and Sheikhpura Districts. o Advocated and participated in Agri-Nutrition workshop in collaboration of ICDS & Bihar Agriculture University. ICDS Directorate and BAU are forging a partnership where BAU will provide technical support in establishment of Nutri-gardens in the AWCs (based on feasibility with multiple design options) to improve the diet diversity especially in U3 children • Facilitated the orientation of district and block level functionaries of health in Sitamarhi district on revised guideline for RMNCHA+N Services focusing essential nutrition services for women and children in the context of COVID-19 • In collaboration with N-CoE on IM-SAM, S-CoE at PMCH and State Health Society, UNICEF facilitated the four (4) days training of trainers for 5 aspirational districts. • Organized virtual sensitization program for the members of National Neonatal Forum Bihar Chapter (NNF) on Breastfeeding in COVID positive mothers in collaboration with NNF chapter. More than 75+ participants joined the orientation including Pediatrician, Neonatologist, faculty from medical colleges, SPO-CH and physicians. • Facilitated convening partners meeting for strengthening AMB program in the state including WIFS • Facilitated the District level training of trainers for "School Health and Wellness initiative" conducted by Education dept. and SHS-B.
	<p>Partnership</p> <ul style="list-style-type: none"> • Meeting with the Piramal Foundation National and State team towards formalizing strategy on upscaling of C-SAM program (Purnia district model) at Piramal supported 5 Aspirational Districts. Facilitated orientation of DTOs, BTOs and ABTOs of Piramal Foundation on 27th August on Maternal Nutrition. The orientation starts a partnership on Maternal Nutrition with Piramal in 5 Aspirational districts • Facilitated the Nutrition Partners' Alliance meeting for harmonizing partners support in the state. Facilitated the Development Dialogue Series - 4 under the Nutrition Partners' Alliance focusing "Management of Acute Malnutrition: Evidence to Action" on 24th September 2020. • Meeting with CARITAS India National and State team towards discussion on possibilities of collaboration for strengthening equity focused nutrition program and capacity development of their field team. • Scaling up of Community Based Management of SAM (CSAM) in five aspirational districts of Bihar in collaboration with Piramal Foundation.

State	Key Activities
	<p>POSHAN Abhiyan</p> <ul style="list-style-type: none"> Participated in the State level meeting of State Level POSHAN Abhiyaan to discuss Convergent Action Plan. Advocated for: Inclusion of pregnant women, lactating mothers and children under 6 years who are returning to villages from other states to be included in the fold of ICDS community members for ICDS as well as health services.; Deter from promotion of any breastmilk substitute in children Continued advocacy with the Dept. of Social Welfare and Directorate ICDS and SHSB on POSHAN Maah celebration. A series of Webinar on Nutrition has been planned from 3rd September 2020. <p>Facilitated developing the comprehensive guideline for “POSHAN Maah” activities by health department including management of children with SAM, IYCF, Vit A supplementation, IFA supplementation, deworming and Home visits by ASHA</p> <ul style="list-style-type: none"> Facilitated developing the SOP for “POSHAN Maah” activities by ICDS including management of children with SAM, CBEs, and other activities. Facilitated different advocacy events during POSHAN Maah including “Talk show in DD Bihar on Maternal and adolescent nutrition” on 23rd September and Panel discussion of Regional Outreach Bureau (ROB) of Information & Broadcasting Ministry on POSHAN Maah on 12th September. Orientation of the members of Indian Dietetics Association (IDA) Bihar Chapter on “Identification and Tracking of Severe Acute malnutrition” in context of POSHAN Maah. Attended by over 65 members of IDA
	<p>Awareness generation</p> <ul style="list-style-type: none"> Organized the Development Dialogue Series -1 through Zoom Webinar on “Priorities for Health and Nutrition Programming in times of COVID-19” through Nutrition Alliance Bihar (a forum for Development partners working on Nutrition program in Bihar) In collaboration with DRR facilitated the session on “Importance of nutrition for Adolescent” through Doordarshan (DD Bihar) program. In collaboration with DRR, facilitated the orientation of ICDS functionaries on flood preparedness and “Nutrition in Emergency”. Total 28 districts will be covered through 7 batches of orientation program. Web series with NNM – SAM Identification, Management coordinated by us Facilitated the Webinar in collaboration with SHS-B on “importance of first 1000 days” during POSHAN Maah on 12th September. This was attended by 386 participants including MOs, Hospital managers, Staff nurses etc. from all districts
West Bengal	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> UNICEF's continuous advocacy has resulted in 91 functional NRCs in June 2020 from 33 NRCs in April 2020. Similarly, there has been improvement in the admission of children with SAM from only 52 in April 2020 to 376 in June 2020. UNICEF continues to advocate to restore IFA supplementation across age group (women, children 6-59 months and adolescents) and detail strategy to streamline services during COVID-19 was presented in five divisional level review led by NHM held between 1 – 6 July 2020. Nearly, 225 district level participants including Civil Surgeons and District

State	Key Activities
	<p>Program Management Unit team were oriented on plan for IFA distribution and reporting for IFA blue, Pink, Syrup and Red tablets.</p> <ul style="list-style-type: none"> With some guidance on essential nutrition services issued from state, UNICEF is now focusing on field level implementation in the focus districts. Updates from District administration: With support from UNICEF, Deputy Commissioner of West Singhbhum has issued a guidance letter on strengthening SAM screening by ASHA and AWWs, THR distribution and restoring IFA supplementation in the district. UNICEF provided technical support to NHM, GOJ and detailed directives for World Breastfeeding Week with tag line 'Immunity ka Dein Vardan, 6 Maah Tak Sirf Stanpaan' along with UNICEF supported IEC package was issued on 31 July 2020 to all 24 districts and DWCD. With technical support from UNICEF, West Singhbhum (an aspirational, tribal dominated & conflict affected, high burden -13% SAM) district administration, issued a detailed 11 step Operational guidance for rolling out Comprehensive Community based Management of SAM children (CMAM) titled as 'Johar Poshan' (Greetings for Good Nutrition in local language). As per the Jan-Feb 2021 fortnightly report, w.r.t. Nutrition specific COVID-19 response, - No specific COVID-19 response activity. The focus is on resuming and regularization of delivery of essential nutrition services through routine program platforms. UNICEF supported in drafting of a detailed Standing Operating Procedures (SoP) for resuming Anganwadi Centers following COVID appropriate behaviors for delivery of essential ICDS services. (Jul-Aug 2021) Increasing bed occupancy as COVID recedes, through UNICEF support of HAC funds <p>Deep dive into Nutrition indicators of NFHS 5 and presentation before Chief Secretary and HoDs of different sectors</p> <ul style="list-style-type: none"> Support for observing Breastfeeding week to DHFW and DWCD
	<p>Assessments</p> <ul style="list-style-type: none"> Fortnightly report has been instrumental to NHM in monitoring all 96 NRCs and review progress. Using data from 1 April 2019 to 31 March 2020, an annual status report was submitted by UNICEF to NHM based on which 24 district specific advisories issued to District Commissioner and Director-DWCD for actions to improve Bed Occupancy and quality of care in NRCs. Findings from the UNICEF supported monitoring on essential nutrition services focusing on Nutrition Rehabilitation Center, Anemia Mukt Bharat, Vitamin A supplementation etc. were issued by NHM to all districts for timely corrective actions. Findings from the UNICEF supported monitoring on essential nutrition services focusing on Nutrition Rehabilitation Center, Anemia Mukt Bharat, Vitamin A supplementation, Breastfeeding & IMS Act compliance etc. were issued by NHM to all districts for timely corrective actions through separate program specific letters. UNICEF & COE-SAM jointly undertook a rapid assessment of all 96 NRCs of the state (data collected 1-4 May 2021) to ensure continuity of MTCs in COVID. UNICEF submitted

State	Key Activities
	<p>Ranking of all NRCs on the state and District based on FSAM indicators to MD – NHM with CFO letter for action and key findings</p> <ul style="list-style-type: none"> Continuation of AMB services during COVID along with reporting formats adopting alternative – Community distribution of IFA (in view of closure of schools) issued by MD NHM dated 18 May 2021 (joint effort of UNICEF, IPE Global and Evidence Action under leadership of NHM) (July-Aug 2021) State-wide growth monitoring of children resumed data being reviewed at the state level feedback provided to districts. Review of NRCs conducted with support from UNICEF and SCoE
	<p>Training and capacity building</p> <ul style="list-style-type: none"> 60 ICDS field staff (CDPOs, Supervisors) were oriented on SAM screening, IFA supplementation and THR distribution by District Social Welfare office. Similar guidance on SAM screening and referral using MUAC; improving bed occupancy of NRC have been issued by Deputy Commissioner of Giridih districts and Godda districts. 234 ICDS district, block officials from all 24 districts were oriented jointly by UNICEF & DWCD as part of World Breastfeeding Week and adjusted counselling in context of COVID-19. Anemia Mukt Bharat & Complementary Feeding: 193 field functionaries in two high burden aspirational districts (West Singhbhum and Giridih) were directly oriented by UNICEF & NHM on Anemia Mukt Bharat, Age Appropriate complementary feeding and screening to identify children with SAM. More than 180 students of Clinical Nutrition Department oriented on SAM and Nutrition in COVID as part of POSHAN Maah and nearly 25 participants of Inter-Agency Group of CSOs oriented on Nutrition in COVID and their expected role during POSHAN Maah. First phase of CMAM training (54 AWW, ANMs, ASHAs, BTT, STT) completed in West Singhbhum district between 25 -30 Oct 2020 with the joint effort from ICDS and Health and UNICEF. In context of COVID 19, the CMAM program will be rolled out across district in a phase wise manner starting from 20 Anganwadi centers in October 2020.
	<p>Partnership</p> <ul style="list-style-type: none"> State level partner forum meeting was held on Complementary Feeding on 10 July 2020 with 17 partners. The 3rd C2IQ meeting focused on establishing a common state level understanding, challenges in light of COVID 19 and develop SOPs on complementary feeding to be anchored by Department of Women and Child Development, GoJ. Fortnightly assessment of NRCs and annual report: UNICEF submitted 6th assessment report on functioning of 96 NRCs in the state. Advocacy meetings along with field visits with District Collector – Godda and Pakur (aspirational & NITI Aayog focused districts) for initiating CMAM in 2 more districts with district funds. Joint field visits with team from Piramal Swasthya Foundation held to explore partnership opportunities and extending technical support.
	<p>POSHAN Abhiyan</p> <ul style="list-style-type: none"> UNICEF provided technical support to DWCD and NHM for rolling out month long POSHAN Maah campaign along with a dedicated IEC package with audio, video adapted in local

State	Key Activities
	<p>languages, posters etc. 2 advisories – one each from DWCD and NHM was issued in this regard with focus on identification of children with SAM. UNICEF is providing technical guidance to NHM in issuance of guidelines for Poshan Maah expected to provide basket of nutrition services across state focusing on Vitamin A, IFA syrup, MIYCN counselling, Salt Iodine testing etc.</p>
	<p>Awareness generation</p> <ul style="list-style-type: none"> Other key activities included dissemination of UNICEF supported Breastfeeding in COVID-19 Poster and video From 1- 30 October 2020, Poshan Maah with a baskets of 5 essential nutrition services (Vitamin A, IFA syrup bottle distribution, Screening for identification of SAM children by ASHAs, Salt testing for iodine presence and MIYCN Counseling and promotion of awareness of vitamin A & iron rich foods) has started. UNICEF supported in drafting of technical guidance, IEC maternal, coordination & orientation of district teams & development partners and real time monitoring through tele-calling support to monitor preparation, supply chain and field implementation. Within just 2 VHSNDs, more than 160 sites were monitored jointly by Development partners.
Maharashtra	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> Discussion with Media, CAP and Secretary Food and Civil supplies GOM on current situation of distribution and tracking the migrants and provisions for additional food grains. Scope being explored on diversity and variety to be included in the current context of COVID 19 at least in the hotspots. It will need detailed planning and budget. <p>An online panel discussion with the Deputy Chairperson of Vidhan Parishad leading to the assurance of formation of State Action Group of experts pertaining to Gender Based Violence (GBV) and food security.</p> <ul style="list-style-type: none"> Based on advocacy with DWCD, comprehensive guidelines on continuing GMP in context of COVID-19 disseminated. Digital platforms established under RJMCHN mission strengthened and guided supervisors from ICDS to develop quality videos on nutrition in context of COVID-19. Developed comprehensive flipbook on COVID-19 in coordination with C4D. Development of urban Nutrition road map for two wards in current context of COVID19. - Advocacy for screening and management of children with SAM using Nandurbar pattern has led to scaling up of Nandurbar pattern statewide. Technical support provided to DWCD and Mission for integrating core Nutrition messaged as part of the Special statewide campaign by CM on 'Mahzi Kutumbh, Mazhi Zababdari'/My Family, My Responsibility. It has resulted in special guidance from ICDS to the awws during the home visits. Continued support to ICDS and Health departments in Planning and implementation of core Nutrition intervention in the 2 urban wards of G/North and M/East in Mumbai. Lead by RJMCHN Mission team and DWCD with support of UNICEF launch of E platform for Empowerment of the Self help groups by Minister DWCD in the current context of Covid-19 was done under MAVIM. Preparation for Hon Health Minister Launch for UNICEF supported MahaSamvaad App

State	Key Activities
	<ul style="list-style-type: none"> • Advocacy with Secretary DWCD resulted in the launch of digital platforms in presence of Hon. Minister for Women and Child Development, Adv. Yashomati Thakur with a tag line of “Saksham Mahila, Sudrudh Balak, Suposhit Maharashtra”. The digital platforms will use IVR calls, WhatsApp chatbot, Recipe videos for complementary feeding and pregnant and lactating women, audio messages etc. which can be accessed by 9,00,000 families registered with ICDS to begin with and further increasing reach. The planning and execution of the digital platforms was done jointly with CAP Specialist, RJMCHN Mission and MGMIS Sewagram. • UNICEF's successful advocacy resulted in ECD scale up endorsed by DWCD and PHD in 18 high burden districts jointly with HBYC using government budget. • UNICEF to provide technical support for scale up based on learning from Yavatmal and Aurangabad jointly with MGMIS Sewagram, ICDS and RJMCHN mission • Continued to invest in Urban multi-sectoral planning for nutrition interventions. • In context of COVID 19 continued advocacy on core nutrition interventions with PHD and DWCD and supported reviews for NRC for management of children with SAM with complications and implementation of AMB in the state. • Continued advocacy and technical support with Wadia Children's hospital (SCoE) for establishing protocols for children with SAM in context of COVID19 focusing on infants under 6 months. • Brainstorming meeting with RJMCHN Mission for unpacking of NFHS5 data and program strategy discussion for IYCF and ECD, Management of children with SAM in context of COVID-19, addressing increasing overweight and obesity. • Detailed technical discussion on integrating nutrition guidelines (IYCN) with COVID lens in lieu of 3rd wave of COVID completed. Drafting of SoP and algorithm underway to be incorporated in STF guidelines. <p>Special meeting with Hon. Chief Minister and DWCD resulted in the Chief Minister endorsing integration of nutrition in State Task Force guidance for pediatric care.</p> <ul style="list-style-type: none"> • Comprehensive SOP drafted and shared with Public Health and DWCD through consultative process involving experts as well as field functionaries. <p>Advocacy by UNICEF resulted in detailed guidance issued by ICDS commissioner with updated protocols. Detailed review by State family welfare bureau and State center of Excellence on the performance of initiative on Crae beyond NRC in the pilot districts. Nashik has shown excellent results and sets the context for scale up. However other two districts such as Osmanabad and Achalpur need to be revisited.</p>
	<p>Nutrition Surveillance and preparedness (including resource planning)</p> <ul style="list-style-type: none"> • A rapid survey with CSO partner Prerana assessed the needs and wellbeing of 130 families receiving PSS since lockdown. 747 members (440 adults and 307 children) were supported with referrals that secured challenges of food supply and psycho-social support focused on care roles in the family and ideas for engaging with children. • UNICEF continued to support DWCD and RJMCHN mission for establishing systems for tracking the nutrition situation of women and children and provided technical support for POSHAN tracker.

State	Key Activities
	<ul style="list-style-type: none"> Alternative strategy for identification of nutritionally vulnerable children with management protocols developed and ICDS Commissionerate has issued guidance to roll out the implementation in the state. <p>Care of children with SAM beyond NRCs rolled out across state with screening for SAM and management protocols through pediatric wards. Sensitization done for 9 GMCs for establishing similar protocols. Out of total 1212 pediatric admissions in the reporting month 350 (29%) children were identified with SAM who were provided care based on SAM protocols through the pediatric wards.</p> <ul style="list-style-type: none"> Discussions underway to include medical colleges and MCGM Hospitals for establishing SAM wards in the current context for management of children with SAM and COVID. Protocols being developed in consultation with State CoE and NCOE. <p>Review of State COE and initiative in IMSAM by section and NCOE resulted in developing plans for documentation of results and learnings for wider dissemination and advocacy. The alternative systems for screening in current context endorsed by ICDS.</p>
	<p>Training and capacity building</p> <ul style="list-style-type: none"> Completed training of Health officials and PHN from 34 districts and 27 corporations for Vitamin A distribution to children between 9mo to 5yrs in context of COVID-19. UNICEF supported to develop and disseminate the guidelines for organizing VAS from 17th August to 17th September period. Special digital sessions with ICDS reaching out to almost all th34 districts on quality of screening of children with SAM jointly with Secretary DWCD. resulting in endorsing the Nandurbar pattern of quality screening across the state with special guidance. Special refresher training for all the CDPOs /supervisors on COVID and SAM facilitated and conducted by UNICEF reached out to almost 500. Facilitated trainings on Nutrition with CACR organization for Head Masters, Cluster heads and nodal teachers from 1100 municipal schools from MCGM as part of POSHAN Maah celebrations. A total of 1500+ participants were oriented on nutrition related issues and approaches for improvement in children and adolescents. Trained 1500 DPOs, CDPOs including Urban CDPOs, and ICDS Supervisors on screening and management of children with SAM in context of COVID-19 Jointly with C4D officer facilitated training on Nutrition and Anemia Mukt Bharat for the Bharat Scout Guide group with around 200 instructors joining the live training. 150 participants (Staff of 43 NRCs) across State trained for Protocols on Facility based management of Severe acute malnutrition adapted to COVID-19 behaviors. <p>E-trainings for IYCF in context of COVID 19 rolled out in the state using 13 training videos developed jointly with BPNI Maharashtra. 1200 Block Community mobilizers and ASHA facilitators completed from 94 high burden blocks. Training is further being rollout reaching out to 20,000 ASHAs. Phase 2 for training in other blocks underway.</p> <ul style="list-style-type: none"> ECD training in context of COVID scaled up in Gadchiroli jointly with MGMIS. Training of the awws in two high burden urban wards of Mumbai completed on quality screening using alternate strategies of GMP. Positive response
	Partnership

State	Key Activities
	<ul style="list-style-type: none"> • Facilitated Joint review with State CoE BJWHC on management of children with SAM during COVID-19 and Breastfeeding and COVID-19. UNICEF Facilitated meeting with Secretary DWCD on the current situation of Nutrition programming and planning for future. • Jointly with RJMCHNN Mission, ICDS Commissionerate and UNICEF, Secretary DWCD organized a review with all DPOs for implementation of program during the COVID pandemic. The strategy from Nandurbar for screening of children with SAM during COVID pandemic implemented under guidance and support from UNICEF has been appreciated by the department and is being scaled up across the state. UNICEF supported drafting the SOP for the same. • Partnership with Maharashtra Council of Agricultural Education and Research in implementation of standard nutri gardens jointly with VKVs and ICDS as part of POSHAN Maah in 34 districts resulting in formation of more than 16000 nutri gardens developed in the anganwadi centers. • ECD scale up planned and collation of resources done by partner MGIMS Sewagram and is being made into repository. 16 ECD social media posts, 8 success stories have been developed jointly with CAP for wider dissemination.
	<p>POSHAN Abhiyan</p> <ul style="list-style-type: none"> • Planning for support to DWCD to implement POSHAN Maah in month of September using digital platform was facilitated jointly with CAP Specialist, RJMCHN Mission and Media team. • Facilitated the development of special support for Wadia Childrens Hospital-CoE for special funding support for COVID and SAM. Proposal submitted by CoE with guidance of Additional Chief Secretary. • UNICEF facilitated the documentation of success stories in context of ECD in times of COVID-19 for POSHAN Outlook. • UNICEF Jointly with RJMCHN Mission and WCD task force technically supported roll out of POSHAN Tracker in the state.
	<p>Awareness generation</p> <p>Maharashtra featured in the Global report on breastfeeding in COVID times.</p> <ul style="list-style-type: none"> • Maharashtra presented its “Learning from Home Package and Leadership Strategy” by Education Specialist and “Post natal care, HBNC, HBKMC in Gadchiroli district during Covid-19 pandemic” by Health Specialist in WEBINAR SERIES by COVID Academy Sphere India. • UNICEF Supported development of Audio and video spots for broadcast on 54 FM channels and TV channels during the breastfeeding week. • 2 one- minute TV spots were developed jointly with IEC bureau which was telecasted on 17 TV channels and also shared on the Twitter handle, Facebook page of DGIPR, Health Minister and Department. 1- minute radio jingle was developed and played over 55 radio channels across Maharashtra in the WBW. • Jointly with C4D and SBC3 completed successful recording and broadcast of radio play on Nutrition during COVID and FAQs answered to be broadcast by 22 Community Radio

State	Key Activities
	<p>stations.</p> <ul style="list-style-type: none"> IEC through digital supported by UNICEF institutionalized by ICDS for scaling up statewide through their budgets from Poshan Maha. Budgetary provisions in place Jointly with CAP facilitated media sensations on COVID and its impact on Nutrition reaching out to all the regional newspapers through Navi UMED. Response has been very encouraging. Creatives (13) for ECD created in collaboration with CAP in English and Marathi language for wide dissemination during scale up of ECD in view of POSHAN PAKHWADA. UNICEF supported development of 8 Learning videos for facilitating virtual trainings/ dissemination on facility-based management of SAM in NRC. Developed facilitators guide for 13 videos on MAA, pilot testing initiated in Nandurbar Aspirational district. Developed 3 podcast jointly with CAP and MGMIS Seva gram on ECD and parenting in the current context.
Uttar Pradesh	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> 110 PW and lactating women (Total 1027 reached till now) reached in 9 health facility sites by a four member team of AIIMs Gorakhpur through one to one and online counselling on early initiation of breastfeeding <p>Supply chain distribution challenges of Supplementary nutrition of last week addressed considerably. Coordination with district authorities from 47 district indicates a coverage of 80-90% in Pregnant and lactating women and approx. 70% in children.</p> <ul style="list-style-type: none"> Draft letter addressed to DMs prohibiting sale of Infant Milk Substitutes shared with ICDS in response to a mail received by CS, GoUP requesting for a response from Health and ICDS Led and supported by UNICEF, the Convergence Action Plan of UP finally sent to WCD, GOI. Convergence letters dispatched to 7 departments and to 75 districts for compliance and monthly reporting. An online data entry system created for 75 districts to undertake monthly reporting Support provided to NHM to prepare, release and disseminate directives and communication for World Breastfeeding week. Implementation guidelines for vitamin A supplementation released for the month of August. The rounds are planned to commence from 8 August. 400,000 bottles of Vitamin A already in place and an additional 450,000 bottles have started reaching. (Aug-20) World Breastfeeding Week led by the Health Department was launched across the state by the Governor UP. WCD ministry participated as well. With support of UNICEF, activity guidelines shared by both the departments with the 75 districts. Intensive promotion of behavior across health facilities using technical presentations/brief/communication prepared by UNICEF. Draft report prepared and submitted to NHM to be further shared with MoHFW (basis the request received). Contributions sought from other DPs as well. Vitamin A supplementation rounds targeting approximately 25 m children <5 started with a state level launch by the Chief Minister (jointly with PCV and deworming) on 10 August. UNICEF support the drafting of technical directives, presentation, supply tracking and facilitating district planning meeting across 47 districts. A state level sensitization of District Immunization Officers and ACMO RCH undertaken

State	Key Activities
	<p>with NHM on 14 August. A total of 203 officers from district and block oriented. For the first time, the state has linked the IFA syrup distribution with biannual vitamin A rounds, a positive strategy to address extremely poor IFA syrup coverage in the state (0.4%). UNICEF Nutrition team again led the process of drafting the guidelines and facilitating joint technical sensitization session with the government (along with Vitamin A)</p> <ul style="list-style-type: none"> In 47 districts, advocacy for using AWWs home visits as an opportunity for complementary feeding introduction in children completing 6 months is being facilitated through UNICEF partnerships (as CBEs under Poshan Abhiyaan are suspended). In five-focused districts and same site for evidence generation around complementary feeding, monitoring data shows 69 per cent AWW are undertaking home visits to ensure timely start of complementary feeding in contrast to 24 per cent in remaining districts, indicating the importance of repeated reinforcement and sensitization. Led by National Health Mission and technically supported by UNICEF, a fixed day VHSND plan for identification, enlisting and clinical management of children suffering with SAM started in March. The NRC bed occupancy has increased from 36% to 59% as a result. The data of 90,000 children with SAM was reported by the districts. The data hides considerable reporting anomalies. A technical committee has been constituted to draft operational and technical guidelines. The committee met and guidelines are in the pipeline. More progress expected in coming months. A community-based comprehensive campaign addressing growth monitoring, maternal nutrition, complementary feeding and care of SAM through ICDS to start from July-September. This was preceded by a week-long weighing campaign from 17-24 June across the 180,000 AWCs with support of UNICEF. The Health department revamping the efforts made for IMSAM early in 2021. <p>ICDS issued the guidelines on home visits to HH of vulnerable population- newborn, pregnant women in first trimester, malnourished child and 6-8-month-old child to promote complementary feeding and maternal nutrition.</p> <ul style="list-style-type: none"> Ensure continuity of essential services: In VHSNDs supply shortfall- movement of essential logistics like IFA tablets, deworming, calcium, etc. site disrupted; NRCs have slowly started opening up. From 40 non-functional NRCs in April May, the number has come down to 14. So in total 63 functional NRCs; Home visit by AWWs has resumed gradually to priority households; Weighing and growth monitoring especially of underweight children on priority through the ICDS system; UNICEF supported ready reckoners under printing to aid identification of SAM/MAM; Issuance of directives to districts on poor reporting under AMB- completion of interdepartmental block level trainings and IFA syrup usage by districts TA provided for sending applications for national LaQshya assessment for two facilities in aspirational districts. One district hospital in a UNICEF supported non-aspirational district received LaQshya certification. TA provided for orientation of DMs of all 75 districts on NQAS, LaQshya, WASH in HCFs in an orientation meeting held exclusively on quality assurance. <p>Assessments, Nutrition Surveillance and preparedness (including resource planning)</p> <ul style="list-style-type: none"> 140 ICDS staff (24 CDPO, 55 Supervisors and 71 AWWs) reached through phone in four
Assessments, Nutrition Surveillance and preparedness (including resource planning)	
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State	Key Activities
	<p>aspirational districts. Feedback taken in terms of THR distribution status and conveying critical nutrition information while undertaking home visits. Initial analysis shows approximately 50% target groups are being reached through Supplementary Nutrition. Approximately 200 NRC staff reached with COVID sensitive messages related to care and management of SAM cases— 5 messages sent this week.</p> <p>11,147 health and ICDS groups mapped across 48 districts through the Divisional team for rollout of a communication package focusing on COVID sensitive nutrition messaging for pregnant women, malnourished children, children under two with focus on IYCF and general population dietary norms. Sharing to commence from next week – five message for 5 days followed by grouping of all messages on 6th day</p> <ul style="list-style-type: none"> • 24 districts monitored (directly as well as remotely through field follow-up) for VHSND implementation where 19 had started the VHSND. Delivery of maternal health and nutrition services face the initial logistics hurdle • Feedback collected from the AAA during field monitoring and during VHSND point to the following situation of service delivery: 84% AWW report What's App as the primary source of any technical information on COVID/nutrition messages; 25% AWW have initiated some activity to ensure introduction to complementary foods at 6 months (Annaprashan) in absence of CBEs; Almost 70-75 % VHSND sessions are observed to be checking the weight, hemoglobin and distributing Iron and Calcium but recording of services in MCP card happens only in 45-50% session sites clearly showing gaps on part of health care workers; Release of directives from State in May followed by district level release of directives on IFA supplementation to out of school girls shows some gains with almost 25% AWWs distributing IFA tablets to out of school going girls, slightly better than the pre COVID period • Following discussions with the Quality Assurance Unit of NHM on need for breastfeeding continuity in times of COVID, a mid-year assessment of 52 District Hospitals (against 85 planned) was completed between 30 June- 15 July. While data analysis will take some time, existence of an external monitoring government-led system beyond UNICEF system is a good development. • NHG initiated follow-up actions on UNICEF's analytical report (undertaken by the Quality Assurance team) of 60 District Hospital BFHI assessment. Part of an ongoing work to sustain monitoring through Government systems, the results indicate a huge difference between supervised and unsupervised monitoring with the latter reporting almost 80 per cent facilities as baby friendly. Process of validating scores has been initiated in partnership with AIIMS. • Community and facility services for SAM children have been adversely affected during the second wave. Some NRCs have initiated telephonic follow up with discharged SAM cases while in few cases Medical Officers have offered to give consulting services to families of undernourished children. • In five IMSAM intensive programming districts, follow up by telephone with AWWs have been made for the enrolled SAM cases focused on feeding counselling, weighing and THR distribution. • State level plan for Bundelkhand and Purvanchal regions for three years for Nutrition drafted for ICDS department with support of UNICEF and with inputs from MBMGF and

State	Key Activities
	<p>WFP, UNICEF divisional teams supported the preparation of 25/35 district plans. In 2021-22 budget 100 Cr (13.5 m) was allocated to the Department of ICDS for additional nutrition provisions to undernourished children. The technical proposal which will feed into the Cabinet note has been redrafted with support of UNICEF and BMGF in consultation with the Dept. The approval is subject for review by Legal and Finance department.</p> <ul style="list-style-type: none"> Planning for 1st VAS round of 2021 underway. State has sufficient Vit-A supply. However, need for inter district reappropriation of stock due. UNICEF supporting in the stock assessment and planning. Nutrition care in context of COVID with focus on protecting, promoting and supporting breastfeeding- Plan to visit districts with high COVID caseload is in place. Supportive supervision and capacity building are integral to the visits. 40 health facilities supported till 19 June. About 40% health facilities found to used BMS. Gaps in understanding of COVID protocols of breastfeeding nursing staff have been observed. Food security assessment underway using telephonic calls. As per the initial reports, 38% families reported insufficient food intake while 68% reported insufficient food quality. Basis request from WCD, UNICEF Nutrition team contributed to following three areas- Development of a state-wide strategic plan for Sambhav involving different departments in consultation with partners and ICDS; <p>Streamlining existing reporting systems for ICDS (aspirational blocks, districts, Convergence action plan, MPR etc.); Analyzing state- run call center data for decision making</p> <ul style="list-style-type: none"> Ensure continuity of essential services: All NRCs resumed functioning. Bed Occupancy rate increased from 24% in June to 56% in July; Vitamin A round organized in the month of July. VAS coverage validation undertaken by UNICEF. The mid round coverage review done by NHM; The availability of logistics for care of SAM children has shown a slight improvement following district level feedback
	<p>Training and capacity building</p> <ul style="list-style-type: none"> Approximately 230 NRC staff in 77 NRCs and 11,147 WhatsApp Group in 48 districts reached with another week of COVID sensitive nutrition messages Initiated online training of AWWs in 7 districts on nutrition capsule during COVID times. A total of 356 ICDS functionaries and officials reached through partnership with medical colleges and NGO The NHM-supported AMB Training of Trainers has been completed with 18 back-to-back online training batches for all 75 districts. About 679 district level trainers were created across 5 departments – Health, ICDS, Basic Education, Madhyamik and PRI. Virtual sensitization of 678 DPO and CDPOs on the new Take Home Ration Scheme was done by ACS, WCD and Director on 13 October. UNICEF is now a key player in the Take Home Ration Scheme (Development of Operational Guidelines, directives, communication and advocacy package) along with WFP (18 districts – support in manufacturing unit) and TSU, BMGF (Drafting of interdepartmental MoUs and SOP). (Jan-Feb 21) First Wednesday VHSND at Sub-center dedicated to health screening and medical management of SAM/MAM and severely underweight children as part of joint efforts of Health and ICDS. A joint sensitization of 500 health and ICDS undertaken in Jan

State	Key Activities
	<p>with support of UNICEF. Activity to commence from March (delayed due to Polio in Feb)</p> <ul style="list-style-type: none"> • Training on Growth monitoring devices completed in 31 districts jointly with TSU. 670 ICDS functionaries sensitized. Sensitization of Health and ICDS functionaries on the Breastfeeding recommendation during COVID through various channels like dissemination of video & flowchart through What's App group, direct sensitization of AWWs during Poshan tracker trainings, with 1,029 IAP members reached with the IYCF decision tree
	<p>Partnership</p> <ul style="list-style-type: none"> • UP Nutrition Partners Coalition under the C2IQ umbrella and comprising of 10 partners met on 28 May to discuss the impact of COVID on nutrition services in the field and the actions being taken to restore continuity. The meeting was convened by WeCan (IPE Global). UNICEF presented the government directive released during COVID and the global updates on Nutrition. Almost 100 participants from the field joined this half a day online workshop. • CSAM work rolled out in three additional aspirational districts taking the total number of districts to five. A joint partnership strategy is in place with Piramal Foundation • Through different partnerships, reaching about 8,000 AWWs in seven districts (including six Aspirational Districts) with daily nutrition messages. • Partnership and coordination- Five development partners (UNICEF, NI, Piramal and BMGF) came together during the week-long weighing campaign to support districts to correctly identify and report SAM/MAM cases.
	<p>POSHAN Abhiyaan</p> <ul style="list-style-type: none"> • Innovation proposals under Poshan Abhiyaan finally rolled out at district level. UNICEF drafted all the three proposals basis request received from the state department. The proposals relate to Nutrition garden, adolescent nutrition and mobile vans for COVID affected pockets. The innovations are being rolled out in aspirational districts on priority • (Sept) Poshan Maah gained increased mileage: extensive print/electronic/social media coverage including from CM Office; State Nutrition Mission and districts focused on weighing drive and nutrition plantation. • DPMU and SPMU recruitment process under Poshan Abhiyaan initiated (order dt 20th Oct) Communication sent to all district Collectors to complete the district recruitment within 1.5 months. This is a welcome step as Growth monitoring devices are soon going to be received by the districts and team presence is needed for rollout. • Community based events under Poshan Abhiyaan once again started from February paving opportunity for bringing back the focus on complementary feeding and maternal nutrition. UNICEF convened UP Nutrition Partners group to restart the joint work (earlier planned in 2020) on improving quality of these events. • The Executive Committee Meeting for POSHAN Abhiyaan, was carried out this month under the chairmanship of Chief Secretary. Updates on Convergence Action Plan were presented, Building as Learning Aids (BALA) model supported by UNICEF was approved for 38000 AWCs. The state rolls out "POSHAN Pakhwada".
	<p>Awareness generation</p>

State	Key Activities
	<ul style="list-style-type: none"> • Approximately 230 NRC staff in 77 NRCs and 11,147 What App Group in 48 districts reached with COVID sensitive nutrition message • The Quality Assurance Unit in collaboration with UNICEF organized a state level Webinar on 15 October, 2020 targeting the clinical staff working in health facilities on essentials of baby friendly health facilities. A total of 333 participants attended the 2.5 hours workshop. The sensitization was led by two national experts from BPNI <p>Two public seminars highlighting Nutrition role facilitated in person – one for ICDS Lucknow and another for RML Institute for Mission Shakti, the flagship campaign of GoUP for Women’s safety, a joint initiative of Women Welfare with support from ICDS.</p> <ul style="list-style-type: none"> • Several communications sent to districts to improve HMIS reporting under AMB and streamline supply distribution to avoid supply wasting. <p>ICDS's focus continues to be on door- to -door THR distribution amidst AWCs closure along with compliance on health directives for supporting surveillance and vaccination awareness. The other block and district officials have mostly been given charge of COVID related duties. Presently, centers are closed till 20 May 2021 and this will be further extended.</p> <ul style="list-style-type: none"> • Weekly communication messages rolled out to support the community campaign
Jharkhand	<p>Advocacy and technical assistance</p> <ul style="list-style-type: none"> • UNICEF submitted a detailed report on the status of 96 NRCs in the state to the NHM. Only 37% are functional while the rest are closed for nearly 3 weeks, largely due to the deployment of ANMs and other staff in the COVID-19 pandemic response. UNICEF also supported the NHM orientation of nearly 320 district and block teams, including guidance for SAM management through NRCs and IFA supplementation. UNICEF also supported the NHM in drafting guidelines on IYCF, continuation of essential services and nutrition for pregnant women during the COVID-19 pandemic. UNICEF disseminated all IEC materials on Nutrition during the COVID-19 pandemic through digital platforms, as well as the social media handles of district administrations and ICDS through twitter. Efforts are underway to adapt all ICO materials in local 5 languages • UNICEF supported the development of detailed guidelines on IYCF (breastfeeding and complementary feeding) to be practiced. These were issued by MD NHM Jharkhand to all districts on 01 May 2020. UNICEF initiated an AWC Support Calling Hub with the support of the State Nutrition Mission. Starting 1 May, 720 AWCs will be reached over a 10-day period. UNICEF also supported the NHM with a detailed 3 year analysis of the HMIS-based AMB dashboard data for all IFA indicators. A district wise KPI score card was developed and shared with NHM. A key finding was the disruption of district reporting in HMIS since January 2020. Materials from UN-WFP on Community kitchens were shared with Jharkhand State Livelihood Promotion Society (JSLPS) to be disseminated to Cluster Coordinators responsible for the functioning of more than 7000 centers of the Chief Minister's Community Kitchen program. Messaging on nutrition was also disseminated via popular radio. • UNICEF successfully advocated for the issuance of detailed guidance by the Health department for continuation of Anemia Mukt Bharat (AMB) services (07 May 2020). UNICEF's technical support in reviewing quarterly IFA stock status and coverage of Anemia Mukt Bharat program led to an order for release of nearly 40 million IFA Pink

State	Key Activities
	<p>tablets (for 5-9 years) to districts for continuation of AMB services. UNICEF also advocated with the government for the prohibition on sale of infant milk substitutes and shared videos on healthy eating and community kitchens with the CSO network.</p> <ul style="list-style-type: none"> AMB orientation: UNICEF continues to advocate to restore IFA supplementation across age group (women, children 6-59 months and adolescents) and detail strategy to streamline services during COVID-19 was presented in five divisional level review led by NHM held between 1 – 6 July 2020. Nearly, 225 district level participants including Civil Surgeons and District Program Management Unit team were oriented on plan for IFA distribution and reporting for IFA blue, Pink, Syrup and Red tablets. With support from UNICEF, Deputy Commissioner of West Singhbhum has issued a guidance letter on strengthening SAM screening by ASHA and AWWs, THR distribution and restoring IFA supplementation in the district. Following which 60 ICDS field staff (CDPOs, Supervisors) were oriented on SAM screening, IFA supplementation and THR distribution by District Social Welfare office. Similar guidance on SAM screening and referral using MUAC; improving bed occupancy of NRC have been issued by Deputy Commissioner of Giridih districts and Godda districts. This has been helpful to stress on restoring essential nutrition services at block and beyond. UNICEF provided technical support to DWCD and NHM for rolling out month long POSHAN Maah campaign along with a dedicated IEC package with audio, video adapted in local languages, posters etc. 2 advisories – one each from DWCD and NHM was issued in this regard with focus on identification of children with SAM. UNICEF is providing technical guidance to NHM in issuance of guidelines for Jharkhand Matru Shishu Swasthya Evan Poshan Maah expected to provide basket of nutrition services across state focusing on Vitamin A, IFA syrup, MIYCN counselling, Salt Iodine testing etc. With technical support from UNICEF, West Singhbhum (an aspirational, tribal dominated & conflict affected, high burden -13% SAM) district administration, issued a detailed 11 step Operational guidance for rolling out Comprehensive Community based Management of SAM children (CMAM) titled as 'Johar Poshan' (Greetings for Good Nutrition in local language). (Jan-Feb 21) No specific COVID-19 response activity. The focus is on resuming and regularization of delivery of essential nutrition services through routine program platforms. Advocacy meetings along with field visits with District Collector – Godda and Pakur (aspirational & NITI Aayog focused districts) for initiating CMAM in 2 more districts with district funds. Joint field visits with team from Piramal Swasthya Foundation held to explore partnership opportunities and extending technical support. UNICEF supported in drafting of a detailed Standing Operating Procedures (SoP) for resuming Anganwadi Centers following COVID appropriate behaviors for delivery of essential ICDS services. <p>Guidance on Nutrition doing COVID as part of overall State Preparedness manual for third wave for children focusing on breastfeeding, complementary feeding, IMS Act violation and Diet in Hospitals released by Chief Minister.</p>
	Assessments and resources

State	Key Activities
	<ul style="list-style-type: none"> • Gap Assessment and Continuation of Services: 23 facilities, across 19 districts have been assessed. Support areas shows maximum gap of 42% observed in support areas like AMC for ventilators, O2 concentrators and Sample collection. 33% gaps were observed in availability of protocols, 32% gaps were in drugs availability, 30% gaps in infrastructure and 20 % gap in capacity building. • Support to NRCs and Anemia Mukt Bharat: UNICEF continued support to fortnightly monitoring of all 96 NRCs and disseminated NHM directives for continuation of NRC services and IYCF guidelines. This led to a substantial increase in functional NRCs from 37% (by 15 April 2020) to 67% (by 2 May 2020). • Orientation and Review of Nutrition Programs: On 15 May, UNICEF's continued advocacy and technical support led to the organization of a detailed orientation on nutrition in COVID-19, as well as a review of the status of nutrition programs by the NHM. Programs such as NRC/SAM management, IYCN/MAA, IMS Act, Anemia Mukt Bharat, Maternal Nutrition, Vitamin A among others were reviewed in depth with coverage data, reporting status, stock availability and findings of monitoring reports shared by UNICEF. More than 260 NHM staff from the state, all 24 districts and blocks participated. • UNICEF also shared findings of a detailed rapid assessment with the State Nutrition Mission and a few development partners with key recommendations for action. The key findings included interrupted THR and HCM distribution with only rice being distributed, poor knowledge of AWW on breastfeeding during COVID-19, nearly 21% AWW do not have any PPE like masks, gloves and sanitizers. Only 30% AWW are involved in any nutrition related activities except THR distribution. The NHM also issued instructions on the referral of SAM children from shelter camps/migrants' families to nearest Nutrition Rehabilitation Center. • UNICEF submitted 6th assessment report on functioning of 96 NRCs in the state. UNICEF's continuous advocacy has resulted in 91 functional NRCs in June 2020 from 33 NRCs in April 2020. Similarly, there has been improvement in the admission of children with SAM from only 52 in April 2020 to 376 in June 2020. Fortnightly report has been instrumental to NHM in monitoring all 96 NRCs and review progress. Using data from 1 April 2019 to 31 March 2020, an annual status report was submitted by UNICEF to NHM based on which 24 district specific advisories issued to District Commissioner and Director-DWCD for actions to improve Bed Occupancy and quality of care in NRCs. • West Singhbhum, high burden aspirational district has approved minutes of an expert consultation on identification and management of children with SAM at community level during COVID 19. District is ready to initiate CMAM program in a phased manner starting from one sector with the technical support from UNICEF and State Centre of Excellence-SAM, RIMS. • Findings from the UNICEF supported monitoring on essential nutrition services focusing on Nutrition Rehabilitation Center, Anemia Mukt Bharat, Vitamin A supplementation, Breastfeeding & IMS Act compliance etc. were issued by NHM to all districts for timely corrective actions through separate program specific letters. • UNICEF leveraged US \$ 1.181 million from District Mineral Fund Trust (DMFT) for implementing CMAM in an aspirational district – Godda of Jharkhand. CMAM directives issued by district administration of Godda using district own funds with technical support

State	Key Activities
	<p>from UNICEF and COE.</p> <ul style="list-style-type: none"> (Jul-Aug 21) 2045 Vitamin A sessions were monitored jointly by 10 development partners led by UNICEF. Joint development partners led monitoring report for Vitamin A / JMSSPM submitted to NHM. <p>UNICEF submitted quarterly NRC performance ranking (April-June 2021), NRC annual performance factsheet (2020-21) and Anemia Mukt Bharat quarterly performance ranking (Q1 April-June 2021) to NHM.</p>
	<p>Training and capacity building</p> <ul style="list-style-type: none"> UNICEF trained field teams of 41 fellows of the Transforming Aspirational District Program (TADP), Dept. of Home on Nutrition in COVID, awareness on COVID-19 associated stigma and need for C2IQ for nutrition interventions. More than 180 students of Clinical Nutrition Department oriented on SAM and Nutrition in COVID as part of POSHAN Maah and nearly 25 participants of Inter-Agency Group of CSOs oriented on Nutrition in COVID and their expected role during POSHAN Maah. UNICEF built the capacity of 86 participants on community based management of SAM (CMAM) through a 8 hours online technical modular training (2 hour daily for 4 days). Nearly 95 Volunteers of National Service Scheme (NSS) oriented on optimal nutrition and need for Fitness. 26 master trainers from 6 blocks of aspirational district West Singhbhum trained by a team of UNICEF and COE-SAM to take forward field trainings with district funds between 16-18 March 2021. UNICEF supported NHM in building the capacity of on NITI Aayog supported Anemia Mukt Bharat Fellows positioned in 5 Aspirational districts on 14 June 2021. More than 300 MTC Nutrition Counsellors & ANMs trained on management of MTCs & SAM management during COVID 19 completed (3 days modular - 7 to 9 June). > 250 NSS Volunteers, > 200 NYK, > 300 JSLPS team, > 312 DWCD team trained on Nutrition/ Diet in COVID. Orientation of more than 500 NHM districts, blocks and field staff on Bi-annual Vit. A supplementation guideline and AMB guidance during COVID 19 was held on 15 June 2021. Online training of district and block NHM staff on use of digital hemoglobinometer was held on 19 June 2021 with more than 180 participants. 717 Community Health Officers were oriented on SAM screening, referral and community-based management of SAM without medical complication. 198 staff from all 95 Nutrition Rehabilitation Centers (Nutrition Counsellors and ANMs) were oriented on IYCF practices under MAA program.
	<p>Partnership</p> <ul style="list-style-type: none"> Leveraging partnerships to strengthen the systems for complementary feeding in Jharkhand: State level partner forum meeting was held on Complementary Feeding on 10 July 2020 with 17 partners. The 3rd C2IQ meeting focused on establishing a common state level understanding, challenges in light of COVID 19 and develop SOPs on complementary feeding to be anchored by Department of Women and Child Development, GoJ. Continuation of AMB services during COVID along with reporting formats adopting alternative – Community distribution of IFA (in view of closure of schools) issued by MD

State	Key Activities
	<p>NHM dated 18 May 2021 (joint effort of UNICEF, IPE Global and Evidence Action under leadership of NHM)</p> <ul style="list-style-type: none"> UNICEF partnered with World Vision India in West Singhbhum and Abhivyakti foundation in Giridih to improve identification and referral of children with SAM. <p>UNICEF partnered with Devnet (NGO) to strengthen Early Childhood Development in West Singhbhum district</p>
	<p>POSHAN Abhiyan</p> <ul style="list-style-type: none"> All district teams and development partners team orientation on Jharkhand Matru Shishu Swasthya evam Poshan Maah (Vitamin A, IFA, SAM screening, etc.) and round will be conducted during 1 – 31 October 2020. From 1- 30 October 2020, Jharkhand Matru Shishu Swasthya Evam Poshan Maah with a baskets of 5 essential nutrition services (Vitamin A, IFA syrup bottle distribution, Screening for identification of SAM children by ASHAs, Salt testing for iodine presence and MIYCN Counseling and promotion of awareness of vitamin A & iron rich foods) has started. UNICEF supported in drafting of technical guidance, IEC maternal, coordination & orientation of district teams & development partners and real time monitoring through tele-calling support to monitor preparation, supply chain and field implementation.
	<p>Awareness generation</p> <ul style="list-style-type: none"> Expert Consultation with an Aspirational District - West Singhbhum administration in rolling out Community based Comprehensive Care for Management of SAM children was held together with state and national center of excellence for SAM management. Press Information Bureau (PIB) in association with UNICEF, NHM, DWCD and State Nutrition Mission conducted 2 Webinar on importance of first 1000 days of life

Pillar 5

Education:

State	Key Activities
Bihar	<p>Increased number of high schools. There are only 7500 secondary schools available in the state, thus pushing children out of the school system. Bihar has low transition rate and high dropout rate after elementary. UNICEF has been raising this issue in all the forums. The long-term advocacy has resulted in government of Bihar upgrading 3885 elementary schools as High schools - making every panchayat in Bihar to have one High school. This is a huge step and will enable children – both boys and girls - to continue in their same schools as well the children from the same panchayat will have access to high school. The headmasters of these 3885 schools were oriented on continuation of learning during these COIVD times along with risk reduction and quality education. UNICEF has been advocating with government continuously for providing access to children for high schools.</p>
	<p>UNICEF is playing the role of catalyst to ensure all partners working in education in the state come together to provide the support to government and support children on ground. This strategy is clearly working on ground and children are being reached - especially children belonging to marginalized population who have no access any kind of technology is reached through village volunteers</p>

State	Key Activities
	<p>- The reach out by teachers to households for children get enrolled in schools who are in supposed to be enrolled in class I, Class VI, Class IX and Class XI has created awareness on the ongoing programs. Moreover, they are reaching out to other age group children who have been already enrolled in the school to ensure they are in the same catchment area to verify their enrollment.</p> <p>Anganwadi workers are reaching out to children with face to face activities. AWW are provided with Video and Audio messages to conduct the ECE activities with children during their home visits. Parents are reached with responsive parenting activities.</p>
	<p>Continuation of learning program which is being continued through Doordarshan Bihar - Television channel – Mera television mera Vidyalaya has gained its momentum. Most of the districts are reaching out to children through awareness campaigns. Besides the low tech solutions we have online mobile application which is called Unnayan Application - Mera Mobile Mera Vidyalaya in which from class 6 to 12 lessons are uploaded and this application is infused with artificial intelligence so that we can track learning levels of each and every child. There are 940931 children who are registered in this application and they are continuing their studies.</p> <ul style="list-style-type: none"> • Bihar Education Project Council has requested UNICEF to continue providing support until 30 OCT 2020 for the Doordarshan Program. Meeting was held to discuss how to continue producing the programs for children based on the Bihar Syllabus. It was decided that a mapping of already available digital contents will be done to ensure there are adequate contents available for those topics where we do not have digital contents, select teachers will be called to record video lessons at BEPC. • E-LOTS – a Digital repository with all the digital contents, along with links to Khan Academy materials in Hindi and Diksha Platform access is made available to all students and teachers from classes 1 to 12. This resource has the QR codes for the textbooks as well. The website is getting enhanced to be a two-way platform. • A teacher survey on National Education Policy – NEP 2020 is being circulated to get the feedback from teachers across the state • To reach out to children without digital devices, a REOI was floated for seven districts Gaya, Purnia, Patna, Banka, Sitamarhi, Sheikhpura, and West Champaran was completed. A committee for evaluation was set and eligible partners were selected and partnership is getting developed. • - Together with DRR, a series of webinars are organized to orient the education officials on disaster preparedness and child friendly spaces
	<p>School Education:</p> <ul style="list-style-type: none"> • Rapid assessment through Dalberg and Kantar is being undertaken by UNICEF Delhi in the State. We have facilitated the Interviews with the State government and ensured the team got details of the interventions being done in the state. • Partnerships with Six NGOs are signed to implement the Mobile Learning Center program across Seven districts. • Meeting was held with Education department on National Education Policy – NEP 2020. Government has decided to convene a task team to work on Action Plan for NEP roll out

State	Key Activities
	<p>in Bihar. Technical Note is developed and shared with Department of Education.</p> <ul style="list-style-type: none"> • UNICEF has facilitated a meeting with department of education on reimagining education in Bihar and road map for education in the context of COVID is under finalization. • As per NEP 2020 – Education Department GOB has decided to revise class 1 and 2 Textbook and sought support from UNICEF. Preparation is on to start the review and revision • Career Counselling Web Portal orientation and review of district wise enrollment was held together with BEPC and all 38 districts of Bihar. • - Facilitated convergence with ICDS and BEPC to ensure Early childhood education in co-located 10000 AWC. Was able to leverage INR 350 million.
	<p>Convergence with CP Team for supporting career counselling portals:</p> <ul style="list-style-type: none"> • - Facilitated coordination with CP on partnership with NYKS on taking forward Yuwahh program in Bihar. Shared the details of the Career Portal and the Mobile application for Career guidance.
	<p>Early childhood education - For Early Childhood Education together with Pratham Books – Stories are shared with children and parents through telephone – Missed call do Kahani suno. Over 5 lakh calls were received by the agency from April to Aug 2020. The stories are in languages of Bihar such as Maithili, Bhojpuri also along with Hindi. No other organizations have that solution in mother tongue. ICDS has requested UNICEF to continue this project. So far, the agency has been doing it pro bono.</p> <ul style="list-style-type: none"> • Responsive parenting audio messages were shared with all CDPOs, Lady Supervisors and Anganwadi workers. • A webinar on Early childhood education with details on the importance of early childhood education, Brain development, responsive parenting and details on calendar of activities was held. More than 293 people participated in the webinar. • E-ILA program an Online module for CDPO, Lady Supervisors and Anganwadi workers on Early childhood Education is launched across Bihar. This module is custom developed for the implementation of the Early Childhood Program. 1080 Participants were present in the Zoom meeting for orientation on the Program. Director ICDS, Education Specialist from UNICEF Delhi and UNICEF Bihar along with ICDS team were present in the meeting. • SEII-CLR has been training the CDPOs and Lady Supervisors on the responsive parenting program across Bihar.
	<p>Reopening of schools and AWCS: government requested UNICEF support for developing guidelines for re-opening of Anganwadi centers.</p> <ul style="list-style-type: none"> • Guidelines for re-opening of Anganwadi centers was discussed with ICDS and checklist has been developed in consultation with various stakeholders. • Technical support to Education Department GOB in drafting the school reopening guidelines. In convergence with DRR (Disaster Risk and Resilience), WASH (Water Sanitation and Hygiene) and C4D demonstration of the protocols in 120 schools. Which includes the following activities. <p>Audio messages being developed: Responsive parenting audio messages are developed by</p>

State	Key Activities
	<p>SEII-CLR partner of UNICEF and continues to support the efforts of ICDS through CDPO, Lady Supervisors and Anganwadi workers.</p>
	<p>MOU has been facilitated with Madarasa Board, ICDS, BEPC with Pratham books for support children with stories digital content.</p> <ul style="list-style-type: none"> • Bihar government has approved the revised syllabus of Madrasa Board. Now the children studying in the Madrassa Board will be able to study mainstream subjects as well. Government has promised 22 crores for this project. • Digital contents in Urdu is getting developed for children who are studying in the Madrassas across Bihar. This project will benefit more than 10 lakh children and over 5000 teachers.
	<p>Capacity Building:</p> <ul style="list-style-type: none"> • Data Analysis Capacity building for the state resource team has been initiated. Since the Director SCERT has asked us to include newly recruited DIET faculties, we had conducted training for them separately on Assessment, Assessment framework and Data Collection and Analysis. UNICEF and ACER resource personnel conducted the training for the 30 faculties from DIETs. Data Analysis phase 3 is initiated from 5 Oct. • Nodal teachers are oriented, and they are providing support to children. An E-Library is getting developed with the help of UNICEF as a resource for the teachers across the state
	<p>On online safety a meeting was held to incorporate the developed videos for children through BEPC website and a link will be provided to UNNAYAN application as well. An introductory video will be developed by Child protection for the online safety and personal safety videos so children can follow the videos and understand the safety and security measures.</p>
Jharkhand	<p>Continuation of Education:</p> <ul style="list-style-type: none"> • UNICEF is working with JCERT and JEPC to create additional learning content as remote learning through Doordarshan will continue for an extended period. Alliance of CSOs being built by UNICEF to reach children in shadow areas. Plan of action has been developed for reaching children in unreach areas and for expanding reach of digital/remote content. The action plan is being formalized by JEPC. • Second phase of telecast of learning content through Doordarshan started from 17 August 2020; digital posters to communicate details of schedule and channels disseminated amongst teachers', parents' and students' Whatsapp groups and other digital platforms. 1,200,000 students continue to be reached through digital learning through Digi-Sath program. • Further, 12,00000 children and 10,6000 teachers are being reached through digital content messages through WhatsApp groups; UNICEF is also assisting JEPC in sharing content through Doordarshan. <p>To expand the reach of digital content and to reach children in 'shadow' areas, series of discussions held with CSOs including Plan India, LEADS, Save the Children, Pratham and others has resulted in a joint action plan. The plan discusses mechanisms to reach unreach children by home-based learning messages along with psycho-social support.</p> <ul style="list-style-type: none"> • CSO forum has been created with Pratham, Save the Children, Plan India, ICRW, Quest

State	Key Activities
	<p>Alliance, LEADs and Bharti Foundation as nodal members, UNICEF is anchoring this forum. Letters from JEPC issued to formalize this non-financial alliance to support education continuation and psycho-social support plans. DEOs and DSEs from 24 districts have been instructed to coordinate with alliance partners for meeting the common goal of reaching 'unreached children' This will help in ensuring better sharing of best practices and greater support in reaching the unreached children. First meeting of CSO forum created by Education Section, Jharkhand with Pratham, Save the Children, Plan India, ICRW, Quest Alliance, LEADs and Bharti Foundation as nodal members was organized at JEPC on 7th August with SPD JEPC as chair, the meeting helped towards chalking out the key steps for ensuring education and psycho-social support to children in remote pockets through this forum.</p> <ul style="list-style-type: none"> There is continued engagement with JEPC to ensure tracking of OOSC. Zoom meeting has been organized with UNICEF Delhi and JEPC for exploring feasibility of implementing app-based tracking mechanism for OOSC in Jharkhand. A webinar was organized with Xavier Institute of Social Service and JEPC on Education during COVID-19: Faculty members from XISS, Director JCERT, Education Specialist, UNICEF-Delhi (Dr. Suman Sachdeva) and Edu Specialist UNICEF Jharkhand, experts from Central Institute of Psychiatry participated as panelists; participants included students and alumni of XISS. The webinar threw light on India and state context, government and civil society response to COVID, need for integrated response that includes psychological and overall wellbeing. Joint meeting of JEPC, JCERT, UNICEF and Pratham held on 14th October to kickstart the development of OOSC package. UNICEF is assisting JEPC in development of OOSC mainstreaming package; two rounds of state level meetings held to review and finalize the framework for this package; the package will cater to differential needs of diverse categories of OOSC which include recent drop outs, never enrolled, working children and so on; the package will also include guidelines for home based learning support. 'Digital Application for Holistic Actions and Review (DAHAR) app to digitalize identification and tracking of OOSC finalized through series of meetings by Edu Department with UNICEF and tech agency; orientation of resource teachers on the app planned. Nine districts including Gumla, Simdega, West Singhbhum, Khunti, Girdih, Godda, Sahibganj, Latehar and East Singhbhum are being supported specifically with a view to ensure better focus on tribal/marginalized children in context of learning continuation. Weekly review meetings are being organized by UNICEF for these districts. Short video clips developed with support of UNICEF on importance of having a routine, using creative ways of engaging children shared across 100,000 teachers and 1200,000 parents - Adaptation of digital/home-based learning initiatives for children with special needs has been taken up by the state, UNICEF is providing technical inputs.
	<p>Convergence with CP:</p> <ul style="list-style-type: none"> Education and CP sections have engaged with the Department to underline the need for psycho-social support to children during the COVID crises. 250 teachers were oriented as

State	Key Activities
	<p>first responders to children in distress. CP section provided this support through its partnership Central Institute of Psychiatry. Many teachers requested guidance on dealing with instances where close relatives are involved in perpetuation of violence or sexual abuse. There has been a demand to cover more teachers through this training and also to induct Child Cabinets on 'peer support' issues. Mechanisms are being explored jointly by CP and Education team for this. JEPC and UNICEF are also to develop a holistic mechanism to map and mainstream OOSC. This has been formalized through a detailed consultation with SPD-JEPC and his team and UNICEF.</p>
	<p>Partnerships:</p> <ul style="list-style-type: none"> • 57 blocks with limited connectivity across 24 districts reached out through CSO's alliance with home-based learning and COVID prevention messages. • Secretary Education, Director-Primary Education and Director-Secondary Education, UNICEF, BCG and Piramal teams jointly reviewed through progress of learning continuation initiative through zoom-based discussion attended by 10,000 officials and teachers from 24 districts. Challenges such as limited network connectivity, non-availability of mobile phones as parents return to work were flagged by district functionaries. UNICEF highlighted importance of regular communication with communities, focus on home-based learning and ensuring psycho-social well-being during the meeting. • Through VJEA (Vibrant Jharkhand Education Alliance), the newly formed partners' alliance for education promotion- options for home-based learning being reinforced. Best practices such as integration of arts and creative activities in academic process, ways of reaching most marginalized children are being discussed and scaled up through this forum. Through civil society alliance (Vibrant Jharkhand Education Alliance) facilitated by UNICEF, about 7000 boys and 18000 unreachd girls are being reached with home-based learning messages. Number of girls reached through home learning is higher as ICRW which has contributed more in context of reaching unreachd children, exclusively reached out to girls. About 7000 parents were provided messages on activities and games which may contribute to learning at home. • Children who do not access to mobile or internet are helped by creating a system of mobile sharing and peer learning; Mohalla classes (hamlet level classes) are being organized to provide learning and psycho-social support. Wherever possible, virtual meetings were facilitated for engaging parents on home based and digital learning. Face to face contact with parents also made with due precautions. • Department of Education is collaborating with UNICEF to develop capacity of 900 newly recruited sports teachers on the concept of S4D: Government of Jharkhand is developing a plan to help children excel in sports; UNICEF has been requested to support GoJ on this. Resources on S4D shared by UNICEF; training plans to train 900 newly recruited teachers are being formalized, trainings are scheduled from April. <p>Advocacy and planning:</p> <ul style="list-style-type: none"> • DWCD is developing action plans for early childhood education based on NEP2020 with support of UNICEF. Consultations to be held with Education and Tribal Welfare Department soon.

State	Key Activities
Reopening of schools and AWCs:	<ul style="list-style-type: none"> Parents' groups contacted through WhatsApp/online mediums to get feedback on school reopening. About 12500 parents were contacted through survey on school reopening, while 25.76% of these parents were in favor of school reopening, the remaining parents have suggested delayed reopening. The state has ordered for reopening of grade 10 and 12, attendance has been about 45%; -Grade 8, 9 and 11th to start by March; 3 months catch up phase being planned for mitigating learning loss; an assessment of access to learning resources during school closure planned by Jharkhand Council of Education, Research and Training (JCERT) with support of UNICEF. A committee of officials nominated by state monitoring the school reopening protocols in select schools across the districts. Anganwadi Centers are yet to open. CM has announced re-opening to be ensured by 1 of April, post vaccination of workers All schools and AWC are closed; no date for reopening is being shared.
Awareness generation:	<ul style="list-style-type: none"> 45,000 parents, teachers and students reached with messages on psycho-social support through webinar: To reach secondary school teachers, parents and students with knowledge and support on psycho-social wellbeing and exam preparedness during the specific COVID situation, a webinar was organized by JEPC in collaboration with UNICEF on 15th September. This was planned by Education section in convergence with CAP and CP. Clinical Psychologist, Dr Anuradha Wats and Psychiatrist Dr Nishant Goyal from Central Institute of Psychiatry were the key speakers. 5562 teachers, parents and students were reached during the live session while 45,000 views were reported by the second day of seminar. 1,200,000 students continue to be reached through digital learning through Digi-Sath program. UNICEF continues to review access and quality issues in collaboration with government and partners
‘Nanhe Kadam’ ECCE curriculum was approved and endorsed by ECCE Council chaired by the Minister, WCD, Ms. Joba Majhi. The curriculum was developed jointly by UNICEF and Department of Women and Child Development, Social Security. The training of select master trainers will begin within the month of October.	
Mohalla classes have been officially allowed and hence UNICEF team is engaging with district officials to explore district level options for organizing hamlet level classes specially in hard to reach habitation.	
Strategies for setting up of smart classes, libraries, science labs, institutional arrangement for community participation within ‘Leader School’ initiative : Through a phased approach government of Jharkhand is set to develop about 4000 schools as schools of excellence/ leader-schools; state level coordination committee to assist government on this agenda has been constituted with UNICEF as a lead member. Series of consultations organized on setting up SMART classes, libraries, science labs and creating better spaces for parents' engagement were organized by Jharkhand Education Project Council during January and February; The strategy to be finalized with inputs from UNICEF.	

State	Key Activities
	<p>Coordination Meetings on ‘Leader School/ exemplar school’ initiative: Through a phased approach Government of Jharkhand is set to develop about 4000 schools as schools of excellence and leader-schools (this will be through a phased approach beginning with 80 secondary schools in phase I); state level coordination committee to assist government on this agenda has been constituted with UNICEF as a lead member. Series of consultations organized by the department in context of plans for supported ‘Leader School Initiative’ to be supported by funds from Asian Development Bank. Mechanism to set up PMU, ensure recruitment of staff in PMU, ensuring filling up vacancy in schools to be developed as leader schools in first phase discussed along with other administrative/ infrastructure related requirements. UNICEF has advocated for a visioning workshop to bring more clarity on overall changes envisaged through ‘leader-school strategy’.</p>
Maharashtra	<p>Continuity of Education:</p> <ul style="list-style-type: none"> The Home Learning Package is estimated to have reached over 2.7 million (2,774,260) children in Maharashtra. Reading Campaign: Design of a Reading campaign developed in partnership with Pratham Books for children 3-14 years; advocacy initiated with education leaders to launch the same. ECE on Community Radio - Developed a radio episode with the ICDS assistant commissioner in partnership with C4D to increase parents' awareness about ECE, activities which they can conduct at home especially during COVID, and parenting tips. This will be aired on community radio stations across the state. A Reading Campaign – “Goshticha Shaniwar” – to promote the “joy of reading” launched in 2 focus districts of Palghar and Aurangabad, and with the ICDS. Specially curated books for the different age groups will be shared by the teachers with students along with simple and fun activities every week on Saturday; an incentive program of e-badges and e-certificates has been designed to keep the momentum and excitement around the program, and to encourage all children to participate in the joy of reading. The campaign is expected to reach around 3 lakh children in the next few months. The launch was streamed live on MSCERT’s YouTube channel with 15,000 total views as of 8 October. 34 District Coordinators have been nominated and trained at the district level to lead the implementation and monitoring at the field level. The campaign is expected to reach over 3.1 million children in the next few months. In the pilot districts of Palghar and Aurangabad, in the first week of the campaign, 92,604 children have received the weekly stories, of which 56,540 children have read the stories. Responsive Parenting program: Calendar of activities for the month of October finalized and disseminated state-wide as part of the responsive parenting program. Review meeting conducted with 28 Supervisors of Pune and Palghar (intervention) districts to understand their experience of implementing the program so far in the field, with 14703 caregivers. The meeting has helped identify the strategies for reaching out to all caregivers in a more efficient manner. 6 teachers from Maharashtra were selected for UNICEF South Asia Regional Office-Kathmandu, UNESCO and Cambridge Education study focusing on teachers and how they have adjusted to the new ways of instruction dedicated to continued learning of

State	Key Activities
	<p>their students during school closures- COVID-19.</p> <ul style="list-style-type: none"> A film based on the Aakar (ECE) curriculum was launched on 14th October in partnership with ICDS. The launch saw the presence of over 1.6K participants including ICDS officials at the state, district and block levels, CSR, and experts. The launch focused on updating participants about the current activities to promote ECE in the context of COVID and also provided an understanding of what needs to be done at various levels to strengthen the ECE activities further across the state.
	<p>Assessments:</p> <p>A rapid assessment was completed to assess families' access to technology and the reach of the learning from home package in Maharashtra. This was done through a telephonic survey covering over 6800 children from 730 schools spread over all 36 districts of Maharashtra. The recommendations presented to the State Education Minister and disseminated to over 130 state district level education officers for action.</p> <ul style="list-style-type: none"> Data collection on assessment of reach in ecce/ responsive parenting messages initiated for project area Needs assessment completed, and capacity building plan for training of urban balwadi teachers finalized Rapid Assessment study Round 2 presented to Commissioner Education who showed concern about some of the findings especially around % of working children, and teachers projection of learning loss; it will soon be presented to the Minister; Rapid Assessment Round I (June) continues to be cited in media
	<p>Directive issued by the government to all Education Officers in the state to promote use of the Career Portal among secondary school students; 9602 students have accessed the portal to date.</p> <ul style="list-style-type: none"> Orientation of ICDS Supervisors: Conducted orientation of approx. 2000 ICDS supervisors from the state in 6 batches between 25th and 26th August to understand the implementation and effectiveness of children home-based learning activities through activity calendar and identify capacity building needs 3 training sessions conducted reaching approximately 60,000 students/ parents (YouTube session, total views). The sessions included an orientation to the Portal and introduction to specific available career/ academic options post 10 grade. As of 14 September 2020, 35,000 students have registered and accessed the portal.
	<p>Capacity building and training:</p> <ul style="list-style-type: none"> Completed online training of 42200 school teachers jointly with WASH Section on WASH in Schools and Learning from Home Package Resources mapped for parents of children 3-6 yrs in urban spaces for capacity building of 25 NGOs working with the MCGM Facilitated first capacity building session with representatives of 25 NGOs working with around 800 Balwadis (MCGM) to discuss challenges and solutions in reaching caregivers 183 teachers mapped to families in the MCGM and trained to initiate the calling campaign and begin digital profiling of 8000 families

State	Key Activities
	<ul style="list-style-type: none"> KPALP - 140 State Resource Group members, across all the 36 districts of Maharashtra, trained in the skill of data analysis (covered in 2 Webinar sessions). Of the 36 districts, 10 districts, have cascaded the workshops to the KPs of their districts, covering a total of 776 KPs across these districts.
	<p>Advocacy and planning:</p> <ul style="list-style-type: none"> The education plan is part of UNICEF's multi-sectoral strategy to address COVID in the urban space. The education plan includes 1. A strategy to strengthen delivery of ECE as responsive parenting messages to homes; 2. A strategy to strengthen outreach of messages to 8,000 parents of children enrolled in government schools on creating a learning environment at home, the learning from home package, and also messages around safety and COVID prevention. Advocated with MLAs of Marathwada region of Maharashtra (in partnership with CAP) to promote the Learning from Home program, Calling Campaign by teachers, support preparation of schools for opening using the School opening checklist. Discussions with government – ICDS and MSCERT on NEP implantation – status update on the tasks given by NEP and next steps. Consultation on Supportive Supervision being planned Reading Campaign Advocacy event conducted with GoM to promote reading and functional libraries for children of Maharashtra; the event was attended by the Minister School Education and gained good media coverage. The Minister, in her address, committed to the following: integrating reading into the timetable, continuing the Goshthiche Shaniwar program/ campaign, and also launching a new scheme to ensure good libraries for children in school to ensure a culture of reading in the state. The event also resulted in a request from the ACS education to conduct a study to understand the status of libraries in the state and the quality of books they carry; in addition, she has requested us to support in the development of the Samagra Plan/ World Bank Plan for promoting reading/ FLN in the state.
	<p>Partnerships:</p> <ul style="list-style-type: none"> Non-financial partnership with EI on Mindspark led to an approval from MCGM for planning of the intervention for children in 3 wards reaching 50,000 children Palghar Partner Consortium on ECE - Organized one consultative meeting with Palghar consortium members to share the activities being undertaken by the partner organizations in Palghar to reach families of children enrolled in Anganwadis as part of the COVID response - the scope of work, strengths and challenges of working in a particular context and explore the areas where support is required for improving ECE in the district.
	<p>Reopening of Schools:</p> <ul style="list-style-type: none"> The school opening checklist developed by UNICEF in partnership with civil society and MSCERT is being converted into an online course for education functionaries to engage with. Discussions are ongoing to align this with the new guidelines issued by the GoI for school reopening. Draft Pre-school opening checklist us ready for review and validation by state ICDS

State	Key Activities
	<p>functionaries and experts.</p> <p>Mindspark: pilot initiated with 30 teachers and 988 students of 3 school in Mumbai. Planning for the scale-up to reach the targeted 50,000 students across the three wards of G/N, M/E and L will be initiated, post the pilot.</p>
Uttar Pradesh	<p>Reopening of Schools and AWCs:</p> <ul style="list-style-type: none"> • Across the 75 districts in UP, 412 block level action plans and 123,935 (77.8%) school level improvement plans have been completed under a massive drive by the Department of Basic Education with UNICEF technical support. 119 schools that were used as quarantine centers in Kasganj, Etah, Farrukhabad and Bhadohi districts have been sanitized and disinfected. Similarly, 2,261 schools in three districts (1,567 schools of Bahraich, 117 schools of Sonbhadra & 577 schools of Varanasi) have upgraded their WASH facilities and basic infrastructures under the Operation Vidyalay Kayakalp. • Several measures have been taken by GoUP with support of UNICEF to support the reopening of schools and ensure continuity of education. Teachers were motivated to reach to parents and students through WhatsApp and phone, while parents were motivated to encourage their children to continue learning using e-learning materials and links shared by the teachers, ARP, SRG and department. Specific measures include the following: 1) 1,23,000 teachers have received online training on Dhyanakarshan, Foundational Learning and Shikshan Sangrah, 2) 1000 newly recruited DIET lecturers have been receiving online training on structure and functioning of DIETs and SCERT, curriculum, textbooks, and teacher training processes, and 3) four educational animation videos on Dhyanakarshan (remedial teaching), Foundational Learning and effective teaching techniques were developed by UNICEF and shared with more than 570,000 teachers and education functionaries. Further push has been given on sharing learning content provided through Mission Prerna E-Pathshala, digital posters with learning activities for children through WhatsApp, educational programs on DD have been telecasted for three hours daily to reach to all children and work accordingly. <p>OOSC (Out of School Children):</p> <ul style="list-style-type: none"> • ‘All Means All’ - identification and mainstreaming of out-of-school children(OOSC): Government of Uttar Pradesh, with support from UNICEF, has taken a number of measures to identify and mainstream all OOSC in the state. SHARDA, A detailed state guideline was issued and a monitoring system developed in 2019. In 2020, the guideline was further strengthened with increased focus on children affected by migration, deprived children from urban areas and children with disabilities. However, the possibility of increase in the number of OOSC has arisen due to COVID-19 and subsequent school closures and reverse migration • Apart from regular orientation of District Coordinators and BSAs (District Education Officers) UNICEF in partnership with SmSA Uttar Pradesh has developed a comprehensive orientation film named “All Means All” so as to orient all teachers on impact of COVID-19 on possibilities of increased number of OOSC and the steps to be taken by the teachers to use provisions of SHARDA to ensure that OOSC are identified, mainstreamed and provided with special training. The film is also based on the UNICEF issued guideline "All Means All – How to support learning for the most vulnerable children in areas of school

State	Key Activities
	<p>closures". The film focuses on active collaboration with parents and making the initiative inclusive. It is now being circulated to over 450,000 teachers with specific instructions.</p> <ul style="list-style-type: none"> UNICEF has supported the transfer of technology to government run portal and teachers have started entering data. Already a total of 94,612 children (48556 boys and 46056 girls). UNICEF has also supported developing an animation film named 'All Means All' to orient teachers on inclusive identification and mainstreaming of children including COVID-19 related risks and responses. The film is shared with more than 770,000 teachers. As a high burden state with nearly 25% of the country's total OoSC, UNICEF supported GoUP in initiating a mobilization program for the identification and mainstreaming of out-of-school children. UNICEF supports the implementation and monitoring of SHARDA survey in 75 districts, mobilizing parents and SMC members in 20 targeted districts and an intensive campaign in four districts to identify out-of-school children with disabilities. As of 25 September, 267,005 OoSC are identified. They will be then linked with the existing program designed for OoSC.
	<p>Universalizing ECE in Uttar Pradesh: ECE in Uttar Pradesh has been limited to 19 UNICEF supported districts in Uttar Pradesh. In 2019 ICDS, School Education and UNICEF started working together to universalize ECE in Uttar Pradesh. This week a detailed plan has been prepared in consultation with all stakeholders so as to complete training of trainers and Anganwadi Workers. The training plan targets to train all 180,000 Anganwadi Workers on ECE by December 2020.</p> <ul style="list-style-type: none"> UNICEF supports ICDS and Dept. of Basic Education in universalizing ECE in the state. A detailed plan has been prepared and endorsed covering all operational aspects of ECE implementation. A detailed plan on capacity building 750 Master Trainers and face-to-face training of 180,000 Anganwadi Workers has been developed and approved. A total of USD 800,000 has been leveraged only for the capacity building program. UNICEF supported the development of training manual for ToT program, supportive supervision and formative assessment. UNICEF provided technical support to develop a detailed plan for capacity building of all CDPOs, Supervisors and more than 180,000 Anganwadi Workers. State Resource Group Members and District Level Trainers are selected through an online test. At present UNICEF and partner organizations are conducting a blended capacity building program of 750 Master Trainers in 25 batches. As of 24 Sept. four batches of training have been completed and the teams started working closely to develop district and block level training plans. The target is to train all AWWs on pre-school education.
	<p>Responsive Parenting Program:</p> <ul style="list-style-type: none"> The response parenting program in four districts of Devipatan and Chitrakoot and Banda reached 8004 children (3914 boys and 4090 girls). UNICEF supports Responsive Parenting in seven districts (four districts of Devipatan, Lucknow, Banda and Chitrakoot). A series of 113 activities using audiovisual media have been prepared and shared with Anganwadi Workers of these districts to facilitate continuous Responsive Parenting at homes. During the reporting period, 7,786 children (Boys 3,978, Girls 3,893) benefitted from this intervention.

State	Key Activities
	<p>Training and capacity building:</p> <ul style="list-style-type: none"> A massive online training program for Master Trainers and teachers has been initiated to prepare stakeholders for post school closure challenges including conducting quality catch up program (remedial education). UNICEF supported designing the catch up program and online training of SRG, ARP, teachers and DIET Mentors. As part of this technical support, 8 films have been developed to train all 5,56,000 teachers on inclusive education so that they are not only able to identify all children with disabilities but also make their schools inclusive and adopt inclusive teaching-learning practices within classrooms. The training films will be used in Diksha Platform for wide dissemination, monitoring of usage and during face to face training on inclusive education. ICDS, School Education and UNICEF initiated a statewide capacity building program towards universalization of ECE in Uttar Pradesh. State Resource Group Members (SRG) and District Level Trainers (DLTs) are selected through an online knowledge and aptitude test. Education department nominated their SRG members and district level trainers and mentors. A team of seven experts led by UNICEF and its technical partner Vikramshila started a blended online capacity building program for the SRG and DLTs. Training of these 750 Master Trainers will be completed in 25 batches, seven batches of training for 210 Master Trainers have been completed. The SRG and DLTs will cascade the training to district and block level and conduct the capacity building programme of 3,588 Block Level Trainers (BLTs). UNICEF supported Samagra Shiksha UP to develop detailed strategy to rollout teacher capacity building program using a blended approach. Due to COVID-19 the government decided not to have any in-person training program in 2021-22. Considering this it was necessary to have a detailed strategy for implementing effective capacity building programs through blended approach.
	<p>Continuity of learning:</p> <ul style="list-style-type: none"> - Continuous push has been given on sharing learning content provided through Mission Prerna E-Pathshala, digital posters with learning activities for children through WhatsApp, educational programs on DD have been telecast for three hours daily to reach to all children. UNICEF provides technical and monitoring support to SmSA to develop 400 learning videos that will be aired through Doordarshan. However, as per the last report, only 26% of children are reached through these continuity of learning interventions.
West Bengal	<p>Continuity of learning:</p> <ul style="list-style-type: none"> Review of Home-based learning program was conducted by the WCD MoS, looking at the positive impact of the program. The department has agreed to explore other mediums such as TV, Radio etc. to increase the reach homes of children who still remain outside the program due to not having access to internet. Improve access to distance learning/home learning/continuity of learning. New activities developed for fortnightly calendar and cable TV and radio episodes. Addition of Child Help Desk information for

State	Key Activities
	<p>children in need in upcoming radio and TV episodes as well as in the Home-based ECCE and parenting package.</p> <ul style="list-style-type: none"> Phase II of the home-based learning program was initiated from August to make the home learning package wider in scope to include issues of health, hygiene, sanitation, nutrition and positive disciplining for parents. Some activities on specific school readiness have also been included. The department has agreed to print the activity calendar for sharing it with the children and parents who do not have access to android phones and internet, so that it reaches maximum number of children. The department is also exploring providing materials such as crayons etc. to the children. Promotional material for the home-based learning program will be developed with support from UNICEF for a wider publicity on the initiative. The expert committee has agreed to develop a Catch Up and Reinforcement Package for children so that learning loss due to schools' closure may be mitigated.
	<p>Initial discussions held with the expert committee regarding developing a Remedial and Reinforcement Package for children so that learning loss due to schools' closure may be mitigated. The response of the committee has been positive, and they have shown their willingness to develop the same.</p>
	<p>Training and capacity building:</p> <ul style="list-style-type: none"> Tentative dates for online training of Madarsa teachers on Maths and Science, LSE and wellbeing decided, content vetted by the board. Online teachers training of Madarsa teachers of Malda has started and the first training done on wellbeing during COVID for adolescents. Tools for rapid survey developed and over 200 ICDS officials oriented on the same.
	<p>Reopening of Schools and AWCs:</p> <ul style="list-style-type: none"> The guidelines on school reopening developed by UNICEF has been reviewed by the department and they have agreed to take relevant portions from the same while preparing the state guidelines and Standard Operating Procedures.
	<p>ECE:</p> <ul style="list-style-type: none"> Home based learning Program for ECE is currently ongoing. The package is being used by 1278304 children which is around 38% children of the state. The Home-based Learning Package (HBLP) for ECE is ongoing and the package is being used by 1443484 children which is over 42% children of the state. The department of Women & Child Development has been making efforts to enhance the outreach through use of various media platforms including terrestrial and community radio and television channels. In this initiative, six scripts on the ECE content has been vetted by the department for broadcast through radio and the broadcast content on ECE through TV, radio, cable etc has been approved by Chief Minister's office. The package of Home-Based Learning Program (HBLP) for ongoing ECE is being used by 1443484 children corresponding to 42% children in the state. To further reach to families who do not have access to smartphones and increase the outreach of the program, the

State	Key Activities
	<p>department initiated use of multiple channels of communication such as terrestrial channels of radio (AIR) and television (Doordarshan) community radio, cable television channels to broadcast the content and activities for children and their parents.</p> <ul style="list-style-type: none"> The Education section facilitated the vetting of six scripts on the ECE content by the DWCD&SW for broadcast through radio, facilitated endorsement of Chief Minister's office on ECE content for broadcast TV, radio, cable etc. and vetting by the department of Activity Bank for Anganwadi Workers (AWWs) which contains activities that will be used by the AWWs in their engagement with children. <p>UNICEF facilitated the department in the requisite process for filing entry of the HBLP intervention into the SKOCH award for 2020-21 and is an achievement in itself and an encouragement to the entire initiative.</p>
	<p>OOSC (Out of School Children):</p> <ul style="list-style-type: none"> Developed tools and guidelines with the PBRSSM- which is part of the Panchayat Department and technical agency on identification of OoSC as well as children likely to drop out due to the pandemic. A state level orientation was held on the intervention with around 150 officials who were oriented on the objectives and importance of the intervention. Around 400 officials from these districts were trained on the identification process and use of the tools. These officials in turn will train the Sahayikas and Samprasarakas who will be doing the survey.
	<p>The Home based ECCE and parenting program is being broadcast through community radio, TV, WhatsApp, YouTube etc. 2246127 children (1101490 Girls and 1144637 Boys) had accessed the package. In convergence with C4D, successfully advocated with CRS Nityanand Janvani to reach broadcast the Home based ECCE and parenting program, with this development we will be able to reach out to additional 1.6 lakhs population including tribal population of West Bengal.</p> <ul style="list-style-type: none"> Around 100 SRGs and AWTCs oriented on the revised ECCE curriculum
	<p>Continuous advocacy with DWCD and Districts have led to 12 districts broadcasting the ECCE and parenting content through cable TV and two community radio stations are also broadcasting the program. ECCE roll out plan for 2021 developed and shared with the Department, the same has been approved by DWCD</p>

Child Protection:

State	Key Activities
Bihar	<p>Police and law enforcement:</p> <ul style="list-style-type: none"> UNICEF provides technical support to the Juvenile Justice Monitoring committee, High Court on continuous reporting, data on number of children restored/residing and pendency across the districts; and in submission of the quarterly strengthening of JJ system report. Child friendly courts were inaugurated by the Chie Justice of Patna High Court; these have been developed with UNICEF's technical support A new website is being developed on hearing of complaints at the courts

State	Key Activities
	<ul style="list-style-type: none"> The SLSA organized a short online training of about 100 persons consisting of Panel lawyers and PLVs with UNICEF's technical support MHA Scheme to set up Women and Child Helpdesks (W&CHD) across 500 Police Stations in Bihar. All the CFCs (except in four districts) have now been made functional by the Hon' High Court through JJMC with technical support by UNICEF. In 11 districts where the number of cases under POCSO Act are more than 300 additional exclusive CFCs have to be established. This work will be completed with UNICEF's technical support. A small working group has been formed for this purpose. Technical support to SCPS in Compilation of High Court cases strengthening of Juvenile Justice System (SJJS) - Under 402, critical guidelines, SOPs and collaterals were vetted and finalized by the Dept. of Social Welfare, GOB for approval. This is a huge step forward and hope to streamline the process vis foster care, sponsorship and after care.
	<p>CPMIS:</p> <ul style="list-style-type: none"> Bihar paved the way on the CPMIS and HMIS, technically supported by UNICEF in the country through an interstate learning event which was organized for 6 states which participated with their senior-most government functionaries; a lot of states showed interest to get this implemented in their respective states and sought support from the ACS, DSW, GoB <p>Technical support to CPMIS, Track Child and CPMIS- Ongoing to DSW/ High Court</p> <ul style="list-style-type: none"> 2nd round of discussion with Maharashtra on replication of CPMIS and HMIS; Delhi and Puducherry shown interest in extension of same in their respective states while MP WCD sent a request for 2nd round of orientation of key functionaries of CPMIS and HMIS scheduled next week In Chhattisgarh, WCD requested to share the Source Code of CPMIS/CLTS for replication of same in their State developed for State of Bihar with support from UNICEF. - Social Welfare Department has given an order to replicate the Home Management Information system (HMIS) developed for monitoring and rating of CCIs in the State of Bihar with Support from UNICEF in all the homes run for Women, Old age and Ultra Poor in state by Social Welfare Department. to ensure their proper monitoring and rating of institutions.
	<p>Psychosocial support (PSS) has been extended to 1011 children- both from CCIs and from community. PSS to children from outside CCIs have been over telephone. The current crisis has limited the outreach in the field.</p> <ul style="list-style-type: none"> The team of Counsellors and Psychiatrists constituted by the SCPS with UNICEF support organizes at least 2 counseling sessions with children in CCIs over Online methods, wherever there was a need the same was provided along with medicines prescribed - The final report was submitted regarding Psycho Socio support provided to needy children particularly during COVID 19 through a team supported by UNICEF.
	Participation in flood preparedness and response training organized by Bihar State Disaster

State	Key Activities
	<p>Management Authority for district & local administration of 18 flood affected districts and conducted a technical session on 'Child Protection during Emergency' by CP section.</p> <ul style="list-style-type: none"> - Floods relief program planning with DRR and in collaboration with other sectors in Bihar with CP inputs
	<p>CCI:</p> <ul style="list-style-type: none"> Exclusive Psycho Social Support to the 82 girl children residing in Patna based CCIs, many of them included COVID positive. A study is being planned by UNICEF with support of ENFOLD, Bangalore of adolescent girls who have been victims of sexual abuse or elopement cases where sections of POCSO have been incorporated. A core committee at the state level consisting of SCOS, Udayan Care, UNICEF and few district level officers worked on the draft Child Protection Policy and Aftercare Guidelines were drafted, translated in Hindi and shared for more feedback and suggestions at the national level IEC materials have been developed for children in CCIs related to pandemic and being field tested The total number of children in CCIs supported through MPSS (psychosocial counselling) till 10th Sep 2020 is 1315 Capacity development of CCI functionaries on prevention of COVID organized by Udayan care, New Delhi (CCI functionaries of all 4 CCIs participated) Discussion with the department and coordination with the CCI for girls for vocational training of the girls residing in the CCIs - Daily reporting of the status of CCIs continues with an update reviewed at the highest level. The Jan – Feb is seeing decreasing trend of children coming into Children's Home; however, a significant jump is visible in boys retained in Observation Homes. The matter is under discussion with the High Court Committee as well as with DSW
	<p>Strengthening foster care in Bihar:</p> <ul style="list-style-type: none"> Family assessment has been started in the project districts by CEAC. Due to pandemic, the work of filling the form 30 of Model JJ Rule by interacting with the parents is currently being done online by CEAC in coordination with respective DCPU Provided probable detailed list of community members who are eligible for getting benefits under Parvarish scheme – additional top up of Rs. 1000 from Sponsorship scheme – total 1917 children selected from family based alternative care program. Under Sponsorship, total community members receiving this grant is 2531, out of which 614 are getting Rs. 2000 support. UNICEF supported in compliance through a detailed Progress report from Bihar as part of the Suo Moto case related to COVID- has been submitted to the Honorable Supreme Court on 20 specified points Planning meeting conducted with multiple stakeholders i.e. DCPU, CWC, SCPS and other support agencies for preparation of aftercare plan for a girl who is a victim of early marriage and mental abuse by her family. The girl is currently residing in a children home for girls in Gaya district of Bihar.

State	Key Activities
	<ul style="list-style-type: none"> Workshop held with functionaries of selected 4 child care institutions to finalize Child Protection Policy. Development of IEC (posters to create awareness among children around COVID-19) – As of now, one poster has been finalized and shared by the agency for final review and comments. Workshops held in two batches with children in CCIs in Patna by Udayan Care on 22nd and 28th August Assessment of identified foster families is going on. Team has started in-person visits to the families wherever possible otherwise mostly it is being done through different remote methods. Partner agency has developed and shared an easy pocket guide on foster care for the functionaries (Hindi), foster family handbook (English) for review and comments so that it could be finalized. Inter district focused training cum meeting and planning next steps on foster care at the state level was conducted on 28th August by CEAC and UNICEF/SCPS - A webinar was organized on the dissemination of the key findings, challenges and imperatives of the study to understand impact of COVID-19 on migrant laborers and their families in Bihar carried out by DMI with support from UNICEF.
	<p>Family Based Alternative Care:</p> <ul style="list-style-type: none"> A meeting held to discuss training strategy/plan proposed for the CCI functionaries and Child Protection Officers on Child Assessment, Family Assessment, Expedite Case Management, Prevention, gate keeping and active family support. Miracle Foundation & SCPS team members participated in the meeting. UNICEF provided technical support to organize an online training of "Child Protection Officer (NIC)" and Case worker cum Probation officer" UNICEF undertook Annual Reviews for all the three CSO partner agencies- CEAC, Udayan Care and Miracle Foundation in presence of the SCPS members IEC package developed on After Care and Foster Care with support of UNICEF partners - A proposal has been submitted on demonstrating 2 model Aftercare homes for girls in Bihar with technical support from Udayan Care, UNICEF partner and this is in progress, consent has been given by the DSW to implement this and partially support alongwith UNICEF
	<p>Capacity Enhancement of CP functionaries: Total 10 CP functionaries including Program Officer SARA, Child Welfare Committee members, Child Protection Officers (Non-Institutional Care), Social Workers, Counselors & SAA Coordinators, from the state participated in a workshop on "Non-Institutional Alternative Care: Issues & Challenges" organized by NIPCCD, New Delhi.</p> <ul style="list-style-type: none"> - A learning and sharing demonstration cum training meeting with MP Government was organized on CPMIS, CLTS and HMIS with both UNICEF state teams and SCPS/DSW of respective states
	<p>Addressing Child Trafficking -</p>

State	Key Activities
	<ul style="list-style-type: none"> ADCP Muzaffarpur identified/tracked and rescued a team of 10 children who were being trafficked from Bihar to other state to work. 30 children belonging to Gaya who were trafficked to Jaipur as laborers were rescued by a team of district administration and CHILDLINE 1098 service and 4 traffickers were caught and apprehended at Japur; Out of this 30, 10 children were less than 14 years. There was a rescue of about 30 children by the RPF from 16th to 20th August on the Danapur and neighboring platforms – Impact of the training with RPF on CP – the vulnerability increased during the floods as well as pandemic Ending Child Marriage program with WDC – 25 Child marriages were prevented in a span of last 5 months during pandemic by UNICEF partner Action Aid, CHILDLINE, district police, Vikas Mitras and DCPU efforts A State level follow up meeting for strengthening coordination mechanism between the DSW, WDC and Police was undertaken on 9th Sep 2020 – this was focused on a campaign on raid and rescue operations - 6 Human Interest Stories on ECM, Child Labor/trafficking and Family reunification from Bihar with support of UNICEF/partners have been documented and shared at the national level/ further with NY Times, UK Natcom and few UK/US based news houses in collaboration between CP and CAP sections, Delhi
	<p>Partnerships:</p> <ul style="list-style-type: none"> DFID Child Labor program - the 3 partners namely Save, Action Aid and Pratham have been oriented and trained their staffs who in turn have started visiting the respective field. DFID-GPECM Project- Meeting with three partners – Action Aid Association, Pratham and Save the Children was conducted to understand HACT and taking review of readiness to launch the project. Annual Review processes of partners – CEAC, Miracle Foundation and Udayan Care completed on Family based alternative care and Action Aid, Pratham, Save the Children completed on Child Labor/DFID partnership and Action Aid separately on ECM through 5th to 9th October 2020 Partnership with NIMHANS has been initiated- Proposal after joint discussions with NIMHANS team, alongwith a training calendar, activities submitted to SCPS till March 2021 and initial joint meetings was organized with SCPS on 7th Oct 2020 Partnership with Enfold Trust on a Study on girl victims of POCSO in select CCIs - Planning Meeting was organized with all concerned UNICEF has initiated 3 new partnerships and the first consultative cum orientation meeting was organized by UNICEF- focusing on child trafficking, labor and migration
	<p>Development of Child Manifesto in Bihar:</p> <ul style="list-style-type: none"> Collaborating and supporting CAP section through the development of Child manifesto for Bihar- Inputs on CP provided - Child manifesto- 12 adolescent girls and boys members of adolescent group developed under Ending Child Marriage and Adolescent Empowerment Project from six districts participated in online consultation on Bihar Elections: Manifesto, Voices and Votes for Children. These adolescents belong to the mahadalit community and through the

State	Key Activities
	<p>consultation they were able to put up their demand to be incorporated in children's manifesto which is being developed for the upcoming Bihar state election</p> <p>Advocacy and awareness generation:</p> <ul style="list-style-type: none"> • Due to UNICEF's efforts, atleast in 4 cases, POCSO section have been added for compensation and support persons provided • State Child Protection Society has planned to develop short video films on best practices related to CP services in the state, in which responsibility has been given to UNICEF to support in the process of film making. • Launch of Surakshit Safar Project- In order to provide immediate relief to migrant workers, especially the most vulnerable category of children, women, accompanied and unaccompanied children a joint intervention is being implemented from 3rd May 2021 at 11 most conspicuous railway stations of the state in partnership with UNICEF Bihar, Railway Protection Forces, Childline India Foundation and their 10 CSO partners. A total of 140 volunteers have been deployed to support existing Railway Childline team across the 11 stations. The key objective of the project is to raise awareness to reach approximately 10 lakh (or more) migrant workers, families including children arriving in Bihar through railways about COVID appropriate behavior in a campaign mode. The focus would be unaccompanied, separated or orphaned children, vulnerable women to ensure their safety and linking them with appropriate social protection schemes and services. • - UNICEF's continuous advocacy, the state has recently signed an MoU with Bihar Board of Open Schooling & Examination (BBOSE). Over 650 children (including children with special needs) have been linked with Open Basic Education (OBE). OBE is an alternative educational program equivalent to the Elementary Education Program of the formal education system. OBE Program explores and makes use of the potential of Distance Education Mode (DEM) for reaching the unreached children. Moving ahead, the government of Bihar is in the process of installing a digital board in all CCIs to improve learning system by making it more interactive.
Jharkhand	<p>CCI:</p> <ul style="list-style-type: none"> • To ensure that children are in safe environments in CCIs, instructions have been issued by the state Department to conduct inspection of all the homes especially where girls are residing by 20 July. Based on the detailed analysis of the reports received from District Inspection Committee, instructions have been issued to the District Commissioners to improve the inspections of the standard of care and protection of CCIs. There is an emphasis on police verification of all the employees of the CCIs. The daily reporting of CCIs on COVID-19 related indicators continues, and reports are being received by JSCPS from all 24 districts. • 94 children have been restored with their families from the CCIs during and just before the lock down was announced and further follow up is being done by the CCI staff. • To provide safety to children in CCIs, the department has engaged ex-service men in the Observation Homes. Capacity building of the ex-service men on child rights, how can they engage with children through activities like sports, drill etc. to be able to positively contribute in their reformation and mainstreaming in society; key provisions of Juvenile Justice Act and their role as per the Jharkhand JJ Rules were also discussed. Five districts

State	Key Activities
	<p>were reached through zoom and face to face training.</p> <ul style="list-style-type: none"> The SOP for Testing, infection prevention and management for children in CCIs of Jharkhand during COVID 19 pandemic has been notified by the health department. Creating safe CCIs through Restorative approach promoting children's participation has been official launched. The program is presently being run in four CCIs (2 OH and 2 Children Home) in two districts. In the online session, 27 participants from JSCPS, 2 districts including CWC, JJB members, DCPU functionaries, staff of the four CCIs and children were introduced to the program, its key objective and the results we aim to achieve in Jharkhand through the program implementation. The program is being implemented in partnership with Sahej Foundation. In four CCIs of two districts, the program for safe CCI has been initiated. Restorative circle process has been initiated in all the four homes. Other engagement with children like setting up of library, story-telling, art and craft, birthday celebrations, establishing butterfly garden, setting up of mutually agreed rituals, on site staff training etc. are some of the activities initiated. The focus has been on creating spaces that can enable expression and healing This is a demonstration model in partnership with Sahej Foundation. - The status of children and staff affected by COVID, steps being implemented by the districts regarding treatment of children affected, management of CCIs with limited staff and steps taken to prevent spread of infection in CCIs was discussed. Districts presented their status. This was followed by other online review meetings with DCPO to get the status update on actions being taken by districts primarily with regard to identification and notification of fit facility to provide support to children who have been affected by COVID and requires support. Fit facility has been established in all the districts. In addition to Daily reporting of CCI, reporting on the status of staff was also included in the daily reporting format. Letters have been to district administration and health department with instructions on protection of children during COVID and for vaccination of staff in the institutional care facility for women and children on a priority basis.
	<p>Capacity building and Training:</p> <ul style="list-style-type: none"> Online capacity development of 196 members and functionaries of CWC, JJB and DCPU (105 males and 91 females) was organized by JSCPS, DWCD in collaboration with UNICEF and CIP in three batches. The training was on understanding and dealing with emerging child protection concerns and vulnerability due to COVID-19 such as mental health and PSS. The focus was on helping participants understand how to address and respond to the child protection concerns with a sense of urgency, understanding psychology of children and the symptoms of the trauma in children especially those in CCIs, children of migrant workers, unaccompanied and street children. It also oriented the members on how to respond to the needs of the children (CNCP/CCL) as DCPU staff/CWC/JJB; how to deal with unaccompanied children, children of migrant families and other vulnerable children and the skills that can be used for this such as the technique of communicating with children, active listening, PSS activities and self-care techniques for the functionaries. Sonal Kapoor from Protsahan Delhi and resource persons from CIP took the sessions. The sessions were moderated by UNICEF. Online interface of Principal Secretary DWCD, with staff and children of CCIs with more

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	<p>than 300 children and CCI functionaries joined the session. Post the session a letter has been issued to all the Deputy Commissioners to ensure counselling of children and ensuring the provision related to education, safety, protection of children from abuse, vocation training, diet and health and nutritional care of children in institutions.</p> <ul style="list-style-type: none"> • Online capacity development of the Member Secretary of the District Inspection Committees was organized by JSCPS DWCD in collaboration with the UNICEF. The focus was on understanding the importance of conducting inspections; provisions under JJ Act and Jharkhand Rules related to inspection of CCIs, how to fill Form 46 and checklist for monitoring of the CCIs and share the gaps based on the analysis of the DIC reports received from the districts. The session was conducted jointly by UNICEF and JSCPS. • Online five-day training session per batch was organized on how to expedite case management for staff of CCIs and PO IC and PO NIC of DCPU. 181 participants from 56 CCIs and 23 DCPUs have attended skill based online training program. The focus is on conducting child and family assessment, developing and using Individual Care Plan, Social Investigation Reports, follow up of children who have been restored with the family, role of the functionaries in family restoration and family strengthening. This program is being organized by JSCPS DWCD in collaboration with UNICEF. Miracle Foundation is the technical partner of UNICEF conducting the sessions. With these online sessions, capacity building of all NGO run Children Home registered under JJ Act has been completed. 52 Individual Care Plans and 20 Social Investigation Report, has been received as a sample post training reflecting application of the learning and enforcing use of tools and procedures as per the JJ Act and Jharkhand Rules. In the trainings it was also identified that 273 children from CCI (CNCP) has been sent back to their home and their follow up is to be ensured by the CCIs, CWC and DCPUs. • Over 200 teachers in four batches were oriented on mental health and PSS by Education Department in collaboration with UNICEF and CIP. The focus of the session was understanding psychological development in adolescence age; how biological predisposition and environment effect that development; trauma related to COVID; what is psychosocial support and role of teachers; how to deal with these and how to be empathetic so that these children and adolescents become more resilient and PSS activities. 253 teachers have been oriented on Mental Health and PSS in collaboration with JEPC and CIP in three batches. • Webinar on online safety for children was organized in partnership with Center for Child Rights which was viewed by 222 viewers. • JJ online e- certificate course was organized by Center for Child Rights, NLU, Ranchi – UNICEF provided guidance in course design, also provided technical support in organizing the session and took session as well. There were about 40 participants who participated in the session comprising of legal aid lawyers, POs, faculty from other Universities, students, PLVs etc. • - Review meeting cum refresher training of the trainer trainers from among the Block level PLVs nominated to work on child protection by DLSA was organized in partnership with JHLASA and Center for Child Right, NLU. The one-day refresher training cum review was attended by 53 PLVs (36 Male and 17 Female) across 24 districts of Jharkhand. In 50% of the blocks where they are present, Block Level Child Protection Committees are formed.

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	<p>During COVID 19, the PLVs have been supporting in identification of vulnerable children and facilitating linkages with social protection scheme. One of the needs identified during the refresher training was training of MTs on Mental health and PSS, as there is increasing felt need for such support among children and others in the community.</p>
	<p>Increase in Government funding for School Safety Program: INR 13.22 crores has been approved for School Safety program in PAB for this financial year by the education department. UNICEF played an important role in influencing and providing technical support by sharing the concept note and other materials on the school safety program. This is a big opportunity for Education, CP and the DRR sections to make schools safe for children and equip teachers and children with the knowledge and skills to protect themselves from disasters and from any abuse and exploitation.</p>
	<p>Voicing the Aspirations of Adolescents/Youth of Jharkhand, an e-consultation by the youths and for the youths was organized in collaboration with CAP. About 168 adolescents from youth collectives, Sambhav program, children home participated in the program directly through online platform. Nine adolescents from various districts (members of youth collective, NYK, Children Home and Sambhav program) were the key inspirational speakers of the occasion who shared their struggle, aspirations, contributions and solutions to the problem. Child Reporters moderated the session. We also had speakers from Jharkhand Skill Development Mission, eminent journalist Rahul Dev, Director Sports from Departments of Youth Affair and Special Secretary DWCD cum Director ICPS, UNICEF (CAP Officer and CP Specialist) also addressed youths/adolescents and appreciated the youth speakers for raising pertinent issues and contributing to social change.</p>
	<p>Partnership:</p> <ul style="list-style-type: none"> • Mission Kartavya has been conceptualized and guidelines developed by UNICEF in consultation with a core team. This aims at strengthening government and CSO Co-ordination to activity respond to COVID 19 prevention and response. Two important components of this initiative are identification of children who have been affected, linking them with child protection services/call 181/1098 and social protection schemes. Second intervention is providing mental health and PSS. Identification of CSOs and volunteers who can support these activities is ongoing.
	<p>Analysis and Advocacy:</p> <ul style="list-style-type: none"> • Based on the reports shared by districts an analysis of the status of linkages of children with sponsorship and foster care was done. In six districts not a single child has been linked with sponsorship, while in five districts more than 92% children have been linked with sponsorship scheme (this is calculated on the basis of district target based on the availability of Sponsorship and foster care fund). Technical support and advocacy with the department continues to ensure increase linkages of children with the scheme and also more so in the COVID 19 pandemic situation. • Child Protection MIS has been successfully hosted on the government server. • As a result of joint meeting of Child Protection, Nutrition and Education program with Tejaswini and JWDS team, a convergent meeting with health was organized. Key actions which has been agreed between Jharkhand Women Development Society, Tejaswini and Health department are associating one doctors in the One Stop Center and Swadhar Greh

State	Key Activities
	<p>for providing health and nutritional services. Hemoglobin testing will be done for adolescent girls of Tejaswini program and IFA blue tablet distribution will be done through Tejaswini platform, using the platform also for prevention of teenage pregnancy, expansion of activities related to ending child marriage in 17 districts where Tejaswini is implemented with focus of high prevalence districts, seeking budget approval for making available sanitary napkins for out pf school adolescent girls.</p>
	<p>Child Protection MIS has been updated and ready for use by the child protection functionaries.</p>
	<p>Law and Order:</p> <ul style="list-style-type: none"> Meeting of High Court Committee was held in which issues such as improving situation of children in CCIs, removing bottlenecks for increasing linkages with sponsorship program, strengthening counselling services for children in CCIs, establishment of PMU for child protection were discussed and agreed.
	<p>Preventing Child Exploitation and generating awareness:</p> <ul style="list-style-type: none"> In ECM program, DCPC formed in eight of ten districts and draft District implementation plan to end child marriage has been drafted and shared for notification in all the ten districts. About 164,156 (boys-60,412; girls-102,498) adolescents reached with COVID awareness. 1168 volunteers have been identified. In ten districts with support from volunteers, about 2.12 lakhs community members reached on child protection priority issues. As per the child protection violation tracking in coordination with stakeholders in different districts, 14 child marriage cases stopped in 6 districts and 21 cases of child marriage postponed child marriage in 5 districts of Jharkhand; 7 cases if trafficking reported and prevented, 35 cases of child labor reported and 27 rescued. Support was provided to the department to analyze number of children in institutions who would need to be linked with the after care. After care guidelines were developed and shared. Meeting with four organization/INGOs and CIP was convened to develop community-based PSS program in the state. - To scale up the "Jagrik" journey to increase awareness of adolescents and young people on constitutional rights and duties; CRC and gender equity, enhance participation of adolescents and youths and help them become responsible citizen, online orientation and planning session on Jagrik toolkit was organized for 220 POs and volunteers of NSS on 18 August. A follow up planning session with 50 POs across seven universities conducted on 19 August and participants agreed to take forward the journey in their respective colleges and schools. They will identify facilitators from each college/school by 15 September and they will then be trained on using the Jagrik toolkit by September end or October. This program was organized in collaboration with CAP. With support from education, an orientation session for 40 teachers from 24 Kasturba Gandhi Balika Vidyalaya and state resource persons on "Jagrik" Toolkit organized on 20 August. They have agreed to take this journey forward with students of KGBVs from the constitution day on 26 November. Before that the trainings on the use of toolkit will be completed for this group.
	<p>Follow up on the services received for children without parental care during the pandemic</p>

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	<p>through the support of CWC and DCPU was done. Key findings were of the total 134 children (boys: 88, girls: 46); 85 children have been placed in kinship. 5 children from the same family have been provided with residential support by facilitating the reach of housing scheme. 27 of these children are in process of being linked with sponsorship and 24 children's living in kinship care were linked with ration/food scheme. 40 children have been placed in CCIs and fit facility.</p> <p>Provision for reaching children affected by COVID – Women Helpline (WHL) 181 has been activated to take up calls with regard to children impacted by COVID in addition to 1098. The meeting with women helpline staff, JWDS, JSCPS and UNICEF was organized to work out the modalities. UNICEF support WHL to develop a reporting format and framework to capture relevant information. UNICEF in the meetings and training program with CSOs, resource persons etc. of various departments, have widely publicize the number 181 and 1098 to provide information about any child who is affected by COVID. A flow chat has been developed to explain the process by UNICEF and advertisement design for 181 was also supported which was published in newspaper by DWCD. UNICEF also supported capacity development of about 40 volunteers from across 12 districts mobilized through Action Aid partnership to provide necessary outreach support to children who have been affected by COVID through DCPU and CWC.</p>
	<p>Review cum refresher training of the PLVs working as support person to provide support to the child survivor of sexual abuse and violence and their families was organized in partnership with Center for Child Rights and JHALSA on 9 October. Through the google format, we tried to understand how has support persons been working in Jharkhand after the trainings which was completed in 2018. We received responses from 23 support persons who provided support in registration of FIR, medical examination, compensation, taking child and family to Special Court and other court procedures. The key challenge faced by support persons are lack of support and co-ordination with DCPU, CWC not formally appointing support persons, threat from the abuser as most often they are powerful and influential, difficult to reach hard to reach area as there is no transportation support, district official unaware of who is a support person and what is their role and thus they do not extend necessary support, non-co-operation from police. The key findings were shared with JHALSA as well.</p>
	<p>Follow up of children restored in the family during COVID 19 is being undertaken by the DCPUs on the directive of the Supreme Court. Detailed educational and economic status of children restored in the family is being undertaken across the state. Attempts are also being made to identify children who are eligible under sponsorship scheme. Once the data is available it will also provide a basis for developing concrete plans to support the children restored back for family strengthening and linkages with various schemes to ensure their vulnerabilities, could be reduced and they could remain at home in a safe environment where their developmental needs could be met.</p>
Maharashtra	<p>CCI:</p> <ul style="list-style-type: none"> • UNICEF completed an analysis of nearly 1000 children awaiting restoration with families in Child Care Institutions in Maharashtra with guidelines for inter-district, inter-state and inter-country transfers. This Report provided guidance to DWCD for systematic planning, coordination for safe return of children. • Round II Dialogue with Care Leavers based on evidence from a recent online survey in

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	<p>Maharashtra led by Care Leavers and guided by UNICEF. Catalyzed care leavers with resources and linkages for addressing financial security, housing, education, psycho-social support, career and employment. UNICEF advocated and secured agreement from DWCD for use of After Care Hostels by Care Leavers in Independent living facing a housing crisis.</p> <ul style="list-style-type: none"> UNICEF and iCALL (TISS) completed a needs assessment with Counsellors of Integrated Child Protection Scheme and Child Care Institutions for their capacity building to address new psycho-social care challenges due to COVID and needs assessment for self-care of staff of CCIs and Child Protection stakeholders as well as organizations involved in relief work through the Jeevan Rath platform. Commenced psycho-social resource mapping across Mumbai and state for children and families by iCALL; particularly for COVID positive patients and families in Mumbai. Procedures and checklist developed, meetings held with Secretary, Commissioner and key officers of the DWCD for a planned approach for safe transfer including inter-state and inter-country procedures; Guidance to child protection stakeholders in 5 districts completion of documentation and preparation of children awaiting interstate, inter-district and intercountry transfer in Child Care Institutions in Maharashtra. A Meeting with the Secretary and Minister, Women and Child Development to guide state actions for child protection and advocate for preventing child marriage, response to children in Aftercare and Care Leavers and psycho-social care for children in CCIs and those restored to their families. - 384 Individual Care Plans, 367 SIRs of children in CCIs in 12 districts of Maharashtra were completed by DCPU staff following the capacity development initiative "Transforming Family Based Alternative Care". This was carried out by Miracle Foundation, UNICEF and DWCD. <p>Partnerships:</p> <ul style="list-style-type: none"> Co-created resources (2 posters and 10 social media posts) for youth on mental health and psycho-social care and disseminated through youth platforms and government websites to reach 250,000 youth (with CAP) Collaboration with CHILDLINE, SBC3 to draft interdepartmental Note to address and prevent child marriage in COVID-19 and beyond. With C4D and SBC3 designed content for Community Radios in Maharashtra on mental health (key issues with an expert) and on child marriage, EVAC and child protection priorities through radio plays, discussion with experts and Q&A. With CAP, 200 state coordinators of National Social Services, Nehru Yuva Kenda, Life Long Education reached on youth engagement in COVID times and bringing linkages with Skill development department and YuWaah platform. 102 children at risk of separation of 40 families in crisis were reached through the prevention program in partnership with Miracle Foundation. Online parenting program, life skills and the WIFA (Western India Football Association) and Just Play Challenges engaged children and families to keep them safe and address psycho-social distress. The families are located in a slum community that is a COVID-19 hotspot in Pune. - With C4D, IP SBC3 and experts developed 2 radio plays on child marriage, expert

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	interviews and Q&As reaching approximately 34,50,000 people.
	<p>Case Management:</p> <ul style="list-style-type: none"> Case Management systems strengthened for children without parental care across 50% districts in the State and linkages to family strengthening measures. - Submission of recommendations on request of Governor of Maharashtra for protection of children of seasonal migrants and prevention of their unsafe migration that will commence in end October 2020 for sugarcane harvesting. Number of children likely to migrate is likely to be significantly higher given that schools are closed.
	<p>Advocacy:</p> <ul style="list-style-type: none"> Briefing Secretary DWCD on response to changing needs of Care Levers and those in After Care and recommendations to proposed amendments to the State's family assistance for child care scheme (Bal Sangapan Yojana). Advocated with Media and MLAs of Marathwada region of Maharashtra (in partnership with CAP) to prevent child marriage, child labor, safe migration in the upcoming season of migration. Development and peer review of SOP on Child Marriage following the rising reporting of child marriages across the state; in preparation for an inter-ministerial meeting. Advocacy with Secretary, DWCD on plan of action for prevention of growing child marriages in state in context of COVID. Submission of the draft SOP and Plan of Action for the State Advocacy with DWCD to accelerate the pending transfer and safe return of nearly 806 children to their homes in other districts, states, country and to use the comprehensive checklist developed for this purpose Advocacy at highest level, with Minister, WCD and Secretary, WCD led to a meeting with all District Collectors of Maharashtra for prevention and response to child marriage, coordinated actions for child safety and EVAC, GBV; regular review meetings with CP structures and systems to improve coordination. - Advocacy brief on children in Aftercare and leaving care developed with recommendations for state government especially in COVID context. Facilitated advocacy and participation of Care Leaver with Consuls General on the occasion of International girl child day that reached over 25,000 viewers.
	<p>Assessments:</p> <ul style="list-style-type: none"> Needs assessment and roll out of training for youth volunteers working with migrant families and their children as community based first responders to psycho-social support. Preparatory meetings and needs assessment with NSS youth as first responders for PSS through college Helplines, staff of organizations associated with Jeevan Rath on self-care and needs assessment and planning for capacity development of Counsellors and Staff of Child Protection System. Commencement of needs assessment and capacity development for child protection workforce and counsellors of Department of Women and Child Development on psycho-social support to reach 1500 and self-care for 300 staff of care institutions.

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	<ul style="list-style-type: none"> - Needs assessment and roll out plan for psycho-social care of children in CCIs and those restored by iCALL and UNICEF approved by DWCD. Preparation completed for the state-wide roll out of capacity development of over 1000 Counsellors, District Child Protection Unit staff, staff of Child Care Institutions and Child Welfare Committees.
	<p>Training and capacity building:</p> <ul style="list-style-type: none"> Commencement of the family-based foster-care training for 5 pilot districts to sustain deinstitutionalization, restoration. Self-care and Capacity development for psycho-social care for 50 child protection functionaries across 2 districts to address self-harm, distress, eating and health disorders faced by children in CCIs Launch of Capacity Enhancement on Psycho-social Care by Minister and Secretary, Women and Child Development Department with UNICEF and iCALL – Tata Institute of Social Sciences as knowledge partner. It includes capacity enhancement, mentoring, linkages to iCALL helpline and information resources. 1483 child protection stakeholders participated in the online self-care session and training on response to psycho-social challenges in CCIs. 68 child protection functionaries participated in a special session for guidance on issues faced by children to strengthen their response. 44 youth (29 male and 15 female) trained for first response to psycho-social needs in rural communities witnessing rise in COVID-19. - In response to rise in reporting of child marriages, a special session was held for all 36 District Child Protection Units on their role in prevention and response to child marriage, coordination with other stakeholders activating child protection committees at the village and block level. In partnership with CAP provided technical support to the Village Social Transformation Foundation to prevent child marriage in 23 districts. Supported DWCD Commissioner for a multi stakeholder action plan and convening organizations to support state efforts.
	<p>Juvenile Justice:</p> <p>Technical support to develop the Rules and Procedures for the Juvenile Justice Fund.</p> <ul style="list-style-type: none"> - Collaboration with Maharashtra Judicial Academy to train all 105 Juvenile Justice Board Magistrates and Social Workers on restoration and social reintegration of children and implementation of the guidance of the Supreme Court of India for children in the Juvenile Justice System.
	<p>Efforts towards promoting Child Protection:</p> <ul style="list-style-type: none"> Design with School Education & Sports Department for online - U tube sessions on child protection; prevention of child marriage, child labor, online safety, child sexual abuse for 700,000 teachers of the State. Launch of the Guidelines for Child protection and making Schools Safe for Children by Department of Education. The Training of senior leadership of Education Department for roll out of the guidelines. Technical guidance to MCGM (Municipal Corporation of Greater Mumbai) to roll out formation of designated Committees for Child Protection and Prevention of Violence in Schools; suggestions for criterion for selection of members of various committees (School, Ward and State).

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	<ul style="list-style-type: none"> • Scale up of prevention of child marriage –through district action plans in 5 high prevalence districts. Preparation of the design and roll out of ToTs with front line functionaries. • Scale up of Child Protection Committees in urban and rural areas – statewide; guidance, resources and approach shared with WCD. • - Roll out of the Arts based therapy program for children in conflict with law, statewide; to promote wellbeing, address distress and enhance emotional intelligence.
Uttar Pradesh	<p>Child Protection Measures:</p> <ul style="list-style-type: none"> • A total of 889 (M:508, F:391) children in labor or at risk of being pushed into labor have been identified for the conditional cash transfer scheme for child labor which was launched last month by the Chief Minister. • 11 District Child Protection Committee/ Taskforce for Ending Child Marriage Meetings took place and reviewed the child protection measures during the COVID and setup the efforts for ending child marriage. Nearly 200 volunteers have been identified in four aspiration districts under Mahila Shakti Kendra (MSK, these female youth volunteers will be work for disseminating COVID-19 messages through their network • Seven District Child Protection Committee and District Taskforce for Ending Child Marriage have undertaken stock of the progress made and the DM/CDO urged to accelerate the action to end child marriage during COVID-19. In last 15 days, three child marriages have been prevented with timely intervention by the authority • UNICEF has provided technical support in creation of an integrated organization within the Police for protection of women and children. The Women and Child Protection Organization (Mahila Ewam Bal Suraksha Sangathan) will be headed by an ADG level official. Under an Additional Director General of Police there will be one Inspector General of Police and two Deputy Inspector General official officials – this will augment the capacity of the UP police to deal with violence against women and children. With this devt., UP MSP, 1090, Women Help Unit, AHTU will be under one umbrella. • A month- long special drive has been launched to identify and remove/rescue the children from labor situation and rehabilitate them through child protection authority. So far around 100 children have been rescued and brought before the child protection system for their rehabilitation. • - Chitrakoot and Shravasti District Magistrate have approved District Action Plan for Ending Child Marriage
	<p>Partnerships/Internal Convergence:</p> <ul style="list-style-type: none"> • UNICEF in partnership with DWCD is providing support to five girl survivors of sexual assault. • UNICEF partner has provided MHPSS support to the 64 girls of a Child Care Institution that were tested COVID-19 positive. UNICEF partner has provided legal aid and MHPSS support to the 12 children in detention/Observation Homes. A total of 1,069[194 (female: 92, male 102) children, 875(female 450, male 425) Adult] received MHPSS services. • - A State level review of District Child Protection Units of 75 districts, child care institutions/alternative care with the focus on continuity of the education of the children in the CCIs during COVID -19 crisis. Decided to take up the matter of learning of the children

State	Key Activities
	in CCIs with the Education department.
	<p>Case Management:</p> <ul style="list-style-type: none"> • 340 persons have been released from bonded labor during the COVID -19 crisis. A summary trial started in the SDM court and 245 bonded labor received immediate relief of Rs. 20,000. • 37 children were recipients of the sponsorship program, an effort that will help the family to keep their children in the family and prevent family separation or unnecessary institutionalization of the children. • 1455 working children have been identified in 9-14 years age group through child labor survey in five districts. These children will be linked with the social protection schemes and the education/skill development programs. • 97 children deprived of liberty are released on interim bail in last 15 days and reunited with their family. The Case Workers and the Legal Cum Probation Officers are providing online support to these children • 222 children were rescued/removed from hazardous labor in 11 districts and all have been introduced before the Child Protection Committee for their rehabilitation, link with social protection scheme and education. • - 30 children have been reunified with the family have received cash benefit of sponsorship/family strengthening program
	<p>Training and Capacity Building:</p> <ul style="list-style-type: none"> • 426 Case workers, Protection officers, Legal cum probation officer from 73 districts have received basic training on case management for the children in conflict with law. • Around 300 members of Anti Human Trafficking Unit, Special Juvenile Police Units, District Child Protection Unit, Childline, Social Workers have received training on role of "First Responders" in combating human trafficking and protection and rehabilitation of the trafficking survivors. • 1,224 stakeholders that attended the webinar on prevention and response to child marriage, reaffirmed to take action to end child marriage in a coordinated way during the COVID-19 crisis. Key departments like DWCD, ICDS, RSK, NYK, NSS, Police, Para legal volunteers, Mahila Shakti Kendra, One Stop Center Childline and CSOs working on children and women issues participated • 861 (female 275; male 586) case workers, protection officers, legal cum probation officer and data analyst from 75 districts have received trained on Child Protection Management Information System (CPMIS), this will help on online case management which is critical during COVID-19 crisis and assist the senior management of the department to make decision based on evidence and data. • Community engagement is recognized as key for violence prevention and mitigation, nearly 500 frontline workers such as 3As, and members of community-based children protection mechanisms are provided training on risk mitigation and prevention interventions to address violence against children and gender-based violence. • About 204 (58 females; 146 males) officials/first responders of Anti Human Trafficking Unit

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	<p>and Special Juvenile Police Unit attended a training on measures against human trafficking.</p> <ul style="list-style-type: none"> • 150 nominated “support person” envisaged under POCSO Act 2012 received four-day online training and honed their skills for providing quality services to survivor of sexual abuse. ENFOLD, a Bangalore based specialized agency provided technical support. • 52 CP functionaries are attending 15 days online certificate course on Mental Health and Psychosocial Support (MHPSS) focuses on enhancing the knowledge and the skills on the basic elements of child protection, integration of child development, and mental health in the child protection interventions. • Over 390 (female 41, male 349) police functionaries including DIG/SSP Prayagraj, SP Kaushambi, SP Pratapgarh, SP Fatehpur, Addl. SPs, COs, Inspectors, Sub-Inspectors, Head-Constables, Constables were oriented on anxiety and stress management by an expert counsellor. • 589 (female 267, male 322) CCIs functionaries received online orientation on how the COVID third wave will affect the children, what preventive measures to be taken in advance. The session also included information on precautionary measures to be taken in isolation and COVID appropriate behavior. This online session was done by Dr Piyali Bhattacharya, Sr Consultant Pediatrician with SGPGI. • 984 CCIs functionaries and children including 11(Female 9, male 2) adults and 973 (girls 274, boy 699) children were oriented on CAB, personal hygiene, nutrition, health and well-being.
	<p>Law and order and working with police:</p> <ul style="list-style-type: none"> • Nine Special Juvenile Police Unit (SJPU) carried out coordination cum review meeting in nine districts. About 472 officials attended (321 male and 151 females). They agreed to give increased attention on preventing violence against children. • Working with Police: In nine districts Special Juvenile Police Units have reviewed the work on violence against children total 528 (female-156, male- 372) child welfare police officers have received information on EVAC/GBV and combating human trafficking. • - JJC reviewed the pendency of cases with each JJB in six districts [Gautam Buddh Nagar, Pratapgarh, Ghaziabad, Bulandshahr, Bareilly, Hardoi] and directed them to dispose off all petty offenses cases which were over the six months period. 848 children conflict with law (petty offenses) will be benefitted from this decision.
	<p>UNICEF provides support to the DWCD in:</p> <ul style="list-style-type: none"> • - rolling out Mahila Shakti Kendra (MSK), a relatively new GoI program for adolescent empowerment.
	<p>Community engagement for EVAC/GBV: 728 members (female – 533, male – 195) of the 19 Block level Child Protection Committee have received information and guidance to address violence against children, Gender Based Violence and ending child marriage through strengthening community-based child protection mechanisms.</p> <ul style="list-style-type: none"> • - around 22,000 village child protection committee members, block committee members and frontline workers have received information and guidance to address violence against children, Gender Based Violence and ending child marriage through strengthening

State	Key Activities
	<p>community-based child protection mechanisms.</p> <p>Planning and Advocacy:</p> <ul style="list-style-type: none"> Ministerial level monitoring and review: Facilitated the state level review of the child protection programs/schemes and initiatives by the Minister DWCD, Additional Chief Secretary, Director along with all 75 district level officials. As a result, following directions have been reached: <p>time bound action to improve services of One Stop Center accelerate the work under BBBP, Chief Minister Kanya Sumangala Scheme and to prevent child marriage during COVID-19 ensure protection of children in the institutional care and make efforts to provide family-based alternatives for children.</p>
	<p>Mission Shakti: The State Government of Uttar Pradesh launched a massive and ambitious mission to address gender-based violence (GBV) and violence against women and children (VAWC). Called MISSION SHAKTI. Under MISSION SHAKTI - 180 days, 25 departments, 75 districts, 822 Blocks, 49,000 Gram Panchayat, 630 Urban Local Bodies, 1,535 Police Stations are engaged and aimed to reach out more than 50 million people including girls and boys.</p> <ul style="list-style-type: none"> Women and Child Protection Organization (WCPO) a new integrated organization created under the UP Police department to address women and child protection issues, was formally launched by the Chief Minister on 17 October. the Minister of Labor and senior officials from the Labor department directly addressed the laborers and employers on gender equality at workplace, equal wages for equal work and prevention of sexual harassment/GBV at workplace in unorganized sectors. the Dept. of Health and Family Welfare, DWCD, ICDS focused attention on the role of frontline workers 3 As (AWW, ASHA and ANM) in prevention of GBV and EVAWC. the Education dept. conducted workshops for teachers on prevention of violence against children both girls and boys and the measure school administration can take to prevent and respond to the VAC. Education department has aimed to reach 400,000 teachers and 1.5 million MEENA MANCH Adolescent girls during the MISSION SHAKTI In addition to the support to the rollout, UNICEF has supported setting up the implementation and monitoring structure. Each department has nominated a point/nodal officer at state level and DM and S/SSP along with district officials of 25 departments at district level. State Nodal Officers will create a group for regular updating of progress and coordination. <p>Each department will set up its own implementation and monitoring mechanism led by the Head of Department.</p> <ul style="list-style-type: none"> - UNICEF will assist the participating departments in drawing up a detailed program/activities for the remaining 170 days under MISSION SHAKTI.
West Bengal	<p>In an effort to motivate children and adolescents to develop a habit of sharing food with their peers and others during the pandemic, especially with those who are under privileged and marginalized, West Bengal Commission for Protection of Child Rights (WBCPCR) launched an online campaign on 10th July, 2020 titled "Share your food"; A set of 10 posters in Bengali & English were developed with support of UNICEF Child Protection section and shared with</p>

State	Key Activities
	<p>district authorities and NGO partners for wider dissemination using existing online channels. It is expected that this would instill the value of sharing and engage children in a meaningful way to help those in need during this difficult situation;</p> <p>Involvement of Adolescents and psychosocial support:</p> <p>In order to promote meaningful participation and with the objective of making adolescents aware about their rights and responsibilities as enshrined in the Indian Constitution, 34 adolescents from Maldah and Murshidabad were trained by UNICEF partner CYC through an online interactive session on 8th July 2020. Using different games and activities, the 'Jagrik' journey through online workshop mode initiated the process of perspective building, which the adolescents build on through an experiential process that takes place later in this journey of civic engagement.</p> <ul style="list-style-type: none"> • UNICEF West Bengal celebrated the International Youth Day-2020 virtually on the theme "Youth Engagement for Global Action" in collaboration with Nehru Yuva Kendra Sangathan (NYKS), amidst COVID-19 pandemic situation reaching out to more than 650 youth participants through webinar and social media pages. NYKS State Director welcomed all participants and wished all on IYD, CFO, West Bengal spoke of UNICEF's commitment towards development of young people and promised to invest more in young people's inclusion and participation, uphold rights of children and be responsive to mental health and psychosocial support. • Technical sessions by a mental health expert on psycho-social impact of COVID-19 on young people and its coping strategies and by the Child Protection Specialist representing Section on role of youth in preventing and responding to violence against children and adolescents and the role of young change makers to establish local safety net for children and adolescents that prevent and respond to situations of vulnerabilities and abuse. • Jagrik Journey Comes to an End: The Samvidhan Live-Jagrik project is an initiative implemented by ComMutiny with the support of UNICEF aimed at building young people's awareness of their fundamental rights and duties as citizens of India. After the completion of the project in the state of West Bengal, CYC organized an online culmination event led by the Jagriks themselves. The event was held on 28 September and had more than 40 people including member from West Bengal Commission for Protection of Child Rights, UNICEF Delhi, partner organizations, stakeholders and Jagrik representatives from different districts. The Jagriks shared their experiences that were most meaningful to them during the journey. The partner organizations presented a plan to continue to engage these Jagriks in similar social action initiatives with the aim to increase adolescents and young people's awareness and engagement with government systems that constitute a democracy. • - Adolescent Fact Sheet, West Bengal and its Districts- NFHS-5 (2019-20): With an adolescent population of 18 million, it was critical for West Bengal to reflect upon key adolescent indicators in the light of the recently released NFHS 5 data. Child protection section, with the support of its partner organizations, prepared a State and District Fact sheets on key adolescent indicators based on comparative analysis of NFHS-4 & NFHS-5 data. The fact sheets captured district wise change in percentages of child marriage, teenage pregnancy and other key indicators. These have also been shared with the officials of the Department of Women and Child Development, GoWB for informing decisions and

State	Key Activities
	<p>future strategies around adolescent girls' wellbeing and development.</p> <p>Training and capacity building:</p> <ul style="list-style-type: none"> • Online Training for Support Persons under POCSO Act: 55 Para Legal Volunteers from 10 different districts of West Bengal participated from 21-24 July, 2020 organized by the State Child Protection Society, State Legal Services Authority (SLSA) and UNICEF. The training is expected to develop basic understanding of Violence Against Children (VAC), facilitate the journey of a child through the judicial system, provide psychosocial support and help a child in receiving the deserved compensation. A quarterly reporting mechanism has been jointly initiated with SLSA to document the learnings as well as challenges faced by support persons in the district. • Observing World Day against Trafficking in Persons 2020 On the occasion of the World Day against Trafficking in Persons on 30 July 2020, MoS, Department of Women & Child Development and Social Welfare along with senior officials participated in a webinar convened by the department in collaboration with UNICEF. More than 60 organizations from across 23 districts participated to facilitate a conversation with grassroots organization and survivors' network to understand the situation on the ground and hear from them. • A training of Master trainers for providing psychosocial first aid (PFA) to children affected by COVID 19 and Amphan in West Bengal was organised by CHILDLINE India Foundation and UNICEF from 10th to 12th August 2020 with technical support from NIMHANS, Bangalore. It was attended by 62 participants (Female: 33, Male: 29) including master trainers from the East Regional Office of CHILDLINE India Foundation, and their partner teams (mostly from Amphan affected districts) and child protection team from UNICEF Delhi and West Bengal. The training program helped to better understand key child protection concerns during COVID 19 and AMPHAN/other natural disasters in West Bengal which is expected to develop skills for providing PFA to children and their communities and establish child friendly spaces and providing PSS to children. UNICEF through the Child Protection Specialist emphasized on concerns in general during the global pandemics and once again focused on the common child protection risk factors for violence, abuse and neglect that have increasingly become associated with COVID-19 and the disaster caused by Amphan. • Recognizing the pivotal role of Self Help Group (SHG) members and Panchayati Raj Institution (PRI) in both preventive measures as well as facilitating responses for child protection violations, more than 350 SHG members along with some PRI members from Malda and Murshidabad districts were trained on their role in prevention of child marriage, trafficking and Violence against Children in 5 batches by CP in a joint collaboration with C4D section and facilitated by the district SBCC Cells. The trainings were attended by District social welfare officers, officials from DRDC among others. Knowledge on prevention as well as their role in addressing those issues and redressal mechanisms, creating linkages with exiting protective services and systems were shared. They were also oriented on different IEC packages developed by UNICEF which may be further used to provide information to the community people. It is expected that the trained SHG members will reach approximately 10,000 SHG members in two districts. The orientation of the SHGs in remaining three districts is in progress. A 100% mask usage SBCC

State	Key Activities
	<p>intervention will be rolled out in districts through the SHG network.</p> <ul style="list-style-type: none"> A three-day online capacity-building program was organized by the State Child Protection Society (SCPS), supported by UNICEF held from 2-4 September in which 35 Counsellors from Observation Homes, DCPU and JJBs from across the state attended. With the objective to improve primary counselling skills in which the role of JJB counsellors within the provision of the Juvenile Justice and Prevention of Children from Sexual Offences Acts along with the psychological perspective of the children under the juvenile justice system in addressing their reform, reintegration and rehabilitation. - Gender training for National Youth Volunteers: During this COVID-19 pandemic, where movement is restricted, people are confined and protection systems weaken, women and girls are at greater risk of experiencing gender discrimination, inequalities and gender-based violence. CP section of UNICEF West Bengal, realizing the need of a community-based protection system to address the issue, organized a capacity building session for 60 National Youth Volunteers (NYVs) selected from 12 districts of West Bengal on 'Gender'. The objective was to ensure that they have the necessary knowledge, skills and resources to understand the concept of gender, gender inequalities, gender discrimination and they are equipped with skills to deal with sensitive gender-based violence-related issues with a survivor-centered approach. The online session was conducted by Executive Director, Talash using different creative media engaging youth volunteers who will also work as master trainers. These volunteers, apart from working on gender issues, will also orient other volunteers and youth club members in their respective district on the issue.
	<p>Online Career Guidance: Approximately 2380 young people across 12 districts of West Bengal participated in the 'Career Class' on YouTube channel, a UNICEF India initiative facilitated in partnership with iDreamCareer which has been facilitating career guidance, job readiness, skills and socio-psychological guidance and support. These are important tools for equipping young people by providing them with the requisite knowledge needed to facilitate transition from education to work. The sessions which help young people to understand potential careers pathways, basic employability skills, art of negotiation, effective emotional management & self-regulation and the process of dealing with intrapersonal and interpersonal conflicts are expected to provide an all-round grooming and support them for the appropriate start in their careers.</p>
	<p>Awareness Generation and technical assistance:</p> <ul style="list-style-type: none"> The state level Webinar on Prevention of Child marriage organized by West Bengal Commission for the Protection of Child Rights (WBCPCR) was attended by key officials from District Child Protection Units and District Social Welfare Officers (DSWOs), Child Welfare Committee (CWC) members, Superintendent of Police (SPs), representatives of Panchayat & Rural Development Dept. and Childline from 5 western and south western districts of West Bengal. Chairperson, WBCPCR urged stakeholders to work together to practice all necessary measures to ensure appropriate legal action based on the Prohibition of Child Marriage Act (PCMA), 2006 so that girls are protected from child marriage by strengthening the implementation of the legal frameworks. Reiterating the need of greater convergence among stakeholders at district and sub-district levels, UNICEF shared key findings from case studies of preventing child marriages from 12 priority districts and

State	Key Activities
	<p>emphasized need of generating evidences.</p> <ul style="list-style-type: none"> - Child Protection: Coping with COVID 19 Webinar: UNICEF partnered with Jadavpur University to organize a webinar on 17 September 2020 to address child protection vulnerabilities during the COVID-19 pandemic to find out ways in which students and youth could provide support to their peers and siblings to cope with such situations. The webinar was inaugurated by the honorable Vice Chancellor of Jadavpur University and Associate Professor, National University of Juridical Sciences and well-known Psychologist and Psychoanalyst facilitated two sessions. The webinar reached out to more than 200 students from different colleges /universities and participants from civil society organizations.
	<p>Child Marriage in Lockdown 2020- An analysis of cases prevented from Child marriage in selected districts of West Bengal</p> <p>CP section of UNICEF West Bengal with the support of partner organizations, prepared an analytical report on the perceptions and triggers of child marriage among adolescents and their families, particularly during the lockdown period in the 12 UNICEF supported districts, where a child marriage has taken place or been prevented between March to June 2020 through direct interviews. Loss of livelihood, poverty, reduced marriage expenses during lockdown, safety concerns, gender discrimination acted as major reasons for families to get their daughters married off in an early age. The analysis also suggested a significant percentage of the cases were of supposed runaway child marriages, in which the girls attempted to escape with their partners.</p> <ul style="list-style-type: none"> - Child Marriage Scenario in West Bengal- An Analysis of Data, Drivers and Strategies: Child marriage remains pervasive in West Bengal. As per NFHS-5, 41.6 per cent of women aged 20-24 were married before the age of 18. An in-depth report on data, drivers and strategies has been prepared capturing analytical data on child marriage scenario in the state, along with existing evidences on drivers and learnings from UNICEF's past interventions. The analysis shows that child marriage and its drivers are complex and vary within and across the districts. There's also indication that whilst a multi-sectoral approach to address child marriage is needed, greater acknowledgement of adolescent sexuality as well as development of parental skills is needed to address increasing cases of elopement. The role of gender norms in shaping adolescent realities and protecting them from child marriage, violence and other exploitations is of paramount importance and lessons learnt show that work around social norms is not enough. Experience shows that interventions directly addressing the pervasive issues of gender discrimination, unequal gender roles and power dynamics are of significance for meaningful change to happen and to transform rigidly held gender norms. The analysis synthesizes all available evidences in the context of WB and presents some of the strategic shifts and way forward for programming to address the issue of child marriage.
	<p>Capacity-building of CHILDLINE workforce</p> <p>A two-day capacity building program was organized on 28 and 29 September 2020 with the CHILDLINE network in West Bengal. It was attended by 88 participants on Day 1 (Male:57, female: 31) and 85 participants from Day 2 (Male: 52, female: 33). The participants included CHILDLINE nodal coordinators, collab coordinators and sub-center team leaders. Master</p>

State	Key Activities
	<p>Trainers from the East Regional Office of CHILDLINE India Foundation also attended the sessions. The technical sessions were on Violence against Children (VAC) and Identifying key influencers for ending the practice of child marriage. For VAC it was to familiarize participants on concept of 'violence against children' and identifying strategies to engage with stakeholders in preventing violence against children.</p> <p>Despite the existence of laws against child marriage, the prevalence of child marriage in West Bengal has been a matter of grave concern especially during the pandemic situation where underlying drivers such as gender inequality, social norms, and lack of opportunities for girls are exacerbated. Realizing this, effective intervention strategies to strengthen the role CHILDLINE workforce, a technical session was organized on Day 2 under the theme ending practice of Child Marriage. The session covered innovative strategies for community sensitization and engagement of actors from every level of society from parents to neighbors, friends, PRIs, SHGs, CPCs to community and faith-based leaders.</p>
	<p>To support in the continuity of learning for children in the age group of 6-14 years, Education unit in convergence with CP and C4D have entered into a partnership with Jadavpur University Community Radio to develop educational and entertainment content for children. This will directly contribute in engaging children specially at a time when the schools are closed and difficult to be reached. Online capacity building of Head Teachers and teachers of 20 Madrashas of Malda district on Accelerated learning techniques for learning recovery completed.</p>
	<p>Discourse on issues of Abuse, Neglect and Child Marriage: University Webinar Series Continuing the partnership with Jadavpur University for a series of Webinars on 'Child Protection Risks during the Pandemic and Coping Skills' with universities of prominence, the second and third Webinars were held at Burdwan University and Viswa Bharati University on the issues of Abuse and neglect and Child marriage respectively. Apart from the Registrar and senior faculty members, the discourse elicited participation of more than 200 college students and helped to trigger understanding around these key child protection issues.</p>
	<p>Engaging children and young people for the UNICEF Strategic Plan, 2022-2025:</p> <ul style="list-style-type: none"> - An online State level Consultation was organized with adolescents and youth on 12 February 2021 to capture their views and suggestions in the process of developing the UNICEF strategy for 2022-2025. 26 girls and 13 boys participated from different geographical locations (rural-21, urban-18), religions and socio-economic classes (SC-8, ST-7, minority-9, general-15). They discussed on five different thematic areas viz. Learning and skills, Climate change & disaster preparedness/resilience, Mental health, UNICEF's engagement with children and young people and Child marriage. Gender dimensions were integrated as a cross-cutting issue across the thematic areas.

Social Protection:

State	Key Activities
Bihar	<p>A study on shock responsive social protection is being conducted along with DRR and Nutrition section. The framework has been prepared and study roll out to start shortly.</p>
	<p>Advocacy for budget: UNICEF has been advocating for a dedicated prebudget consultation on</p>

State	Key Activities
	<p>children. A child budgets memo was presented to the Finance Minister followed by a one-to-one meeting with the minister to advocate for public finance for children.</p> <ul style="list-style-type: none"> - The Humanitarian Cash Transfers Assessment is completed now. Advocacy and dissemination meetings are being set up <p>Tracking and Monitoring of COVID-19 response: A social protection tracker is being designed to monitor the implementation of COVID-19 and routine social protection services as well as continuity of child related social services.</p> <p>Addressing migrant crisis: A study on the impact of COVID-19 on migrant workers in Bihar and UP is being done jointly by CP and ISP. The data collection has been completed and we are in the process of drafting the findings from the study.</p> <ul style="list-style-type: none"> - The impact assessment of COVID-19 on children affected by migration is ready to be disseminated. Phase 1 results and recommendations were shared with Government in May 2020. The analysis including UP has now been completed for both phases of work. <p>State Plan of Action for Children: To effectively monitor progress against the State Plan of Action for Children (SPAC) a Dashboard is being developed in collaboration with IIT Patna.</p>
Jharkhand	<p>Inclusive SP measures:</p> <p>An analysis of social protection measures during COVID-2019 was discussed with the social audit team lead and an initial agreement on inclusion of all social protection schemes was achieved. The framework will include social protection schemes beyond food security measures, and a more detailed framework will be finalized in the next meeting.</p> <ul style="list-style-type: none"> Strengthening decentralized governance for responding to COVID-19 pandemic at Panchayat level, one of the key efforts in collaboration with district administration is to involve standing committee of the Panchayat. UNICEF reached out to more than 300 members of the standing committee on monitoring of regularization of service in 50 panchayats of West Singhbhum District. The standing committee members are capacitated to use the M & E tool for reporting on status of service delivery to the district administration, proposed actions in GPDP and resource gaps for improving indicators. Directorate of Economics has shared the proposal for piloting Adhar Linked Birth Registration with secretary of the department. An advocacy meeting with secretary has been planned. The Single registry system concept note for state was shared with DES director. Operation modality was discussed, and it was further suggested that secretary would like one section on operationalization of this concept. Initial input from DES used for further grounding of concept. Improved implementation of Mukhyamantri Sukanya Yojna for social protection of girl child scheme in the state – coverage has started improving post COVID situation The report on rapid socio-economic situation analysis has been shared with Chief Secretary and important advocacy points are formulated and shared with state Chief Minister Office for suitable actions and advocacy for improved implementation of social protection schemes - The second phase of situation analysis report information collection completed, and analysis is taken up for identifying further gaps in implementation of most of the state and

State	Key Activities
	central social protection, child protection and food security measures.
	<p>Panchayats and resuming AW services:</p> <ul style="list-style-type: none"> Working with panchayat representatives and district administration guidelines have been developed for monitoring of social protection services at panchayat level. Resuming Anganwadi services for women and children, sub health centers and MDM to all children in villages is challenging and requires support and guidelines for operating in post COVID lockdown situation. Based on information provided by partner organization the first draft of guidelines has been submitted to office of DDC for suggestion. - Panchayats as monitor of social protection benefits, food security benefits and child protection issues, we have started a partnership with PRADAN in 133 panchayats and 5 districts of state for reaching out to all children who have lost both parents due to COVID, linking at least 10000 migrant from these district to suitable social protection benefits and addressing child protection issues during COVID second wave.
	<p>Advocacy:</p> <ul style="list-style-type: none"> Initiated discussion with Secretary WCD for piloting Universal Child Grant in a smaller geography based on current design of the scheme. Agreement was on finding an appropriate time for taking forward this advocacy with higher authorities jointly as partner with WCD. Initial agreement with Secretary WCD for resource allocation for Mukhyamantri Sukanya Yojna and feedback on ToR for developing an MIS for this scheme has been received. Post COVID it is likely that allocation for regular schemes will be done and implementation of scheme will resume. Successfully advocated for piloting of e-tool based monitoring of services in two districts (West Singhbhum and Bokaro) and presented the work to be undertaken for strengthening local governance. The department of Rural Development (Panchayati Raj) has agreed for using the department website for hosting and funding from RGSA scheme. This will be one of the innovative schemes to be proposed to Ministry in next financial year. There has been continuous feedback and follow up for implementation of social protection schemes in field by team of social audit, within department of Rural development Outcome budgeting and SDG based budgeting for 11 social sector departments has been successfully supported. All the allocations in these departments now have outcomes, outputs and target for the FY 2021-22. Nodal officers from these departments are trained on process of conversion of outlays in outcomes and providing targets for schemes using data from secondary sources has been ensured. - Continuing our advocacy with state department of finance we have made another round of presentation with special secretary and minister. Completed further evidence building for presenting before secretary and final inclusion in state budget 2021-22.
	<p>Capacity building and training:</p> <ul style="list-style-type: none"> - In collaboration with District Administration West Singhbhum, orientation of PRIs from 4 blocks on 15th Finance commission resource planning and utilization for children, women and COVID migrants and their families has been initiated. Approximately 300 PRIs and

State	Key Activities
	Standing committee members have been trained at Divisional Training Institute (DTI) Chaibasa.
Maharashtra	<p>Planning and Advocacy:</p> <ul style="list-style-type: none"> MOU between UN Women-UNICEF and the department of Finance for tracking outlays to outcome for Women and Children signed by GoM (for the period 2021-22). Child and gender budget statement for 2021-22 under development for placement in upcoming assembly. - MOU among DoP-International Institute of Population Studies (IIPS)-Regional Center for Environment and Urban Affairs (RCEUS), MoHUA and UNICEF for Urban MPI developed and in discussions among all stakeholders. Government resolution (GR) for Urban MPI with a financial outlay of Rs.10 Crores will be issued shortly. TOR for PRIME process submitted and under review.
	<p>Training and capacity building:</p> <ul style="list-style-type: none"> - Developed the SDG training framework on Child and Gender related goals in partnership with Center of Excellence (COE) Public Finance, MSEPP and Department of Planning (DoP). Module development underway and TOTs scheduled in April-May.
	<p>Advisory and technical Support:</p> <ul style="list-style-type: none"> TOT child and gender friendly governance rolled out by SIRD; 3 divisions covered. Resource package including an animation film developed and disseminated to all districts. Developed guidelines for 3% DPC funds for Women and Children in close coordination with DoP and WCD. A shock responsive, Child and Gender responsive GP- State pilot initiated in Kolhapur (RDD minister's constituency) with an allocation of Rs. 1.3 crore. The model also includes demonstration of risk informed planning and a web-based system to track monitoring of progress on social indicators and expenditure. Decision to establish a state, district and block committee with UNICEF membership on advisory role. A State level Ministerial launch is planned in Early March. Developed resource materials on Social protection programs and Risk informed Planning for GPs through UNICEF-RSCD-RDD partnership. - Drafted the Plan of action and inputs for the study on social protection mechanisms among child migrants and portability of social services in Maharashtra.
Uttar Pradesh	<p>Planning and Advocacy:</p> <ul style="list-style-type: none"> Formation of Urban Poor Settlement committees as part of urban governance project. Developed a pocket diary on Social Protection schemes for Urban poor. Initiated the program feedback on Scheme for Adolescent Girls Facilitated five divisional reviews on birth registration. Initiated data compilation of CRS and HMIS data on births and birth registration as an advocacy tool - Submitted an advocacy note based on the analyzed data on birth registration from CRS portal and HMIS to the Chief Registrar. A meeting was held on 16 September with all departments concerned to address the reduction in the birth registration across the state. Prepared an action plan for the next three months to address the reduced levels. In

State	Key Activities
	<p>Lucknow, over 250 Private hospitals are using CRS portal for birth and death registration.</p> <p>Training and Capacity Building:</p> <ul style="list-style-type: none"> Initiated training of Mohalla Samitis on Gender responsive planning and community monitoring - Completed orientation of CAB for newly elected GP members in the demonstration panchayats across the aspirational districts. <p>Technical Support:</p> <ul style="list-style-type: none"> Developed revised design for Mukhyamanthri Kanya Sumangala Yojana Prepared a policy brief and advocated recommendations on Scheme for Adolescent girls. Prepared a policy brief on empowering GPs to undertake Community preparedness as per MoPR guidelines. As a follow up of this Dept. of PR agreed to hold a writeshop on OSR- Own Source of Revenue. Developed the training module of PMMVY with aspects of social protection and gender - Provided technical support to DWCD in designing a scheme for COVID affected Children in the state.
West Bengal	Evidence generation through secondary data analysis/deep dive analysis and development of knowledge products for program planning and evidence-based decision making.
	Technical Support to DWCD&SW for enhancing the coverage of Kanyashree Prakalpa Scheme and strengthening CASH PLUS interventions (Kanyashree Club Roll Out)
	Draft Technical Policy Note for Finance Department seeking approval for utilization of unutilized funds and continuation of SAG-KP Convergence Scheme beyond March 2021. The Draft Technical Policy Note has been submitted to DWCD&SW, GoWB for finalization & further onward submission to DoF, GoWB
	West Bengal Social Sector Budget analysis policy note developed for FY 2021-22.
	Technical consultation with BRAIPRD, DoPRD expert group for reviewing training module on Risk Informed Child & Gender Responsive Governance in West Bengal
	Facilitated technical session on - Risk Informed Child & Gender Responsive Governance during online training for <i>Karmadhyakshas of Shishu O Nari Unnayan, Janakalyan O Tran Sthayee Samitis</i> of all Zilla Parishads and Panchayat Samitis of West Bengal

Annexure 6: Terms of Reference

TERMS OF REFERENCE

1. Background

The COVID-19 pandemic has created an unprecedented emergency globally, its effects reaching far beyond the health sector to almost all other areas of social and economic well-being. In India, as of 1 July 2020, over half million cases have been confirmed across the country and continue to rise rapidly. Since the onset of the emergency, UNICEF has worked closely with WHO, the designated UN agency leading COVID preparedness and response, to support the Government of India in developing and implementing its COVID preparedness and response plan. While in the initial stages, UNICEF's focus was on Risk Communication and Community Engagement (RCCE), the agency has moved towards implementing a cross-sectoral COVID response plan to deal with the immediate and long-term effects of the pandemic.

The Government of India has undertaken a pan-India approach to address COVID-19, involving various line Ministries and all states/UT. The Prime Minister's Office, Ministry of Health & Family Welfare (MoHFW) and Cabinet Secretary are closely monitoring the situation and leading the response. Several major steps and measures continue to be implemented with the dynamic escalation of the COVID-19 infection globally as well as at the national level. For example, the Govt. initiated regular reviews chaired by the Union Health Minister, held with Ministries of Health, Defence, External Affairs, Civil Aviation, Home, Textiles, Pharmaceuticals, Commerce, Panchayati Raj and other officials including State Chief Secretaries. All the states and UTs of India have been advised to invoke the provisions under Section 2 of the Epidemic Disease Act 1897, which includes special measures to be taken by the Centre to "prescribe regulations as to dangerous epidemic disease." The government has declared the COVID-19 outbreak in the country a "notified disaster", in a move called "a special one-time dispensation", to provide compensation and aid to infected people and the families of those who died due to the virus. Lockdown was notified in mid March using provision of the National Disaster Management Act'2005. Funds for this and other measures were drawn from the Disaster Response Funds of each state (SDRF). Travel Advisories have been issued by MoHFW and regularly updated. The Government of India has produced and disseminated various guidelines related to surveillance, contact tracing, infection prevention and control, and clinical management⁴. A national Helpline number and State & UT numbers are available to the public. In June, lockdown conditions in most states have been eased allowing the resumption of certain types of movement and economic activity. The situation is constantly monitored, and areas with a high infection rate are declared 'containment zones' with no movement allowed.

At the onset of the epidemic, UNICEF India has worked in close coordination with the Ministry of Health and Family Welfare and with WHO, primarily focusing its efforts to support coordinated actions for the preparedness, containment and mitigation of the outbreak. The rapid escalation of COVID-19 cases both globally and in India, and the consequent measures undertaken by the Government of India, have clearly and quickly transformed the pandemic from a pure health event into a broader and much more complex phenomenon, which has immediate and medium term social and economic consequences on the society at large and on vulnerable communities in particular.

In this regard, UNICEF has shifted the focus of its response and progressively adopted a multi-sectoral approach to protecting women and children's rights through policies and programmes. This approach required strong coordination with all relevant Ministries involved in the response actions in order to protect such rights.

UNICEF's response plan has been designed to primarily address two major issues: minimizing the impact of the outbreak on the population, with a focus on women and children, and ensuring that essential services for women and children are adapted to the context and accessible during and after the epidemic.

⁴ Last accessed on 8 May 2020 at: <https://www.mohfw.gov.in/>

UNICEF is uniquely placed to support the response to COVID-19, through the capillary presence of multisectoral teams in 13 field offices operating extensively in the field of health in 23 states and more intensively in more than 100 districts of the country. The UNICEF team comprises experts in health, nutrition, water and sanitation (WASH), education, child protection, inclusive social policy, disaster risk reduction, communication for development, gender, research, monitoring & evaluation, and external comms and advocacy. The Chiefs in field offices are also the Area Security Coordinators for UN and coordinate Business Continuity Practices (BCP) measures for all UN personnel in their area in collaboration with designated WHO medical officers. UNICEF also brings in national and international experience of preparing and responding to various other emergencies such as measles, cholera, Zika, Acute Encephalitis Syndrome (AES), and floods and cyclones, among others in the context of India.

Based on the above strengths, UNICEF and partners are focusing on action around six key pillars of crisis response:

1. Risk communication and community engagement (RCCE)
2. Provision of critical medical and water, sanitation and hygiene (WASH) supplies and services and improving Infection, Prevention and Control (IPC)
3. Provision of adequate health care for women, children and vulnerable communities, including case management, provision of essential routine health and nutrition services
4. Access to continuous education, social protection, child protection, and gender-based violence (GBV) services
5. Data collection and social science research on the secondary impacts on children and women
6. National and State level coordination, technical support and operational costs

Most of the support provided by UNICEF will rely on existing 'service delivery platforms', and is to be delivered through existing government initiatives therefore contributing not only to COVID-19 preparedness and response, but also to overall systems strengthening.

2. Rationale & Objectives of the Evaluation

UNICEF India is commissioning a Real Time Evaluation (RTE) to assess and improve the relevance, coverage, effectiveness and efficiency of its COVID-19 crisis response, by providing immediate feedback and recommendations for improvement across the six pillars of response outlined above. The evaluation objectives are to:

1. Provide monthly feedback to the UNICEF India Crisis Management Team (CrMT) on the relevance, coverage, efficiency and effectiveness of its COVID-19 response. (Feedback will be provided on one pillar per month.)
2. Identify challenges and bottlenecks in service delivery and provide recommendations for improvement.
3. Involve partners, stakeholders and beneficiaries in shaping UNICEF's crisis response to ensure it is more participatory and responsive to needs on the ground.
4. Act as a real time lessons learning exercise that adjusts and improves planning and performance, allowing for ongoing correction of the current crisis response, but also collects lessons for future health emergencies.
5. Identify and fill gaps in UNICEF India's ongoing evidence gathering efforts.
6. Collect data for use in future evaluation/s of UNICEF's response.

The RTE needs to start early in UNICEF's COVID-19 crisis response to ensure that real time evaluation findings are considered alongside monitoring and other data to contribute to evidence-informed decision-making throughout the response.

3. Use of Findings

It is expected that the evaluation will produce ongoing findings on a monthly basis which will be presented at regular meetings of the CrMT to allow for immediate consideration and course correction. The use of

findings will be steered by a Core Group of senior managers, chaired by the Representative. While the RTE focuses on examining UNICEF's actions and inputs, where appropriate, relevant findings may also be shared with UNICEF's government, UN and civil society partners involved in the COVID-19 crisis response to increase learning, accountability, collaboration and a more effective and targeted response. The option to share findings outside of UNICEF will be decided on a case-by-case basis by senior management (namely section chiefs and Chiefs of Field Offices-CFOs). The Core group will track how the CrMT responded to the findings and recommendations arising from the evaluation using an action point tracking sheet which will be shared on UNICEF India internal COVID-19 site and reviewed during CrMT meetings on a monthly basis.

4. Publication Plan

Each month, the selected agency will summarise the RTE findings in a 3-5 page brief, which will be published on UNICEF's internal COVID-19 site, disseminated during CrMT meetings, and where appropriate, shared with key partners over email or another suitable platform. The briefs will remain foremost an internal document, however at the conclusion of the RTE, agency will write up the findings, recommendations, lessons learned, methodological and other developments, in a formal evaluation report, which will be published on UNICEF's global Evaluation & Research database (EISI) and made available to the public.

5. Scope of Activity

a. Scope:

- **Definition of RTE:** This ToR defines a real-time evaluation (RTE) as an evaluation that is carried out while a programme is in full implementation and the RTE's purpose is to almost simultaneously feed back findings to the programme for immediate use. An RTE corresponds to standard definitions and characteristics of evaluation, is carried out in the early stages of an emergency, typically 2-3 months after the crisis and usually repeated during the project cycle. An emphasis is placed on participation of UNICEF staff and the reporting method prioritises accessibility, rapid dissemination and participation with the implementing staff. Findings and recommendations are delivered briefly in written form. (Adapted from Sandison, 2003, p. i)
- **Evaluation team:** This RTE will be completed by an external evaluation agency that has recent experience working with UNICEF India and is highly familiar with UNICEF's work. The external agency will receive strong support and technical guidance from the UNICEF India Research & Evaluation Specialists in drafting the questionnaires. UNICEF programme staff (from Delhi and field offices) will be involved in providing input into the contextualization of questions and identification of interviewees/participants.
- **Timeframe:** This RTE is for a period of 35 weeks from August 2020 to April 2021, with the potential to be extended, depending on necessity. Given its objective to provide real-time feedback, the evaluation covers primarily the current time period as the crisis response unfolds, but with a forward-looking perspective to influence upcoming months of implementation. The data can later be used for a retrospective summative evaluation, lessons-learning exercises and other secondary data syntheses and reviews.
- **Programmatic scope:** The RTE covers UNICEF's response to the COVID-19 crisis in India and as such needs to provide feedback on all six key pillars of UNICEF's response. However, since the majority of UNICEF's response is conducted in collaboration with the Government and other partners, the evaluated inputs may be of a joint nature and findings may be of interest to UNICEF's partners. Data will be collected continuously with a focus on one pillar per month. Pillars will be prioritized based on their budget. The key evaluation questions outlined in Table 1 below will guide the development of pillar- and state-specific questions for each round of data collection; these specific questions will be developed with the help of the relevant UNICEF Field office, programme specialists and the Research & Evaluation Specialists based in Delhi.
- **Geographic scope:** Evaluation of pillars 1-4 will focus on five purposively selected states:
 1. Maharashtra (transition state with high burden of COVID-19 cases; large migration population; urban programming).

2. West Bengal (high burden state; mid-level burden of COVID-19 cases; allows for examining the intersection between COVID and DRR response)
3. UP (high burden state; mid-level burden of COVID-19 cases; promising initiatives by UNICEF)
4. Jharkhand (large tribal population; low COVID-19 cases)
5. Bihar (high burden state; mid-level of COVID-19 cases; lacking external support to response)

However, some UNICEF inputs for pillars 1-4, such as the procurement of PPE, oxygen products and lab products (Pillar 2) will also be evaluated at the national/union level with key national stakeholders. Evaluation of pillars 5 and 6 will be at the national/union level only.

- **Participants:** Similar to the selection of states, participants will also be selected purposively each month. The first step in this regard will be to map stakeholders against Pillars by state/national level and identify those who may be able to answer questions on a number of topics. Participants will include key stakeholders involved in implementing the response, both inside and outside of UNICEF. In the initial stages while face-to-face contact is not possible, participants will be interviewed remotely (mostly over the phone) and will include UNICEF field office and Delhi staff, state, district and block level officials, teachers and health workers, and implementing partners. Relevant national-level officials (e.g. from MoHFW) and stakeholders from other organizations involved in the response (e.g. WHO, ICMR, UNRC office, World Bank, BMGF, and others) will also be included. Once face-to-face contact becomes possible, community-level stakeholders, such as parents and young people may also be interviewed in focus group discussions.
- **Relationship to other evidence-generating activities:** The RTE is designed to complement other data collection efforts, namely the monitoring of Humanitarian Performance Matrix (HPM) indicators (see Annex 3). One of its objectives is to identify and fill gaps in ongoing evidence generating efforts. This will require staying abreast of the findings from numerous rapid assessments, reviewing HPM and Results Assessment Module (RAM) indicators, reading field communications and reports, and asking questions to further understand the reported findings or to fill a gap where no information about a programmatic response exists.
- **Lessons learned review:** An additional internal evaluative activity will take place, running parallel to the RTE; namely a Lessons Learned Review (LLR). The LLR aims to periodically (every 3 months) reflect on the progress to date and formulate lessons learned, across all of the COVID response pillars at the same time. (Please refer to Annex 6 for further details). It is expected that activities under the RTE will support the LLR, and that the evaluation team will undertake specific additional tasks to prepare for and document the LLR.

b. Evaluation Criteria and Questions

The RTE will address the evaluation criteria and Key Evaluation Questions (KEQs) outlined in Table 1. Please see Annex IV for more detailed inquiry dimensions and examples of pillar specific questions.

Table 1: Evaluation criteria and Key Evaluation Questions

Evaluation Criteria	Key Evaluation Questions
Relevance	<ul style="list-style-type: none"> • To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government priorities? • To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states? • To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families? <ul style="list-style-type: none"> ◦ To what extent are the COVID-19 response activities appropriately tailored to respond to the different needs of girls and boys and women and men, and children and families from disadvantaged, marginalized and vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster

	<p>care) and/or those separated from their families, orphaned, quarantined children, out-of-school children and victims of gender-based violence (GBV)?</p> <ul style="list-style-type: none"> Is UNICEF's COVID-19 response programming informed by evidence and guided by a clear ToC? To what extent is UNICEF India's response adhering to global guidance on L3 emergencies?
Coverage	<ul style="list-style-type: none"> To what extent are the key stakeholders and beneficiaries of the different approaches covered under the six pillars being reached? Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations, including children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, quarantined children, victims of GBV, and out-of-school children? Is UNICEF's COVID-19 response likely to reach/are materials accessible to girls and boys equally?
Efficiency	<ul style="list-style-type: none"> To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priorities? To what extent is UNICEF managing and delivering its COVID-19 response in a timely coordinated, coherent and quality way? To what extent is UNICEF adapting its activities to become more efficient based on learning and a changing COVID-19 context? Are there any inefficiencies associated with implementation of the crisis response (e.g. low awareness and uptake, unavailability of frontline workers and other key personnel, misunderstanding or misuse of UNICEF's messages etc.)?
Effectiveness	<ul style="list-style-type: none"> What bottlenecks exist to efficient implementation of the crisis response? What has UNICEF not thought about it delivering its response in each area under the six pillars? To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting women and men, and vulnerable and minority populations? What unintended outcomes are realised that need to be reinforced or mitigated? How well is UNICEF's response coordinated? (This question needs to examine internal coordination across sectors and external coordination with partners.)

6. Methodology

a. Approach:

This RTE will review existing data and other information collected by UNICEF and use qualitative methods to make inquiries into UNICEF's performance during the COVID-19 crisis response. This longitudinal (8 months) observational design will collect and analyse qualitative data rapidly and on a rolling basis to feed back into UNICEF's ongoing response to the pandemic.

Approach I: The first approach to evaluating UNICEF's response consists of an ongoing desk review of situation reports (SitReps), rapid assessments, HPM and RAM indicators and other data generated by UNICEF to assist with identifying trends in performance, gaps in knowledge and assist with formulating interview questions and interpreting findings. Corporate guidance on L3 emergencies will also be reviewed to benchmark UNICEF India's performance against global standards. It is anticipated that this approach will involve conversations with UNICEF staff members, such as Programme Chiefs, M&F focal points and others to collate/source relevant documents, help formulate interview questions, and also seek their understanding or perspectives on progress to date, bottlenecks and lessons learned.

Approach II: Data collection using key informant interviews (KIs) needs to begin immediately in order to shape UNICEF's ongoing response to the pandemic. During the period when the risk of infection from the novel corona virus is still deemed high by the Government of India (GoI), WHO and UNICEF, all data collection will take place remotely, using the telephone or where applicable, digital platforms such as WhatsApp, online surveys, etc. Each month, a small number of purposefully selected stakeholders (approx. 10 per state and 4 at the national level) will be contacted to answer questions about activities under one of the six key pillars of UNICEF's crisis response. Interview questions will be based on the KEOs, but customized to address specific sectoral/multi-sectoral activities that fall under the examined pillar and also contextualized to the examined State. The questions will be co-written together with UNICEF on a monthly basis. Results will be analysed and communicated back to UNICEF's CrMT in a monthly brief (see Annex I for the content outline). Video recordings of relevant situations may also be collected during this phase, as and when appropriate. Government of India rules and guidelines regarding movement under COVID-19, and UNICEF's ethical guidelines will need to be adhered to during this phase. Table 2 outlines the suggested decision-making process to interviews each month.

Approach III: Once the risk of contracting the novel corona virus is declared as low by the GoI, WHO and UNICEF, data will also be collected at the community level in face-to-face focus group discussions (FGDs). During this phase, the desk reviews and KIs will continue as earlier, but their findings will be complemented by beneficiary experiences collected in FGDs. FGD results will be reported in the same brief as KI results. Protective equipment may need to be worn by data collectors during this phase. If the situation does not improve and UNICEF does not deem it safe for face-to-face data collection to resume, the FGD component will need to be dropped from the evaluation and a contract amendment will need to be done. Please see instructions on how to account for this possibility in the financial proposal below.

Table 2: Suggested approach to monthly data collection (Approach II)

Step no.	Activity	Parties involved
1.	Interviewees are mapped for all pillars	Field office sector specialists, Delhi sector specialists, R&E Specialist
2.	Pillar of focus is purposefully selected.	Core Group, R&E Specialist
3.	Specific evaluation questions are drafted in collaboration with the relevant section and field offices	Evaluation agency, Field office sector specialists, Delhi sector specialists, R&E Specialist
4.	A brief evaluation matrix is developed and includes KEOs, dimensions of inquiry, pillar SEQs, and means of verification/KIs	Evaluation agency, R&E Specialist
5.	Specific evaluation questions (SEQs) are translated into interview questions/tools	Evaluation agency. Reviews conducted by R&E Specialist, FO focal points, section focal points.
6.	Data collection, data analysis and brief writing	Evaluation agency.
7.	Review of findings and decision on next pillar and states	CrMT, Core group
8.	Action points captured and tracked	R&E Specialist
9.	Begin work on next pillar	Evaluation agency; R&E Specialist, Field office sector specialists, Delhi sector specialists

b. Data collection, Sampling Methodology and Quality Assurance:

Data collection

- **Approach/Step 1:** The first step is to conduct a desk review of numerous evidence sources produced by UNICEF as part of its COVID-19 response. Review materials will include situation reports (SitReps), rapid assessments, HMP and RAM indicators, documents/guidance notes that showcase change in programming strategy. updates from States, and CrMT presentations to see

how programming is adapting over time to the situation. Global UNICEF guidance on L3 emergencies will also need to be reviewed. The desk review will also assist with identifying trends in performance, gaps in knowledge, formulating interview questions, and interpreting findings. Similar to the collection of primary data, the desk review should be conducted on a continuous basis in accordance with each pillar, with a more elaborate review conducted at the start of the evaluation to allow the evaluation team to get up to date on UNICEF's response. The evaluation agency must use an indexing tool to capture and track all the documents reviewed, and extract the key relevant information for each. The initial, comprehensive desk review will be a core component to input into the first session of the Lessons Learned Review, and it is expected that a summary report (max 10 pages) is produced, along with presentation slides to be used in the LLR session.

- **Approach/Step 2:** During the second step data will be collected in KIs over the phone or via quick surveys shared over WhatsApp or another easily accessible digital platform. The exact approach and platform will be tailored to suit the respondents. To answer some of the KEQs, where appropriate and relevant, participants will also be asked to use their phones to record videos showing the situation under investigation (e.g. online training set-up; distribution of sanitary products; risk communication materials in a given area; etc.).
- **Approach/Step 3:** During the final phase, data will be collected in face-to-face FGDs with community members. Data will be analysed using content analysis. The analytical approach is to be proposed by the evaluation team in its technical proposal, bearing in mind the rapid nature of the feedback. Software packages such as NVivo may be used to analyse the data. A rapid content analysis by one coder will be sufficient in this instance as long as some benchmarks of objectivity are employed (e.g. reporting on all opinions equally, not cherry-picking responses, etc.).

Permission to collect data

The National Disaster Management Act has been activated across the country requiring permission for data collection from central government. However, as this is an internal evaluation of UNICEF's response, the NDMA does not apply. Nevertheless, UNICEF will inform its government partners that the evaluation is underway. At the national level, UNICEF will inform the Ministry of Women and Child Development and at the State level, relevant departments whose officials are invited for an interview will also be informed.

Data analysis

The evaluation team will develop an evaluation matrix as an analysis framework and conduct an analysis across the dimensions of inquiry based on the pillar SEQs. The framework will be adjusted every month as a function of the pillar and context/needs. All primary data will be analysed qualitatively using content analysis and reported by presenting overarching themes and contextual differences. The different experiences of women and girls and boys and men will need to be fleshed out, as will the experiences of vulnerable and marginalized groups.

Participants

Step 2 participants will include UNICEF field office and Delhi staff, state, district and block level officials, implementing partners and national-level government officials, as well as other organizations and agencies collaborating with UNICEF on the COVID-19 response work (e.g. WHO, ICMR, UNRC office, World Bank, BMGF, and others). These will be interviewed over the phone, and/or asked to complete brief online questionnaires. They may also be asked to send in video recordings depicting their situation. Where contact data is available, some community-level informants may also be contacted during Step 2, for example frontline health workers and teachers. As part of Step 3, community-level stakeholders, such as beneficiaries (parents/caregivers and adolescents) will participate in FGDs. With infection rates on the rise as this ToR is written, it is difficult to predict how many FGDs will be able to take place. The bidder should factor in four rounds of FGDs, one for each Pillar 1-4, and one round per month.

Sampling

The sample will be purposive and non-representative. For Pillars 1-4, data collection using KIIs will take place in the states of Maharashtra, West Bengal, Uttar Pradesh, Jharkhand, and Bihar with approximately 10 key informants per state each month. Another 4-5 key informants working at the national level will also be purposively selected and interviewed each month. For pillars 5 and 6, approx. 20 key informants at the national level will be interviewed.

UNICEF will provide the names and contact details of the interviewees from each selected pillar and state during each round of data collection. Efforts will be made to sample from districts which are different from each other in terms of types of interventions, socio-economic status, connectivity and remoteness, literacy rate and perceived status, impact and/or innovativeness of implementation (e.g. those where UNICEF believes the crisis response is going well and those where difficulties are experienced). For example, when reviewing pillar 4 sampling may be according to education, SP, CP or GBV focused interventions.

Pillar-specific data will be collected on a monthly basis. Some interviewees may be interviewed for more than one pillar. Additionally, as each pillar will be examined twice, the same interviewees may be interviewed on two different occasions to track change. However, there is likely to be some variation even to the participants interviewed for a particular pillar, as for example new CSO/implementing partners may need to be purposively sampled. Decisions around sampling will be made together with UNICEF on a rolling basis.

FGDs will need to ensure homogeneity of participants to elicit consistent information.

Table 3: Proposed participants and sample size per monthly round of data collection in Step 2, for Pillars 1-4. (Participants will mainly be interviewed over the phone. Some may be asked to send a video recording of their situation. Online surveys may be conducted where desirable.)

Phase I (KIIs)		
Participant	No.	State
National-level participants, including government officials	2	Delhi
Other organizations supporting in COVID-19 response (e.g. WHO, WFP, UNDP, ILO, WB, BMGF, etc.)	2	Delhi
UNICEF Delhi Programme Specialist	2	Delhi
UNICEF Field Office Programme Specialist	5 (1 per state)	Maharashtra, West Bengal, Uttar Pradesh, Jharkhand, and Bihar
State level official	5 (1 per state)	Maharashtra, West Bengal, Uttar Pradesh, Jharkhand, and Bihar
District level official	5 (1 per state)	Maharashtra, West Bengal, Uttar Pradesh, Jharkhand, and Bihar
Block level official	5 (1 per state)	Maharashtra, West Bengal, Uttar Pradesh, Jharkhand, and Bihar
CSO/implementing partners	10 (2 per state)	Maharashtra, West Bengal, Uttar Pradesh, Jharkhand, and Bihar
Total per monthly round	36	

Table 4: Proposed participants and sample size per monthly round of data collection in Step 3, for Pillars 1-4. It is envisaged that there will be four rounds of monthly FGD data collection (November – February). (Please note that the typology of community-level participants may change, depending on the pillar. For example, ASHAs or teachers may substitute parents.)

Phase II (FGDs)			
Participant	No. of participants per FGD	No. of FGDs per month	State
Female caregivers/mothers	7	3	Select 3 from: Maharashtra, West Bengal, Uttar Pradesh, Jharkhand, and Bihar
Male care givers/fathers	7	3	As above
Adolescent girls	7	3	As above
Adolescent boys	7	3	As above
Total per monthly round	28	12	

Table 5: Proposed participants and sample size per bi-monthly round of data collection in Step 2, for Pillars 5 and 6.

Phase I (KIs)		
Participant	No.	State
National-level participants, including government officials	5	Delhi
Other organizations supporting in COVID-19 response (e.g. WHO, WFP, UNDP, ILO, WB, BMGF, etc.)	10	Delhi
UNICEF Delhi Programme Specialist	5	Delhi
Total per monthly round	20	

Quality assurance and data management and ownership

Data will be reported at the aggregate level, but pertinent quotes that describe a situation of interest will be included in the monthly briefs, using the official title of the interviewee (provided they have consented to this). Data will be de-identified after analysis and stored securely by the evaluation team. Data will be destroyed four years after the completion of the RTE. As per the Standard Terms and Conditions governing this contract, all data collected for the purposes of this evaluation will be the property of UNICEF. The technical proposal should outline the evaluation agency's approach to confidentiality, privacy and data security.

UNICEF will provide quality assurance (QA) throughout the evaluation process. This includes input and review of the data collection tools and the reporting briefs. The evaluation agency is expected to employ internal QA procedures, including real-time adjustment to the KII and FGD tools to improve clarity for different participants and field testing of the tools prior to the first round of data collection.

c. Risks and Limitations:

The most serious risk this evaluation will need to mitigate is the risk of infection with COVID-19. It is of utmost importance that neither the data collectors nor the participants are put at risk of infection as a result of their participation. All data collection will need to take place remotely until the GoI formally lifts lockdown measures, and WHO and UNICEF declare that face-to-face contact is safe.

The rapid nature of the evaluation and the purposive sampling approach render the results non-representative, however the KIIs will need to be conducted until saturation is reached to introduce acceptable scientific standards around sample size. Similarly, the rapid nature of data collection and analysis means that gold standards of reliability cannot be followed. The evaluation team will mitigate these limitations by triangulating the evaluation results reported in each brief with monitoring data, field and news reports, and other sources to ensure the reported findings are informed by multiple sources of evidence. UNICEF will be flexible and adaptive in this evaluation, balancing rigor with real-time use of the

Collection of data may be sensitive in some states and will require local clearances. It will be of paramount importance to ensure this RTE does not get in the way of the response and overwhelm already inundated officials. It will also be important to carefully formulate questions and set strict parameters around the way the RTE is described to participants, so as not to raise expectations about what UNICEF can do differently. Another limitation of this evaluation is that it will need to respond to the unfolding situation and therefore long-term planning is not possible and this ToR only outlines the anticipated methodology and timeline. Response pillars for investigation and participants will need to be chosen in collaboration with UNICEF on a rolling basis. No cost extensions and possibly other contract amendments may need to be raised to respond to the needs of the situation.

The bidding agency is encouraged to demonstrate its technical ability by improving on the methodology proposed in this ToR, within similar budget and time constraints.

7. Ethical Considerations

The ethical principle of "do no harm" will need to guide every aspect of this evaluation. As outlined in section 6 (c), the health and safety of all data collectors and participants are of utmost importance. If they cannot be guaranteed, the evaluation should not proceed. The evaluation agency is expected to follow the ethical principles and considerations outlined in the [United Nations Evaluation Group \(UNEG\) Ethical Guidelines for Evaluation](#) and the [UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis](#). In addition, the recently released technical note by the UNICEF Evaluation Office on conducting evaluations during the COVID-19 pandemic is to be followed, as well as UNEG [norms](#) and [standards](#). As per UNICEF standards for ethical research, the evaluation agency must give special attention to ethical considerations and should put in place adequate measures for ethical oversight throughout the evaluation period. All investigators involved in primary data collection should have undergone basic ethics training, which at a minimum includes completing UNICEF's AGORA course on [Ethics in Evidence Generation](#) or its equivalent. During data collection, the evaluation agency must ensure informed consent, respecting people's right to provide information in confidence and making study participants aware of the scope and limits of confidentiality. Furthermore, the agency is responsible for ensuring that sensitive information cannot be traced to its source so that the relevant individuals are protected from reprisals. Special consideration needs to be given to the treatment and storage of participants' phone numbers and other identifying information and also to the way video recordings are collected, analysed and shared. Secure data storage must be ensured at all stages of the study. Only select personnel from the evaluation agency should have access to de-identified data, and only anonymised data should be shared externally. Phase II of the evaluation will require clearance from an IRB as it includes data collection from persons under 18 years of age.

8. Schedule of Tasks & Timeline

As mentioned above, the data collection schedule of this RTE is to be revised on a rolling basis. The timeline provided below is an estimate for the first 35 weeks of this evaluation and may need to be revised (shortened or extended) depending on the situation. The evaluation agency is expected to approach this task with flexibility and be able to respond quickly and with agility to situational demands and new developments.

Table 6: Evaluation activities and estimated timeline

Stages	Expected activities	No. of days	Expected week
Kick-off	Kick-off meeting with UNICEF Core group and Research & Evaluation Specialist	1 day	W1
Inception	-Review of Programme documents and existing evidence -Conduct consultations with UNICEF staff (e.g. Chiefs and M&E focal points) -Develop methodology	10 days	W1-W2

	-Prepare and submit inception report -Prepare and submit a Powerpoint for the first Lessons Learned Review session		
Finalize Inception Report	-Incorporate comments from UNICEF and finalize inception report	2 days	W3
Lessons Learned Review Session 1	-Prepare and submit Lessons Learned report (max 15 pages), capturing the key discussion points, recommendations, decisions and next steps from the session -Prepare and submit a Lessons Learned brief (max 2 pages), summarizing in bullets the recommendations, decision sand next steps	2 days	W3
Data collection, Step 1 and 2, Pillar 1-4	- Mapping of participants - Desk review of existing evidence - Design of data collection tools - Conduct KIIs on a monthly basis (Aug-Mar) - Collect video recordings from key stakeholders as relevant	10 days per month (for 8 months, Aug-Mar) Total: 80 days	W3-W32
Data collection, Step 1 and 2, Pillar 5 &6	- Mapping of participants - Desk review of existing evidence - Design of data collection tools - Conduct KIIs in Sep, Nov, Jan, Mar - Collect video recordings from key stakeholders as relevant	9 days per month (on a bimonthly basis: Sep, Nov, Jan, Mar) Total: 36 days	W6-7, W15-16, W23-24, W30-31
Data analysis and reporting Step 2	-Analyze KII data and report back to UNICEF CrMT once per month - Iteratively develop and validate pillar SEQs, review and validate dimensions of inquiry	3 days x (6 pillars, each examined twice) Total: 36 days	(W4-W33)
Data collection Step 3 (estimated)	Conduct FGDs at the community level	5 days per round (4 months) Total: 20 days	(W15-W28)
Data analysis and reporting Phase II (estimated)	Analyze FGD data and report back to UNICEF (together with ongoing Step 1 and 2 data)	3 days each (4 months) Total: 12 days	(W17-W30)
Draft Final Report	Submission of Draft Final report to UNICEF	14 days	W30
Final report	-Incorporate comments from UNICEF and other experts - Submit final report	10 days	W35
Total number of days		223 days	

Given that the collection of data in FGDs is uncertain, the bidding agency is asked to submit a financial proposal which clearly differentiates between the cost/budget of conducting the FGDs (including travel costs) and the rest of the evaluation.

9. Estimated duration of contract

This contract is expected to begin on 17th August 2020 and finish on 7th May 2021.

10. Deliverables

S. No.	Major Task	Deliverable	Specific delivery date/deadline for completion of deliverable (please mention as date/no. of days/month)	Estimated travel required for completion of deliverable (please mention destination/number of days)
1	Methodology design	Inception report	W3	None
2	Collection and analysis of data every month	Monthly brief (4 out of 8 briefs)	Every month starting W5 Payment in W17	None
3	Collection and analysis of data every month	Monthly brief (8 out of 8 briefs)	Payment in W30	Travel to 5 states for FGD data collection (3 states per month x 4 months. 2 days per state) (24 days)
4	Collation of all findings and overarching recommendations in a final evaluation report	Final evaluation report	W35	None

11. Qualifications & Experience required

UNICEF is seeking an experienced and appropriately qualified evaluation team with a proven record of conducting evaluations in India, including process and rapid evaluations. The team needs to demonstrate experience in: evaluations of children's issues; production of reliable data; prior experience and strong knowledge of UNICEF's work in India; sensitivity to gender differences; internal quality assistance processes; UNEG evaluation standards; and capacity to collect data in different states of India and in particular Maharashtra, UP, West Bengal, Jharkhand and Bihar. The evaluation agency should identify an evaluation team leader available to lead the evaluation throughout the evaluation period. Any changes to the composition of the evaluation team or its leader must be approved by UNICEF before being implemented. The CVs of the team leader and core evaluation team should be submitted as part of the technical proposal.

The evaluation leader should have the following qualifications and experience:

Required

- A Master's degree or higher in the social sciences, research methods, public health, international development, child rights or a related area.
- At least 10-15 years of extensive experience in designing, planning, managing and conducting evaluations.
- Strong knowledge of UNICEF India programmes and experience working with UNICEF India in the recent past
 - Proven experience of leading an evaluation in the last five years (Final report of the evaluation should be submitted as part of technical proposal.)
 - Demonstrated experience in integrating an equity and gender perspective in evaluation design and analysis.
 - Demonstrated experience of researching and evaluating children's issues in India.

- Strong analytical skills, including proven ability to analyze qualitative data.
- Strong understanding of OECD-DAC evaluation criteria and [UNEG norms and standards for evaluation](#), including those pertaining to research ethics, as per the [UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis](#).
- Fluency in English.

Desired

- A strong publications record demonstrating expertise in children's issues and evaluation methodology.
- Knowledge of Hindi and another Indian language.
- Experience conducting evaluations in emergency situations.
- Experience working with the United Nations in India.

The core **evaluation team** should have the following qualifications and experience:

Required

- Consist of 3-6 evaluation professionals (excluding data collectors) with at least 5 years' experience of conducting evaluations.
- All team members should have an advanced degree in the social sciences, research methods, econometrics, public health, international development, child rights or a related area.
- Represent a mixture of disciplinary/sectoral backgrounds, including public health, nutrition, education, child protection, water and sanitation, and communication.
- All team members should have excellent communication skills in English. At least some team members should have excellent communication skills in Hindi, and other Indian languages.
- To the extent possible, embody a range of perspectives (gender balance, cultural or ethnic background, etc.).
- At least 50% of team members should have prior experience working with UNICEF India
- Have experience and knowledge of working with civil society organizations and government officials.
- Demonstrable ability to simplify technical language, extracting and emphasizing key points for a designated target audience.
- Have sound qualitative data collection and analysis skills
- Understand child rights, UNICEF's mandate and functions in India.
- Include a specialist on gender equality issues.
- Have a strong understanding of OECD-DAC evaluation criteria and [UNEG norms and standards for evaluation](#), including those pertaining to research ethics as per the [UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis](#).

Desired

- Knowledge of local languages
- Experience working with the United Nations in India.
- Experience with humanitarian evaluations.

Members of data collection teams should:

- At a minimum completed secondary education, a Bachelor university degree is preferred.
- Have a strong understanding of ethics in evaluation
- Familiarity with local languages of India
- Prior experience collecting data in different states of India.
- Data collectors who cannot provide proof of having completed basic ethics training will be required to complete UNICEF's course on [Ethics in Evidence Generation](#) prior to working with human participants.

12. Duty Station

The evaluation agency will work from their own workplace, with regular phone/online meetings with UNICEF. Representatives from the evaluation team will need to travel to three states of India on three occasions to collect data. The states will be determined in consultation with UNICEF once it is safe to travel and collect data face-to-face.

13. Management and Supervision

In accordance with UNICEF's evaluation policy, this evaluation will be managed by the Research & Evaluation Specialist at UNICEF India (Evaluation Manager), with close technical support from the UNICEF CrMT. As part of the quality assurance mechanism, all key deliverables of the evaluation – inception report, and final report – are required to be accepted by the Research & Evaluation Specialist before payment is made to the evaluation agency. The quality of the evaluation will also be overseen by the Regional Evaluation Advisor at the UNICEF Regional Office for South Asia, who will review the two deliverables. An external quality assurance agency may also be engaged to quality assure the key deliverables.

14. Official travel involved

Representatives from the evaluation team will need to travel to three states of India on three occasions to collect data. The states will be determined in consultation with UNICEF once it is safe to travel and collect data face-to-face. The estimated number of travel days is 24. Please see Table 6 above for the estimated timeline.

15. Payment Schedule

S. No.	Deliverable	Percentage (%) of overall value	Specific delivery date/deadline for completion of deliverable (please mention as date/no. of days/month)
1	Inception report	20%	W3
2	Monthly brief no. 6	30%	W17
3	Monthly brief no. 12	30%	W30
4	Final evaluation report	20%	W35

Annex V: Sample Table of Contents for the final Evaluation Report (not more than 30 pages, plus annexes)

CONTENTS

- Title page
- Table of contents
- Acronyms
- List of tables and figures
- Executive summary (with the purpose of the evaluation, brief methodology, key findings, conclusions and recommendations in priority order)

1. INTRODUCTION*

- 1.1. Background and context of intervention
- 1.2. Objective of the evaluation
- 1.3. Scope of the evaluation

2. METHODOLOGY*

- 2.1. Evaluation criteria and questions
- 2.2. Evaluation design
- 2.3. Sampling design
- 2.4. Data collection methods
- 2.5. Analytical approaches
- 2.6. Risks and potential limitations
- 2.7. Ethics and UNEG Standards

3. FINDINGS*

- 3.1. Findings by criteria

4. POLICY IMPLICATIONS & RECOMMENDATIONS*

- 4.1. Recommendations (need to be explicitly linked to the findings and with the target audience identified)
- 4.2. Lessons learned

ANNEXES

- 1. Terms of reference of the evaluation*
- 2. Study Tools
- 3. Any other relevant materials

*The structure of evaluation reports may be adjusted depending on the scope of the evaluation. Chapters and sections with an asterisk should be included by default.

Annex VI: Concept note for Lessons Learned Review

Rationale: As we move quickly to implement our COVID-19 response, it is imperative that we keep a close eye on whether we are taking the right approach, suggesting actions in our advocacy with government and partners that actually work. In addition, as we all work in a decentralized manner, it is crucial to establish a mechanism and forum that is more systematically able to capture lessons learned and good practices, which can be applied/adapted elsewhere.

Objective: The objective of the Lessons Learned Review is to review programmatic decisions and implementation/execution of activities and assess whether UNICEF response so far is relevant, effective and efficient. Building on the documentation and analysis of progress made so far, and by undertaking a participatory reflective session, the goal is to identify bottlenecks and lessons learned at the early stage of COVID-19 response programming, so that course correction can take place and our impact can be maximized.

Approach: This Lessons Learned Review (LLR) will have two main components. First, our COVID response so far will be documented and analysed, based on desk review, secondary data analysis, interviews and observations. These findings will be summarized and will feed into a virtual 2-hour interactive session convened with the CrMT, wherein CrMT members will be invited to reflect on the data provided, focusing specifically on exploring key factors that have led to achievements/non-achievements. Both parts of the approach are explained in more detail below in the 'Methodology' section. The LLR will take place approximately 10-12 weeks after the initiation of the UNICEF COVID-19 response plan. This allows for sufficient time for some preliminary results and lessons to emerge, but is early enough in our response period to be able to undertake timely course-correction as necessary. Note that the exact timing of the LLR will be validated by ascertaining whether 1) sufficient substantive evidence can be presented about the response and 2) the perceived need for a discussion based on consolidated evidence.

Evaluation Questions: The session will be guided by a series of broad evaluation questions. These will be used both to inform the data collection and analysis before the LLR session, as well as the discussion during the session itself.

1. Do we sufficiently understand the situation and needs of children and their families?
2. Are we doing the right things to address the needs of children and their families; and how does this align with government priorities?
3. How well are we able to respond to specific urgent priorities such as migrants and the urban poor?
4. How well are we able to address gender and equity in our activities?
5. How well are we able to address needs across the life-cycle (e.g. ECD, adolescence, etc)?
6. How well are we able to implement our activities and achieving results?
7. How well are we able to coordinate our work, internally and externally?
8. How well are we responding through government systems, which can support a sustainable recovery?
9. Are we learning from what we are doing, and adapting our response as we go along?

Scope: The LLR will run in parallel to the Real Time Evaluation (RTE) that is being planned of UNICEF's COVID Response, and will be supported by the same evaluation team. While it will leverage similar data sources and ask similar questions, the focus of the LLR is really on quick, internal and participatory learning across all the pillars of UNICEF's COVID Response Plan at the same time. Since the LLR will take place first, it is expected that the LLR will inform the first round of the RTE. Like the RTE, however, the LLR will focus predominantly on UNICEF's response, rather than general UN response or government response, although these will be important contextual factors that will emerge through the analysis and the LLR session itself. For example, when seeking the answer Q6 on achieving results, we need to acknowledge that UNICEF's success is dependent on the results achieved by the government policies, programmes and systems that we seek to strengthen. However, the focus will be on establishing what UNICEF specifically has been able to contribute and identifying what UNICEF needs to do better to achieve results. At the moment, the LLR is planned as a one-off activity; however, depending on the usefulness of the exercise and the duration of UNICEF's COVID response this may be repeated multiple times e.g. once every 3 months.

Methodology:**1. Framework and Definitions**

Unlike the Real-Time Evaluation the Lessons Learned Review will not use the pillars of the UNICEF COVID Response Plan as its leading framework. This has been done to encourage reflection and learning across the response plan as a whole. It is assumed that each section and State office has a good understanding of the pillars and the activities (and even achievements) within each; however, what may be missing is a perspective of achievements and learning across the board, that may stimulate new ideas and thinking moving forward.

Instead, the LLR will take the Evaluation Questions outlined above as the leading framework, and for each question will seek to analyse:

- a. **Supporting evidence:** drawing on the preliminary data and findings, each evaluation question will simply be answered. For example, for the first question 'Do we sufficiently understand the situation and needs of children and their families?' a response will be formulated as either 'yes' or 'no' or some form of a Likert scale e.g. 'sufficient understanding', 'partial understanding', 'insufficient understanding'
- b. **Enabling factors:** for each evaluation question, key enabling factors will be identified that led to the achievements identified. This focusses on the 'how' of our response rather than the 'what', and will consider dimensions such as: socio-political context, financial resources, capacity & skills, systems & processes, tools & technology, communication, partnerships. Note that these dimensions can apply to both UNICEF internally, as well as the external ecosystem (e.g. government, partners).
- c. **Bottlenecks:** similarly, for each evaluation question, key bottlenecks or challenges will be identified that either featured and were overcome, or continue to limit achievements. This will consider similar internal and external dimensions such as: socio-political context, financial resources, capacity & skills, systems & processes, tools & technology, communication, partnerships.
- d. **Lessons learned:** the analysis of supporting evidence, enabling factors and bottlenecks will culminate in the identification of 1-2 key lessons learned for each evaluation question. 'Lessons learned' are detailed reflections about an activity or programme of work, identified based on verifiable experiences and results achieved during implementation, that can be applied to future action. These lessons may be positive (successes) or negative (failures), and can be focused on any aspect of 'what' we do and 'how' we do it.
- e. **Recommendations:** once lessons learned have been identified, corresponding recommendations will be formulated to ensure appropriate next steps can be taken. For positive lessons learned, for example, the recommendation could focus on what steps should be taken to ensure the success will be maintained or replicated; for negative lessons learned, the recommendation could focus on what steps should be taken to avoid similar failures in the future/in other contexts. The recommendations should be sufficiently concrete, with a clear indication of who should take action and by when (deadline).

2. Process**2.1. Stage 1: Documentation and analysis of progress to date**

A preliminary analysis will be undertaken of UNICEF's COVID response, leveraging existing evidence and data, and conducting light-touch additional information gathering. The different activities are outlined step-wise below.

I. Desk review and analysis:

- a. A desk review will be conducted of all possible documents and reports that contain relevant information on UNICEF's COVID response, and the possible reach and results of our activities. This will include:

- i. Internal documents, such as the UNICEF India COVID Response document, weekly CrMT update slides, state update reports, RAM reports, SitReps, and other documents uploaded onto the internal ECM site
 - ii. Documents related to UNICEF-led evidence generating activities on COVID, such as rapid assessment reports, syntheses, etc.
 - iii. External documents, such as evidence generated by partner organizations, and any information about the response strategy of other UN agencies and partners
 - b. All the information extracted from these desk review will be analysed and mainly inform the answer to each of the evaluation questions, with some limited insights around enabling factors and bottlenecks. A key component of this analysis will be the synthesis (and a possible trend analysis) of our monitoring data since the start of UNICEF's COVID response.
- II. Interview/survey with M&E focal points:**
- a. M&E focal points from each programme section in Delhi and each State office will be engaged to respond to key questions, guided by the framework outlined above. Depending on what is preferred, and people's availability, M&E focal points will either be asked to participate in interviews or respond to an online survey/form.
 - b. The analysis of this information will be added to the ongoing desk review analysis, but will focus specifically on identifying enabling factors, bottlenecks/challenges (and solutions), and lessons learned.
- III. Additional observations/conversations by R&E Specialist:** in order to supplement the resources available (as outlined above), and add a more independent analysis, the R&E Specialist will capture additional information from 'quietly' attending meetings (e.g. CrMT meetings, calls with CFOs, Network meeting), observing email communication and speaking informally and confidentially to different staff members. The R&E Specialist will capture key details in relation to some more internally focused evaluation questions and enabling factors or bottlenecks, such as looking at internal coordination, communication and interaction, decision making processes, learning, etc. To ensure that information is captured systematically, the R&E Specialist will use a confidential tool to record observations and thoughts/impressions.

The outputs for the preparatory phase of the Lessons Learned Review will be as follows:

- I. An Excel sheet indexing all sources consulted during the desk review, key characteristics and information extracted from each
- II. A summary analysis report (max 10 pages) based on the desk review and inputs from M&E focal points
- III. A PowerPoint presentation to guide the Lessons Learned Review session

2.2 Stage 2: Lessons Learned Review session

The Lessons Learned Review session will be conducted like a large stakeholder consultation with all CrMT members. Below are key details of the session:

- a. **Participants:** members of the CrMT to be manageable and productive, extended CrMT members will not be invited to participate.
- b. **Preparatory tasks:** members of the CrMT will receive a brief outline of the Lessons Learned Review objective and session outline, along with the summary analysis report, at least 2 days prior. If members want, they are free to share the summary report with extended CrMT members, to seek their inputs and reflections before the session.
- c. **Duration:** 2 hours
- d. **Format and Structure:**
 - a. For the first 30 minutes of the session the R&E Specialist will presenting key findings from the analysis conducted to date

- b. Participants will be invited to ask any questions of clarification about the data and the analysis, but asked to leave the discussion for the next part of the session.
- c. For the next 45 minutes of the session, CrMT members will be split into 5 break-out rooms to reflect on the findings presented, and answer specific follow-up questions. Specifically, these questions will seek to understand from CrMT members: 1) how much they believe the findings; 2) what they think are the most important factors are that contributed to the findings; 3) what possible recommendations could be to address the findings.
- d. Each break-out room will focus on two evaluation questions to answer and will complete the framework as outlined in Annex I.
- e. During the break-out room session, in order to encourage participation in a manageable way, a digital platform like Padlet will be used. This will allow each participant to add notes in real-time, which will then be discussed and organized by the break-out room moderator.
- f. In the first 10 minutes of the break-out room session, participants are requested to note down their own reflections individually, in response to the guiding questions. In the next 35 minutes, the group moderator will review the inputs and in an open discussion, synthesize key points and reflections.
- g. Once the break-out rooms end, all participants will return to the main session forum and for the next 30 minutes the moderator from each group will summarize the key points raised in the break-out rooms – specific focus will be on putting forward recommendations and next steps to improve our COVID response.
- h. The session will conclude with 10 minutes for the Representative to reflect on key lessons and the way forward.

All the contributions on Padlet will be captured and stored. The outputs for the Lessons Learned Review session will be:

- I. A Lessons Learned report (max 15 pages), capturing the key discussion points, recommendations, decisions and next steps from the session
- II. A Lessons Learned brief (max 2 pages), summarizing in bullets the recommendations, decision sand next steps

Use of findings: the R&E Specialist will compile the findings and the key points raised during the session into a 2-page note with key recommendations moving forward. It is expected that the CrMT takes these recommendations forward by considering adjustments in the overall ICO COVID-19 Response Programming, and similarly per programme/State. The note will remain internal.

Annexure 7: Analytical Framework

Component -1: Response Plan (Whether support was provided based on the response plan)	Component -2: Situational Analysis (Assess the situation and requirements on the ground during COVID-19 (Lockdown and unlock phase))	Component -3: Activities (Whether activities were aligned with the response plan and situation of the states)	Component -4: Achievements and Gap (Assess the progress being made toward the achievement of planned targets and identify any problems or challenges)
<p>KEQs/indicators:</p> <p>Relevance</p> <ul style="list-style-type: none"> To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states? To what extent the structure of UNICEF's response plan (pillar-wise) relevant in providing COVID-19 support in an effective manner? 	<p>KEQs/indicators:</p> <p><i>This component essentially does not answer any KEQ directly. However, findings from situational analysis would be triangulated with component 1 and 3 (response plan and activities) to answer the achievement and gaps</i></p>	<p>KEQs/indicators:</p> <p>Coverage:</p> <ul style="list-style-type: none"> To what extent are the key stakeholders and community members covered under this pillar (i.e., FLWs, parents, caregivers, children, pregnant women etc.) being reached? What were some of the challenges? <p>Efficiency/Coherence</p> <ul style="list-style-type: none"> To what extent is UNICEF managing and delivering its COVID-19 response in a timely, coordinated, coherent, and quality way? What role has partnership played in the efficient rollout of UNICEF's support to continuity of services during COVID-19? <p>Sustainability</p> <ul style="list-style-type: none"> How has UNICEF used/leveraged its pre-existing mechanisms (partnerships and institutions) to ensure continuity of 	<p>KEQs/indicators</p> <p>Achievements</p> <p>Relevance</p> <ul style="list-style-type: none"> To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families at the ground level <p>Coverage:</p> <ul style="list-style-type: none"> Was UNICEF's COVID-19 response accessible to vulnerable populations? <p>Effectiveness</p> <ul style="list-style-type: none"> To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting vulnerable population? <p>Gaps</p> <p>Efficiency/Coherence</p> <ul style="list-style-type: none"> What bottlenecks exist to efficient implementation of the crisis response?

		<p>services (for example, what has been the role of Centers of Excellence in the case of Nutrition)?</p>	<p>How far has been UNICEF's strategy successful in addressing the challenges?</p>
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The filled Analytical Frameworks can be viewed in the following links:

- [Pillar 1](#)
- [Pillar 2](#)
- [Pillar 3](#)
- [Pillar 5](#)

Annexure 8: List of Partnerships leveraged by UNICEF to deliver support/response

In order to provide relevant and effective support to the government in responding to the pandemic, UNICEF leveraged its existing and new (financial and non-financial) partnerships with government bodies, multilateral organizations, Not-for profits, NGOs and CSOs, and private sector. During this evaluation, few of these partnerships were captured. A list and nature (if applicable) of partnership has been outline below.

Name of the Stakeholder/Partner	Nature of partnership (if applicable and captured during the RTE to the extent possible)
Government Union Ministries and State Departments, local government bodies and other government bodies	<p>UNICEF partnered with the Union Ministries relevant for each section team, for example, WASH section worked in close collaboration with Ministry of Jal Shakti (erstwhile Ministry of Drinking Water and Sanitation), Health section collaborated with Ministry of Health and Family Welfare, Education section collaborated with Ministry of Education, and so on. Similarly, at the state level, UNICEF state consultant worked with government departments to align the priorities of the response plan with that of government priorities and provide support in an effective manner across various sector specific areas.</p> <ul style="list-style-type: none"> • The partnership with local government bodies helped UNICEF deliver the response/support at the ground level. For example, the local bodies helped in facilitating the capacity building session for FLWs, SHGs and other community volunteers (such as NSS). • - UNICEF's partnership with the Judiciary was 'very important' and helped UNICEF to deliver its response in a timely and coordinated manner. The Supreme Court (SC) was quick to consider UNICEF's advocacy and evidence to issue judgements and orders which promoted child protection measures in the country.
Multilateral agencies such as WHO, UNFPA, UNDP, BMGF etc.	UNICEF rolled out its response plan using the existing networks of WHO, UNFPA, UNDP field offices and their staffs. It provided an opportunity to work closely with state governments in building capacities of health care staff as well as in developing State Health Investment Plans.
Non-Financial partnerships with NGOs and CSOs (PHIA, Aga Khan Foundation, Nav Bharat Jagriti Kendra, KARRA Society)	<p>UNICEF established non-financial partnerships with various NGOs/CSOs to address the COVID-19 need and priorities (related to communication and messaging, supply, and procurement of essentials, etc.). Through these partnerships UNICEF was able to reach the target vulnerable population given their proximity to the community and local network/relationship with the people. Moreover, the non-financial partnerships were useful (in terms of reach) as UNICEF was able to piggyback on their local intervention areas through the volunteers/staff of NGO/CSO directly working towards providing COVID relief to the target population. For instance, UNICEF with PHIA oriented 'saathis' in Bihar about the communication package and how to deliver messages on ground to the people.</p> <ul style="list-style-type: none"> • In Jharkhand, Action Aid identified volunteers who have good spoken skills towards sympathizing people and UNICEF trained them to provide Mental Health and Psychosocial Support (MHPSS) support • - In UP, UNICEF partnered with NIMHANS to bring on board mental health

Name of the Stakeholder/Partner	Nature of partnership (if applicable and captured during the RTE to the extent possible)
	experts who trained and guided the on-ground staff (police personnel, social workers, counsellors, etc.) toward providing mental health support to children.
Partnerships for generating material, capacity building and other support in delivering services (educational, awareness related, strengthening public health response, etc.)	<p>In Maharashtra, UNICEF in partnership with Pratham introduced books in Hindi which were used by teachers in Hindi medium schools to read out stories to children, virtually.</p> <ul style="list-style-type: none"> • UNICEF in Jharkhand partnered with ICRW to introduce stories that highlighted the concept of gender equality. Quest Alliance is supporting UNICEF Jharkhand by providing practice worksheets for out of school children, or those children who have limited/no access to digital content. • In Bihar, Bikramshilla supported UNICEF in redeveloping the textbooks with more child friendly and easily understood content for children. • In Bihar, to orient and equip sanitation workers in rural areas, existing partnership with Aga Khan Foundation was leveraged. • -At national level, UNICEF partnered with ChildLine to provide psychosocial support to children and their families. UNICEF provided training to the ChildLine staff. • - In West Bengal, UNICEF partnered with West Bengal Doctors Forum (WBDF) for strengthening public health measures for COVID-19 prevention and supporting MNCH care in urban slums
Partnerships for evidence generation	<p>UNICEF leveraged its partnerships with organizations such as IDInsight, WaterAid, Population Council, etc. to draw on the evidence generated through independent assessments undertaken by such organizations/agencies.</p> <ul style="list-style-type: none"> • UNICEF West Bengal informed that Oxfam shared pictures of onground activities (supplies being handed over to target population) and monthly reports with UNICEF. These reports were assessed by UNICEF state office to identify gaps and potential intervention areas. • UNICEF Maharashtra partnered with Sigma Foundation to generate evidence from rapid assessments which contributed towards timely response planning. • - Additionally, UNICEF also leverages photographs of staff/FLWs distributing supplies, training sessions, functional hand washing stations etc. shared by partner organizations (like Hindustan Unilever) working in the field, as proof of the ongoing work
Partnership for facilitating supply and procurement of essentials with Donors and other agencies	<p>HUL and UNICEF came together to support the government in ensuring that people have access to soaps to ensure safe and proper hand washing.</p> <ul style="list-style-type: none"> • - UNICEF's CSO and implementing partners as well as UNICEF's national level partner agencies like WHO and WaterAid, UNICEF played an essential role in facilitating the supply of critical and essential health and WASH supplies across all 5 states. For example, 16,000 N-95 masks and 1000 bottles of sanitizers and 5 lakh soaps were distributed to vulnerable sections with support of UNICEF's Wash partners in Uttar Pradesh.

Name of the Stakeholder/Partner	Nature of partnership (if applicable and captured during the RTE to the extent possible)
Partnership with academic institutions, health institutions, etc.	<p>Few examples have been mentioned below:</p> <ul style="list-style-type: none"> • UNICEF Jharkhand partnered with Medical college through which IPC training and gynaecology, obstetrician related training was imparted to meet the government priorities • A new partnership with West Bengal Doctor's Forum was established by UNICEF West Bengal (Health) to support capacity building, medical camps holding, advocacy, and awareness generation in the state • - In Bihar, UNICEF partnered with Patna Medical College and Hospital and leveraged its pre-existing partnership with Centre for Excellence for SAM Management to support the government by disseminating COVID-Appropriate guidelines through these channels to the ground-level staff who was directly delivering the service.

The above-mentioned list of partnerships is **not exhaustive** in nature. UNICEF works with multiple partners and stakeholders at the national and state level. Given the scope of the RTE, some of these partnerships were captured using primary and secondary sources to understand how UNICEF leverages partnerships to deliver the response in an efficient manner.

Annexure 9: UNICEF's Response Pillars

The Response Plan was first designed in March 2020, and then regularly updated to adapt the UNICEF response strategies and plans to the evolving pandemic progression in India. This updated version of the UNICEF Response Plan to the COVID-19 pandemic builds on the current work and plans for 2020 and presents an indicative outlook of the areas of focus, budget and targets that will inform our continued support to addressing the direct and indirect effects of COVID-19 in India, in 2021.

The multi-sectoral response will be built on the following key pillars:

Risk Communication and Community Engagement (RCCE)

In 2020, the RCCE response has relied and will continue to rely on the following key components:

1. Development of risk communication and community engagement (RCCE) capacity building materials. In close collaboration with the Ministry of Health and WHO, a set of risk communication and capacity building materials and modules will continue to be developed and adapted to increase awareness and knowledge of front-line functionaries and civil society networks. UNICEF will also facilitate the development of digital tools, broadcast messaging and information on COVID-19 in support to Government of India through:
 - 1.1 Social mobilization through health frontline functionaries and multiple engagement platforms. Given their proximity to the community, frontline workers (such as Auxiliary Nurse Midwives, Anganwadi workers etc.) remain a major source of information. A set of social mobilization interventions will be developed which is envisioned to be scaled up to community level through partners and by leveraging of government resources. Other platforms will include the Social Mobilization Network (SMNet established since Polio Eradication Program), School Management Committees, Panchayati Raj Institutions (PRIs), tribal collectives, youth associations and a coalition of humanitarian NGOs which will be crucial to reduce panic and educate communities on the do's and do nots related to COVID-19. This intervention will also strengthen infection, prevention and control interventions in schools, health facilities, markets, and other public spaces. Another important intervention would be to engage celebrities and influencers such as film/ Bollywood personalities actors, sportspersons, faith leaders, policymakers, media persons and medical fraternity will also be engaged across the board to raise awareness on key behaviors.
 - 1.2 Capacity building and orientation of state/district workforce and village task forces including WASH personnel to ensure response, infection prevention and control in communities. Virtual capacity building and/or face to face trainings will be organized among a select cadre of health promotion/education, district officers, local government members, municipal officers, public health engineering department, and water and sanitation department to increase their knowledge and skills on risk communication, infection prevention and control in communities and high-risk public spaces in UNICEF-supported states. These capacity building measures will be linked to the existing Behavior Change Communication (SBCC) cells for the overall goal of Health Systems Social strengthening in Risk Communications – a particularly weak area at the district level. This capacity development and mobilization will not only be limited to health networks but will include other important stakeholders such as Swachhagrahis/Sanitation workers, National Disaster Management Authority workforce, youth groups and PRIs etc.
2. Gender-responsive local and folk media: Local and Community Radio with their community listening clubs play a pivotal role in disseminating information, dispelling myths, influencing public opinion, and documenting change at the local level. Over 200 radio stations (including local FM radio) will be engaged to provide regular “credible” messaging and engagement with the community. Folk media such as street theatre and Pico projector screenings on key practices will be used to target rural communities.

3. Public Communication, Advocacy and Social Media Plan that does not perpetuate gender stereotypes on caregiving will be implemented. This will include a) promotion of positive messages including official information across digital media channels b) engagement with influencers including Members of Parliament and faith leaders across religions, through informative roundtables and online panel discussions in the media c) developing innovative content in multiple languages towards raising awareness and facilitating behavior change d) utilization of social listening tools to gather insights on misinformation and public enquiries to further inform content production and counter misinformation and social stigma e) capacity building of media professionals to produce informed content f) engaging adolescents and young people to raise awareness, where the most positive actions will be amplified across platforms and developing content to highlight COVID-19 related issues that affect children, including those related to their health, hygiene, education, protection, nutrition.
 4. Monitoring and documentation of the communication interventions will be conducted in partnership with WHO and partners as per state RCCE plans adapted in line with National RCCE strategy. Open-source platforms such as Rapidpro (mobile-based communication feedback mechanism) will be used to generate awareness and organize quick assessments of people's knowledge and perceptions about COVID-19. Sophisticated social listening, surveys through social media channels and detailed analytics reports will be produced to track and monitor effectiveness.
- 1. Improve Infection Prevention and Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies**

1.1 Improve IPC in communities and in health care facilities by:

- Supporting assessment, planning, implementation, and monitoring of IPC measures in isolation wards, quarantine facilities and high-risk health facilities, using National Centre for Disease Control checklists.
- Supporting the process of COVID-19 vaccines introduction, specifically for Cold chain strengthening at all levels, development of strategy & planning, training of actors and monitoring of activities.
- Capacity building of state, district, and block level stakeholders to emphasize the criticality of the WASH and IPC practices in response to COVID -19.

1.2 Ensure critical medical and WASH supplies and services by:

- Supporting procurement services of essential supplies for COVID-19 testing, management and personal protection when required by state or central Governments.
- Enabling continuity of WASH services in high-risk communities including safe water for drinking for personal and household hygiene, and access to functional latrines and safe waste management.
- Supporting data collection and analysis to inform WASH service delivery in the most affected communities.
- Supporting IPC practices in communities through facilitation of social distancing around communal water points and community toilets, handwashing with water and soap and installation of hand washing stations in high-risk high traffic locations.
- Enabling provision of critical supplies such as hand sanitizers, soaps, PPEs, handwashing stations. UNICEF will also assist the Government in mapping regions of urgent requirement; leverage resources for provision of these supplies and facilitate in-kind donation of such supplies by

corporates

- Informing and equipping solid waste pickers/contractors/professionals for continued, but safe, waste removal/disposal and ensure that they are equipped with PPEs.

2. Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management

2.1 Support healthcare facilities for COVID-19 response by:

- Exploring mechanisms for psychological support of HCWs and community members
- Surveillance and management of suspected cases from communities to facilities
- Ensuring hospital preparedness and clinical management of confirmed cases, with focus on pregnant women and children
- Promoting involvement of professional associations, private sector partners, CSOs and NGOs in the COVID-19 response
- Advocating for implementation of gender-based violence SOPs in health centers
- Locally, mapping, and publicizing Health resources for addressing COVID-19 cases and other health and wellness needs.

2.2 Support continuity of essential Reproductive, Maternal, New-Born, Child and Adolescent Health (RMNCH+A) and Nutrition services by

- Advocating with national and state level authorities for strategies and investments to continue these services during emergency response
- Developing guidelines and toolkits for adaptation and delivery of essential services, based on principles of respectful maternal care
- Enabling focus on integrated services (emergency and RMNCHA) in state and district level plans
- Analyzing data to document the impact of COVID-19 and its response on RMNCHA services
- Ensuring nutrition care in context of CoVID-19 and enabling functional Nutrition Rehabilitation Centers and inclusion of breastfeeding practices in training of health care providers caring for COVID-19 patients.
- Monitoring nutrition response by tracking service delivery, developing guidelines and producing monthly reports to support states and partners.

3. Data collection and social science research for public health decision making

3.1 Measure socio-economic impact on vulnerable and marginalized households by developing a rapid dip stick analysis to assess the likely impact, including loss or reduction of income, limited availability, or higher costs of essential goods such as food, pharmaceuticals.

3.2 Assess impact on the economy and ensuring advocacy by:

- Rapidly assessing public finances.
- Tracking publicly available key economic indicators (e.g., revenues and disbursements against targets, food CPI, critical commodity stocks)
- Advocating to safeguard social sector spending so that the response to crisis remains focused on children.

4. Support Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services

4.1 Ensure continued access to education during school closure and when schools reopen by:

- Supporting state-specific strategies for access to and use of flexible and remote/ homebased learning, focusing on the most vulnerable.
- Informing state education planning so that students are brought back to schools that are ready to support students learning, given the altered academic calendar.
- Supporting a safe and healthy learning environment for students and teachers with infection prevention and control measures after schools reopen and education on COVID-19 prevention.
- Child as change agents: Build knowledge, skills, and key behaviors to address public health risk through school safety program
- Education system strengthening to improve preparedness for education response in emergencies.

4.2 Support unhindered Early Childhood Development by:

- Promoting gender responsive parenting practices. This includes educating parents/caregivers on creating a positive home environment for girls and boys and ensuring that children between 0 and 7 years learn through play.

4.3 Support child protection and prevention of Gender-Based Violence by:

- Enabling psychosocial/mental health support services
- Continuing initiatives for prevention and response to Violence against Children and Gender-Based Violence
- Supporting the strengthening of child protection system, including training statutory bodies such as Childline, Juvenile Justice Boards, Child Welfare Committees, District and Child Care Institutions about COVID-19 prevention and associated protection risks
- Supporting vulnerable children, especially migrant and children on the move, children without parental care (in institutions or foster care) and/or those separated from their families, orphaned, or quarantined
- Support interventions to prevent and address child marriage through adolescent girls' empowerment and work with the communities.

4.4 Ensure governance strengthening and communities' financial capacity to meet essential needs by:

- Strengthening governmental social protection delivery to ensure continuity by reviewing child-sensitivity, gender-sensitivity and potential to meet emerging needs
- Introducing new methods to support governmental social protection delivery to reach the most vulnerable populations during emergency, using community structures like women self-help groups and gram panchayats
- Supporting and strengthening local governance intervention by incorporating gender sensitive and child centered response actions in Gram Panchayat Development Plans.
- Technical support to innovate financial mechanism to create more fiscal space for COVID response.

4.5 Strengthen Adolescent Development and Participation (ADAP)6 by:

- Strengthening partnership with adolescent and youth networks and fostering adolescent and youth engagement through U-report, mass media, and social media
- Generating data, evidence for advocacy and mobilization of key stakeholders.

5. Coordination, technical support, and operational costs

This involves enhanced risk reduction and in-country preparedness, operations and cross cutting support to programs including:

- Advocating for timely sharing of information and advice to affected populations
- Increasing visibility and resource mobilization to ensure affected and at-risk children and communities have access to diagnostics, care, and treatment services
- Supporting the dissemination of guidelines for response to various hazards in COVID-19 context, and training/refresher training of partners
- Promoting national and inter-agency COVID-19 response coordination and support integrated, multi-sectoral response
- Building capacity of civil society organizations to deliver support at community and through mandated system in urban and rural context.
- Support to UNICEF operations including enhancements to office premises in hygiene and services; ensuring business continuity; Staff counselling and medevac services; Enhanced security guard services; PPE for staff, Support to supply procurement, finance, administration, and ICT.
- Cross cutting support to reporting, monitoring, visibility, and Knowledge Management

Annexure 10: List of Stakeholders Interviewed

Category/Level	Sub-Category	Department/Organization (if any)/Designation
Pillar 1		
National	UNICEF Delhi Office	C4D
National	UNICEF Delhi Office	CAP
State (Uttar Pradesh)	UNICEF Field Office	CAP
State (Uttar Pradesh)	UNICEF Field Office	C4D
State (Bihar)	UNICEF Field Office	C4D
State (West Bengal)	UNICEF Field Office	C4D
State (Jharkhand)	UNICEF Field Office	C4D
State (Jharkhand)	National Health Mission	IEC Cell
District/Block (Jharkhand)	National Health Mission	District Program Coordinator
District/Block (Jharkhand)	Department of Health and Family Welfare	Medical Officer In charge (MOIC)
District/Block (Jharkhand)	National Health Mission	District Program Coordinator (DPC)
District/Block (Jharkhand)	Department of Health and Family Welfare	Medical Officer In charge (MOIC)
CSO and Implementing partner (Jharkhand)	KARRA Society for Rural Action	NA
CSO and Implementing partner (Jharkhand)	Nav Bharat Jagriti Kendra	NA
CSO and Implementing partner (Jharkhand)	NINEISMINE – Pratyek	NA
State (Bihar)	ROB	ADG
State (Bihar)	ICDS Dept.	Assistant Director-Cum-Nodal Officer
State (Bihar)	IGIMS	Clinical Psychologist
CSO and Implementing partner (Bihar)	PHIA Foundation	NA
CSO and Implementing partner (Bihar)	Bihar Sewa Samiti	NA
CSO and Implementing partner (Bihar)	Aga Khan Rural Support Program India (AKRSPI)	NA
State (Maharashtra)	IEC Bureau, Public Health Department -State Family Welfare Bureau, Pune	Deputy Director

Category/Level	Sub-Category	Department/Organization (if any)/Designation
State (Maharashtra)	NIPHTTR,	Director
State (Maharashtra)	Village Social Transformation Foundation	Mission Manager
State (Maharashtra)	Directorate General of Information & Public Relations	Director Publicity
State (Maharashtra)	National Service Scheme	State Coordinator
District/Block (Maharashtra)	Village Social Transformation Foundation	VSFT Fellow
CSO and Implementing partner (Maharashtra)	SAMPARK	Trustee
CSO and Implementing partner (Maharashtra)	Centre for Social and Behavior Change	Managing Director
State (Uttar Pradesh)	NSS	SLO
CSO and Implementing partner (Uttar Pradesh)	AiH	PO, Aih
District/Block (Uttar Pradesh)	Health department	DHEIO
State (Uttar Pradesh)	UPSRLM	Lead, IBCB&HN
District/Block (Uttar Pradesh)	UPSRLM	BMM-Mihipurwa-Bahrich
District/Block (Uttar Pradesh)	UPSRLM	BMM-Badokhar-Banda
CSO and Implementing partner (Uttar Pradesh)	CMS Community Radio	Station Head
CSO and Implementing partner (Uttar Pradesh)	PHFI	Sr. Program Officer
District/Block (Uttar Pradesh)	Health Department	DHEIO
District/Block (West Bengal)	Office of the District Magistrate, Purulia	OC General
District/Block (West Bengal)	Malda Collectorate Office	District Co-ordinator (SSA)
State (West Bengal)	Health and Family Welfare Department	State family Welfare Officer & Joint Director (FW)
District/Block (West Bengal)	Puncha Development Block	Joint BDO, Puncha
District/Block (West Bengal)	office of the District Magistrate, Purulia	Deputy Magistrate & Deputy Collector & DNO SBCC
District/Block (West Bengal)	Hura Development Block, Purulia	Block Dev Officer, Hura
CSO and Implementing partner (West Bengal)	NGO MANT, Loulara. Puncha, Purulia	Director. MANT

Category/Level	Sub-Category	Department/Organization (if any)/Designation
District/Block (West Bengal)	Block Development Office	District Level Trainers (DRDC)
District/Block (West Bengal)	Neturia Development Block	Joint BDO, Neturia
Pillar 2		
National	UNICEF Delhi Office	WASH Team (FGD)
National	UNICEF Delhi Office	WASH Monitoring Specialist
National	UNICEF Delhi Office	Supply and Procurement team
National	UNICEF Delhi Office	Health Team (FGD)
National	Donor	Hindustan Unilever
National	Partner	WaterAid official
National	Partner	WHO Official
National	Partner	Habitat for Humanity India official
State (Bihar)	UNICEF Field Office	Health Official
State (Bihar)	UNICEF Field Office	WASH official
State (Bihar)	State Pollution Control Board, Bihar	Scientist
State (Bihar)	All Health related Program (Maternal, Child, family planning, immunization etc.)	SPM
District/Block (Bihar)	District Health wing	CS Purnea
District/Block (Bihar)	SSA Supaul	DMC(District Media Coordinator) & District Nodel Person-MSSP supaul
District/Block (Bihar)	Block Health wing	MOIC
District/Block (Bihar)	Government of Bihar	C.O Sarairajan
CSO and Implementing partner (Bihar)	Bihar Seva Samithi (BSS)	Secretary
CSO and Implementing partner (Bihar)	Aga Khan Foundation (AKF)	Senior Program Officer- WASH & Health
State (Jharkhand)	UNICEF Field Office	Health Official
State (Jharkhand)	UNICEF Field Office	WASH official
State (Jharkhand)	National Health Mission	State QA Consultant, NHM
State (Jharkhand)	DWSD, Government of Jharkhand	Director, PMU
District/Block (Jharkhand)	Department of Health	MOIC
District/Block (Jharkhand)	Dept. of Health, GoJ	DRCHO

Category/Level	Sub-Category	Department/Organization (if any)/Designation
District/Block (Jharkhand)	Child and Maternal Health at block level	BPM, Birni, Giridih
District/Block (Jharkhand)	Child and Maternal Health at block level	BPM, Bagoder, Giridih
CSO and Implementing partner (Jharkhand)	Partner agency for JJM	State Head, SSS
CSO and Implementing partner (Jharkhand)	Partner agency for WASH in institution	State WASH Manager, World Vision
State (Maharashtra)	UNICEF Field Office	Health official
State (Maharashtra)	UNICEF Field Office	WASH official
State (Maharashtra)	Pune Municipal Corporation	Medical Superintendent Kamala Nehru Hospital
State (Maharashtra)	Pune Municipal Corporation	Medical Superintendent, Khedekar hospital Bopodi Pune
CSO and Implementing partner (Maharashtra)	SSP - Swayam Shikshan Prayog	Executive Director
CSO and Implementing partner (Maharashtra)	Secretary CYDA	CYDA - Centre for Youth Development & Activities, Pune
CSO and Implementing partner (Maharashtra)	Director Doctors For You	Doctors For You
State (Uttar Pradesh)	UNICEF Field Office	Health official
State (Uttar Pradesh)	UNICEF Field Office	WASH official
State (Uttar Pradesh)	NHM	GM Quality Assurance, NHM
State (Uttar Pradesh)	NSS	State Coordinator
District/Block (Uttar Pradesh)	Panchayati Raj Department	District Panchayat Raj Officer
District/Block (Uttar Pradesh)	Health Department	ACMO-RCH
District/Block (Uttar Pradesh)	NHM	District Community Process Manager
District/Block (Uttar Pradesh)	Uttar Pradesh Jal Nigam	Executive Engineer, Gorakhpur
District/Block (Uttar Pradesh)	Health Department	Medical Officer In-charge
CSO and Implementing partner (Uttar Pradesh)	INSIST	WSP-RP
State (West Bengal)	UNICEF Field Office	Health official
State (West Bengal)	UNICEF Field Office	WASH official
State (West Bengal)	Department of Health & Family Welfare, Government of West	Principal, College of Nursing, Medical

Category/Level	Sub-Category	Department/Organization (if any)/Designation
	Bengal	College, Kolkata
State (West Bengal)	Department of Health & Family Welfare, Government of West Bengal	Nursing Superintendent, M R Bangur Hospital
District/Block (West Bengal)	ICDS, Malda District Line Dept. of WCD&SW, GoWB	ICDS Supervisor and Master trainer on WASH in AWCs
District/Block (West Bengal)	ICDS, Malda District Line Dept. of WCD&SW, GoWB	DSWO - DPO in-charge
District/Block (West Bengal)	Kolkata Municipal Corporation, KMC	Ward member, Ward 80
District/Block (West Bengal)	Kolkata Municipal Corporation, KMC, Ward 66	Executive Health Officer
CSO and Implementing partner (West Bengal)	World Vision India	Technical Specialist, WASH
CSO and Implementing partner (West Bengal)	Oxfam India	Oxfam India
Pillar 3		
State (Bihar)	UNICEF Field Office	Health Official
State (Bihar)	UNICEF Field Office	Nutrition Official
State (Bihar)	State Health Society, Bihar	State Program Officer, Child Health
State (Bihar)	State Program Manager, Health Department	All Health related Program (Maternal, Child, family planning, immunization etc.)
District/Block (Bihar)	RPMU-Health	Regional Program Manager Gaya
District/Block (Bihar)	Block Health wing	Medical Officer In Charge, SDH Banmankhi
District/Block (Bihar)	ICDS, Gaya, Bihar	District Project Officer
District/Block (Bihar)	K. Nagar, Purnea, Bihar	Child Development Project Officer
CSO and Implementing partner (Bihar)	NNF/IAP Member	IAP/NNF Member
CSO and Implementing partner (Bihar)	Nalanda Medical College and Hospital	Associate Professor, Pediatrics
State (Jharkhand)	UNICEF Field Office	Health Official
State (Jharkhand)	UNICEF Field Office	Nutrition Official
State (Jharkhand)	Government of Jharkhand	State cold chain officer (currently working with GOI from last two

Category/Level	Sub-Category	Department/Organization (if any)/Designation
		month
State (Jharkhand)	Government Medical College	Asst. Professor, Rajendra Institute of Medical Sciences (RIMS), Deputy Nodal - center of Excellence for SAM manngement
District/Block (Jharkhand)	District Administration (DWCD)	District Social Welfare Officer, West Singhbhum
District/Block (Jharkhand)	Government of Jharkhand	DRCHO east singhbhum
District/Block (Jharkhand)	Government of Jharkhand	Civil surgeon Giridih
CSO and Implementing partner (Jharkhand)	DEVELOPMENT NETWORK	Director
CSO and Implementing partner (Jharkhand)	Nutrition Partners Forum	Development Partner
CSO and Implementing partner (Jharkhand)	USAID- IPE Global	State coordinator
State (Maharashtra)	UNICEF Field Office	Health Official
State (Maharashtra)	UNICEF Field Office	Nutrition Official
State (Maharashtra)	MGIMS Sewagram Wardha	Professor and Head Community Medicine MGIMS Sewagram Wardha
State (Maharashtra)	MCGM	Executive Officer Health
District/Block (Maharashtra)	Nutrition Bureau Nagpur	Chief of Nutrition Bureu Nagpur
CSO and Implementing partner (Maharashtra)	Doctors For You	Chief Functionary Doctors For You
State (Uttar Pradesh)	UNICEF Field Office	Health Official
State (Uttar Pradesh)	UNICEF Field Office	Nutrition Official
State (Uttar Pradesh)	National Health Mission, Uttar Pradesh	General Manager- Routine Immunization and Maternal health
State (Uttar Pradesh)	National Health Mission, Uttar Pradesh	GM Child Health and GM RKS
District/Block (Uttar Pradesh)	District Women's Hospital Varanasi, Varanasi	Paediatrician
District/Block (Uttar Pradesh)	Health Department - Agra	Medical Officer In-charge
District/Block (Uttar Pradesh)	Administrative position in district under the Collector.	Chief Development Officer, Shrawasti
District/Block (Uttar Pradesh)	Health department- CHandauli	Chief Medical Officer, Chandauli

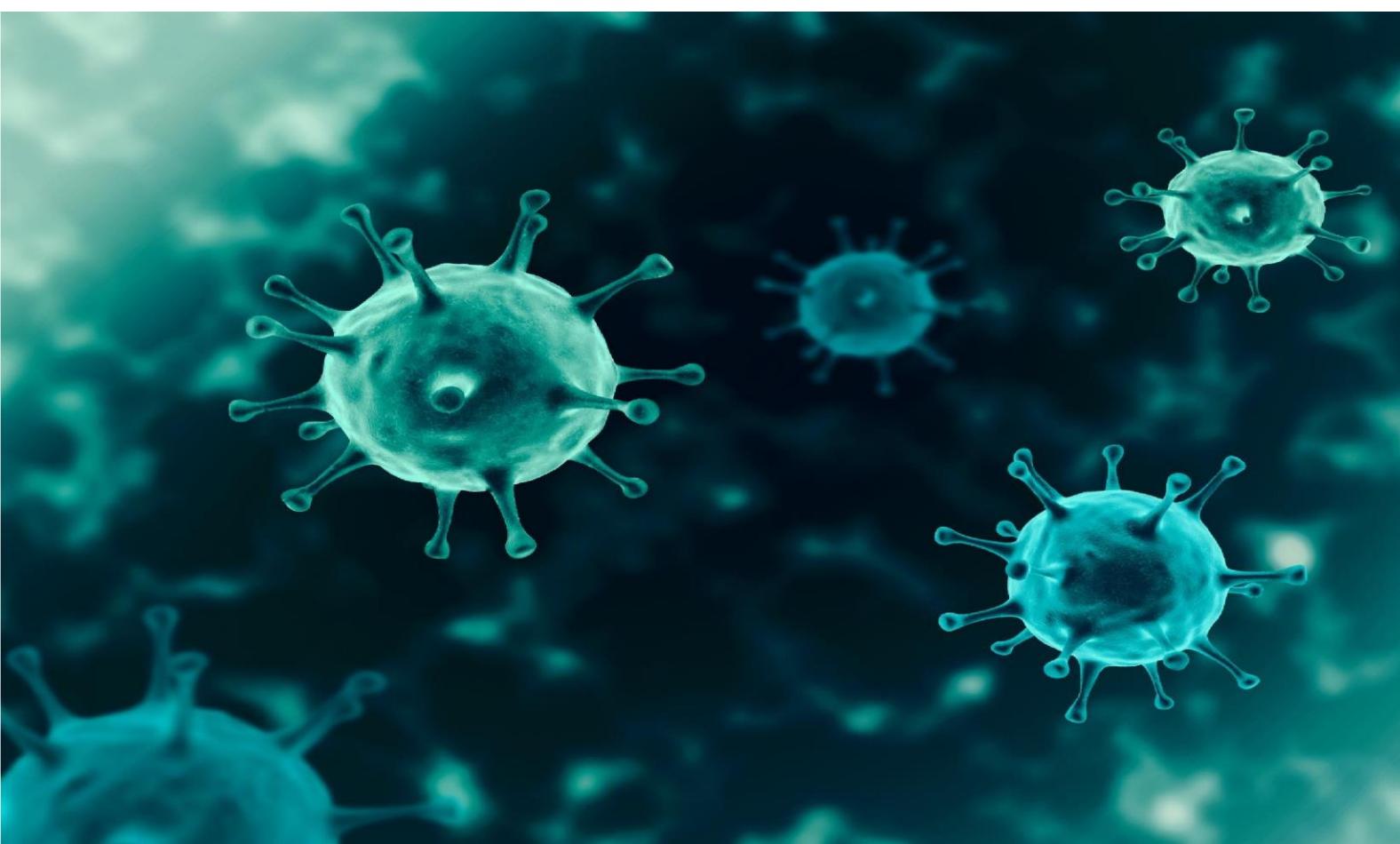
Category/Level	Sub-Category	Department/Organization (if any)/Designation
CSO and Implementing partner (Uttar Pradesh)	Rama Foundation	Chief functionary
CSO and Implementing partner (Uttar Pradesh)	King George's Medical University, Lucknow	Professor Community Medicine
State (West Bengal)	UNICEF Field Office	Health Official
State (West Bengal)	UNICEF Field Office	Nutrition Official
State (West Bengal)	Government of West Bengal	State Family Welfare Officer & Joint DHS (FW)
State (West Bengal)	Directorate of ICDS Scheme, GoWB	Director, ICDS
District/Block (West Bengal)	Government of West Bengal	Chief Medical Officer of Health, Murshidabad District
District/Block (West Bengal)	Government of West Bengal	Chief Medical Officer of Health, Malda District
CSO and Implementing partner (West Bengal)	NGO/Professional Body	Chief Executive Officer, Child in Need Institute (CINI)
CSO and Implementing partner (West Bengal)	NGO/Professional Body	President, Society of Midwives
Pillar 5		
National	UN Agency	Education official
National	Government	Education official
National	Partner	Child Protection
National	Government	Social Protection
National	CSO	Social Protection
National	UNICEF Official	Education official
National	UNICEF Official	Education official
National	UNICEF Official	Child Protection
National	UNICEF Official	Child Protection
National	UNICEF Official	Social Protection
National	UNICEF Official	Social Protection
State (Bihar)	UNICEF Field Office	Education official
State (Bihar)	UNICEF Field Office	Child Protection
State (Bihar)	Department of Education	State Resource Person, Bihar Education Project Council (BEPC),

Category/Level	Sub-Category	Department/Organization (if any)/Designation
		Patna
District/Block (Bihar)	EDUCATION DEPT	District Program Officer Cum DIET PRINCIPAL, Nalanda
District/Block (Bihar)	ADCP, Muzaffarpur, DCPU	DCPU
District/Block (Bihar)	EDUCATION DEPT	District official
CSO and Implementing partner (Bihar)	CSO Partner, Implementing UNICEF Supported project on Bal Sanasd	Director, Rohini Science Club, Ranchi
State (Bihar)	UNICEF Field Office	Social Protection
State (Bihar)	Planning Department, Government of Bihar	SDG Cell
State (Bihar)	Department of Finance, Government of Bihar	Principal Secretary, Finance
CSO and Implementing partner (Bihar)	ADRI	Program Manager, Child Budgets
State (Jharkhand)	UNICEF Field Office	Education official
State (Jharkhand)	UNICEF Field Office	Child Protection
State (Jharkhand)	State department - Overall responsible for child protection program implementation in the state including ICPS	Director ICPS (Special Secretary DWCD)
State (Jharkhand)	State Department	State Program Officer, JEPC
District/Block (Jharkhand)	Government	Asst. Teacher
CSO and Implementing partner (Jharkhand)	Action Aid	Programme Manager
State (Jharkhand)	UNICEF Field Office	Social Protection
District/Block (Jharkhand)	State Government Society	State Coordinator, SAU
CSO and Implementing partner (Jharkhand)	Research agency and independent Think tank- PLF	Chief Executive Officer, PLF
State (Maharashtra)	UNICEF Field Office	Education official
State (Maharashtra)	UNICEF Field Office	Child Protection
State (Maharashtra)	UNICEF Field Office	Social Protection
State (Maharashtra)	Department of Women and Child Development, Government of Maharashtra	Asst. Commissioner and Program Manager, Integrated Child Protection Scheme

Category/Level	Sub-Category	Department/Organization (if any)/Designation
State (Maharashtra)	Department of Education, GoM	Commissioner Education, GoM
CSO and Implementing partner (Maharashtra)	Miracle Foundation India	Consultant, State Coordinator, Miracle Foundation
CSO and Implementing partner (Maharashtra)	Centre for Social and Behavior Change Communication (SBC3)	Founder & Managing Director, Centre for Social and Behavior Change Communication(SBC3)
CSO and Implementing partner (Maharashtra)	Pratham	CEO Pratham Books
CSO and Implementing partner (Maharashtra)	CEQUE	Founder Director, CEQUE
State (Maharashtra)	SIRD	Director, SIRD-YASHADA
State (Maharashtra)	Planning department, GoM	Additional Chief Secretary, Planning
CSO and Implementing partner (Maharashtra)	SIGMA Foundation	President
State (Uttar Pradesh)	UNICEF Field Office	Education official
State (Uttar Pradesh)	UNICEF Field Office	Child Protection
State (Uttar Pradesh)	UNICEF Field Office	Social Protection
State (Uttar Pradesh)	ICDS	APM
State (Uttar Pradesh)	Office of Labor Commissioner, Government of UP	Additional labor commissioner
State (Uttar Pradesh)	DWCD, UP	Dy CPO Directorate
State (Uttar Pradesh)	Dept. of Education	Senior Consultant
State (Uttar Pradesh)	Government	Economic Advisor to CM
State (Uttar Pradesh)	Div of Vital Statistics, Government of UP	Additional Statistical Officer
District/Block (Uttar Pradesh)	DWCD, UP	Dy CPO, Varanasi
District/Block (Uttar Pradesh)	DWCD, UP	Dy CPO, Saharanpur
District/Block (Uttar Pradesh)	Dept. of Health (Government)	Additional Chief Medical Officer (ACMO), Lucknow
State (West Bengal)	Toll free 24X7 helpline for children	Regional Director, Childline
State (West Bengal)	ICDS	Jt. Director
State (West Bengal)	ChildLine	Director
State (West Bengal)	Nehru Yuva Kendra Sangathan	State director

Category/Level	Sub-Category	Department/Organization (if any)/Designation
	(NYKS)	
District/Block (West Bengal)	ICDS	CDPO
District/Block (West Bengal)	ICDS	CDPO
CSO and Implementing partner (West Bengal)	Action Aid India	Regional manager
CSO and Implementing partner (West Bengal)	Bikramshila	Asst. Manager
CSO and Implementing partner (West Bengal)	Bikramshila	Senior Manager

Annexure 11: Pillar Specific Reports



Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

Key Findings: Pillar– 1RCCE
November 24, 2020

1. Relevance	<p>KEQ-1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities?</p> <p>1.1. How do stakeholders at national, state and local level engage with children, women, adolescents and youth to reinforce positive behaviors and reduce negative behaviors? What are the key barriers to carry out these activities and how it is been addressed?</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF's RCCE response is in line with the Government needs and priorities. The response was developed in consultation or based on guidance received from National and State Government ▪ The first batch of COVID-19 messaging material and capacity development manuals focused on COVID-19 Appropriate Behavior (CAB) were reviewed and released in January 2020. Capacity development workshops were undertaken. Most stakeholders informed that the COVID-19 related messaging and community engagement activities was timely and started in April 2020 with the onset of the pandemic. ▪ In the initial period communication was more on building awareness and on COVID preventive behavior and action. It was much later the need for COVID sensitive and messaging on emerging stigma and discrimination and psychosocial support was realized. Soon after, virtual discussions were organized with the state level officials and UNICEF resource persons highlighting the need to promote COVID sensitive messaging, especially with the influx of migrants to their native states. For example, quotes like "<i>Tilak karo, Tiraskar Nahil!</i>" were promoted. ▪ For reaching to children, women, adolescents UNICEF supported in developing tailored communication packages for urban areas, Front Line Workers (FLWs), Self Help Groups (SHGs), and CSO partners keeping in mind the socio-cultural context. ▪ UNICEF established non-financial partnerships with various CSO/NGO partners and used pro-bono services of mass media (TV) for wide reach and coverage on preventive messaging and appropriate behavior and contributed towards government efforts to reduce adverse social impact of the pandemic. However, due to non-financial and pro-bono services, limited priority was given to undertake activities or telecast messages in peak hours with intensity. <p>1.2. What considerations are kept in mind while designing the RCCE activities? How those are aligned with the government's priorities and plans?</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ▪ The Joint Response Plan is guided by the priorities and requests of Government of India and takes into consideration several strategic and guidance documents and information issued by Government of India. The JRP endeavors to support Government of India's efforts to strengthen key areas like surveillance (through the Integrated Health Information Platform) and contact tracing, hospital preparedness for management of COVID-19 including infection prevention and control. Further, it also aims at supporting the government efforts to minimize social impact through risk communication and community engagement, and facilitate operational and clinical research. ▪ The plan is being rolled out using the existing networks of WHO, UNFPA, UNDP and UNICEF
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	<p>field offices and their staffs. It provided an opportunity to work closely with state governments in building capacities of health care staff as well as in developing State Health Investment Plans.</p> <ul style="list-style-type: none"> ▪ The UNICEF response plan is designed to primarily address two major issues: minimizing the spread and impact of the outbreak on the population with a focus on women and children, and ensuring that essential services for women and children are adapted to the context and accessible during and after the pandemic. <ul style="list-style-type: none"> ▪ UNICEF worked very closely with the MoHFW and WHO primarily focusing efforts towards supporting coordinated actions for the preparedness, containment and mitigation of the outbreak. In doing so it has provided technical assistance in developing the material and communication strategy to ensure that the activities adhere to the government guidelines and respond to its containment strategy. ▪ The RCCE activities were driven by evidence-based approach towards creating a new framework of communication (engagement, monitoring and evaluation) keeping in mind the lockdown and urban-centric nature of the pandemic. ▪ Therefore, the RCCE activities are well aligned with Government needs, state priorities and developed in consultation with the National/ State Governments and other key partners (WHO, BMGF, PHFI, etc.). In terms of implementation of activities and dissemination of material, UNICEF reviews and finalizes the communication material which is then shared with the state governments who consequently participate in contextualizing this material based on their needs. In most states the IEC officers, technical group of health consultants and community mobilization officers primarily lead this process.
	<p>1.3. To what extent is UNICEF India's response adhering to global guidance on Level-3 emergencies? How are these adjustments made to the global guidance on Level-3 emergencies to suit the Indian context?</p>
	<p>② UNICEF COVID-19 response plan is aligned with the global guidance on Level-3 emergencies. However, it was formulated before UNICEF declared COVID-19 as an L3 emergency.</p>
	<p>KEQ-2: TO WHAT EXTENT ARE THE ACTIVITIES AND TECHNICAL ASSISTANCE PROVIDED BY UNICEF TAILORED TO THE LOCAL CONTEXT IN DIFFERENT STATES?</p>
	<p>2.1. Which activities under RCCE are contextualized based on social economic and cultural context of the states to target women and children and vulnerable population?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF state officials informed rapid assessments were undertaken at the state level to understand the state specific needs. Whereas the first round focused on understanding the economic and social aspects, the second round put more emphasis on understanding the need and current status of behavioral change in the state. The second round revealed that the risk perception among people is as low as 0.1%. ▪ A diverse set of communication and engagement strategies were rolled out for creating awareness and behavior change at community level. These were tailored to specific state requirements and context (i.e. language and socio-cultural context). UNICEF officials informed that the IEC material and messaging content was translated into state, block and community specific languages. For instance, in case of Jharkhand, the material was translated into 5 tribal

	<p>languages.</p> <ul style="list-style-type: none"> ▪ However, many stakeholders interviewed at district/block level informed that translation/contextualization was not done at the district/block level and for specific community/tribe or group due to paucity of time. ▪ In UP however, the district/block officials informed that the messages were translated in a way which involved local dialect. This was purposely done to increase the understanding and adaptation in the rural pockets. For example, the word DIDI was involved in these messages because the SHG members are called <i>DIDI</i> by the localities. ▪ In West Bengal, the local tribe leaders took initiative to translate the messages in their dialect to ensure that the messages are understood by all. ▪ Many SHG members in Bihar were not literate. Hence, the state and local government ensured that the messages were audio recorded in the local language/dialect in order to the SHGs to understand and disseminate the same.
	<p>2.2. How are the RCCE activities are adapted to the capacities and enabling environment of service providers and implementing partners? What kind of adjustments are made by UNICEF during its implementation? How frequently service provided are being oriented on COVID-19 and provided with handholding support?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF provided technical support in planning, capacity building of - FLWs, SHGs, Swacchagrahis, NGOs, municipal corporations, and local groups etc. - on content and materials development of COVID-19 related communication and messaging. UNICEF also directly supported implementation of activities in select urban slums and rural areas through CSO partners and select NGOs (with direct reach with target population). ▪ Capacity building of partners was undertaken only once using online mode. Shortcomings with respect to connectivity and duration of training were reported.
	<p>KEQ-3: TO WHAT EXTENT ARE THE ACTIVITIES UNDERTAKEN AS PART OF UNICEF'S COVID-19 CRISIS RESPONSE MEETING THE NEEDS OF CHILDREN AND FAMILIES?</p>
	<p>3.1. Do the support and activities adequately address inclusion of disadvantaged, marginalized and vulnerable community (SC/ST/minority)? In what ways UNICEF activities meet the needs of children and families during the COVID-19 crisis?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ In design and reporting, children, women, and disadvantaged populations were not explicitly covered. However, during implementation, attempt has been made to reach out to such populations through various platforms and partnerships (egs. SHGs, NSS, Wada Sakhis,). ▪ UNICEF encouraged the state officials and FLWs to assess the marginal/vulnerable population by identifying the groups who did not respond to UNICEF's COVID response material. This evidence based gap analysis was further used by UNICEF for tweaking and tailoring the material/messages
	<p>KEQ-4: IS UNICEF'S COVID-19 RESPONSE PROGRAMMING INFORMED BY EVIDENCE AND GUIDED BY A CLEAR TOC?</p>
	<p>4.1. Whether the UNICEF's COVID response is guided by any conceptualized ToC? How RCCE pillar</p>

	fits into this ToC?
Key Findings:	
<p>☒ UNICEF's COVID-19 response plan and activities were not developed using any explicit Theory of Change (ToC). It mainly relied on the experience of managing H1N1 and SBCC strategy.</p>	

2. Coverage	KEQ-1: IS UNICEF'S COVID-19 RESPONSE LIKELY TO REACH/ARE MATERIALS ACCESSIBLE TO VULNERABLE POPULATIONS, INCLUDING CHILDREN WITH DISABILITIES, SCHEDULED CASTES AND TRIBES, CHILDREN ON THE MOVE, STREET CHILDREN, CHILDREN WITHOUT PARENTAL CARE (IN INSTITUTIONS OR FOSTER CARE) AND/OR THOSE SEPARATED FROM THEIR FAMILIES, ORPHANED, QUARANTINED CHILDREN, VICTIMS OF GBV, AND OUT-OFSCHOOL CHILDREN?
	<p>1.1. What mode of communication is being utilized to implement RCCE activities? How it is being ensured that the messages are percolated down to the targeted vulnerable population? What is the plan to mitigate propagation of myths and misconceptions on COVID related message?</p>
Key Findings:	
<ul style="list-style-type: none"> ▪ A combination of communication platforms such as Media (TV, community radio, print media), Digital (Facebook, Twitter, WhatsApp, TikTok), IPC (Door to door, Rath Yatra, community engagement through celebrities, faith leaders, NSS, FLWs, SHGs, MCDs, etc.) were used for community reach out on Covid preventive messaging. Recently, local group meetings (Gram sabha meetings, Mahila Mandal, Yuva Kendra meetings, etc.) are being utilized to strategize and disseminate COVID-19 related messaging and material. ▪ For wide coverage and reach UNICEF used both financial and non-financial partnerships. UNICEF used partnerships to support and implement activities in the priority districts/urban slums and utilized different existing platforms and networks (SHGs, FLWs, Municipal Staff, <i>Wada Sakhis</i>, <i>Jeevikas</i>, NSS, VRPs, etc.) for messaging. UNICEF also established non-financial partnerships with various NGOs/CSOs (PHIA, Aga Khan Foundation, Nav Bharat Jagriti Kendra, KARRA Society) to address the COVID-19 communication need and priorities. Through these partnerships UNICEF's was able to reach the target vulnerable population given their proximity to the community and local network/relationship with the people. Moreover, the non-financial partnerships were useful (in terms of reach) as UNICEF was able to piggyback on their local intervention areas through the volunteers/staff of NGO/CSO directly working towards providing COVID relief to the target population. For instance, <ul style="list-style-type: none"> ✓ UNICEF with PHIA oriented 'saathis' in Bihar about the communication package and how to deliver messages on ground to the people. ✓ Select NGOs in Maharashtra working towards village transform mission have come together with UNICEF to provide masks and create awareness among people through their local network of volunteers and other community members. <p>1.2. How UNICEF's COVID-19 response (material, information) reaches the vulnerable population such as (i) children with disabilities, (ii) scheduled castes and tribes,(iii) children on the move, (iv) street children, (v) children without parental care (in institutions or foster care) and/or those separated from their families, (vi) orphaned, (vii) quarantined children, (viii) victims of GBV, and (ix) out-of-school children?</p>	

	<p style="text-align: center;">Key Findings:</p> <p>② According to the state officials, UNICEF's COVID-19 response largely reached every section and community in the state and was accessible to all. However, children were not explicitly discussed while focusing on 'vulnerable populations'. One of the state level respondents informed that from the beginning there was a lot of information about the elderly being at the risk, and therefore attention on children especially disabled, out of school, orphaned, etc. were not much in the beginning and came in much later.</p>
	<ul style="list-style-type: none"> • The district officials (of all states) informed that UNICEF supported messaging and communication activities from the start of the pandemic April 2020. Initially, messaging and communication was focused more on the urban areas and quarantine centers. However, later villages and rural areas were also included in the communication planning and roll out. • Sudden and strict lockdown in the initial months was a key barrier for reaching out to communities. During the initial lockdown phase, the major mode of communication or messaging was through digital and mass media, which has its own limitations in reaching all sections of the society especially the poor and marginalized. Initially the cases and impact of COVID-19 was more in urban-areas and hence it took some time to develop appropriate strategies and partnerships, especially for rural areas. • Moreover, in the initial period the less educated/illiterate population who often fall under the vulnerable category were difficult to reach and covered. However, later with the help of visual and audio clips/messages, they were also covered. • UNICEF's COVID-19 response activities heavily rely on the frontline functionaries and other engagement platforms to undertake social mobilization. Given the solid network and proximity to the community, ASHA workers, SHGs, AWWs and ANMS remain a major source of communication and mobilization. Moreover, <i>Wada Sakhis</i> in UP, <i>Jeevikas</i> in Bihar, <i>SBCC and VRPs</i> in West Bengal, ASHA workers and NSS in Jharkahnd are particularly active in reaching the target vulnerable population. • The CSO and implementing partners working with children and women, informed that they made efforts to ensure that children receive proper care, masks, food (in form of dry ration), and become aware of COVID appropriate behavior. In doing so, they oriented the parents and caregivers of these children. • In Jharkhand, Gram Sabha and Mahila Mandal meetings were used as platform to interact with local communities and spread awareness. ASHA workers were engaged with adolescents through the Yuva Maitri Kendra program and oriented them on COVID appropriate behavior. Additionally, paid and unpaid volunteers were deployed by the block level officials to digitally disseminate UNICEF provided IEC material/messages. The CSO &implementing partners mentioned about organizing online Children's Parliament session to create awareness on COVID appropriate behavior. • In UP, NSS actively participated in communications and messaging. <i>Wada Sakhis</i>, through <i>Hello Didi</i> program, contributed immensely in creating awareness at household and community level. It was informed that print material is not as effective as digital since people do not spend time to read.

3. Efficiency/ Coherence	<p>KEQ-1: TO WHAT EXTENT IS UNICEF ALLOCATING ITS RESOURCES OPTIMALLY AND EQUITABLY TO ACHIEVE ITS OBJECTIVES AND PRIORITY AREAS?</p> <p>1.1. Are the existing resources enough to meet the priorities and objectives of the RCCE pillar? Whether additional resources have been mobilized to meet the COVID-19 requirements? Are there any challenges faced in utilizing the resources optimally?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ Activities related to Risk Communication and Community Engagement were implemented extensively across all states. Some of these include, but are not limited to: <ul style="list-style-type: none"> ✓ Trainings to FLWs, SHGs and other personnel involved in COVID-19 response at the ground level ✓ Messaging and information dissemination through various digital print means as well as through deploying local level taskforce (SHGs, FLWs, etc.). ✓ Several awareness activities including messaging, micing/loudspeaker announcements, in-person awareness, household visits, etc. ✓ Routine immunization, polio programs, and other healthcare programs of the state were postponed in order to ensure that all of state's manpower could be fully utilized for COVID-19 relief activities. ✓ Providing masks and soaps in quarantine centers as well as installing hand washing units in select areas. ▪ The nature and spread of the pandemic created pressure for quick turnaround time to fulfil the demand and expectations from the government. However, many of the discussants expressed that existing resources (human and financial) were not adequate to meet the priorities and objectives of RCCE. <ul style="list-style-type: none"> ✓ The national level representative of UNICEF informed that the budget allocation received by the communication departments (C4D and CAP) for undertaking RCCE activities is limited, restricting them to undertake financial/paid partnerships for wider reach. As a result they largely have to rely on pro-bono partnerships. ✓ Furthermore, the UNICEF representative informed that the current team strength (internal) is low and the current staff is overworked. The lack of financial resources does not allow the C4D and CAP teams to hire additional human resource. ▪ Funding mechanism for communication was highlighted as an issue. Funding related to communication activities are attached to each sector and not as separate pot. Hence, there is no separate budget for utilization for communication activities.
	<p>1.2. What mechanisms are in place for RCCE to ensure distribution of resources to the vulnerable and hard-to-reach population?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ The design does not include any mechanism for RCCE to ensure distribution of resources for communication outreach. ▪ However, at the state level attempts were made to cover and include hard to reach as well as vulnerable population during the roll out. Further, it was reported that there is requirement of additional resources to conduct proper micing/loudspeaker announcements at the village level, awareness campaigns, gram sabha meetings, Mahila Mandal meetings,

	printing handbills for villages, etc. specially to reach out to the vulnerable and population living in remote areas.
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	KEQ-2: TO WHAT EXTENT IS UNICEF MANAGING AND DELIVERING ITS COVID-19 RESPONSE IN A TIMELY COORDINATED, COHERENT AND QUALITY WAY?
	2.1. Are the activities rolled out in a planned manner adhering to the timelines? What adjustments, if any, are made in the acitivities to address the evolving needs and context of the target population?
	<p style="text-align: center;">Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF's overall COVID-19 response was executed in a timely manner and evolved with the changing scenario. ▪ For instance, in the beginning the focus was primarily on CAB (hand hygiene and mask usage). However, with the evolving crisis a need for promoting sensitive messaging (related to stigma and discrimination, providing psychosocial support) was identified and included in the response plan. ▪ UNICEF has worked closely with the Government of India and its various departments such as the State Health Department, Ministry of Rural Development (Panchayati Raj Institution), Department of Education and provided technical support for development of COVID-19 related communication messaging. ▪ Most of the stakeholders reported that there was no delay in implementation of RCCE activities. It typically takes a week for the COVID-19 related messaging and activities to percolate down to the targeted population. Also, the implementation of the activities happened in a phased manner and in many cases was dependent on the situation and focus of the state. For example, in Bihar, communication activities started a bit late since initially, the state's focus was not much on the communication. ▪ Digital means were used extensively for preventive messaging. Digital means to spread messages made the whole process quick and easy but it had its own limitation.
	2.2. What is the mechanism internally and externally in place to track the progress of outcome indicators?
	<p style="text-align: center;">Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF's internal monitoring mechanism track progress on RCCE under three HPM indicators: <ul style="list-style-type: none"> ✓ Number of people reached on COVID-19 through messaging on prevention and access to services, ✓ Number of people who participate in COVID-19 engagement actions ✓ Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms ▪ However, it was opined by the UNICEF officials that even through HPM indicators help in understanding the broader reach of the RCCE activities, they are not useful to understand whether the coverage/output is translating into behavioral change/outcomes.
	2.3. How does UNICEF generate data on the knowledge, attitudes and perspectives of the

	<p>following categories (i) both women and men? (ii) among vulnerable populations (children with disabilities, scheduled castes and tribes, children on the move, street children, children without parental care)? (iii) What are constraints and opportunities of improvement pertaining to these groups?</p>
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	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF used internal and external (Other organizations like Population Council, Water Aid, ID insight, WHO, etc.) data/reports to develop learning and good practices to strengthen and improve the overall efficiency of COVID-19 response and activities. ▪ There is absence of monitoring system to track the progress of outcome (behavior change) indicators at an overall and at disaggregated level (gender, vulnerable population, etc.) which makes it difficult to evaluate the extent of effectiveness of the communication strategy. There is no uniform monitoring mechanism across states to track actual coverage and reach of COVID-related messaging/activities. The reported numbers are not actual headcount. Rather, they are the estimated number based on different activities carried out across the states including viewership/likes/comments on posts on different digital media platforms. Further, exhaustive disaggregated data is not available for all activities.
	<p>2.4. How well the synergies and interlinkages between government and implementation partners' activities have been established to optimize the COVID-19 response? What are the overlaps that reduce the efficiency of the RCCE pillar?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ According to the UNICEF national level official, even though large number of partners (WHO, UNDP, BMGF, ILO, CARE PHFI etc.) are working and supporting implementation of RCCE activities, there is a clear demarcation of the activities which are supported/implemented by each partner. As lead, UNICEF effectively coordinates with its partners every week on the prevention of stigma and discrimination communication, COVID-19 response and measures to strengthen local-level partnerships. ▪ The national level UNICEF officials reported an overlap between activities (media related) and inadequate coordination (between C4D and CAP teams) which effects to a certain extent the optimal utilization of resources.
	<p>2.5. What is the mechanism (Frequency, monitoring platform etc.) to ensure the quality of activities undertaken by the stakeholders? How the identified bottlenecks and corrective measures are accounted and addressed to enhance the quality of preparedness and response for COVID-19?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF's staff provide regular updates on activities and progress through monthly and fortnightly situational reports, which are useful. ▪ However, there is no formal/official feedback mechanism in place to ensure that relevant feedback from the community and FLWs are taken into consideration for decision making and designing activities. ▪ UNICEF has also conducted several assessments (U-reports, assessment related to stigma and discrimination, State specific rapid assessments, community based monitoring, etc.) to

	<p>generate evidence and learning related to Knowledge, Attitude, and Perception. These findings have often been utilized to modify or tailor content and messaging.</p> <ul style="list-style-type: none"> ▪ For instance, UNICEF national level official informed that in the beginning UNICEF worked around hypothesis drawn from external assessments (independent assessments undertaken by external agencies like IDInsight, local NGOs focusing on the impact of various activities undertaken by the government and its partners like UNICEF) – 1) Are COVID workforce stigmatized? 2) How do people feel living near to and using same essential services as someone who is a member of COVID workforce or has recently travelled?
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② The findings of rapid 'baseline assessment'/first round informed that it was not the workforce which was stigmatized but rather those who have recovered from COVID. Therefore, the focus of interventions ad messaging then shifted from CAB to fighting stigma and discrimination as well.

KEQ-3: TO WHAT EXTENT IS UNICEF ADAPTING ITS ACTIVITIES TO BECOME MORE EFFICIENT BASED ON LEARNING AND A CHANGING COVID-19 CONTEXT?

3.1. What is the knowledge management and sharing mechanism within UNICEF? What are the innovations adopted to address the evolving crisis? How well the support and activities are flexible in adjusting to the local needs?

Key Findings:

- UNICEF uses the ECM platform to share content developed for COVID-19 activities. All case studies and reports are available on the ECM website and available for UNICEF staff.
- The Crisis Management unit was established to address the challenges and develop actionable solutions.
- During the lockdown phase, all training for FLWs and SHGs were done virtually. UNICEF created WhatsApp groups for sharing messages and feedback. These feedbacks are taken into consideration while developing the next batch of communication/IEC material.
- Thus, Based on the evolving needs, communication and messaging content, mode and technique, has modified over the period of time. This has enabled UNICEF to introduce context-appropriate messages in public domain. However, an increased focus on behavioral change is required in order to ensure the effectiveness of CAB and that people follows protocols.

KEQ-4: ARE THERE ANY INEFFICIENCIES ASSOCIATED WITH IMPLEMENTATION OF THE CRISIS RESPONSE (E.G. LOW AWARENESS AND UPTAKE, UNAVAILABILITY OF FRONTLINE WORKERS AND OTHER KEY PERSONNEL, MISUNDERSTANDING OR MISUSE OF UNICEF'S MESSAGES ETC.)?

4.1. What are the reasons for lower update of RCCE activities/service? In certain geographies and population?

Key Findings:

- There is an absence of real time MIS system to track progress of activities implemented under RCCE across all states. This restricts UNICEF to evaluate the efficiency of overall response (especially qualitative outputs) and progress of outcome indicators.
- Disaggregated data on reach and coverage on vulnerable populations such as women, children, migrants (number of migrants coming into a state, number of migrants in quarantine center,

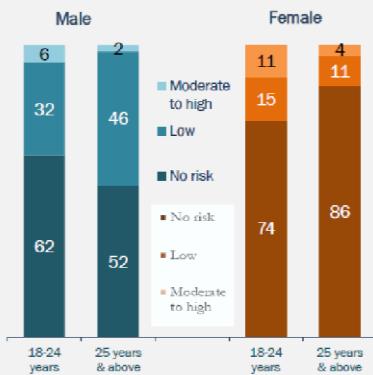
	<p>number of COVID-positive patients, and recovered patients) is not available.</p> <ul style="list-style-type: none"> ▪ There was comparatively less control pertaining to intensity, frequency, and accountability of various activities implemented using the non-financial partnerships (given the pro-bono nature of engagement). <ul style="list-style-type: none"> □ These pro-bono partnerships do not allow UNICEF to ensure that the external agencies are prioritizing UNICEF messaging in a quality and timely manner. Given the pro-bono nature, the external agencies often prioritize their own motives/tasks, and not aligning with UNICEF's priorities.
	<ul style="list-style-type: none"> □ It was difficult to reach out certain geographies like naxal affected/hard-to-reach areas due to poor coverage of digital medium particularly during the lockdown.
	<ul style="list-style-type: none"> □ Initially, it was difficult for FLWs, SHGs members to operate through digital learning platforms and in understanding of the modules. However, now they are accustomed and comfortable to a certain extent on use of the digital mode of learning. Moreover, due to the lack of personnel and funds to hire new personnel/volunteers, existing FLWs and other stakeholders are overworked. UNICEF state officials (Jharkhand, Bihar) were of the opinion that lack of scenario analysis and preparedness, in the beginning, hampered the overall planning and implementation of activities efficiently.

4. Effectiveness	KEQ-1: WHAT BOTTLENECKS EXIST TO EFFICIENT IMPLEMENTATION OF THE CRISIS RESPONSE?
	<p>1.1. What bottlenecks are encountered in achieving the intended targets? How it affects in efficiently achieving the intended outcomes?</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ▪ COVID-19, initially, was urban centric and there was a lack of resources and existing partnerships in urban areas to support and implement communication activities. This resulted in delay in implementation of UNICEF's COVID-19 response. ▪ Major reliance was on digital and mass media for undertaking communication activities and messaging which has its own limitations and grey areas to reach out to all sections of society. Furthermore, network connectivity has also posed a hurdle in reaching the target population. ▪ The restricted movement, due to lockdown, also delayed the process of reaching out to the remote areas and vulnerable section of the population. ▪ UP state official informed of delay in budget allocation as a barrier in the efficient implementation of the RCCE activities. This restricts them in adhering to the set timelines/deadlines to meet the target. The state officials further informed that many times they had to "<i>go out of the way</i>" to arrange budget, ensuring the continuity in implementation process. ▪ Capacity building was undertaken only once using virtual means. Several shortcomings such as connectivity issues, lack of participation, and duration of training sessions were reported. Given the changing context of COVID, regular trainings with updated focus areas of UNICEF's overall response strategy is necessary. There was absence of comprehensive monitoring mechanism to track the progress of various activities and generate real time learning to modify/alter the activities. ▪ The non-availability of adequate resources (internal) to implement communication activities

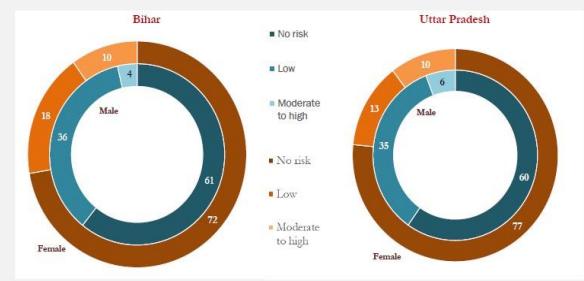
	<p>have compromised the anticipated efficiency of UNICEF's COVID-19 response.</p> <ul style="list-style-type: none"> Overlap of activities (media engagement) and lack of coordination between C4D and CAP team has resulted in duplication of tasks and non-optimal resource use. <p>KEQ-2: TO WHAT EXTENT ARE THE INTENDED OUTPUTS AND OUTCOMES OF UNICEF'S RESPONSE ACHIEVED IN AN EQUITABLE MANNER BENEFITING VULNERABLE POPULATION?</p> <p>2.1. How the bottlenecks are identified and addressed to achieve the outcomes equitably for the vulnerable population?</p>								
	<p style="text-align: center;">Key Findings:</p> <table border="1"> <thead> <tr> <th>Output Indicator</th> <th>Achievement (%)</th> </tr> </thead> <tbody> <tr> <td>Number of people reached on COVID-19 through messaging on prevention and access to services</td> <td>65.0</td> </tr> <tr> <td>Number of people engaged on COVID-19 through RCCE actions</td> <td>103.6</td> </tr> <tr> <td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td> <td>91.7</td> </tr> </tbody> </table>	Output Indicator	Achievement (%)	Number of people reached on COVID-19 through messaging on prevention and access to services	65.0	Number of people engaged on COVID-19 through RCCE actions	103.6	Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	91.7
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	<p>UNICEF's Internal M&E reporting data indicates that out of three output indicators, the target of one indicator (Number of people engaged in COVID-19 through RCCE actions) has already been achieved while the remaining two are on track. These numbers are just estimations and does not represent actual reach. Double counting could be one of the limitation.</p>								
	<p>Since disaggregated data is not available, it is not possible to comment on whether communication messaging has reached 'equitably' to the target vulnerable population. However, as informed earlier, attempts were made during the implementation of activities to reach out to the vulnerable populations using different platforms (FLWs, SHGs, Micing/Loudspeakers, Rath Yatra, community radio, etc.).</p>								
	<p>UNICEF's internal and other external evidence (Population Council, Water Aid) suggests that RCCE activities have not been fully translated into the desired action.</p> <p>The studies suggested that</p> <ol style="list-style-type: none"> <i>Risk perception among young men and women was quite low.</i> <i>57% of the respondents were comfortable using the same essential services (grocery store, public spaces, and public transport) as they used to in the pre-COVID scenario.</i> <i>Only 2% of respondents reported social distancing as a means of reducing risk from COVID-19 while accessing the same services.</i> <i>Health workers - ASHA, AWW, and ANM are the primary source of information for 41% of respondents. Significantly higher proportions of women depend on them as compared to males.</i> <i>A significantly higher proportion of female respondents depended on family members for receiving any information related to COVID-19 whereas a significantly higher proportion of male respondents depended on social media and newspapers for the same.</i> 								

VI. TV is the most trusted medium for attaining COVID-related information among respondents, followed by the newspaper, radio, and WhatsApp. In urban slums, 94% of respondents relied on the radio. 76% of respondents reported that they are frequently washing hands at home. The main reason behind this was 'fear of Coronavirus' (77%) followed by 'precautionary measure to protect oneself against the virus' (69%). Further, it was interesting to note that 67% of the total respondents wanted more information on hand hygiene (especially hand washing).

More young men and women (ages 18-24) believed that they were at moderate to high risk, compared with, adult men and women (ages 25 and above)



Although all participants were aware of COVID-19, their risk perception was very low in both Bihar and Uttar Pradesh. In both states, more females than males perceived their risk to be moderate or high.



KEQ-3: HOW WELL IS UNICEF'S RESPONSE COORDINATED?

3.1. How UNICEF coordinates across sectors (multi-sectoral convergence) and its field offices and implementing partners for smooth collaboration and cross learnings

Key Findings:

- Almost all respondents informed that UNICEF's overall COVID-19 response is effective and well-coordinated. Many respondents mentioned that there is some duplicity in the tasks/activities performed by UNICEF, its own partners and other partners working in the state. However, that is unavoidable in an emergency situation. State officials in UP informed that UNICEF, WHO, PHFI, MOU, and NSS are working in a coordinated manner. UNICEF's intervention is primarily in providing technical assistance on awareness and communication related activities.
- In Maharashtra, UNICEF is working with Tech Mahindra and Jeevan Rath to develop video messages with celebrities, provide medical support and hygiene kits at the district level. UNICEF is actively working with MCDs and local level governments to promote CAB while following the national guidelines.
- At local level UNICEF is working with health workers, faith leaders, FLWs, SHGs, Sahiya Sathi (Jharkhand), Wada Sakhis (UP), Nirmal Banga Cell (WB), and VRPs (WB) to promote COVID Appropriate Behavior.
- The majority of CSOs/implementing partners informed that working with UNICEF has provided their work '*a great boon*' as UNICEF's work is well recognized and it helps them explain their messages with various stakeholders, easily.

KEQ-4: WHAT ARE THE KEY CHALLENGES FACED?

Key Findings:

	<p>External Challenges:</p> <ul style="list-style-type: none"> ▪ It is becoming increasingly difficult for the authorities and FLWs to ensure people comply with COVID-19 Appropriate Behavior (CAB). There is an extensive message fatigue and confusion among communities. Hence, appropriate messaging/communication content and strategy needs to be introduced and regularly updated or revised with the evolving situation ▪ According to some district officials, the timelines set and communicated by the state (after discussions with UNICEF) for implementation of various activities and submission of reports are '<i>unreal</i>'. ▪ Since the training of local level personnel involved in COVID-19 response has only been undertaken once; it was reported that they often fail to provide the most updated information to the target population. Additionally, they are unable to answer the questions of people. This often results in the dissemination of misinformation as well. ▪ In some states, it is difficult for the ground level personnel to reach the remote areas (especially remote and Naxalite areas). ▪ Illiteracy often poses as a hurdle in reaching people as they are unable to understand/comprehend the written messages. Hence, audio-visual messages and in person counselling/orientation work best. <p>Internal Challenges:</p> <ul style="list-style-type: none"> ▪ Limited human and financial resources at state level poses a barrier in efficiently managing and implementing the RCCE activities.
	<p>□ Additionally, a general limitation around the availability of evidence (external and internal) to systematically assess the behavioral change also limits the evaluation of UNICEF's RTE response.</p>

Table: Quick glance of broader themes highlighting state specific activities/inter-state differences

Theme/State	Uttar Pradesh	Bihar	Jharkhand	West Bengal	Maharashtra
Contextualization of material/messages	□	□	□	□	□
Urban-Rural coverage	□	□	□	□	□
Hard to reach pockets were easily covered	Difficulty in reaching extreme rural pockets with poor connectivity	Difficulty in reaching flood prone areas/extreme rural pockets with poor connectivity	Naxal areas were hard to reach and hence not rigorously covered	□	□
FLWs were easily able to disseminate information	□	Illiteracy among FLWs barred them from disseminating (print/text) messages. However, audio	□	□	□

Theme/State	Uttar Pradesh	Bihar	Jharkhand	West Bengal	Maharashtra
		messages were easily understood and disseminated.			
Financial and nonfinancial partnerships were generously leveraged	??	??	??	??	??
Evident behavioral change in terms of CAB among people	??	??	??	??	??
Delay in budget allocation at state level	??	??	??	??	??
Regular capacity building/trainings required	??	??	??	??	??

5. Conclusion

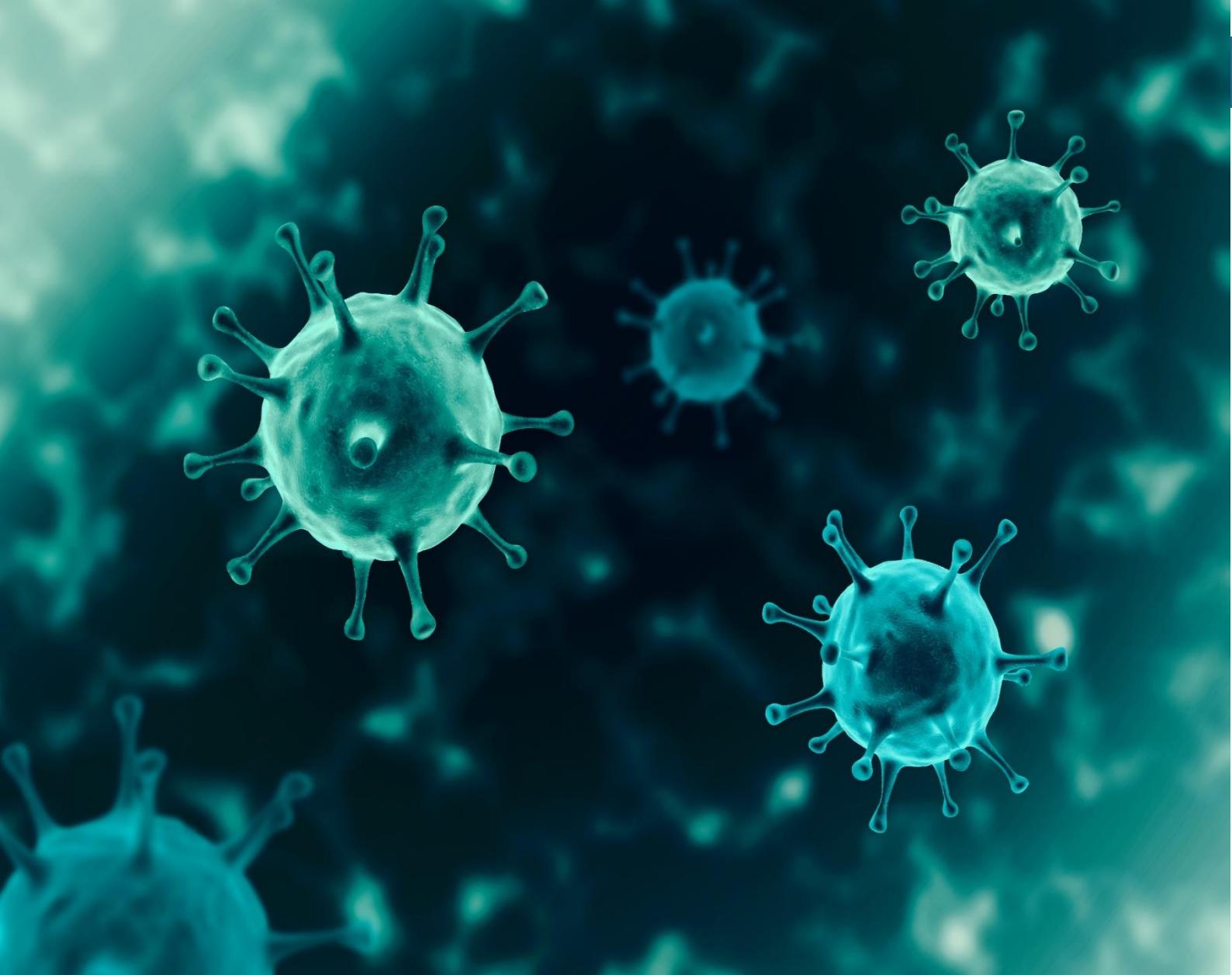
The evaluation sheds light on the relevance, coverage, efficiency and effectiveness of UNICEF's COVID-19 response w.r.t. the Risk Communication and Community Engagement (RCCE) pillar across 5 Indian states. It was seen that UNICEF's response was in sync with the government needs and priorities wherein technical assistance was provided to tailor the messaging and communication material to the local context. The response which initially focused on promoting COVID Appropriate Behavior (CAB) later included stigma and discrimination along with psychosocial support under its spectrum of focus to provide relevant information and material to the vulnerable population in a timely manner. In doing so, UNICEF leveraged both existing and new financial as well as non-financial partnerships.

The response however lacked Theory of Change and brought forth internal as well as external gaps in terms of coordination, resources, and IEC content. It also falls short of assessing qualitative indicators (such as BCC) while determining the impact of the plan. Hence, it is imperative that a social behavior change strategy be developed and 'real time' evidence should be shared with an increased coordinated and informed approach, as well as new messages ways of communicating the message be introduced to ensure the relevance and effectiveness of response plan. Increase in number of trainings/orientations/meetings (internally as well as externally) can contribute towards ensuring that the latest and most relevant information is communicated in a more timely manner. This may also optimize the resource utilization.

Despite the limitations, UNICEF with its unique yet strong position to support the government, is able to execute the response plan in a timely and coherent manner ensuring social mobilization of vulnerable target population during the crisis.

6. Key Recommendations**KEQ-1: WHAT ADDITIONALLY CAN BE DONE TO IMPROVE THE OVERALL COVID-19 RESPONSE?****Key Recommendations:**

- RCCE needs to move toward achieving actual behavior change, to close the knowledge behavior gap. There is a need of social behavior change strategy particularly for emergency situation.
- Real time evidence should be shared in order to improve the messaging and communication material.
- Messaging and strategy around COVID-19 appropriate behaviors needs to be reviewed and regularly updated, with the evolving situation – taking into account particularly the current message fatigue.
- Response preparedness needs to be strengthened. To improve planning and implementation it is recommended a COVID-specific ToC is developed for RCCE; especially as the next phase begins on vaccine communication.
- Knowledge management and communication need to be strengthened to generate learnings in terms of, what worked well, what did not, and why?
- Given the changing context of COVID, regular training of FLWs/partners are important so that updated information could reach out to the community.
- At the same time, UNICEF should facilitate the unburdening of the system used to disseminate messages – that is a key risk moving forward.
- Improvements can be made in more strategic planning and better internal coordination between sections/teams (C4D and CAP).
- UNICEF can develop and use monitoring mechanisms for behavior change/action level data.
- Mapping of appropriate digital platforms against the targeted population is important to reach out the masses and vulnerable population effectively and equitably.
- Continuation of research is important to generate the evidence to support evidence based planning and implementation of COVID-19 response.
- It is important to set up a community feedback mechanism to get continuous feedback on the activities implemented. This will also aid UNICEF in understanding the state specific evolving needs of the community.
- Increase in human and financial resource at ground level across all states to be able to improve overall efficiency and effectiveness of the response; allocate a specific budget for communication activities held by CAP themselves.
- UNICEF should carefully consider whether partnerships should be paid or pro-bono. Ensure clear agreements and accountabilities in pro-bono partnerships, which are monitored and tracked.
- According to UNICEF state officials, HPM indicators should be tightened a bit more such that they include a unified operational definition, levels of reporting from state, coverage/reach of communication package and subsequent impact on ground.
- The current design of UNICEF's COVID-19 response (at state level) and the nature of the emergency does not allow to focus on children and women explicitly. The HPM indicators should allow for collection of disintegrated data defining the vulnerable groups in the state and providing subsequent numbers.



Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

Key Findings: Pillar 2-IPC

March 03, 2021

Final Report

Executive Summary:

UNICEF India as part of Novel Coronavirus Disease (COVID-19) Joint Response Plan (JRP) provides support to Government of India in its efforts to contain the spread, mitigate risks and strengthen management for COVID-19. In doing so, it adopted a multi-sectoral approach to address the issue, which focused on six pillars, including Infection Prevention and Control (IPC).

We have undertaken real-time evaluation of IPC pillar to understand the relevance, coverage, effectiveness and efficiency of UNICEF's COVID-19 response w.r.t. infection, prevention and control (IPC). A qualitative research method was deployed to assess the current response plan by capturing the support provided at national, state and sub-district levels, perception of different stakeholders (across 5 states), identify gaps in the support provided, and recommend ways to strengthen its response. In doing so, both primary and secondary sources of data were used to collect and analyze data over a period of ~6 weeks. For primary data collection KIIs and FGDs were undertaken with respondents across 5 states. Review of documents included UNICEF India response plan, COVID JRP India, Monthly situational reports, Fortnightly Field Updates-State wise status, Summary of CrMT Meetings, Rapid assessment and other evaluation reports.

The top level findings of this evaluation suggest that UNICEF's response was largely 'relevant' in providing health and WASH related support to the government in all 5 states especially in the fast changing scenario of the pandemic. UNICEF's response was aligned with government priorities throughout the course of its support. UNICEF with its efforts was able to reach vulnerable sections as well as hard-to-reach pockets with essential services and critical supplies like PPE kits, oxygen concentrators, soaps, and sanitizers. UNICEF's adaptive capacity (e.g. continue adapting guidelines and reorienting people, adoption of virtual mean of service delivery, development of online system to track migrants) played a strong role in providing relevant response to the government. The evaluation highlighted that UNICEF's response was 'highly effective' in streamlining the support by developing interlinkages between the government and service providers. It mobilized partner's resources to meet the priorities of government and needs of target population which included ensuring hospital preparedness, undertaking assessments, providing support in capacity building of healthcare workers and community workers; and procuring and providing critical health and WASH supplies.

However, some of the shortcomings/bottlenecks identified during the course of this evaluation include:

- At the onset of pandemic WASH was not recognized as priority area by the Ministry of Jal Shakti precisely because this was a health-led emergency. As a result, initially, UNICEF WASH faced difficulty in advocating and mobilizing WASH resources.
- Convergence between Health and WASH department lacked in mutually identifying priority areas varied i.e. important and critical areas recognized by WASH team were not given equal importance by health team. This also posed as barrier in optimum utilization of resources.
- UNICEF response lacked a well-structured and systematic real-time monitoring mechanism to monitor its COVID-19 response.
- Services and supplies could have been delivered faster. UNICEF's internal processes of seeking/giving approvals was highlighted as a barrier to its responsiveness.
- UNICEF faced problems in initial months in facilitating support due to shortage of manufacturers/producers to procure quality supplies from. Restrictive movement during lockdown and UNICEF's time taking internal processes contributed to the problem.

The evaluation suggests that a significant amount of funds were raised to support supply related to health however UNICEF Health's role was limited to procuring and providing the same to the government at the

national level. Even though UNICEF's response provided effective support to the government in strengthening the response, substantial gains can be achieved by introducing certain corrective measures which have potential to further strengthen UNICEF's response w.r.t. IPC. Some of these include:

- UNICEF WASH's inputs are currently diluted across different pillars and subsequent section teams (like communication, health, education, etc.). As a result it is unable to lead/take independent decisions (especially related to resource allocation to activities since the response is led by other section teams) for WASH priority areas. Hence, UNICEF WASH should be given lead/more autonomy to provide more relevant support.
- UNICEF should work towards tweaking/easing its internal processes (such as on-boarding new partner, mobilizing resources from local vendor at state level). UNICEF has different way of responding to different levels of emergencies – L1, L2 and L3. It has established mechanism and roles in place to loosen up the processes depending upon the level of emergency. These mechanisms should be revisited and amended (if need be) to ease the internal processes (and time it takes) to improve the efficiency of the response.
- UNICEF can introduce a layered auditing and quality assurance compliance protocols for various essential supplies. This will help in increasing the turnaround time of providing support and reducing donor fatigue throughout the process.

Limitation(s):

- UNICEF spent significant amount of resources on supply and procurement (S&P) of health supplies such as PPE kits, oxygen concentrators, and oximeters. The procurement and supply were more centralized at the national level hence State UNICEF health officials did not have much reflection of S&P.
- Many stakeholders within UNICEF and outside UNICEF from Health at the national level were not available for IDIs due to their commitment in vaccination drive. However, we could manage FGDs with the UNICEF national health and S&P teams to understand the IPC response. Hence, limited prospective were captured.

Relevance	<p>KEQ-1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities?</p> <p>1.1. What are the government priorities for IPC pillar? How are UNICEF activities aligned with the government's priorities and plans? How is UNICEF India's response adhering to government guidelines on IPC?</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ▪ Government priorities for IPC pertained to inclusive coverage, promoting COVID Appropriate Behavior, capacity building (for both healthcare staff as well as community workers), conducting assessments (at healthcare facility level about HCF preparedness, provision and availability of medical equipment like PPE and oxygen concentrators), management of bio-medical waste, and WASH services and supplies (such as installation of foot-operated hand washing stations at community as well as facility level). A Government state level official informed that government guidelines for COVID are majorly drawn from NHM and WHO and that the major focus has been on controlling the spread and ensuring that COVID appropriate measures were taken to ensure the same. Therefore, the provision of masks, PPEs, thermal scanners, testing kits, oxygen concentrators, sanitizers/soaps and awareness about social distancing, trained healthcare facility as well as community staff, etc. were some of the critical aspects relating to government's priority. ▪ UNICEF's response was in line with the global guidelines as well as national government's priorities and needs. A joint response plan was developed (WHO and UN partners) to guide and prioritize the requests of Government of India while taking several strategic and guidance documents and information issued by Government of India into consideration. ▪ To ensure that UNICEF's response is aligned with the government priorities, UNICEF India conducted regular meetings with the government to discuss the changing situation, activities, gaps and their expectations. These meetings guided UNICEF to plan the response/activities which cater to government priorities and are agreed upon mutually. For example, UNICEF India procured diagnostic tests and oxygen products, to support the GoI in its efforts to ramp up capacity to test and manage COVID-19 cases. Similarly, to ensure safe and continued hand washing in facilities and communal places, UNICEF India developed compendium of designs for installing hand washing stations which were COVID adjusted along with providing guidelines for their usage. Furthermore, UNICEF provided technical support in training about how these can be produced locally and where these can be placed to ensure maximum efficiency as well as coverage. ▪ One of the UNICEF national level officials explained that UNICEF does not operate independently. Each and every target and activity is discussed and identified with the government. Hence by design, UNICEF's response is bound to and was aligned with government priorities. ▪ Along with the government, UNICEF's response was also aligned with the partner and donor agencies. For example, a national level respondent from HUL explained that WASH and hand hygiene were the first few areas which were recognized as a preventive measures for curbing the spread of COVID. While the government, WHO and other agencies were still figuring out the usage, disposal and other guidelines for supplies like masks, it was already established that hand washing is a very critical aspect. Keeping this in mind, HUL and UNICEF came together to support
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- the government in ensuring that people have access to soaps to ensure safe and proper hand washing.
- It is interesting to note that according to UNICEF WASH officials at national level, WASH was not considered a priority area in the initial month of pandemic. It was a challenge for them to advocate about importance of WASH and hand hygiene with Ministry of Jal Shakti. Since COVID-19 is a health led emergency hence according to MoJS, responding to COVID-19 did not fall in its purview. It was only until later when the research indicated that sanitation and hand hygiene were primary preventive measures to curb the spread. Once recognized, UNICEF was able to advocate and mobilize government's support for WASH activities to fight the pandemic.
 - To further understand UNICEF's response w.r.t. IPC, respondents at state level (government officials, CSO and UNICEF state level staff) were asked to rate UNICEF's response on a scale of very relevant, partially relevant and not relevant. Out of 33 respondents who responded, majority of them rated UNICEF's response as 'very relevant'. This is because UNICEF provided state specific support by developing its intervention activities at state level and mobilizing the resources (from its partner agencies) to meet the varying needs of target population. For example, a health official in UP explained that it was extremely critical (especially in the initial months) to make sure that the service providers/healthcare staff were well versed with IPC protocols and UNICEF played a "*very relevant role in supporting the whole spectrum of IPC activities ranging from advocacy to supplies*". Moreover, in Uttar Pradesh UNICEF provided trainings to block level stakeholders like Pradhans on IPC preventive measures on request of the district government. These trainings were helpful and relevant because they not only focused informing about preventive measures to be taken in public spaces but also about the steps which can be taken while at home – such as taking a bath if possible before entering the home.
 - However, very few respondents opined that UNICEF's response was 'partially relevant'. For example, in Jharkhand UNICEF's response was perceived as partially relevant because the state lacked local manufacturers of supplies like mask and sanitizers and restricted movement during national lockdown worsen the situation in Jharkhand.

1.2. How UNICEF does provides technical assistance to support the implementation and monitoring of identified measures under the IPC action plan as part of its COVID-19 response? What are the different activities undertaken to provide support towards improving IPC services? What considerations are kept in mind while designing these activities?

Key Findings:

- UNICEF official at national level informed that UNICEF's niche is on capacity development, developing of guidelines, SoPs, providing critical supplies, developing IEC material, imparting training, supporting government with planning, for e.g. designing and preparing village action plan.
- In the initial months, both UNICEF and WHO supported the government in developing guidelines for IPC for both Health (at facility level) as well as WASH (at community level) staff. To ensure that the support was relevant to the changing situation, UNICEF along with WHO and government released 4-5 versions of these guidelines (between March and October 2020). These health and WASH staff were oriented about the updated guidelines in form of refresher trainings. UNICEF provided technical support in these sessions.

- UNICEF supported the *training and capacity building* (another priority area for the government) of government officials at state, district as well as block level along with healthcare staff in facilities (especially doctors and nurses), and FLWs, SHGs as well as other community level workers. Moreover, trainings for MTCs, SNCUs, labor rooms, staff, respective units, block level stakeholders (Pradhans), sanitation supervisors, ASHA and other frontline workers, mothers and children, and psychological training through psychiatrists were supported by UNICEF across 5 states.
- UNICEF also works with local water quality labs and local self-help groups to support the government by training them in the production of essential supplies during COVID, such as hand sanitizers, soaps.
- According to government officials, UNICEF's CSO and implementing partners as well as UNICEF's national level partner agencies like WHO and WaterAid, UNICEF played an essential role in *facilitating the supply of critical and essential health and WASH supplies* across all 5 states. Supplies of masks, soaps and sanitizers were of primary importance at both healthcare facility and community level whereas, the supply of PPEs, pulse oxy meters and oxygen concentrates provided major support to the HCFs across states. For example, UNICEF procured 328 RT-PCR and RNA Extraction Thermo Fisher test kits and supplied it to the Indian Council of Medical Research, procured 100,000 PPE kits and 552,000 N95 masks and supplied it to the Ministry of Health and Family Welfare, and 100,000 PPE kits through Supply Division in Copenhagen Denmark to support GoI (July-August 2020). Similarly, 16,000 N-95 masks and 1000 bottles of sanitizers and 5 lakh soaps were distributed to vulnerable sections with support of UNICEF's Wash partners in Uttar Pradesh. Hand washing models had been scaled up in all 5 states. There were huge gaps in the supply of sanitary absorbent materials hence training was imparted to adults and girls to prepare homemade menstrual requirements in West Bengal.
- *Assessments* regarding hospital preparedness were undertaken by UNICEF's Health section in all 5 states. For example, UNICEF health official at national level informed that UNICEF undertook assessments to assess the situation of hospital preparedness and provided support in all 5 states through its existing healthcare channels to ensure that COVID-wards were setup, normal services, which a women and child may need, were restructured in terms of protocol, guidelines, and spaces in the facilities.
- UNICEF helps with *communication related activities* such as contributing towards developing IPC related posters, videos to curb misinformation, promoting puppeteering videos (TARA) for 360 degree approach to capacity building in Uttar Pradesh; Maharashtra had the overloaded issue of migrant workers and their safety, for which Jeevan Rath (inter-agency group) came into action and helped in the setting up of 300 targeted washroom requirements, also mobilized by Hindustan Unilever.

KEQ-2: TO WHAT EXTENT ARE THE ACTIVITIES AND TECHNICAL ASSISTANCE PROVIDED BY UNICEF TAILORED TO THE LOCAL CONTEXT IN DIFFERENT STATES?

1.3. Which activities under IPC are contextualized based on social economic and cultural context of the states to target women and children and vulnerable population?

Key Findings:

- All activities were tailor adjusted based on state's local context. The technical assistance focused on covering all sections of society including women, children and vulnerable populations. When probed, UNICEF officials at state level explained that even though UNICEF's

- broad intervention areas/themes were finalized at the national level, the underlying activities and support was designed/tailored at the state level to suit the state specific context. A UNICEF official from Jharkhand explained that only the trainings for frontline workers were based on national guidelines, the rest (like which were then shared with MTCs, SNCUs, labor room staff, SHGs, etc.) were designed and contextualized at state level keeping in mind the parameters such as – how well the staff is aware about the virus and its preventive measures, how patients can be treated and protected in COVID wards, etc.
- Furthermore, while the health supplies were mainly routed through/supplied at the national level resulting in UNICEF's limited control to cater to state specific needs, the WASH supplies, on the other hand, varied based on the needs of the state and were provided directly at the state level. For instance, in West Bengal anaerobic toilets were placed in slum areas because public toilets had been destroyed by the cyclone. The 'adjustment of supplies' was more focused on WASH related support as compared to health because majority of health supplies were directly provided to GoI and not state governments. As a result, UNICEF did not directly procure and supplied essential medical material based on state specific needs. Rather it was done at the national level.
 - UNICEF India followed the ROSA and HQ guidelines (and standard indicators) to structure its COVID response. According to a UNICEF national level official, the global guidelines provided a wide array of activities. However, only those sections of the global guidelines were adopted which "*suit the Indian context and made sense.*" These were accommodated in the form of HPM indicators in UNICEF's COVID-19 response. In terms of supplies, there were additional procurement of soaps, sanitizers; local SHGs were mobilized to meet the needs of states during pandemic.
 - UNICEF's support in promoting communication and messaging was also planned at state level. The messages related to WASH behaviors were developed locally to befit local context. For example, UNICEF official in UP informed that the series of TARA videos were WASH funded and these videos were developed in UP to ensure that they fit the state's context. Government district official in Maharashtra informed that all activities and guidelines were translated in Marathi to ensure that maximum number of people are able to communicate and understand them. To further streamline the process, training material for both healthcare facility staff as well as the community workers was developed in the local language.

1.4. How are IPC activities adapted to the existing capacities and enabling environment of service providers and implementing partners? What kind of adjustments are made by UNICEF during its implementation?

Key Findings:

- UNICEF state officials across all states confirmed that the existing capacities in terms of financial resources, technical support provided by partners and logistical and infrastructure capability of the state were sufficient to undertake IPC activities. When further explored, it was mentioned by UNICEF state official in Jharkhand, that funds from Aayushman Bharat and DFMD were generously used by the state to meet the needs. Moreover, aspirational districts had their separate funds which were also used for COVID response by the state.
- Jharkhand government state official informed that the state governments were directed to utilize the 'contingency fund' to meet any financial gaps. Hence, funds were not a matter of concern. Moreover, the official informed that since most of the activities were happening online, hence all funds were directed towards procuring and distribution of supplies to the

target population. However, in terms of supply, the need to produce essential supplies locally (in Jharkhand) was highlighted. In a pandemic where movement is restricted, initially, it became difficult for the state to procure supplies. Hence local production should be promoted.

- UNICEF, state governments and local partner agencies were quick to adopt new means of service delivery – like virtual trainings. All the capacity building sessions (for healthcare staff, government functionaries, FLWs, etc.) took place online through video conferencing platforms like Zoom. For example, the UNICEF state official in Uttar Pradesh explained that ‘UNICEF partnerships’ played a very crucial role in this area. BMGF-assisted TSU, UNICEF and WHO worked in very close collaboration with the NHM team of Quality Assurance and the Directorate. Modules and guidelines were prepared pertaining to IPC during COVID and these were delivered through the online modes. The three partners have teams in the field-, divisional- and district-level. They were all at the frontline with the government delivering these trainings, sometimes on online mode and sometimes face-to-face.
- To meet the needs, state infrastructure such as school buildings, educational institutes were used as quarantine center and centers to provide medical assistance. For example, government state official in Maharashtra informed that school buildings and educational institutes were used to store material or as quarantine centers and hence, infrastructure and logistics did not pose as a barrier to smooth implementation of IPC activities.
- UNICEF state level official in UP also informed that many activities were done in-house by UNICEF to meet the needs of the situation. For e.g.: UNICEF used to hire agencies to make training videos but due to limitation of time and resources and the urgency of quick turnaround time, the content was prepared quickly even if the overall quality of the video had been compromised. There were regular (monthly) refresher trainings on IPC and the new guidelines from the central and state-level were adapted.
- When probed about the adjustments made by UNICEF during implementation, a UNICEF national level official explained that by design UNICEF India does not supply materials and equipment. This is because unlike other countries, GOI is self-sufficient for undertaking the supply to the states and further to the target population. Moreover, there are several other agencies working in the same space who undertake supply and procurement of health and WASH material. Hence, to avoid duplication, UNICEF India does not support with supplies. However, during the pandemic, UNICEF did come forward to procure and supply critical material, equipment and services. Since UNICEF usually does not involve in supply hence it does not have the kind of resources to do so even during the pandemic. Thus UNICEF's role was restricted to advocating with the government, mobilizing resources from donors/partners and developing a robust plan for the distribution of in-kind supplies/resources such that the most vulnerable sections of society are catered. For instance, UNICEF collaborated with the Ministry of Health and Family Welfare, State authorities and UNDP to install oxygen generating plants in 31 facilities in four Indian states to strengthen the treatment of COVID-19 patients who are in moderate, severe and critical category. UNICEF received 1 crore soaps from HUL. UNICEF developed a distribution plan (with several logistics in place) along with the government to ensure that the supplies reach where they are required.
- Moreover, UNICEF health official at national level informed that all existing healthcare support channels of UNICEF across 24 states and 41 aspirational districts through which it used to provide support to stat government in pre-COVID times, were rerouted to execute/support COVID activities. For example, UNICEF's huge social mobilization network – polio eradication

	<p>network – was leveraged and its activities were repurposed to support COVID activities like setting up COVID wards, disseminating guidelines, etc.</p>
KEQ-3: TO WHAT EXTENT ARE THE ACTIVITIES UNDERTAKEN AS PART OF UNICEF'S COVID-19 CRISIS RESPONSE MEETING THE NEEDS OF CHILDREN AND FAMILIES?	
<p>1.5. Do the services and supplies adequately reach the disadvantaged, marginalized and vulnerable population? What are the barriers faced? What are the measure undertaken to reach hard-to-reach and vulnerable population?</p>	
<p style="text-align: center;">Key Findings:</p> <ul style="list-style-type: none"> ▪ There is no formal mechanism to track or trace whether supplies and services are adequately reaching the target population. UNICEF national official explained that an estimate is taken based on number of states, districts, blocks and FLWs reached/trained/equipped with services/supplies for the purpose of further dissemination/distribution, assuming that each trained/equipped personnel will reach out to certain number of target population (maximum 10 people) with relief supplies/service. Additionally, UNICEF state officials informed that photographs of staff/FLWs distributing supplies, training sessions, functional hand washing stations etc. are shared generously by FLWs as well as partner organizations (like HUL) working in the field, as proof of the ongoing work. ▪ UNICEF national officials informed that they work (to provide supplies) through government functionaries and existing structures (i.e. channels which were used to support government during pre-COVID times) to understand the most affected areas and vulnerable sections; and its needs. Post which, UNICEF leverages the existing/available data (Kayakalp assessments, WASH data, COVID cases, population density, demographics) to undertake assessment, planning and implementation of plans as well as monitoring; such that most vulnerable sections and pockets are identified and relevant support is provided. No additional measures, outside of its functional channels, are undertaken by UNICEF to reach hard-to-reach population. ▪ At national level, UNICEF officials informed that <i>“even though UNICEF managed to import some of the supplies (like PPE) from other countries when there was excessive shortage of critical supplies; we still couldn’t ensure that supplies reach different states in time due to the closed state borders and restricted movements.”</i> However, this problem was resolved once the lockdown and restrictions on movement were lifted. Furthermore, since UNICEF was providing supplies (especially health) to the central government who was then sending these supplies further to respective states, there was no mechanism for UNICEF to track whether these supplies were adequately reaching disadvantaged, marginalized and vulnerable population. ▪ However, in states with presence of local manufacturers, UNICEF was able to mobilize resources locally. In such cases, UNICEF along with state departments analyzed secondary data which indicated that areas with high density, poorer population, and lesser access to WASH facilities had maximum number of cases. For instance, in Maharashtra major focus was given to toilet operators and toilet cleanliness. UNICEF provided support in training community toilet operators and leverage supply to ensure that they would be able to keep the public toilets clean while at the same time protect themselves. Similarly in UP, UNICEF along with local network of partners supported the state government in setting up the quarantine centers and providing technical support in trainings, ensuring that proper guidelines were provided and followed; ahead of the return of migrants to the state. 	

Coverage 2.	<p>KEQ-1: TO WHAT EXTENT ARE THE KEY STAKEHOLDERS AND COMMUNITY MEMBERS OF THE DIFFERENT APPROACHES COVERED UNDER THE SIX PILLARS BEING REACHED?</p>
	<p>2.1. Who are the stakeholders involved and community members covered under the IPC pillar? Are there any specific groups (socio-economic profile) that are being targeted by this pillar?</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ▪ According to the government officials, as well as UNICEF officials and partners, IPC pillar did not target any specific group (socio-economic or geographical). UNICEF's COVID-19 response largely targeted and reached focus/intervention areas/communities; and was accessible to all. Hence community members included anyone and everyone who was provided with essential services and critical supplies. However, time and again the provision of services was prioritized for vulnerable population. So while the response on one hand targeted all sections at all times, some supplies/services were diverted to priority areas/sections in case of emergency. For example, all states reported that while services and supplies were provided to all, migrants were especially focused on during the migrant crisis. Additional services/supplies were diverted to avert the spread. ▪ Similarly, during floods in WB additional services and supplies were directed to such areas to curb the infection spread. For example during cyclone Amphan in West Bengal, UNICEF supported state government to set up portable toilets. ▪ The district officials in UP, Bihar and Jharkhand, identified migrants and floating population as the most vulnerable sections. Also, people living in disaster prone areas were more vulnerable than others. ▪ According to UNICEF state official in UP, migrants were most affected and ensuring IPC measures in the quarantine centers for them was a big challenge given the limited supplies and services at the time. UNICEF supported in this situation by implementing an online system to track the migrants coming into the state, moving from institutional quarantine to home quarantine. UNICEF trained ASHAs who used this online tracking system to track migrants so they knew where each migrant was. Focus visits were made to migrant households to explain the SOPs of home quarantine and to counsel on the IPC measures. More than 3.1 million migrants were tracked through that system by ASHAs with UNICEF's support. The visits to the migrant households played a critical role in preventing spread of infection from the migrants to the other population in the rural areas right in the beginning which was a big apprehension. ▪ A State level official in Jharkhand suggested that males have been affected more than women probably due to higher movement for search of work. The older age groups and people with co-morbid conditions were also reported by UNICEF state official in UP to be vulnerable. Similarly, in case of Bihar, population living in border area and Maha-Dalit communities living in extreme rural pockets and where infrastructure is not adequately available to provide the essential supplies and services; were identified as vulnerable. However, under IPC pillar, attempts were made to reach out to them with essential supplies and critical services. ▪ UNICEF state official in Maharashtra opined that people living in slum areas and using public toilets and public water stations are the most vulnerable, especially when most of the people often do not wear a mask or maintain social distancing norms. Also, according to UNICEF officials (Maharashtra and WB), those sanitation workers or hospital cleaning staff who are collecting and disposing waste without protecting themselves and following guidelines are vulnerable. To address this, UNICEF supported in providing trainings (guidelines and protocols for CAB) to the cleaning staff at HCF and community level.

	<ul style="list-style-type: none"> UNICEF official in West Bengal informed that migrant population often do not carry official papers with them which are required for the release of supplies/or to procure services. Hence, the release of supplies and provision of services often gets delayed.
KEQ-2: IS UNICEF'S COVID-19 RESPONSE LIKELY TO REACH/ARE MATERIALS ACCESSIBLE TO VULNERABLE POPULATIONS, INCLUDING CHILDREN WITH DISABILITIES, SCHEDULED CASTES AND TRIBES, CHILDREN ON THE MOVE, STREET CHILDREN, CHILDREN WITHOUT PARENTAL CARE (IN INSTITUTIONS OR FOSTER CARE) AND/OR THOSE SEPARATED FROM THEIR FAMILIES, ORPHANED, QUARANTINED CHILDREN, VICTIMS OF GBV, AND OUT-OF-SCHOOL CHILDREN?	
<p>2.2. How are essential services and critical supplies being provided under the IPC pillar? How is it being ensured that the services and supplies are accessible to the targeted vulnerable population? Is there any variation in the supplies/services with the evolving crisis? What challenges emerged in ensuring the access to vulnerable target population and how were they mitigated?</p>	
<p>Key Findings:</p> <ul style="list-style-type: none"> The demand/requisition for services and supplies originates from the national/state/district governments. These are communicated to the UNICEF national/state officials during monthly/bi-monthly meetings or in form of formal demand letter. Once received, UNICEF (along with government, partners) maps the geographical area/target population and approaches local partner/CSO from whom resources could be mobilized. Once the partner agrees to provide the required sources, quality checks are undertaken. After receiving approval from the UNICEF, partner/CSO provides the supplies/services to the district government who further undertakes the distribution of those resources to the target population. In case of health supplies, UNICEF procures supplies from its partners and delivers the same to the line ministry from which it had received the demand. For example, in October 2020, UNICEF procured 3,015 oxygen concentrators for management of COVID 19 positive individuals with support of German Government. Following its agreement with Ministry of Health & Family Welfare, the concentrators were handed over to HLL Lifecare Ltd (a Government of India Enterprise) for further distribution across 19 States/ UTs. UNICEF leveraged the local networks and field channels (paramedics and doctors, SHGs, FLWs, teachers, Municipal Staff, Wada Sakhis, Jeevikas, NSS, VRPs, janitors, scavengers, field/regional staff of various private organizations/partners, etc.) of the government and partner organization to facilitate the distribution of essential services and critical supplies. For example, in Jharkhand, World Vision supported UNICEF by conducting Kayakalp training of healthcare providers in which the main objective was to orient paramedics about the hospital premises upkeep on sanitations and hygienic practices based on Kayakalp and Swasth Swasth Sarvatra (SSS) guidelines. UNICEF national level official informed that for the intervention in urban slums, UNICEF tried to embark the government and also went proactively in direct service delivery in urban slums, partly with UNICEF's scarce resources to pioneer initiatives, but majorly leveraging NGO partners, municipal corporations and other stakeholders to address the needs in the urban areas for WASH. UNICEF state level official from UP claimed that UNICEF's organic reach in the state was more than 1 million. This was reported by the government district level offices directly to UNICEF state office in UP. But there is no formal mechanism for UNICEF to trace/track whether supplies and services have been received by the end consumer/beneficiary. A national level official from UNICEF explained "<i>There is no mechanism for us to actually trace whether the beneficiary has received the service/supply or not. If a UNICEF official from X state has reported that supplies were distributed</i> 	

	<p><i>then we have to go with that claim. So it is only word of mouth or what the state offices are reporting to us."</i></p> <ul style="list-style-type: none">▪ Some UNICEF state level officials informed that they often receive images of 'distribution sites' or target population receiving the supplies which for them serves as an evidence in the absence of an institutionalized mechanism to do the same. UNICEF Maharashtra and UP informed that telephone surveys – RapidPro – were extensively used to understand the needs of the people and also to assess the coverage, whether UNICEF's response is reaching to the target population.▪ Government as well as UNICEF officials in all states informed that WhatsApp was used exhaustively to share updates, information, guidelines, and feedback as well as to coordinate and communicate various activities with the ground staff working at facility and community level.▪ Interestingly, no challenges w.r.t. the receipt of support provided by UNICEF were reported by stakeholders across all 5 states. Moreover, the respondents did not report any section/community who was left out of UNICEF response.
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3. Efficiency/ Coherence	KEQ-1: TO WHAT EXTENT IS UNICEF ALLOCATING ITS RESOURCES OPTIMALLY AND EQUITABLY TO ACHIEVE ITS OBJECTIVES AND PRIORITY AREAS?
	<p>3.1. Are the existing resources enough to meet the priorities and objectives of this pillar? Whether additional resources have been mobilized to meet the COVID-19 requirements? Are there any challenges faced in utilizing the resources optimally?</p>
	<p style="text-align: center;">Key Findings:</p> <ul style="list-style-type: none"> According to majority of UNICEF Health and WASH officials at both national as well as state level, the resources provided by UNICEF as well as mobilized from the partners for IPC were sufficient to undertake IPC activities in states. One of the national level officials opined that <i>"we were doing more with less. Even though the resources were not ours, but it was the first time such huge amount of investments and resources were pulled together to respond to such a crisis."</i> However, one of the officials from UNICEF WASH at national level informed that initially, because WASH was not prioritized (by Ministry of Jal Shakti) at the onset of the pandemic, it could not advocate for and mobilize resources to its full capacity – <i>"Since this is a Health-led response and a health emergency, there was a very strong focus on health. Also in terms of donor prioritization, most of the funding is going to Health and not necessarily to WASH, which is an issue because there is also a requirement for proper access to water supply for drinking and hand washing, soaps, sanitation facilities, sewage treatments. If WASH services are not present in health facilities, communities, slums, hotspots, camps and shelters, it creates a major issue, especially around hand washing and access to soaps. The resources could have been more for the WASH team to do a better job."</i> UNICEF state official in Jharkhand, WB and Maharashtra explained that since the dissemination of supplies and distribution of services is undertaken by the district government, the cost of distribution is also borne by the government. For example, UNICEF health anchored the procurement of 3,015 Oxygen Concentrators along with Humifier bottles through Supply and Procurement Division, which were handed over to the MoHFW for further dissemination across 19 states and union territories.

	<p>officials at national level informed that initially they faced difficulty in doing so because initially they received demands from various points of contact within the line ministries which posed as barrier in systematically processing the same. However later contact persons for different departments were assigned and clear communication took place between them.</p> <ul style="list-style-type: none"> ▪ UNICEF health officials at national level highlighted that initially (March 2020), there was a lot of confusion within the UN family – UNICEF, WHO, UNDP global – on who does what, what is the mechanism. The demand from government came to all agencies because the government was not aware of, for example, that all of the ventilators were being suddenly procured by WHO, concentrators by UNICEF; which caused confusion and affected overall efficiency of delivering the response. This ultimately resulted in formation of a global portal about the procurement UNICEF was doing. Later, the guidelines also helped in defining roles and responsibilities of agencies and sections within these agencies.
KEQ-2: TO WHAT EXTENT IS UNICEF MANAGING AND DELIVERING ITS COVID-19 RESPONSE IN A TIMELY COORDINATED, COHERENT AND QUALITY WAY?	
<p>3.3. Are the services and supplies reaching the healthcare and other facilities within the set timelines? What adjustments, if any, are made to improve the IPC in healthcare facilities?</p>	
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF India's response could have been executed faster. A major reason which had caused delays in supply of essential material to both healthcare facilities as well as community was UNICEF's extensive internal processes (like processing of requests from the government, auditing for quality assurance and giving approval to the donors to release supply, on-boarding a new partner, etc.) which are extremely time consuming as a result the supplies and services got delayed. For example, UNICEF WB could not adequately provide soaps and sanitizers to some vulnerable sections in the state during Amphan because in order to redirect additional resources, internal approvals were required which took approximately 2 months. By the time emergency period got over. ▪ Additionally, at national level, UNICEF health could not provide PPE kits to the government and "<i>tremendous challenge</i>" due to national and global scarcity (and absence of local manufacturers). Moreover there were quality issues and hence UNICEF could not approve the supply. However, this problem was resolved once the market in India picked up and local manufacturers were able to meet UNICEF's requirement. ▪ An official from UNICEF donor agency informed about similar delays due to extensive auditing of soaps. According to the donor, "<i>UNICEF should be mindful of the situation we all are working in. Such extensive auditing for soaps (had it been vaccine or any pharma product then that would have been a different case), whether color was blue instead of green for example, caused an unnecessary delay in the supply.</i>" ▪ UNICEF state official in Jharkhand informed that the state faced delays in the initial months due to lack of supplies. With the restricted movement due to lockdown and no local manufacturers of supplies like masks in the state, some programs like LaQshya (quality assurance in labor), Kayakalp program, etc. got delayed. As a result, the state could not achieve its target of ensuring compliance in 72 facilities. The state could only cover 5-6 facilities till September 2020. ▪ Interestingly, no stakeholder informed of any measures taken/adjustment made to improve the internal processes to expedite the processes.

	<p>3.4. How is institutionalized capacity building being carried out by UNICEF as a part of COVID-19 response plan? How frequently are the stakeholders being oriented?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF provided technical assistance towards building capacity of the existing manpower working at facility as well as community level. This included government officials at state, district and block levels, healthcare workers (doctors, paramedics, caregivers of village quarantine center), sanitation workers (toilet cleaners, plumbers, janitors, scavengers, etc.), community level workers (like FLWs, SHGs), urban local bodies (municipalities), rural bodies (panchayats), bio-medical waste treatment agencies, as well as local groups in the state (NSS, Sahiyas, Jeevikas, Boy Scouts, government school teachers, etc.) UNICEF also supported the local manufacturing of essential supplies like sanitizers and masks through building the capacity of SHGs and water quality labs for undertaking local production. ▪ The initial trainings (March-April 2020) were undertaken with government officials at state and district levels along with healthcare staff. These trainings were undertaken virtually using online platforms like Zoom and Google Meets. In Jharkhand, WhatsApp groups and Facebook live sessions were also extensively used to reach the staff and general public with CAB guidelines and protocols. ▪ With the changing context, UNICEF along with the government and WHO released fresh guidelines time and again which were relevant to the new evidence and research. A UNICEF national level official informed that till date 4-5 versions of COVID guidelines have been released (the last was released in the month of September – October 2020). These were provided to the healthcare staff and community workers in the form of refresher trainings. These trainings were conducted as and when the guidelines (i.e. the original guidelines and subsequent versions) were released (with each stakeholder category). Under IPC pillar, apart from orienting healthcare and community workers about CAB related communication and messaging, trainings also focused on informing them about the protocols and guidelines to be followed to protect themselves as well as COVID-appropriate practices to be carried out at HCF and community level, how to use hand washing stations, etc. For example, in WB the technical sessions of training which were led by UNICEF health consultants focused on basic epidemiology of COVID-19 on infection prevention (standard precautions, additional precaution, videos on use of PPE, triage) wherein special emphasis was given on Triage since most of the peripheral health facilities were completely devoid of proper triaging and isolation wards. ▪ The frequency of trainings slightly varied across states depending upon requests of state/district governments. For example, in Uttar Pradesh UNICEF provided trainings to block level stakeholders like Pradhans on IPC preventive measures on request of the district government. ▪ UNICEF health official at national level and few respondents at district level informed of facing technical issues with the platforms as it allowed very limited number of participants to participate in a single session. However, later the states obtained commercial/professional access wherein 500-800 participants could participate in a single session. ▪ Government officials in Bihar and UP informed that training modules (mostly animated to promote ease of understanding) were developed at state level using WASH sector funds along with UNICEF's communication team. For example, UNICEF UP's TARA series were developed at

	<p>state level to inform the facility and community level staff about the usage of hand washing station and promote hand hygiene.</p> <ul style="list-style-type: none"> ▪ UNICEF also utilized its NGO network in states to facilitate trainings and capacity building sessions. For example, district official in Jharkhand communicated that UNICEF's NGO partners also conducted trainings and capacity building sessions locally to inform the field staff at facility and community level about COVID appropriate protocols. An official from Habitat for Humanity India (HHI) also informed of supporting UNICEF by providing trainings to the local community staff on COVID guidelines shared by UNICEF and WHO. Such channels were leveraged by UNICEF India to increase the reach and coverage of trained staff in the states. ▪ Almost all UNICEF officials at state level highlighted the following drawbacks of online/virtual training: <ul style="list-style-type: none"> ✓ Many facility and community level workers (especially in extreme rural/backward pockets) faced a problem of network connectivity while joining/attending these sessions. Some workers were also reported of not owning a smartphone which would allow them to participate in such training sessions. This problem was however resolved when workers started coming together in one place to attend such sessions. ✓ There was no mechanism to check whether participants were interested and were actively listening to these sessions. The absence of physical demonstrations and connect was a major challenge for both trainers as well as the participants. For example, UNICEF Health official at national level informed that "<i>now for us it is difficult to track how many of them have actually attended the training or have not just connected their devices but are not listening or how many ASHAs have actually been trained</i>".
	<p>3.5. How well the synergies and interlinkages between government and service providers' activities have been established to optimize the COVID-19 response? What are the overlaps that reduce the efficiency of the IPC pillar?</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ▪ The synergies and interlinkages were well developed to optimize COVID-19 response. UNICEF, across all 5 states, streamlined the activities by interlinking its partner resources with the government and service providers depending upon the need/request UNICEF received from the government. For example, in Jharkhand, to provide training, UNICEF Jharkhand partnered with Medical college through which IPC training and gynaecology, obstetrician related training was imparted to meet the government priorities. Similarly, UNICEF WB (WASH) partnered with PHED which is responsible for providing drinking water whereas, for urban areas, UNICEF established partnership with Kolkata Municipal Corporation. Additionally, to facilitate capacity building, medical camps holding, advocacy, and awareness generation in the state UNICEF leveraged its new partnership with West Bengal Doctor's Forum who provided its services to meet the government needs.,. ▪ Similarly, in Bihar, UNICEF (Health) partnered with India Association of Paediatricians and National Neurology Forum for capacity building of various stakeholders, particularly for new-born care. The Federation of Obstetrician and Gynaecologist conducted conferences for IPC services to orient about COVID-19 management in HCFs. To orient and equip sanitation workers in rural areas, existing partnership with Aga Khan Foundation was leveraged. These partnerships have been established for more than 2 years and are particularly functioning for mentoring support in the field of service delivery and IPC services.

- At national level UNICEF worked with WaterAid India who rated its partnership 4/5 (1 being lowest and 5 being highest). According to WaterAid official, UNICEF has a strong communication network with the government and holds technical expertise in advocating with the government. This compliments WaterAid work who has a strong field/community presence and supports in implementation and facilitation of activities on the ground level. However, the official suggested that this partnership can further be improved if UNICEF increases its field presence wherein it is more aware about the implementation modalities and can accordingly advocate at the national/sub-national level.
- UNICEF national level respondent informed that while administering the response donor answerability often becomes an area of concern for UNICEF. With fast changing situation, emergency areas and pockets that require support change quickly. UNICEF facilitates resources from donor against a specific requirement. Given the delay in procuring approval for the supply, the emergency/need area often changes in which case UNICEF has to redirect the acquired resources. This creates a tiff with donor where UNICEF has to explain why it rerouted the resources from original community members to new ones.
- There were no overlaps reported by any partner (government /private).

3.6. What is the mechanism (frequency, monitoring platform etc.) to ensure the quality of healthcare and WASH services undertaken by the stakeholders under this pillar? How the identified bottlenecks and corrective measures accounted and addressed to enhance the quality of preparedness and response for COVID-19?

Key Findings:

- UNICEF official at national level informed that UNICEF does not have a systematic real-time monitoring mechanism to monitor quality of COVID-19 response (w.r.t. both health and WASH). UNICEF mainly relied on existing Results Assessment Module (RAM), Situational reports and rapid assessment(s) to seek insights about healthcare and WASH activities being undertaken by different stakeholders across all states, and about the coverage – number of stakeholders oriented/trained, number of supplies distributed, etc. For IPC pillar, there are 2 HPM indicators, namely - population reached with critical WASH supplies (like soaps, masks, sanitizers, etc.) and provision of services (like continuation or development of new WASH services such as hand washing stations) on which progress (in terms of number of people who received service/supplies) was reported by state offices. There was no disaggregated (especially on women, children and other vulnerable sections) data available to monitor UNICEF's response.
- To set the targets, UNICEF conducted a baseline assessment in March 2020 to collect the initial numbers across all states for analyzing the current situation in the states. Based on these figures, UNICEF set the targets for all indicators. Progress report on these targets (numbers) were collected via state offices on monthly/fortnightly basis.
- UNICEF officials (WB and Bihar) informed of having a state specific reporting mechanism to seek insights about on-ground activities. For example, UNICEF WB informed that Oxfam shared pictures of on ground activities (supplies being handed over to target population) and monthly reports with UNICEF. These reports were assessed by UNICEF state office to identify gaps and potential intervention areas. These are also shared with the Government of West Bengal. Similarly, UNICEF Bihar informed about 'monitoring matrix' wherein it feeds the progress of all activities. This data is collected from partner agencies in 'monthly review meetings'. But there was no mechanism to assess the quality of UNICEF's support.

	<ul style="list-style-type: none"> ▪ Challenges with monitoring and reporting: <ul style="list-style-type: none"> ✓ UNICEF officials at national as well as state level informed that excessive data collection, data processing, and reporting (numbers being collected and reported to HQ and ROSA, state level HPM reports, SitReps, rapid assessments, internal meetings and feedback calls with state colleagues, etc.) was being done. This was recognized as a barrier since a lot of time was being spent in reporting. ✓ Even though UNICEF's targets of reaching people with services and supplies was achieved, a national level official informed that there was no mechanism in place to cross check or track whether the target population has actually received the intended benefits. ✓ According to another UNICEF national level official the barrier also lies with the HPM indicators – <i>"Issue is with the language and the kind of indicators that were being recorded. That was the biggest back and forth. My biggest recommendation is that let us use the indicators where we can do the monitoring; let us not have the indicators where we have to invariably have to create an assumption model for reporting."</i> This also decreases the efficiency of the work and overall response.
KEQ-3: TO WHAT EXTENT IS UNICEF ADAPTING ITS ACTIVITIES TO BECOME MORE EFFICIENT BASED ON LEARNING AND A CHANGING COVID-19 CONTEXT?	
<p>3.7. What is the knowledge management and sharing mechanism within UNICEF? What are the steps undertaken for resource management to address the evolving crisis? In what ways UNICEF learns from the good practices of service providers responding to COVID-19 situation in similar context?</p>	
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ There is no well-established knowledge management and knowledge sharing mechanism within UNICEF. When probed about this, UNICEF's stakeholders at national and state level stated that rapid assessments served as a source of knowledge sharing helping them to analyze and evaluating the response so far and understanding the needs of target population. Approximately, 24 Rapid Assessments have been conducted by 15 UNICEF state offices, where all the state officials felt the need of having some data to understand hand hygiene and other WASH services and behaviors. Rapid Assessments were conducted along with SPME section. ▪ A UNICEF national official informed that UNICEF state officials from WASH section had independently conducted studies to understand the response in their individual states. There are 6-7 reports from state offices outlining the response which have helped understand the situation in these states. These reports were shared with the state governments and partner agencies as well to guide future course of action, at state level. However, this type of learning process is not uniform in nature across all states. ▪ UNICEF along with WaterAid as part of its existing partnership, is conducting a study to understand how COVID has impacted WASH services in the country, how and what support was provided, and how useful a relevant was it. This will help UNICEF advocate with the government about some of the mainstream issues like WASH hygiene and hand hygiene and how these can be improved in India. ▪ There is no mechanism in place for UNICEF to learn from the good practices of service providers. UNICEF national level official informed that "there is no such mechanism at national level." UNICEF state officials also did not know/did not inform about any such method of adopting and incorporating good practices of service providers/partners.

	KEQ-4: ARE THERE ANY INEFFICIENCIES ASSOCIATED WITH IMPLEMENTATION OF THE CRISIS RESPONSE (E.G. LOW AWARENESS AND UPTAKE, UNAVAILABILITY OF FRONTLINE WORKERS AND OTHER KEY PERSONNEL, MISUNDERSTANDING OR MISUSE OF UNICEF'S MESSAGES ETC.)?
	3.8. Are there any inefficiencies associated with UNICEF's COVID-19 response? How could these be mitigated?
	<p style="text-align: center;">Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF WASH officials at national level opined that both section teams (Health and WASH) should work on their internal collaboration and convergence as well as convergence with WHO to ensure that the priority areas as well as critical activities are mutually identified. This was seconded by UNICEF official in Jharkhand. Even though internal coordination mechanism was well established between the health and WASH section at national level, it did not convert efficiently in certain cases at the operational level. For example, UNICEF WASH official at national level explained that there were instances when they were not consulted, and in certain areas of collaboration (like advocating with the Health ministry for increased number of WASH indicators to be included in the HCF assessment) the collaboration was not very strong. ▪ Interestingly, this issue was not recognized/highlighted by UNICEF health section stakeholders. ▪ Moreover, according to UNICEF national official, UNICEF WASH's inputs are currently diluted across different pillars and subsequent section teams (like communication, health, education, etc.). As a result it is unable to lead/take independent decisions (especially related to resource allocation to activities since the response is led by other section teams) for WASH priority areas.
	3.9. Is there scope for improvement in providing IPC related support? If so, then in which areas and how can this be improved (to fit geographical and cultural context)?
	<p style="text-align: center;">Key Findings:</p> <ul style="list-style-type: none"> ▪ There is scope for improvement in providing critical supplies. According to UNICEF officials at national level, UNICEF procedures for working at L3 level should be eased such that it allows flexibility and autonomy to the country office to amend the support parameters and guidelines to suit the country's context. The official explained that "<i>there are roles to loosen up processes in place that's why we have L1, L2 and L3 - levels of emergency. But despite that the processes are too complicated to respond to calamities. That is something which should be looked at closely. If we want to be more efficient, at the country level, we have to be more flexible in terms of kind of indicators or response work we are doing because the way indicators came and were standardize by HQ it was felt that it was a good opportunity. And the recommendation is that country office should have flexibility to tweak the indicator language, because once you do that it gives state colleagues a scope to report back. I feel that the indicators needs to be bit more flexible.</i>" Another UNICEF national level official stated that "<i>At present, UNICEF systems are not at all responsive to respond to pandemics. Our internal system are not conducive to partnerships.</i>" ▪ According to UNICEF UP whereas on one hand UNICEF response has shown achievements in advocacy, procurement of critical supplies, support in formulation of guidelines, capacity building, supportive supervision and monitoring; on the other hand there are areas, for example, internal processes which can be improved to reduce the internal processing time and improve turnaround time to provide support.

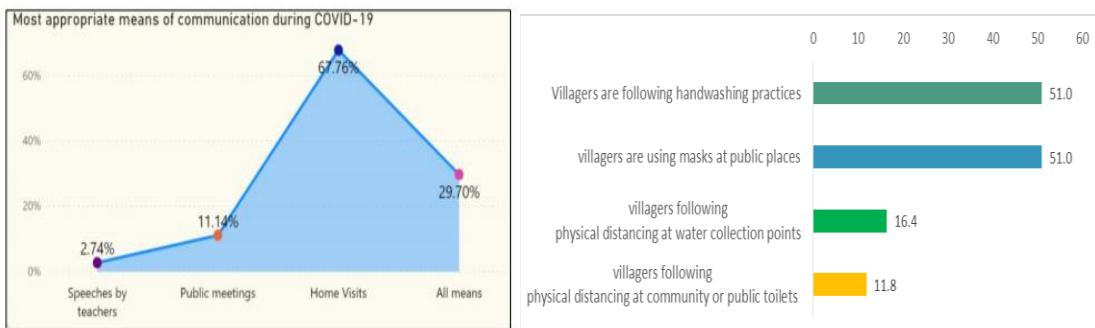
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| | <ul style="list-style-type: none">▪ According to UNICEF WB, UNICEF is not adept to respond to health calamities such as COVID-19. It should incorporate health emergency response in its L3 response measures apart from its existing emergency responses to natural calamities. |
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4. Effectiveness	KEQ-1: WHAT BOTTLENECKS EXIST TO EFFICIENT IMPLEMENTATION OF THE CRISIS RESPONSE?											
	4.1. What bottlenecks are encountered in achieving the intended targets? How they affect the plan of action towards intended outcomes?											
	<p style="text-align: center;">Key Findings:</p> <ul style="list-style-type: none"> According to the stakeholders at national, state and local level, following are the challenges/bottleneck encountered in achieving the intended targets: 											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #1a237e; color: white; padding: 5px;">Bottleneck</th> <th style="background-color: #1a237e; color: white; padding: 5px;">How this affects progress of response plan</th> </tr> </thead> <tbody> <tr> <td style="padding: 10px;">UNICEF faced difficulty in advocating with Ministry of Jal Shakti, initially. This is primarily because COVID is a health emergency and largely led by Ministry of Health and UNICEF faced challenge in advocating and mobilizing support to make the line ministries take WASH response more seriously</td> <td style="padding: 10px;">Delay in mobilizing resources to support WASH specific IPC activities.</td> </tr> <tr> <td style="padding: 10px;">Since the COVID-19 response was health led, and convergence between Health and WASH department lacked in certain areas, it led to a differential understanding of IPC for health section team and WASH section team. 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	<p>UNICEF country office did not have much flexibility to alter the global indicators in order to suit the country's context. For instance the indicators lacked to extensively cover hand hygiene and hand washing behavior which were very critical to capture as part of WASH support provided by UNICEF.</p>	<p>Low relevance of the indicators being captured at present. If tweaked based on country's context, then the response can be better captures based on needs of the target population.</p>								
	<p>Initially, there was a global shortage of supplies like PPEs, masks, sanitizers, etc. UNICEF faced problems in facilitating support due to shortage of manufacturers/producers to procure quality supplies from. Restrictive movement during lockdown and UNICEF's time taking internal processes contributed to the problem.</p>	<p>Initially faced challenges in ensuring accessibility and adequacy of supplies across Indian states which resulted in a decrease in UNICEF's responsiveness</p>								
	<p>The partner on boarding process is reported to be time consuming at present. This results in delays in providing support in a timely manner. For example, UNICEF WB could not provide adequate soaps and sanitizers to vulnerable sections in the state during Amphan because in order to redirect additional resources, internal approvals were required which took approximately 2 months. By the time emergency period was over.</p>	<p>Adversely affects UNICEF's as well as partner's responsiveness.</p>								
	<p>Online trainings did not allow UNICEF officials to capture participant interest, involvement, and whether the participant is able to understand what was being imparted. There was no mechanism in place to check the quality of training being imparted.</p>	<p>Quality of (online) trainings being imparted</p>								
KEQ-2: TO WHAT EXTENT ARE THE INTENDED OUTPUTS AND OUTCOMES OF UNICEF'S RESPONSE ACHIEVED IN AN EQUITABLE MANNER BENEFITING VULNERABLE POPULATION?										
<p>4.2. In what ways has UNICEF's COVID-19 response was effective in addressing the current needs? How the bottlenecks are identified and addressed to achieve the outcomes equitably for the vulnerable population?</p>										
<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ UNICEF's internal assessment data indicates that out of three output indicators, the target of two indicator (Number of people reached with critical) has already been achieved while the remaining one is on track. These numbers are just estimations and does not represent actual reach. ▪ According to majority respondents, UNICEF's response w.r.t. IPC was 'highly effective' (on a scale of highly effective, partially effective and less effective). For example, the CSO partners in Jharkhand and Bihar opined that UNICEF's <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p style="text-align: center;">Achievement of output indicators as on 26th Aug 2020 (In %)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Output Indicator</th> <th>Achievement (%)</th> </tr> </thead> <tbody> <tr> <td>Number of people reached with critical WASH supplies (including hygiene items) and services</td> <td>109</td> </tr> <tr> <td>Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td> <td>100</td> </tr> <tr> <td>Number of healthcare workers within health facilities and communities provided with PPE Kits</td> <td>75</td> </tr> </tbody> </table> </div>			Output Indicator	Achievement (%)	Number of people reached with critical WASH supplies (including hygiene items) and services	109	Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	100	Number of healthcare workers within health facilities and communities provided with PPE Kits	75
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response met the needs of target population as well as of service providers. According to a CSO partner in WB, frontline workers and healthcare workers were most vulnerable during the pandemic. And it was UNICEF's support which helped build their capacity and informed them about latest information. Additionally, UNICEF was able to provide supplies (such as PPEs, diagnostic test kits, oxygen concentrators, hand washing stations, soaps, oxy meters, etc.) at both HCF and community level.

- According to government officials and CSO partners across all 5 states there was no duplication in terms of IPC related activities in states. A block official in Jharkhand explained that even though WHO and UNICEF both were providing support w.r.t. IPC activities (like trainings) in states, there was no gap or overlap. This is primarily because, according to him, the roles of both organizations were clearly established.
- A UNICEF national level official also emphasized the fact that the demand was so huge that there was no scope of duplication or overlap. According to the national level official, every organizations' support and contribution towards resources was very important to meet the demand and provide the support on continuous basis.
- However, according to some respondents, UNICEF's response was 'partially effective'. For example, a UNICEF national level stakeholder opined that UNICEF did not effectively utilize 100% of its capacity. Rather it has only used 60% resources to fight the crisis. This is primarily because the other 40% resources were not equipped (technically, lack of readily available funds to provide direct supply, etc.) to effectively contribute. However, according to the UNICEF national level official, the 60% resources which were at work performed with 100% efficiency. *"We could have reach 100 % people but we did not. Out of 100% of our capacity we could do 60% because the other 40% was not equipped to help whether technically or the HR or lack of funds to directly supply the material. But could we have done better with that 60%? No. Their efficiency was 100%. With overall restrictions - we could only put 60% of our capacity at work."*
- In the absence of a systematic monitoring mechanism to provide real-time evidence of UNICEF's COVID 19 response, the RapidPro assessments have contributed to certain extent in gaining understanding of the on-ground status in terms of reach of UNICEF's response. Some of the key results are as follows:
- **Maharashtra (June 8, 2020 to September 13, 2020)**



	<p>Summary of Feedbacks: Information Dissemination and Preventive Behaviour</p> <table border="1"> <tbody> <tr> <td>Return migrants or their families felt discriminated during home quarantine  44.9% (N=2865)</td><td>ASHA regularly provides information about Corona virus  66.4% (N=2602)</td><td>Return migrants wash hands regularly with soap and water  95.2% (N=2458)</td><td>Infection Prevention and Control Measures (%)</td></tr> <tr> <td colspan="2"></td><td colspan="2"> <ul style="list-style-type: none"> Migrants are following social distancing 92.2 Migrants are using masks 97.2 Migrants are washing hands regularly 95.2 Had a separate room at home quarantine 86.7 Stayed at home/institutional quarantine 92.2 </td></tr> </tbody> </table> <p>▪ The Rapid Assessment in West Bengal revealed the following:</p> <table border="1"> <tbody> <tr> <td style="background-color: #e0f2f1;"> Triage <ul style="list-style-type: none"> *Good Practices/Findings <ul style="list-style-type: none"> •Cross-ventilation in waiting area •Designated ARI/COVID triage area •Signs of Respiratory etiquette *Poor Practices/Gaps <ul style="list-style-type: none"> •Triage Protocol •Separate examination room •No physical barrier at reception •Lacking in Signage •No Telemedicine facility </td><td style="background-color: #e0f2f1;"> Isolation Facility <ul style="list-style-type: none"> *Good Practices/Findings <ul style="list-style-type: none"> •Designated area for sample collection •Staff transporting the patient wears PPE *Poor Practices/Gaps <ul style="list-style-type: none"> •No Isolation room in many facilities including SDH •Dedicated Donning and Doffing area •No separate exit in Isolation room •Gap between two beds less than 1 meter •Functioning Handwashing station at Isoaltio area </td><td style="background-color: #e0f2f1;"> Infection Prevention <ul style="list-style-type: none"> *Good Practices/Findings <ul style="list-style-type: none"> •Good Handwashing practices •Availability of Hand sanitizers •Uninterrupted running water •Provide testing for mothers *Poor Practices/Gaps <ul style="list-style-type: none"> •Functional Handwashing station at Isolation room •No proper testing facility for Newborn •Social distancing during Maternity care •Five moments of Hand Hygiene </td></tr> </tbody> </table> <p>✓ Similarly, the rapid assessment results from UNICEF Jharkhand highlighted its achievements in achieving intended outputs. For example, the report indicated that between July and September 2020, a total 3500 Jalsahiyas were trained in UNICEF supported districts. In addition to the training, refresher training of 825 Jalsahiyas was done in the month of August, 2020 on IPC towards hand washing, safe handling of drinking water maintaining physical distancing while fetching drinking water. Moreover a total of 125 COVID sensitive hand washing units were installed in health facilities with support from UNICEF (Orbia funds) in two districts.</p>	Return migrants or their families felt discriminated during home quarantine  44.9% (N=2865)	ASHA regularly provides information about Corona virus  66.4% (N=2602)	Return migrants wash hands regularly with soap and water  95.2% (N=2458)	Infection Prevention and Control Measures (%)			<ul style="list-style-type: none"> Migrants are following social distancing 92.2 Migrants are using masks 97.2 Migrants are washing hands regularly 95.2 Had a separate room at home quarantine 86.7 Stayed at home/institutional quarantine 92.2 		Triage <ul style="list-style-type: none"> *Good Practices/Findings <ul style="list-style-type: none"> •Cross-ventilation in waiting area •Designated ARI/COVID triage area •Signs of Respiratory etiquette *Poor Practices/Gaps <ul style="list-style-type: none"> •Triage Protocol •Separate examination room •No physical barrier at reception •Lacking in Signage •No Telemedicine facility 	Isolation Facility <ul style="list-style-type: none"> *Good Practices/Findings <ul style="list-style-type: none"> •Designated area for sample collection •Staff transporting the patient wears PPE *Poor Practices/Gaps <ul style="list-style-type: none"> •No Isolation room in many facilities including SDH •Dedicated Donning and Doffing area •No separate exit in Isolation room •Gap between two beds less than 1 meter •Functioning Handwashing station at Isoaltio area 	Infection Prevention <ul style="list-style-type: none"> *Good Practices/Findings <ul style="list-style-type: none"> •Good Handwashing practices •Availability of Hand sanitizers •Uninterrupted running water •Provide testing for mothers *Poor Practices/Gaps <ul style="list-style-type: none"> •Functional Handwashing station at Isolation room •No proper testing facility for Newborn •Social distancing during Maternity care •Five moments of Hand Hygiene
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	<p>KEQ-3: What unintended outcomes are realised that need to be reinforced or mitigated?</p> <p>4.3. What are the positive and negative unintended outcomes of the IPC pillar? What is the plan for reinforcement and mitigation of the unintended outcomes respectively?</p>											
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ No negative unintended outcomes were communicated by the UNICEF Officials at state and national level. Rather, they informed that UNICEF WASH was trying to expand its support in urban pockets. This pandemic has given them the opportunity to do so and has rather accelerated intervention and partnerships in this direction. ▪ UNICEF WASH officials at national and state level opined that the pandemic has given a major boost to hand hygiene – an area which UNICEF was advocating with the government to promote under SBM 2.0 and JJM. According to them hand hygiene and hand washing behavior should remain in the limelight in the post-COVID era and this pandemic has given them an opportunity to convince the government to allocate more funds, infrastructure and facilities which will bring about behavioral change in the hand hygiene behavior of the people – a critical component of WASH. 											

	<p>KEQ-4: How well is UNICEF's response coordinated?</p> <p>4.4. How UNICEF coordinates across sectors (multi-sectoral convergence) and its field offices and implementing partners for smooth collaboration?</p>
	<p>Key Findings:</p> <ul style="list-style-type: none"> ▪ According to UNICEF officials across all 5 states, UNICEF's coordination mechanism is well established. Internally, UNICEF section teams communicate through meetings on fortnightly or monthly basis. Both sections have internal focal points who undertake the coordination for their area, both with government and other partners, with the UNICEF state offices, SNPs, Health, Education and SBCC. Externally, UNICEF largely communicates and coordinates through channels such as regular/fortnightly/monthly meeting with state officials, emails, and demand letters communicating the requirement, telephonic calls and WhatsApp. These meetings were also conducted on fortnightly basis earlier and later on monthly basis. In these meetings they discussed about the areas where UNICEF's assistance was required (such as providing health supplies, undertaking assessments, providing WASH supplies, etc.) ▪ Both Health and WASH sections within UNICEF have their respective line ministries to work with – Ministry of Health and Family Welfare is the line ministry for UNICEF Health, while UNICEF WASH closely works with Ministry of Jal Shakti, Ministry of Education, Ministry of Panchayati Raj Institution and Ministry of Urban Development. The roles and responsibilities are divided based on which line ministry UNICEF is working with and the area of responsibility. While Health team externally coordinated for the procurement of health related critical supplies on the request of the Ministry, the WASH team does not procure for the Ministry and instead provide technical assistance. They coordinate in terms of in-kind support of private sector but do not necessarily do a lot of procurement, with the exception of providing handwashing stations and hygiene materials through procurement at the state-level and local-level since it was easier to source material locally due to the lockdown. ▪ UNICEF WASH often coordinated externally while providing technical assistance in terms of establishing guidelines, SOPs, training materials about how the sanitation works is to be done, how to protect sanitation workers, how the contaminated sanitary products (gloves, masks, clothes etc.) should be properly handled, etc. ▪ At state-level there is direct communication between WASH and Health section teams. In case of conflict national level WASH/Health teams are approached who mediate the issue by communicating with national counterpart. ▪ A need for improved internal convergence between UNICEF Health and WASH sections at national level was highlighted. One of the UNICEF WASH section officials at national level opined that there is a need for improved convergence between the two section teams. For example, improved convergence to identify common priority areas under IPC. This was seconded by a CSO partner who communicated that since many departments (UNICEF and government) are involved in IPC response, it often results in one department prioritizing one aspect while the other prioritizing another, and vice-versa. This reduces the clarity about priority areas, restricts optimal utilization of resources and affects efficiency of response. Hence increased convergence among UNICEF departments/teams is recommended. ▪ According to a UNICEF national level official, recently, UNICEF WASH has been closely communicating and coordinating its response with Health team to divide and document roles and responsibilities, contributing towards streamlining the support. For example, the procurement for oximeters, vaccines, PPEs for health workers will be led and coordinated by

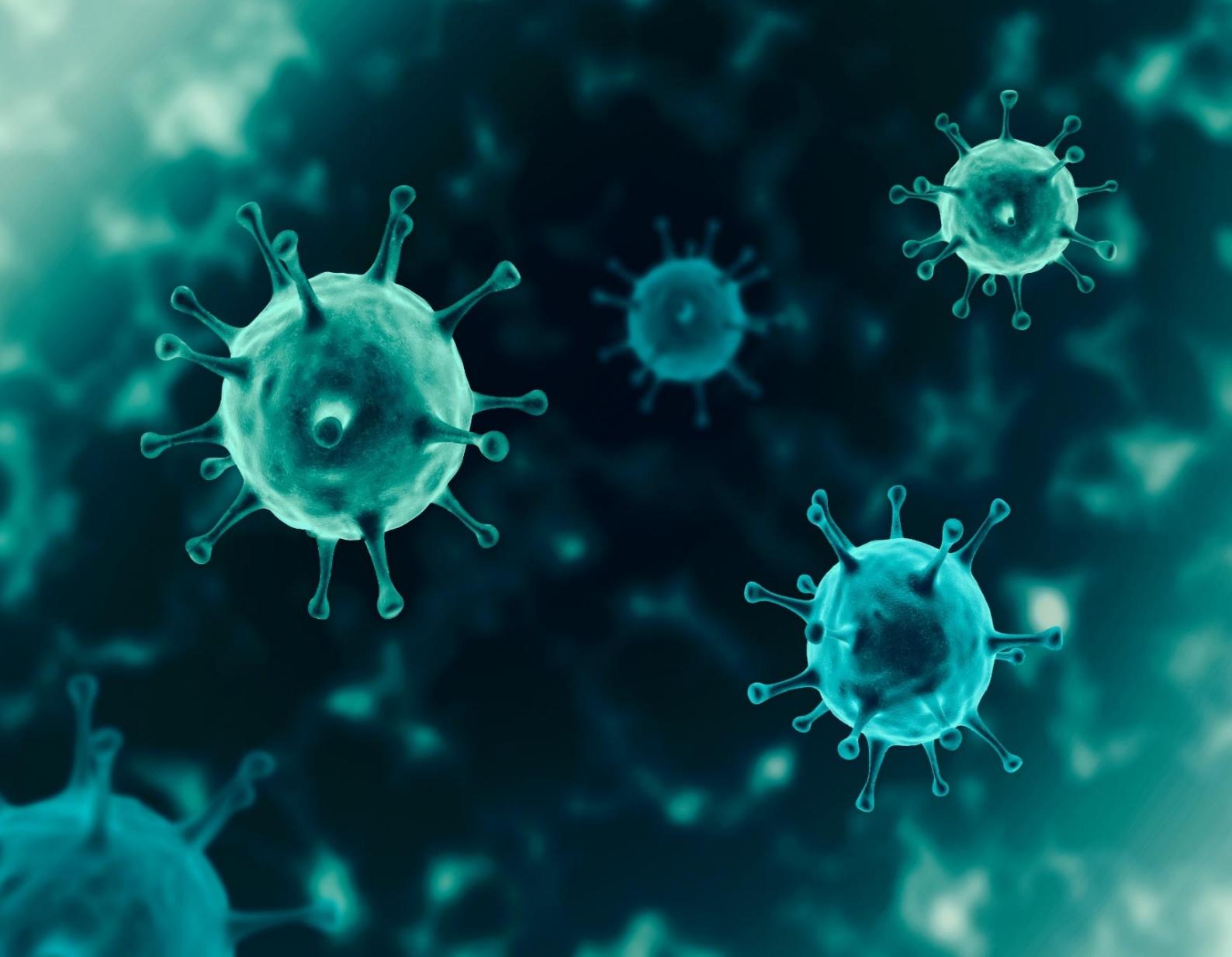
the Health team, while the procurement of soaps, sanitizers is led by the WASH team.

- In Maharashtra, platforms like Jeevanrath came in handy to coordinate the response. This platform enabled the organizations and partners to upload the information about their work w.r.t. COVID-19 and hence helped in keeping up with who is doing what, such that duplication could be avoided.
- In UP, control rooms played a very important role in coordinating the response. UNICEF state official informed that they would conduct regular meetings (called control room meetings) with AECS to discuss the demand/requirements of the government. In these meetings they would draw up a plan of action and share the same with the government. For example, guidelines, training modules, etc. were developed as part of these meetings.

5. Conclusions	<ul style="list-style-type: none"> ▪ The real time evaluation sheds light on the relevance, coverage, efficiency and effectiveness of UNICEF's COVID-19 response w.r.t. Infection Prevention and Control (IPC) pillar across 5 Indian states. It was seen that UNICEF's response was in sync with the government needs and priorities wherein technical assistance was provided to support build capacity of healthcare and community level staff, promote CAB w.r.t. IPC such as hand hygiene and provide services and supplies tailored to suit the local context. ▪ The response was relevant and highly effective in catering to the states' needs in terms of providing technical assistance (in conducting assessments, facilitating supplies – especially health specific critical supplies including PPEs and oxymeters, providing inputs in/conducting trainings, and providing inputs in communication/IEC material such as awareness videos) and providing in-kind resources (like soaps). In doing so, UNICEF leveraged existing and new partnerships (wherein it deployed local networks of FLWs and resources of partners/service providers). Moreover, UNICEF's adaptive capacity (e.g. continue adapting guidelines and reorienting people, adoption of virtual mean of service delivery, development of online system to track migrants) to provide relevant and effective support to the government has strengthened the overall response. ▪ However, there is a lack of real time monitoring mechanism to understand whether the support provided by UNICEF was relevant, effective and adequate in nature which restricted potential changes or improvement in the response to ensure its relevance and effectiveness. Also, UNICEF's internal reporting system does not capture any disaggregated level data (gender, vulnerable population, etc.) which makes it difficult to track the reach of services and supply among the vulnerable population. Additionally, the absence of a real-time beneficiary/local service provider feedback mechanism does not allow UNICEF to align its advocacy with the nuances of on-ground/implementation activities carried out by partner agencies. ▪ The response brought forth internal as well as external gaps. Internally, there was a need for improved convergence between UNICEF's Health and WASH teams w.r.t. identification of priority areas which affected efficiency of the overall response. Furthermore, the design did not allow to amend the assessment and monitoring parameters (like common indicators) to understand whether the on-ground activities are being captured efficiently. The response also brought forth disadvantages of UNICEF's internal (time consuming) processes (like processing of requests from the government, auditing for quality assurance and giving approval to the donors to release supply, on-boarding a new partner, etc.) which has negatively affected UNICEF's responsiveness. ▪ Apart from that, externally, there were lacks in provision of critical supplies during the onset of the pandemic due to the national lockdown. These however were resolved once the restrictions on movement were lifted. The lockdown period was also difficult in terms of providing trainings through online platforms since there was no mechanism in place to assess the quality of trainings and participant's understanding. Hence, it is imperative that a more coordinated and informed approach be adopted with better supportive internal processes, to ensure the relevance and effectiveness of response plan. ▪ Despite the shortfalls, UNICEF with its unique yet strong position to support the government, has been able to execute the response plan in a timely and efficient manner ensuring capacity building (of FLWs/service providers/partners) as well as supporting the provision of essential services and critical supplies to the vulnerable target population during the crisis.
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6. Key Recommendations	KEQ-1: WHAT ADDITIONALLY CAN BE DONE TO IMPROVE THE OVERALL COVID-19 RESPONSE?
	<p style="text-align: center;">Key Recommendations:</p> <ul style="list-style-type: none"> ▪ UNICEF should focus on improving convergence between Health and WASH sections at both national as well as state level to focus on identifying common priority areas, mutually. This will help both sections in advocating towards common goals, improved resource planning and streamlining the response in an efficient manner. ▪ UNICEF WASH's inputs are currently diluted across different pillars and subsequent section teams (like communication, health, education, etc.). As a result it is unable to lead/take independent decisions (especially related to resource allocation to activities since the response is led by other section teams) for WASH priority areas. Hence, UNICEF WASH should be given lead/more autonomy to provide more efficient support. ▪ UNICEF should work towards tweaking/easing its internal processes (such as on-boarding new partner, mobilizing resources from local vendor at state level). UNICEF has different way of responding to different levels of emergencies – L1, L2 and L3. It has established mechanism and roles in place to loosen up the processes depending upon the level of emergency. These mechanisms should be revisited and amended (if need be) to ease the internal processes (and time it takes) to improve the efficiency of the response. ▪ UNICEF can introduce a layered auditing and quality assurance compliance protocols for various essential supplies. For example, it can have extensive auditing and quality assurance for supplies like oxygen concentrators or PPEs (or pharmaceutical related supplies) but less exhaustive audit and quality assurance procedures for supplies like soaps, especially while partnering with big and renowned donor companies working at national level. This will help in increasing the turnaround time of providing support and reducing donor fatigue throughout the process. ▪ UNICEF should increase its field/on-ground presence (through local level partnerships at state level or linkages with communities via its local networks in states, and establishing feedback mechanisms, institutionalizing and scaling up state level partnerships) such that it can be more aware about the practicality around implementation of different activities, way of working of partner agencies and donor priorities. This will help UNICEF to advocate with the government in an improved and more relevant manner. ▪ In the absence of real-time monitoring mechanism, a community-based feedback mechanism can be used in an institutionalized manner (wherein monthly/quarterly rapid assessments are undertaken with some common denominators assessed across all states) to understand the relevance, efficiency and effectiveness of UNICEF's COVID-19 response w.r.t. IPC. ▪ A quick quality assessment or recall test can be introduced to assess the quality of virtual trainings being imparted. This will also help UNICEF in understanding whether the participants were actively involved during the training session and were able to grasp what was being informed. ▪ There should be more flexibility around HPM indicators in monitoring mechanism at global level. UNICEF India office should have more autonomy to amend the HPM indicators based on global guidelines such that it can better capture the priority areas based on country's context. For example, if UNICEF country office wants to incorporate more parameters to capture hand hygiene (to assess hand hygiene behavior) in its HPM indicators, then it should have the power

	<p>to tweak the language and parameters of indicator to make them more relevant. Moreover, in case if a certain indicator is not useful for capturing the Indian context, then the country office should have the autonomy to remove the same. At national/state level UNICEF should also plan its assessments such that different assessments (intra-state as well as inter-state) have some common denominators to ease the process of aggregating the findings and drawing actionable conclusions at state and national level.</p> <ul style="list-style-type: none">▪ UNICEF should reduce its current reporting structures/portals to only 1. Reporting same information across various portals consumes additional time and resources. There should be only 1 portal/platform for all state specific reporting.▪ Enormous amount of resources were spent in procuring health supplies by UNICEF health section, however its role was limited in dissemination of supply since it was routed through the national government. Therefore it is also important for UNICEF health section to advocate and develop a strategy plan for the supply and dissemination along with the government to ensure that provided supplies were distributed as per the needs of state and reached on time.▪ Hand hygiene and hand washing behavior is a major focus area of SBM 2.0 and JJM. The pandemic has pushed hand hygiene and hand washing behavior into the limelight. UNICEF should hold on to this opportunity and focus on advocating more with the ministry to allocate funds and promote good hand hygiene behavior in future.▪ In terms of ongoing and current situation, UNICEF Health should come forward to play an active role and converge with UNICEF communication team to fight the misinformation around COVID vaccine and promote its benefits. This will help the government to seek voluntary participation (to be vaccinated) from the people. At the same time, UNICEF WASH should converge with UNICEF communication team to promote continuous use of CAB. Due to message fatigue, people have become relaxed and do not use masks or maintain social distancing. UNICEF WASH can contribute towards developing new strategies to promote IPC behavior.
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Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

Key Findings: Pillar-3 (Support the provision of continued access to essential health and nutrition services for women, children, and vulnerable communities, including case management)

Introduction:

- UNICEF India, as a part of the COVID-19 Joint Response Plan (JRP), provides support to the Government of India in its efforts to contain the spread, mitigate the risks and strengthen the management of COVID-19. In doing so, UNICEF has adopted a multi-sectoral approach, which focuses on six pillars, including, supporting the provision of continued access to essential health and nutrition services (Pillar 3).
- IPE Global conducted a real-time evaluation of the Pillar-3 to understand the relevance, coverage, effectiveness, sustainability and efficiency of UNICEF's COVID-19 response with regard to continuity of essential Health (Routine immunization, promotion of institutional delivery services, care of sick new-borns and essential new-born care) and Nutrition (Complementary feeding, SAM Management and IFA supplementation to pregnant women and adolescent girls) services.
- The objectives of the evaluation were to:
 - Assess the relevance, coverage, efficiency, sustainability and effectiveness of UNICEF India's COVID-19 response
 - Identify challenges and bottlenecks in the support provided towards service delivery and suggest recommendations for immediate improvement
 - Involve partners, stakeholders and community members in shaping UNICEF's crisis response to ensure it is more participatory and responsive to needs on the ground
 - Identify and fill gaps in evidence generation; collect data for future evaluation of UNICEF's response
- The Continuity of Health and nutrition services pillar was examined at the state level to understand the needs and responses in different contexts. Five states were covered: Bihar, Jharkhand, Maharashtra, Uttar Pradesh (UP) and West Bengal (WB).
- The evaluation covered the period from the start of the pandemic (March 2020) to January 2022.

Methodology:

To evaluate UNICEF India's COVID-19 response (for Pillar 3 of the Response Plan), IPE Global Limited adopted a qualitative analysis approach. An Analytical Framework was developed to guide the evaluation of Pillar 3 (Annexure 3). Both secondary and primary data (Key informants interviews) were analyzed to evaluate the relevance, coverage, efficiency, effectiveness and sustainability of UNICEF's COVID-19 response.

IPE Global undertook an extensive desk review of the documents (Annexure 1) shared by UNICEF (health and nutrition section teams). In addition to this, IPE Global also undertook an 'Activity Mapping' exercise to understand the state-specific situation, activities and support provided by UNICEF. For this purpose, State Level (weekly, biweekly, fortnightly and monthly) updates (April 2020 – August 2021) were studied extensively to understand how UNICEF's support progressed since the beginning of the pandemic, to ensure continuity of the essential health and nutrition services.

Further, Key Informant Interviews were undertaken with respondents across 5 intervention states (Interviews with UNICEF officials at the state level (10), Interviews with state government officials (10), civil society organization (CSO) partners (10), and district/block level stakeholders (14)) to understand their perceptions and opinions about the relevance, coverage, efficiency, effectiveness and sustainability of UNICEF India's COVID-19 response.

Information from both primary and secondary data were triangulated to synthesize the Key Findings and produce recommendations.

Limitations:

- Secondary data review:
 - The reports and documents (such as state booklets, Nutrition Program Strategy note, etc.) studied for this evaluation largely pertained for the period starting from March 2020 to May 2021 (May 2021 being considered as the cut-off date for the desk review).
 - There were very few nutrition reports which informed about the coverage of essential nutrition services, how and when these services were resumed and what challenges were faced by UNICEF, especially during the second COVID-19 wave (February – April 2021).

Situational Analysis:

The Corona Virus Disease struck India at the end of January 2020, with the first case being reported in Kerala, which led to a National Lockdown from 23rd March to 31st May 2020. As a result of the National Lockdown, all the key RMNCH+A services came to an abrupt halt. Compared to services in 2019, there was a significant gap in the rollout of services.

The number of pregnant women that received 4 or more Antenatal Care (ANC) check-ups in India reduced by more than 40% in April 2020 compared to the pre-lockdown period (Jan 20 - March 20). Home Based Newborn Care (HBNC) check-ups for newborns in case of home deliveries were reduced by 45% in April 2020 compared to April 2019 as health functionaries were not doing outreach sessions due to being engaged in COVID-19 activities. The number of immunizations sessions held reduced from an average of 1,900,000 in the pre-lockdown period (Jan 20 - March 20) to a little more than 400,000 sessions in April 2020. The number of children admitted to the Nutrition Rehabilitation Centre (NRCs) dropped drastically as the lockdown was imposed. The number of women that received the full course of calcium supplements reduced by 40 % during the first lockdown. First doses of Vitamin A supplements provided to children were reduced by 95%. ⁷⁸

Both demand and supply factors affected the rollout of services. Government and private hospitals refused non- COVID services during lockdown; police restricted movement on roads and Front Line Workers (FLWs) were fearful of facing patients and were engaged in COVID-19 response due to which they were unable to do outreach sessions. Community members were also reluctant to visit health facilities due to the fear of contracting the virus.⁷⁹

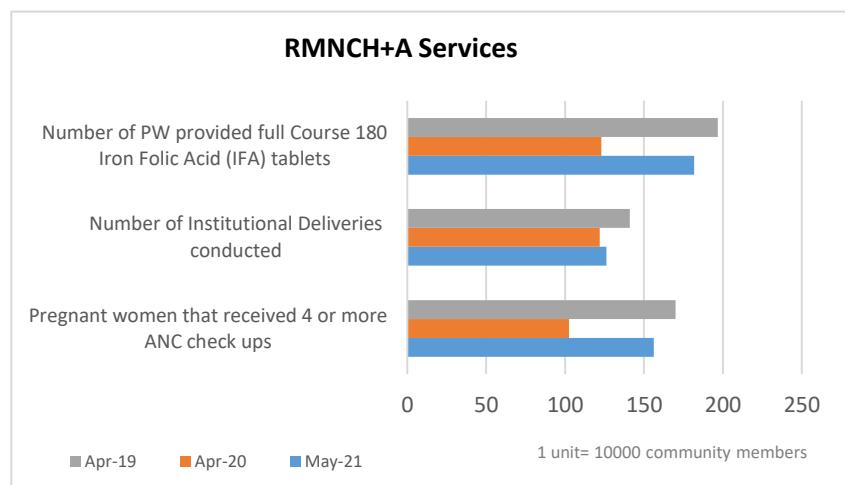


Figure 4: Coverage of RMNCH+A Services Source: HMIS

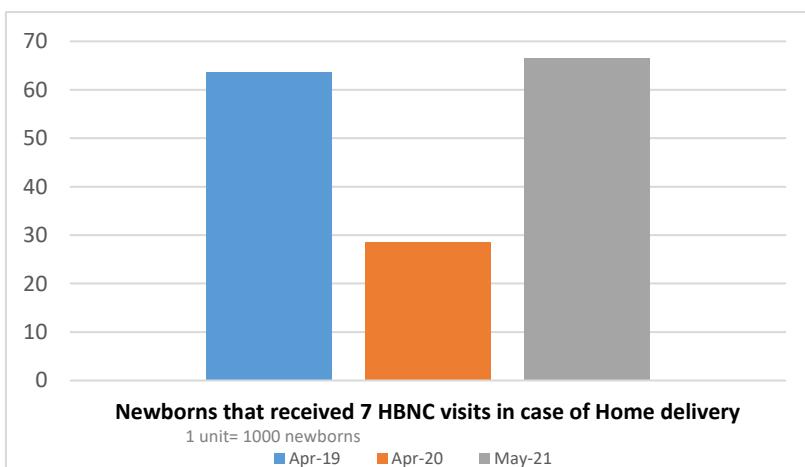


Figure 5: Newborns that received 7 HBNC visits in case of home delivery
Source: HMIS

On 15th April 2020, restrictions were eased, and areas were demarcated as “red zones”, indicating a high number of COVID-19 cases and a high doubling rate, “orange zones” indicating some cases and “green zones” indicating no cases. On 14th April 2020, the Government of India released a detailed guidance note which permitted RMNCH+A services to be continued. States were asked to adopt alternate models of service delivery to reduce interaction between healthcare workers

⁷⁸ HMIS Report 2020-2021, accessed on 7th January

⁷⁹ <https://poshancovid19.in/wp-content/uploads/2022/02/Effects-of-COVID-19-on-maternal-child-healthcare-MCH-services-in-slums-lessons-from-India.pdf>

and community members such as tele-health, immunization and ANC sessions with a fewer number of community members and increasing the number of outreach sessions and home visits by ASHAs. Village Health & Nutrition Day/ Urban Health & Nutrition Day (VHND) sessions were permitted with a limited number of community members attending in allotted times.⁸⁰ In May 2020, these guidelines were revised, and services were permitted in green zones & buffer zones which were areas surrounding the containment zones.⁸¹ On 31st May 2020, the lockdown was lifted in 6 unlock phases until 30th November. All RMCH+A services were provided in the unlock phases in buffer zones.

In April & May 2021, RMNCH+A services were disrupted again after the outbreak of Delta Variant of COVID-19 virus, due to which 35 of 36 states & UTs imposed lockdowns. But owing to the guidance note released by the Government of India on April 14th, 2020, the services were not disrupted in the same severity as the lockdown in March 2020.

The number of pregnant women that received 4 or more ANC check-ups decreased by 10% in May 2021 compared to March 2021. Newborns that received 6 HBNC visits in case of home deliveries and the number of immunization sessions held, both reduced marginally in May 2021 when compared to the data in preceding months but was almost double compared to April 2020 as the rollout of RMNCH+A services was not discontinued for lockdown 2021.⁸² Although NRCs were asked to function in the guidelines released by the Government of India (GoI) and management of SAM children was continued, admissions in NRCs remained low.⁸³ State specific situational analysis of essential services are available in Annexure 2.

Key Findings

Relevance:

KEQ 1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families at the ground level?

- UNICEF's support was relevant in meeting the needs of children and families at the ground level as it focused on strengthening the provision of continued access to essential health and nutrition services through advocacy (developing guidance notes for re-establishment of essential services, SAM management, advocating for leveraging alternative channels to support continuity of services, etc.), monitoring (outreach camps, immunization sessions held, labor rooms, etc.), training and capacity building (training of medical officers, Anganwadi, ASHA, ANMs, labor room staff, SAM management staff, etc.), technical assistance towards developing of guidelines and SoPs (standard operating procedures for the health care providers, COVID Appropriate Behavior (CAB) guidelines for the healthcare providers, infant and young child feeding, SAM community management, etc.) mobilizing and leveraging partnerships to mobilize resources (for example, UNICEF (Nutrition) in Bihar mobilized development partners to identify and undertake combined advocacy for priority activities), and system strengthening (such as supply and procurement of cold-chain storage, quality of care, etc.).
- Essential Health and Nutrition services were compromised during the initial months of the pandemic in 2020. One of the UNICEF officials (Nutrition) explained that "*When COVID-19 struck, people were clueless and panicky and the government also introduced lockdown. All the institutions like schools and anganwadis were closed. So all the institutional mechanisms of delivering services were not available except for the Nutritional Rehabilitation Centers because those were like treatment facilities for children with severe acute malnutrition, and those were sporadically open, but subsequently, they were converted to COVID*

⁸⁰ <https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf>

⁸¹ <https://www.mohfw.gov.in/pdf/GuidanceNoteonProvisionofessentialRMNCAHNServices24052020.pdf>

⁸² HMIS 2021-2022, accessed on 7th January 2022

⁸³ A detailed Situational Analysis is attached as Annexure 2.

isolation centers. So institutional mechanism of delivering nutrition, services were greatly impacted."

Community-level outreach services were temporarily stopped during the first lockdown and facility-based services were also compromised to a large extent. Both supply and demand were affected, with service providers fearful of facing patients while also being engaged in COVID-19 duties. Community members were also afraid to visit health facilities. Many were unable to access services due to the unavailability of transport. The cessation of services during lockdown affected immunization, institutional deliveries and coverage of other essential services, with serious repercussions on maternal and child health. There has, also, been an increase in maternal and neonatal deaths in some districts compared to the same period in the previous year (*WB State Booklet, pp. 09*).

- UNICEF was quick to recalibrate and advocated for the re-establishment of essential health and nutrition services following the lockdown at state and national levels. For instance, national technical guidelines on immunization and Reproductive, Maternal, New-born, Child and Adolescent Health and Nutrition (RMNCAH+N) including HIV/AIDS testing, tracking and management were drafted by MoHFW with contributions from partners including UNICEF, leading to the partial resumption of services. Following this, GoI announced the initiation of early identification and treatment of children with acute malnutrition (SAM and MAM) as a priority action (*UNICEF National Booklet, pp. 26.*)
- According to the stakeholders (State, district and block level government officials, CSO and implementing partners), the activities undertaken as part of UNICEF's COVID-19 crisis response were 'relevant' in meeting the needs of children and families at the ground level. For instance, a district level stakeholder in Jharkhand opined that "*Yes, UNICEF's support was in line with the needs of children and the most marginalized families. It was through UNICEF's support that supply and procurement of essential supplies could be met since there was a shortage of some instruments in labor rooms. Moreover, UNICEF's support contributed towards cold chain strengthening as they did regular training for cold chain handlers and also on effective vaccine management. They also supported in care of sick newborns – for instance, when children were not coming to Malnutrition Treatment Centers (MTCs), they regularly went to the field to motivate AWWs or Sahiyas to bring them to MTCs. They have similarly focused on institutional deliveries as well. So definitely it met the needs of children and marginalized on the ground.*"

Similarly, a state-level government official in Jharkhand explained, "*it is highly relevant because UNICEF developed and implemented community-based management of severe acute malnutrition, which is a need of the day because with the COVID 19 situation there was a need of a home management system which is self-sustainable and also acceptable to the community so that children with this severe acute malnutrition can be treated at home and not be debarred from the family.*"

- With the COVID-19 outbreak, the importance of creating Real-Time Data Management (RTM) systems that are resilient to emergencies became critical. UNICEF supported the piloting and deployment of several modelling tools which were snowballed to the states. These tools were used by the states for planning and forecasting the use of commodities and resources for the COVID-19 response. For instance, in Uttar Pradesh, using Open Data Kit (ODK) and Management Information Systems (MIS) data, 3,135,826 migrants were line listed and counselled on the preventive measures and quarantine protocols and subsequently linked to the COVID-19 surveillance system. 8,414 migrants with symptoms of Influenza-Like Illness (ILI) and Severe Acute Respiratory Infections (SARI) were identified. (*UNICEF National booklet, pp. 22*)
- Moreover, UNICEF also supported the restoration of vitamin A supplementation round in 11 states (including the 5 evaluation states). Following the continued efforts of UNICEF, the Ministry of Women and Child Development issued the operational guidance in November 2020 with the directive on the national restoration of Anganwadi services. Recognizing the importance of nutritional services, national and state-

level guidelines were released by the government to resume operations safely. The guidance informed states to restore essential nutrition services including supplementary nutrition, growth monitoring, counselling and Early Childhood Care and Education (ECCE) services.(UNICEF National booklet, pp. 27)

KEQ 2: To what extent is the structure of UNICEF's response plan (pillar-wise) relevant in effectively providing COVID-19 support?

- All UNICEF officials across 5 states opined that the current structure of the response plan is relevant in providing COVID-19 support. UNICEF officials explained that the current COVID-times called for a multi-thematic approach and hence a collaboration across sectors was a prerequisite to addressing the pandemic. *"I believe it is relevant. COVID-19 response is a multi-sectoral responsibility. Since we are supporting both preventive and curative aspects of the support services, without the collaborative effort of all the departments, this would not have been possible."*

Coverage

KEQ 3: Who are the most marginalized and vulnerable being covered under this pillar and how are they being reached? What were some of the challenges, if any?

- Stakeholders across the 5 states highlighted the following groups or sections of the population as most vulnerable and marginalized w.r.t. essential health and nutrition services:
- In Bihar, the respondents (state, district and block level government officials, CSO partners) informed that migrants, Maha Dalits and those living near the border are most vulnerable. For instance, a district-level respondent informed that *"outreach in hilly and border areas is weak because of poor infrastructure and facilities and hence people living in those areas are most marginalized."*
- In Jharkhand, the tribal population and those living in hard to reach pockets were identified as most vulnerable. A State-level government officials explained that *"population in hard to reach pockets are considered as most vulnerable because they usually do not have access to all the health services easily. They either have to travel a long distance or they have to climb mountains as the geographical area of Jharkhand is not good."*
- Similarly, in Maharashtra, the tribal population, as well as those living in urban slums, were recognized as most marginalized by the respondents (government officials at state and district level, UNICEF officials, CSO partners) because of hard-to-reach pockets and high burden on facility-based health and nutrition services, respectively.
- In UP, migrants were most marginalized, according to a majority of respondents. A UNICEF official explained that *"Migrant population was most marginalized and difficult to track. During the peak of the pandemic or the waves of the pandemic, we have not been able to move to the field. So, while we do our best to monitor remotely, it is not the same as really going out there and seeing how the interventions are being implemented in the field. While there are systems for name-based tracking of community members, those systems are not fully functional."*
- In West Bengal, the respondents (government officials at state, district and block level, CSO partners) informed that adolescent girls were the most marginalized as most of them were victims of early marriage due to the pandemic. *"Children of migrant workers and teenage girls were most marginalized because the parents think that in the COVID-19 situation they will not have to organize a feast for the people of the village, which is a custom, so they married off their daughters. The percentage of child marriage and pregnancy among teenagers has increased from 8-9% to 20-30." – CSO partner.*
- No new vulnerable groups were identified in the second or third COVID-19 wave in the 5 intervention

states.

- UNICEF provided support at the state level towards the continuity of essential services to the above-mentioned marginalized groups. For instance, in UP, migrant children and pregnant women who were identified were referred to appropriate immunization and for institutional deliveries respectively. Associated with these efforts included building the capacity of staff through virtual platforms. Around 158,000 Accredited Social Health Activist (ASHA) workers were trained through the blended methodology of WhatsApp videos and tele-calling in Uttar Pradesh (*National Booklet, pp 23*).
- In Jharkhand, a UNICEF official informed that "*During the first wave there was a lot of migration and we tried to map all the migratory population with some data which was available with government and they were put in the quarantine facilities once they came to Jharkhand. UNICEF connected these quarantine facilities with nearby health facilities. Medical officers and nurses were trained to go to those facilities and inquire about pregnant women and children under 5. People in quarantine were also informed about nearby health facilities where they can access vaccination services or delivery services.*"
- No major challenges were explicitly highlighted by the stakeholder in reaching these vulnerable groups.

KEQ 4: Was support for RMNCHA during COVID-19 accessible to vulnerable populations (including newborn children, young children, adolescents, pregnant and lactating women, SAM children, migrant children, etc.)?

- At an overall level, UNICEF's support towards continuity of essential health and nutrition services was reachable and accessible to target vulnerable populations. For instance, the secondary literature informed:
- 1.48 million Healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases (*Brochure – A journey through 2020, pp. 8*)
- 19.7 million children and women received essential healthcare, including prenatal, delivery and postnatal care, essential new-born care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities (*Brochure – A journey through 2020, pp. 8*)
- 102,400 children (6-59 months) admitted for treatment of SAM (*Brochure – A journey through 2020, pp. 8*)
- 1.3 million Health functionaries had been oriented through online training and programs. They were instrumental in working towards implementing national and state-level plans at the ground level (*Brochure – New Approaches, pp. 1*).
- Similarly, at the state level, UNICEF has been reaching the target vulnerable population. For instance:
- In Maharashtra, a total of 1,532 children less than 2 years were immunized through 43 outreach camps organized by Doctors For You (DFY) between 15 July and 15 September 2020 (*Maharashtra State Booklet, pp 09*)
- In UP, 14,531 migrant children below two years were identified and linked with immunization services. 502 pregnant women identified and linked with ANC (Antenatal Care) and delivery care (*State Booklet, pp 04*)
- The data that is available in public domain as well as government data sources informed UNICEF about the reach and coverage of various essential services. A UNICEF official in UP explained "*UNICEF does not implement any program on its own. These are government programs that the government functionaries delivered, and we provide technical assistance. So, in that sense, whenever a government program is reaching the beneficiary is, we assume that the UNICEF responses also reach the end-user or the*

community members."

Similarly, in WB, UNICEF district monitors in High Priority Districts (HPDs), collected information on RMNCH+A services from facilities and community level through onsite visits, telephonic interviews and from secondary data to understand the status of RMNCH+A services and activities, to identify the major gaps and challenges and give appropriate feedback at different levels. (*WB State Booklet, pp 12*)

- UNICEF officials informed that since UNICEF does not directly implement any government programs, it is not involved in collecting sex and age segregated data. However, it supports the government in the implementation of various activities and therefore, supports in concurrent monitoring of such data sets.
- UNICEF officials across 5 states informed that no new mechanisms were put in place to expand the reach and coverage during the second and the third COVID-19 wave in states because the support activities were already at scale – *"When we say expand the coverage, the thing is that it the programs are already being implemented at scale. The guidelines, plans or monitoring mechanisms were already for the second wave. During the first wave, for services to resume or to be back on track even to 80% of what they were pre-pandemic, it took us almost two to three months. But during the second wave, we already had all these systems in place. So be it the guidelines, plans or monitoring mechanisms, we had it all in place already for the second wave."* – UNICEF Official (UP)

Efficiency

KEQ 5: To what extent is UNICEF allocating its resources (human, financial, other) optimally and equitably to achieve its objectives and priority areas?

- According to the respondents (State level government officials, UNICEF officials at the state level and CSO partners), the human and financial resources allocated and facilitated by UNICEF are optimal and equitable in achieving its objectives and priority areas.

"Our work is to advocate for the rights of the children and provide Technical Support at the state level and also in a few districts. We are not into supplies. Even during the crisis, these kinds of activities have not been allowed to continue even from the government, and also from our internal understanding. So, therefore, if we are not into the business of supplies, then I do not think that HR is a concern. And also financial resources because if we are not procuring something by ourselves then for what we need financial resources." – UNICEF official (Nutrition)

The secondary data findings also highlight that UNICEF provided technical assistance at State, Regional and District levels. For instance, in Bihar, Technically supported SHSB along with partners in containment of COVID-19 in the state. A total of three senior health consultants are deployed in the State Health Society - Emergency Cell for day to day response and management. Additionally, one senior consultant is positioned in the Patna Regional - Response Cell in the office of Divisional Commissioner Patna for technical support in containment of COVID-19 in urban slums (*Bihar State Booklet, pp. 02*).

- However, there were respondents (State level government officials, UNICEF officials and CSO partners) in Maharashtra, Jharkhand UP and WB who strongly highlighted the need for an increased human resource allocation to ensure that optimal TA is not only being provided in the aspirational districts but rather can be scaled up to cover all districts. For example, one of the state-level government officials from Jharkhand opined *"I do not think that the human resources allocated by UNICEF for the rollout of its COVID-19 response activities w.r.t. continuity of Routine Immunization are sufficient. For example, currently, 24 districts are taken and UNICEF has given like 5 regional coordinators only, so it will be good if people will be available at district level also so that they can reach till grassroots level."*
- Moreover, most of the respondents opined that UNICEF is efficiently utilizing its resources to achieve its

objectives. For instance, a CSO partner in Jharkhand elaborated that “*the human and financial resources are being used efficiently by UNICEF. One thing which is good in Jharkhand state, is most of the agencies who work in their respective geographical location do not duplicate things. So UNICEF also does the same thing. So UNICEF has its few districts, where they put their resources and efficiently utilize the resources.*”

KEQ 6: To what extent is UNICEF managing and delivering RMNCHA during COVID-19 in a timely, coordinated, coherent, and quality way?

- According to the stakeholders, UNICEF’s response to support continuity of essential health and nutrition services has been timely, coordinated and coherent. For instance:
- A UNICEF official in Bihar opined that UNICEF’s support has been ‘*very timely*’ because “*UNICEF recognized this kind of situation much ahead than the government because government at that point of time was not focusing on RMNCHA services, even getting guidance from the Ministry of Health and Family Welfare was very difficult. But as UNICEF is an international organization and we have very close linkages with the different UN agencies and other development partners, we had early access to technical information. It also helped us to go to the government advocating with the limited available evidence that was first accessible to us. So therefore we have reached out to the government with appropriate guidance, adaptive mechanisms to support the government*”
- A CSO partner in Jharkhand informed that UNICEF was quick to introduce guidelines for the continuation of IFA supplementation for women and adolescent girls in the state. “*UNICEF prepared guidelines within a week and get it approved in the next week, so within 10 days all SOPs, guidelines and directives were issued, so it was in a very timely manner.*”
- The respondents also informed that UNICEF’s response to support continuity of essential health and nutrition services was more efficient and timely in the second and the third COVID-19 waves as compared with the first. This is because UNICEF, as well as government and CSOs, were more prepared in the second and third COVID-19 waves across all 5 states.

“With prior experience from 1st wave, the response was immediate in 2nd wave. We already had a mock drill around November’2020 & it helped a lot. Timing & quality both were maintained as we were well prepared for the situation. Moreover, before sometime when there was hype around paediatric COVID-19 wave in news we were well prepared for new-born care & we are continuously watching the situation.” – A block-level official in Bihar

- UNICEF provided timely support to the government through capacity building of stakeholders including but not limited to medical officers, healthcare providers, ANMs, ASHAs, AWW, ICDS functionaries, and supervisors.
- These capacity building sessions focused on providing support and information about what to do and how to do it. For instance, a UNICEF official from West Bengal informed that UNICEF supported capacity building sessions on – “*how to adopt CAB in the labor room. Also, for immunization apart from the training on LAQSHYA, there was supervisory hands-on training through the Society of midwives. For immunization, we have also provided cold chain training. We've also had training sessions for urban immunization and outreach. These were hands-on face-to-face training for healthcare workers to strengthen urban health and nutrition days or urban outreach services. For newborn care, we provided quality assurance for capacity buildings of home base newborn childcare. All this was done to ensure that services are delivered in a COVID-Appropriate and timely manner on the ground.*”
- UNICEF, WHO and MoHFW have built the capacities of more than 300 Civil Society Organizations (CSOs) and 542,180 National Service Scheme (NSS) volunteers to reach communities with information and advice

on the importance of right behavior to reduce the risk of COVID-19 infection.

- The training was provided once or twice (annually). A UNICEF official in UP informed that “*For complementary feeding, we do one-time capacity building across 55 districts at the district level. Subsequently, I would say 20% of UP's blocks have been reached by us on SAM, complementary feeding through our teams. One training was face to face and the rest were online, this is annual.*” These training were conducted virtually/online, especially during lockdown phases in 2020 and 2021. Some UNICEF officials informed that off-line training was resumed during the latter half of 2021 however, with the coming in of the third wave, UNICEF has again shifted to the online modality.
- UNICEF officials informed about using Google forms (which were shared with the participants' post-training sessions) to assess their understanding and quality of such sessions. However, a majority of the stakeholders opined that online training sessions were not as effective as off-line training sessions, especially for essential health and nutrition services which involve a component of demonstration (due to the inability to check whether the respondents are actually attending or they have simply joined the meeting and are distracted).

KEQ 7: What role has partnership played in the efficient rollout of UNICEF's support to continuity of services during COVID-19?

- UNICEF leveraged partnerships (both financial and non-financial) across all 5 states as well as at the national level to promote timely delivery of its support. For instance, UNICEF (WB) partnered with West Bengal Doctors Forum (WBDF) for strengthening public health measures for COVID-19 prevention and supporting MNCH care in urban slums (*WB State Booklet, pp. 16*). Similarly, a UNICEF official in Bihar informed that UNICEF partnered with Patna Medical College and Hospital and leveraged its pre-existing partnership with Centre for Excellence for SAM Management to support the government by disseminating COVID-Appropriate guidelines through these channels to the ground-level staff who was directly delivering the service.
- The state-level respondents as well as CSO partners across all 5 states opined that UNICEF has played an active role in leveraging and facilitating partnerships to efficiently roll out its support towards continuity of services. For example, a CSO partner in Jharkhand informed that “*partnership with UNICEF has led to increased and better responsiveness to the disruption of Nutrition services in the intervention area/state because when an individual organization speaks about a topic or a subject, its effect is minimal. When 3 to 4 organizations come together on the same platform with the same understanding and speak, then the effect is much more visible. UNICEF was able to do that.*”
- UNICEF has a system in place to monitor the outputs of these partnerships to ensure the efficiency of its response. For example, a UNICEF official in Bihar explained that for the ‘existing partnerships’ indicators of performance were in place against which the outputs were assessed – “*With the existing partnerships there were like indicators of performance, for example, how many capacity development training they could do on COVID appropriate behaviors.*” However, for the new partnerships, a real-time monitoring system was put in place – “*For the new partnerships, we had a real-time monitoring system. We look at the data and we go back to the partners if the service coverage is not improving from the previous month's data. That is something we continuously did. And along with this, we have a system of weekly calls with the partners to continuously follow up on activities. To see things were moving in the right direction at the right pace, feedback mechanism was established and also the data system through a real-time monitoring system.*”
- Moreover, the outputs of financial partnerships were measured against the set indicators while no such system was in place for non-financial partnerships. A UNICEF official from Jharkhand explained that “*For*

financial partnerships, there is a document where all the deliverables and indicators are mentioned. For non-financial partnerships, it was difficult to measure what they did in the field. We provided them information but their work was not monitored or measured by UNICEF."

- No challenges were highlighted by external partners (government as well as CSO across all 5 states) with respect to the partnership with UNICEF. However, a UNICEF official in Jharkhand brought forth that due to dearth of qualified personnel (since many people were fearful of going to the field), UNICEF and its partners had to recruit 'whoever they could' which impacted the efficiency – "*there was a dearth of the required qualified personnel, if they were available, they were not ready for field job because of fear of COVID. Due to this, we hired whoever we could, and more training was needed due to which additional funds had to be given to NGOs to ensure recurrent training. Also, not all NGOs could hold capacity building sessions so wherever needed UNICEF officials such as myself and our consultants trained to get the job done decently.*"

KEQ 8: What bottlenecks exist to the efficient implementation of the crisis response? How far has been UNICEF's strategy successful in addressing the challenges?

- Stakeholders (government, UNICEF, CSO – across all 5 states) highlighted the following bottlenecks:

Programmatic Challenges:

- Fear among the field staff, especially during the second wave, to deliver service on the ground and to undertake household/community visits. Psychosocial support training was provided to overcome this hurdle, but, according to the respondents, the coverage did not improve during the peak of COVID-19 wave(s) – "*Major challenge was breaking of outreach services, VHND services, RI & pregnant women vaccination. Left out numbers were increasing & the major reason was fear of staff for going in the field. Psychosocial training was organized for it which lessens the hamper. In my view it must be continued as it boosts the efficiency of our staff.*" – Block official, Bihar
- Lack of understanding the ramifications of not focusing on RMNCHA services – "*those who are at the helm of affairs if they have not understood the ramifications of this, they have not prioritized this particular activity during the period of COVID-19. I think that has been the significant gap, although UNICEF at the national level, other development agencies like BMGF and others at the national level, have always highlighted this to the government and departments. Similarly, we have also continued to highlight at the state level.*" – UNICEF official, Bihar
- More focus on COVID-19 vaccinations as compared to Routine Immunization – "*The major challenge was increased focus on COVID-19 vaccinations that has lowered the efficiency of UNICEF's COVID-19 response with respect to Routine Immunization as most of the people were busy with the vaccination duties. 5-6% of more coverage could have been achieved if Medical Officers and people were not engaged with COVID-19 vaccination duties.*" – State official, Jharkhand
- A UNICEF official in WB expressed concern about nutrition not being prioritized by the government – "*Nutrition does not get the priority which it should, Anganwadi centers are still closed. Also, we need to look at what will be the challenges after the pandemic is over. If we compare data from 2020 to 2021, children are not getting complementary feeding etc. I think the political environment in West Bengal is also an issue due to which Anganwadi centers are still closed. We have also not been able to monitor our response.*"
- Loss of jobs/employment and subsequent loss of income has resulted in nutritional deficiency among newborns. Despite UNICEF's efforts towards spreading awareness for complementary feeding, if the family does not have money to purchase food, then UNICEF's advocacy is not relevant/effective.

- Additional responsibilities on the ground-level staff have resulted in a capacity burnout – “*double burden on a health worker is another challenge. They go out for COVID-19 vaccinations, and they are also responsible for maintaining routine services.*” - UNICEF Jharkhand

Internal Challenges:

- Time-consuming lengthy procedure and due diligence for seeking UNICEF’s approval on various activities during the emergencies – “*UNICEF takes a lot of time for giving approval and clearing proposals in such emergencies where a quick action and response should be made.*” – CSO, Jharkhand and Maharashtra.
- Lack of human resources with required technical knowledge to support the continuity of essential services in states.

Effectiveness

KEQ 9: How and to what extent is UNICEF adapting its activities to become more effective based on emerging learnings and the changing COVID-19 context?

- Many respondents opined that UNICEF adapted its activities to become more effective based on emerging learnings and the changing COVID-19 context. For instance, a block-level official in Bihar explained that during the first COVID-19 wave there was a complete lockdown and all activities were halted. However, during the second wave, field activities and other activities like training were continued through digital platforms to ensure delivery of essential services – “*Adaptation of digital platform to ensure that, unlike the first COVID-19 wave, services are not completely halted during the second COVID-19 wave.*”
- Similarly, a UNICEF official in Maharashtra informed that “*UNICEF has that scope to allow flexibility into the programming with respect to the current scenarios. The mandate given to UNICEF in Maharashtra is to support tribal immunization because but when we realize that urban population is an issue for Maharashtra, UNICEF allowed us to support that. We have the liberty to choose the geography to program in. there are macro guidelines on how we can utilize funds thematically but we are not tied up.*”
- In UP, UNICEF officials informed that between COVID-19 waves two and three, UNICEF was supporting offline training. To ensure that the training and services do not get disrupted, they prepared an online training module to support training for the facility-based newborn care, as a backup – “*COVID-19 cases can surge anytime, so immediately after the 2nd wave, we developed an online module for the facility-based newborn care training. Although it is ideal to conduct skill-based training face-to-face but to avoid any disruption, we prepared an online module as a backup. So I would say that we are learning with each COVID-19 wave and we are adapting ourselves accordingly.*”

KEQ 10: To what extent are the intended outputs and outcomes of UNICEF’s response achieved in an equitable manner benefiting vulnerable populations?

- The respondents opined that the intended outputs and outcomes of UNICEF’s response were achieved to a major extent benefitting the vulnerable population. For example, a CSO partner in Jharkhand explained that the Home Based Delivery mechanism introduced by UNICEF effectively met the needs of the most marginalized during the pandemic – “*Home Based Delivery was the most effective activity that has effectively met the needs of the most marginalized in the intervention area/state and ensured that services continued to be delivered. Because that was a very unique strategy because it ensured that services like Complementary feeding, and IFA supplementation to pregnant women and adolescent girls in the intervention area/state continued in some form or another as dry ration was distributed to them. Home-cooked hot meals were being provided to children without any interruption/disruption because the field*

staff and FLWs were capacitated to counsel and guide people regarding this."

- Many government officials at the state and district level across all 5 states opined that the UNICEF's support towards strengthening the capacities of the facility, institutional and community level staff has immensely contributed towards achieving intended outputs and outcomes. For instance, a state-level government official in WB informed that "*The capacity building and training imparted by UNICEF was the most effective as they provided quality training, frequently. Moreover, UNICEF adapted the content of these sessions to ensure that relevant information is communicated. Through that people knew what has to be done in a COVID-appropriate manner to ensure service-continuity for the vulnerable population*"
- UNICEF officials across 5 states informed that HMIS data was used to identify vulnerable population/pockets in a state as well as to monitor different essential services; based on which UNICEF advocates to draw the government's attention to these people/pockets. By doing so, UNICEF attempts to achieve the intended outputs and outcomes equitably. For instance, a UNICEF official from WB informed that "*We regularly monitor HMIS data through which we are aware of districts that require more support and attention. This is monthly data that we receive for services like institutional delivery, routine immunization, ante Natal care, etc. We cannot give disaggregated numbers for all population groups but indicators such as maternal deaths we see where they are happening. And then we do focused advocacy following which there are review meetings in which UNICEF participates. So, through our advocacy, we talk about the most vulnerable and try to focus government's attention.*"

KEQ 11: To what extent has UNICEF been effective in advocating with the government on specific gaps, responses, and strategies?

- All respondents (government officials and UNICEF officials at the state level across all 5 states) opined that UNICEF's advocacy has been 'very effective' and 'vital' with the government to address specific gaps, responses and strategies. For instance, a state-level government official in Jharkhand opined that "*UNICEF's advocacy towards ensuring continuity of SAM Management was effective in Jharkhand as without UNICEF's advocacy, community-based SAM Management was not possible.*"
- Similarly, a UNICEF official in Bihar explained that "*because the government was not in a mood to immediately listen to us so, we started developing appropriate guidance notes for different essential services. For example, if IFA has to be given because the schools are closed, then what could be the best modality? So we did a lot of brainstorming and came up with draft guidance notes which were also shared with other development partners in the state. Gradually we got in touch with the departments, and they also recognized that the pandemic is not going away and these kinds of restrictions will also continue. As a result of UNICEF's advocacy, the government showed an inclination towards essential services and discussed media reports, dropping of immunization and institutional deliveries, etc. So, when the government also started sitting and discussing, we presented all these alternate delivery mechanisms to them.*"
- A UNICEF official in Jharkhand informed that since the pandemic the frequency of cross-sectoral meetings was increased to ensure that all sections were aware of the on-ground situation and best practices and could subsequently undertake more effective advocacy – "*Usually we had biannual meetings but during COVID-19 we were having weekly meetings, a lot of cross-sectoral sharing was happening at a much faster pace than in pre-COVID times. People were sharing what's happening – for instance, if there is something that I am trying to advocate that Jharkhand should do and if I can show that XYZ state has already done it, it becomes much faster and more effective because it is evidence-based. It was more of like a menu of possibilities, but depending upon the state, context, possibilities, funding resources we picked up what is possible, what is not and of course what government approved or not. So advocacy was done in an*

evidence-based effective manner."

- A UNICEF official in Maharashtra informed that they did not put in any 'special efforts' towards advocacy since that is what they have been doing i.e. gathering evidence and producing guidelines – "We regularly work with the government, so no special efforts were made towards increasing advocacy. The bureaucrats are aware of the programming environment and changes in the environment. So, it takes minimum efforts to convince decision-makers for that matter. When we told the government that the urban population needs to be focused on, the government agreed. We have been able to leverage the support of municipal corporations for immunization. We advocated for home-based kangaroo mothercare, and Maharashtra is the state which came up with those guidelines in the country. So I would say that our advocacy has been very effective."

KEQ 12: What have been some of the unintended outcomes (positive and negative) of UNICEF's response that need to be either reinforced or mitigated?

- Respondents informed about the following unintended outcomes of UNICEF's response:

Positive:

- Digital mode of communication and training has been adopted very well throughout the state by all stakeholders and hence connectivity has increased.
- A direct link/connectivity has been established for the CSOs to be in direct touch with the government authorities with help of UNICEF's facilitation towards improved coordination across different stakeholders.

Negative:

- Telephonic conversations with pregnant women to monitor their health have led to a neglect of physical check-ups by both the caregiver and the pregnant woman as they are now avoiding coming to the health facility, even when the risk of COVID-19/number of COVID-19 cases is/are low.
- Moreover, A CSO respondent in Jharkhand opined that the continuous monitoring of the Health and Nutrition essential services by UNICEF should be continued to understand the gaps, areas/districts which require more attention and focused as well as customized support.

Sustainability

KEQ 13: How has UNICEF used/leveraged its pre-existing mechanisms (partnerships and institutions) to ensure continuity of services?

- UNICEF has leveraged pre-existing mechanisms like partnerships with medical institutions, development partners, institutions like the Centre for Excellence, etc. to ensure continuity of services. For instance, UNICEF in coordination with Medical colleges of Bihar (Patna Medical College and Nalanda Medical College) and National Neonatology Forum (NNF) Bihar Chapter, conducted two rounds of training on comprehensive newborn care services for medical officers and staff nurses of SNCU and NBSU.
- A UNICEF official in UP informed that Labor Room MIS was put in place of which the government has the complete ownership, which according to the UNICEF official, will sustain even after the pandemic to fulfil the existing gap in the evidence – "One is the Labor room MIS. That is something that will sustain, and that the government now has complete ownership of, and which was a gap area, even pre-pandemic. This is a gap area across the country, not just in UP. It has the potential of replication across other states also and it will be very important data on the delivery care services being provided at the government institutions, which affects not just the maternal mortality but also newborn mortality and stillbirths."

- However, another UNICEF official in UP informed that no new mechanisms were created to ensure continuity of services. Rather, work on existing programs was done in a manner to suit the COVID-19 context – *"There are already predefined programs under which our services are provided. All the guidelines are in place. All the networks like FLWs and SMNet pre-existed and have been very important assets for us. It was only a modification of guidelines, building capacity, doing monitoring to ensure that those guidelines were implemented in a manner which suited the current COVID-19 context."*
- A UNICEF official in Bihar opined that there is a need to strengthen the existing mechanisms, such as Panchayati Raj Institutions (PRIs) and Self-Help Groups (SHGs), which are community-led and more permanent – *"we have to think of alternate and sustainable mechanisms and that can be achieved through empowering the Community institutions. I think there is no substitute for that for example, Panchayati Raj institutions are permanent under our Constitution. So, if we continue to empower them, drive their focus to these kinds of services, I think that could be a better sustainable mechanism in the delivery of services. Social capital that has been formed through self-help groups in Bihar can be continued to be strengthened to focus on delivering health and nutrition services. If we can continue to focus on them as a sustainable institution, reaching to the most marginalized will become more effective in a sustainable manner."*

Recommendations:

- Service providers as well as the community members/people were scared to visit the field and facility, respectively, during the COVID-19 waves. UNICEF should further generate awareness on the importance of continuity of essential services and safety measures (following CAB) to ensure that people continue to visit the facilities and the service providers do not hesitate in going to the field. (KEQ 1, 7 & 8)
- More focus is being given to COVID-19 vaccinations as compared to Routine Immunization. UNICEF should advocate more to ensure that focus on continuity of routine immunization persists with government, service providers and people. (KEQ 8)
- Since COVID-19 is a health emergency, the government's focus on prioritizing nutrition is comparatively less (as a result, Anganwadi Centers are still closed). UNICEF Nutrition section should undertake advocacy to bring the government's attention to nutrition under the umbrella of essential services. (KEQ 8)
- Virtual health consults have been widely leveraged during the pandemic. This has resulted in a neglect of physical check-ups by both the patient (especially in the case of pregnant women) and service providers. UNICEF should emphasize the importance of promoting physical check-ups during the training and capacity building sessions. (KEQ 12)
- UNICEF should continue to monitor the HMIS data frequently to understand the real-time coverage, gaps and achievements which could be either reinforced or mitigated. This has helped the CSO partners and government to understand the ground situation and introduce relevant activities to support the continuity of essential services. (KEQ 12)
- UNICEF should continue to strengthen community-based and more permanent mechanisms such as PRIs and SHGs to ensure continuity of services – which would result in a more sustainable system strengthening. (KEQ 13)

Annexures**Annexure 1: List of documents for the Desk Review**

S. No.	Category (if any)	Title of the document
1	Brochure	A journey through 2020
2	Brochure	New Approaches
3	Brochure	psychosocial support of healthcare
4	Brochure	Supporting RMNCH continuity
5	Brochure	Sustaining Immunization
6	Infographics	Bihar
7	Infographics	Immunization_3
8	Infographics	immunization_6
9	Infographics	JH
10	Infographics	MH
11	Infographics	UP
12	Infographics	WB
13	Photo Story	Bihar 2-Photostory
14	Photo Story	Bihar - photostory
15	Photo Story	Intensified Mission Indradhanush
16	Photo Story	Jharkhand - Photostory
17	Photo Story	MH - Photostory
18	Photo Story	SHWAI - Photostory
19	Photo Story	UP - Photostory
20	Photo Story	WB - Photostory
21	Booklet	National Booklet
22	Booklet	State Booklet - Bihar
23	Booklet	State Booklet - Jharkhand
24	Booklet	State Booklet - Maharashtra
25	Booklet	State Booklet - Uttar Pradesh

S. No.	Category (if any)	Title of the document
26	Booklet	State Booklet - West Bengal
27	Monthly Updates - States (Updates from field offices) (April 2020 - August 2021)	Bihar (Weekly, biweekly, monthly - updates from the field office) (April 2020 - August 2021)
28	Monthly Updates - States (Updates from field offices)	Jharkhand (Weekly, biweekly, monthly - updates from the field office) (April 2020 - August 2021)
29	Monthly Updates - States (Updates from field offices) (April 2020 - August 2021)	Maharashtra (Weekly, biweekly, monthly - updates from the field office) (April 2020 - August 2021)
30	Monthly Updates - States (Updates from field offices) (April 2020 - August 2021)	Uttar Pradesh (Weekly, biweekly, monthly - updates from the field office) (April 2020 - August 2021)
31	Monthly Updates - States (Updates from field offices) (April 2020 - August 2021)	West Bengal (Weekly, biweekly, monthly - updates from the field office) (April 2020 - August 2021)
32		Program Strategy note (2017)
33		Consolidated nutrition Rolling Work Plan (January 2020)
34		Revised nutrition Rolling Work Plan (May 2020)
35		Nutrition Program Strategy Note (Aug 2020)
36		Nutrition and COVID Impact response planning (March 2020)
37		UNICEF-India programming guidance (Apr 2021 update)
38		UNICEF India Nutrition: COVID and Nutrition HAC implementation plan (May 2021)
39		POSHAN COIVD Situation Analysis 2021
40		Commitment to Action for Nutrition (advocacy document)
41		SAM Management- Amma Guidelines (Rajasthan)
42		SAM Management (correspondence)-Webinar on "Orientation on NRC Management Services amid COVID-19 Pandemic
43		SAM Management- Letter to Director regarding treatment of children with SAM in COVID wards
44		Guidelines for management of SAM children with COVID

S. No.	Category (if any)	Title of the document
45		Continuing CMAM during COVID outbreak
46		UReport COVID 19 and breastfeeding 2020 (ppt)
47		UReport COVID 19 and breastfeeding 2021 (ppt)
48		Webinar on "Orientation on NRC Management Services amid COVID-19 Pandemic" (PPT)
49	Platforms/Websites/Portal	POSHAN Resources
50	Platforms/Websites/Portal	POSHAN Monitoring
51	Platforms/Websites/Portal	Compendium - Health (UNICEF)
52	Platforms/Websites/Portal	Knowledge management portal from UNICEF Health team https://health.unicef.in/ebook/covid-19/
53	Platforms/Websites/Portal	MOHFW.gov.in
54	Platforms/Websites/Portal	ICDS-WIC.nic.in
55	Platforms/Websites/Portal	coesamnetwork.org
56	Platforms/Websites/Portal	anemiamuktbharat.info/
57	Platforms/Websites/Portal	Social media/ chatbots etc. were widely used during pandemic in many States for promotion of IYCF and other nutrition. Some resources: https://tsmdashboard.mahnin.in/ and https://www.gktoday.in/current-affairs/what-is-tarang-suposhit-maharashtracha/ . (Maharashtra) and https://wcd.gujarat.gov.in/initiativeDetails?id=121 (Gujarat). Rapidpro was used to ensure care for ANC and AWC services during cyclone Yaas which hit Odisha at the peak of COVID pandemic. https://middleware.unicef.in/viewDashboard/30/Odisha_Yaas_Cyclone_preparation Additional resources: https://mcusercontent.com/32390edec9a6d376d3ae2c133/images/cbc65d94-9eee-a55f-cc1c-779aa27a9dec.jpg ; https://mcusercontent.com/32390edec9a6d376d3ae2c133/images/2252fa75-c8ea-db39-44c4-be2b91a4dc7a.jpg https://mcusercontent.com/32390edec9a6d376d3ae2c133/images/ff6b3f3f-9e87-4013-f8d9-430381c74a61.jpg https://www.wecollaborate4nutrition.org/miycn/ https://mcusercontent.com/32390edec9a6d376d3ae2c133/files/d0429f59-7f74-c175-85f2-7e49ff989f76/I4N_Guidance_note_Food_donation_and_distribution_15th_Sept_2021.pdf https://unicef-my.sharepoint.com/personal/apsrivastava_unicef_org/_layouts/15/onedrive.aspx?id=%2Fpersonal%2Fapsrivastava%5Funicef%5Forg%2FDocuments%2FMOHFW%20Breastfeeding%20material
58	Platforms/Websites/Portal	www.unicef.org

S. No.	Category (if any)	Title of the document
59	Platforms/Websites/Portal	<p>Joint_Guidance_Food_donations_and_distributions.pdf (mcusercontent.com) https://www.globalbreastfeedingcollective.org/reports/implementation-guidance-counselling-improve-breastfeeding-practices</p> <p>https://www.globalbreastfeedingcollective.org/reports/role-midwives-nurses-protecting-promoting-supporting-breastfeeding</p> <p>https://www.globalbreastfeedingcollective.org/protecting-promoting-and-supporting-breastfeeding-bfhi-small-sick-and-preterm-newborns</p> <p>https://mcusercontent.com/32390edec9a6d376d3ae2c133/files/3167eca0-cc9b-548d-525c-18840c2c2ef4/what_constitutes_aViolation_of_the_IMS_Act.pdf</p> <p>https://mcusercontent.com/32390edec9a6d376d3ae2c133/files/236c207b-e30e-3cc2-0077-afda593239e9/Joint_Guidance_Food_donations_and_distributions.pdf</p>
60		UNICEF India COVID-19 Response Plan Short Version May 9
61		12 May CrMT ICO update on COVID Pandemic (PPT)
62		16 June Deep Dive Programming continuity of Health and nutrition Services (PPT)
63		17 Nov_Update of COVID-19 (PPT)
64		20 Oct - Update on COVID 19 (PPT)
65		UNICEF_Results from Wave 1 of Community Based Monitoring
66		Ensuring RMNCHA Services in Red Zone Districts Asheber (PPT)
67		Final RA Synthesis Report
68		Immunization services during COVID 19 -COVID Academy_23662
69		Jharkhand PPT_15th may 2020
70		UN Immediate Socio Economic Response to COVID19 (27 may 2020)
71		UNICEF India COVID 19 October Situation Report
72		Uninterrupted delivery of Essential Healthcare Services in Tribal villages of Gadchiroli in Maharashtra
73		UP PPT for Network meeting 19-06-20
74		Webinar UNICEF ICO RA Synthesis (PPT)
75		WHO - Maintaining Essential health services operational guidelines (2019)

Annexure 2: Situational Analysis

Bihar

Almost all RMNCH+ A activities were hampered due to the COVID-19 pandemic and lockdown. Institutional deliveries reduced from an average of close to 160,000 per month during the pre-lockdown period (Jan 20 - March 20) to 80000 in April 2020 due to the fear of community members visiting health facilities owing COVID-19 pandemic and the lack of transportation⁸⁴. Due to the engagement of FLWs in pandemic mitigation activities, tracking of weak and sick newborn babies in the community by FLWs was hampered. The number of newborns that received 7 HBNC visits in case of home deliveries of babies reduced from 22000 in the pre-lockdown period (Jan 20 - March 20) to 1300 in April 2020 as per HMIS data. The number of pregnant women that received 4 or more ANC check-ups was reduced by almost 90% in the lockdown. Complementary feeding was severely affected by the lockdown in Bihar.

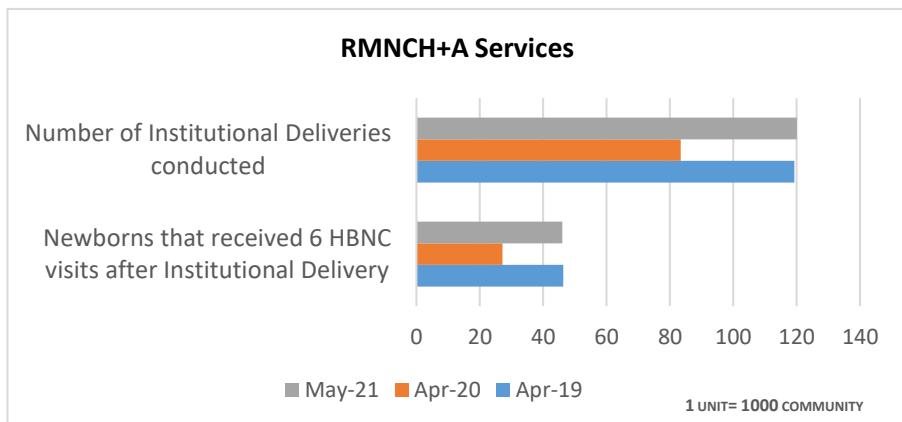


Figure 3: Coverage of RMNCH+A services (Bihar)
Source: HMIS

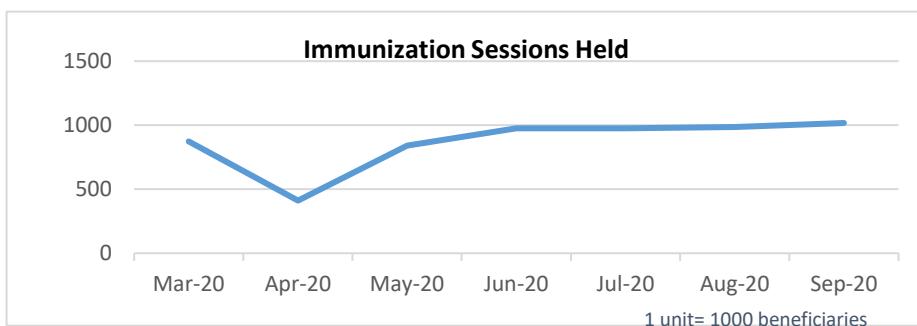


Figure 4: Number of Immunizations Session Held (Bihar)
Source: HMIS

doses to children stopped and children that received Iron Folic Acid (IFA) syrup reduced by 80% compared to the data in the preceding month. The number of pregnant women that received a full course of calcium supplements reduced by 30% in April 2020.⁸⁵

Immunization services were disrupted during the lockdown, they were resumed from 6th May 2020. Only 3500 immunizations sessions were held during this period compared to 45000 in February 2020.⁸⁶ However, the Japanese Encephalitis (JE) vaccination campaign was completed in a few districts.⁸⁷ The number of VHSND sessions held reduced as well.

Post lockdown in 2020, RMNCH+A services were continued. The number of VHNDs or UHNDs sessions held jumped to almost 60,000 in May 2020 compared to not even 4000 in April 2020 as they were modified and permitted in buffer zones and green zones. In May 2021, the number of VHND sessions held was close to 75000. The number of pregnant women that received full course IFA supplementation was close to 150,000 in May 2021 compared to 23000 in April 2020 as they were continued even in containment zones. The number of children that were provided 8-10 doses of IFA syrup was reduced by 30% in the second lockdown.

As immunization services were continued, several catch-up sessions were held to vaccinate the left out and

⁸⁴ UNICEF Report: https://health.unicef.in/ebook/covid-19/unicef/infographics_state.html#

⁸⁵ HMIS 2020-2021, accessed on 7th January 2022

⁸⁶ HMIS 2020-2021, accessed on 7th January 2022

⁸⁷ UNICEF Report: https://health.unicef.in/ebook/covid-19/Bihar_Booklet.html#/13

drop out children and immunization sessions held increased significantly. Immunization services were marginally affected when the lockdown was imposed again in May 2021. Admissions in NRCs reduced drastically owing to the pandemic.

Jharkhand

The COVID-19 pandemic and national lockdown adversely affected the health service system which was working in a challenging environment and limited resources in terms of infrastructure and human resources. Owing to the COVID-19 pandemic, a large population of migrant workers returned to Jharkhand which put more pressure on the health system.⁸⁸ As part of the COVID-19 response by the state, health facilities were converted into COVID facilities.

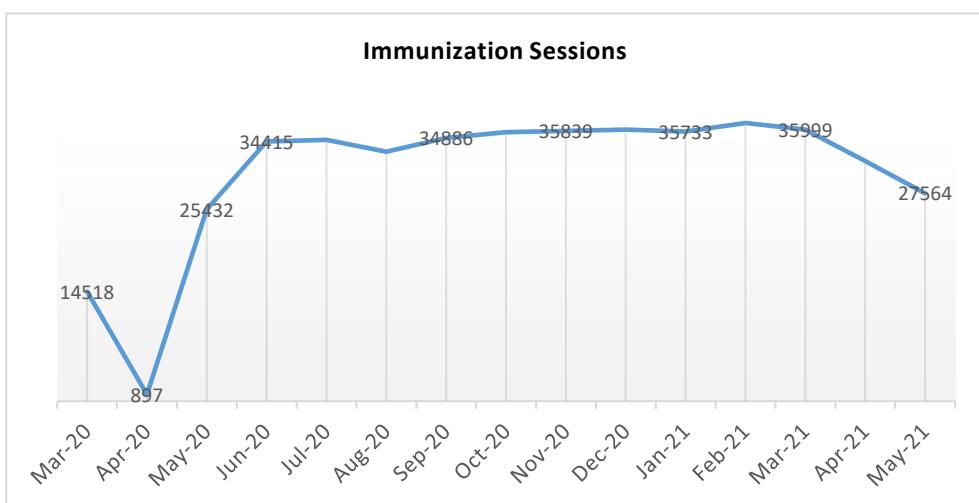


Figure 5: Immunization Sessions (Jharkhand)

Source: HMIS

All RMNCH+A services were disrupted in the state during the period of national lockdown. Routine Immunization (RI) services were brought to a halt, with less than a thousand immunization sessions held in the state due to non-availability of referral transport, non-availability of human resources at delivery point & fear among family members due to the COVID-19 pandemic.⁸⁹ Primary health care services were affected as the lockdown affected the quality-of-service delivery in SNCUs.

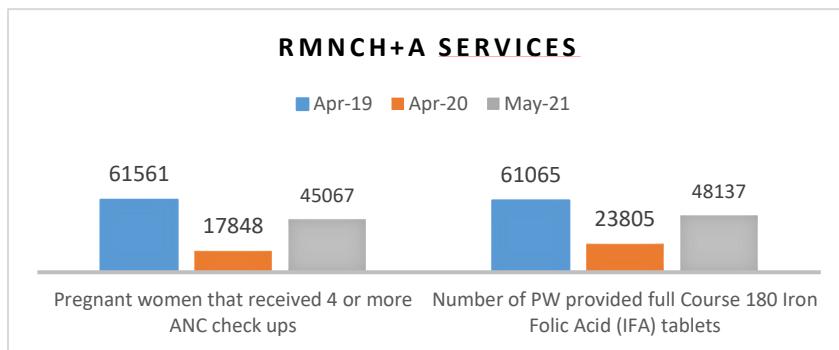


Figure 6: Coverage of RMNCH+A Services (Jharkhand)
Source: HMIS

As guidelines by the Government of India were released on 14th April, RMNCH+A services were continued. Pregnant women that received 4 or more ANC check-ups reached the pre-COVID level in June. The rollout of services as the lockdown was affected by the suspension of outreach services and the non-availability of public transport.⁹⁰

The services improved as restrictions were revoked in Unlock phases until the lockdown in May 2021. The number of institutional deliveries conducted reduced by 12% in May 2021 compared to the preceding month. The number of pregnant women screened for HIV also reduced by approximately 25% as the high number of COVID-19 cases overwhelmed the health facilities.⁹¹

⁸⁸ UNICEF Report: https://health.unicef.in/ebook/covid-19/Jharkhand_Booklet.html#/9

⁸⁹ UNICEF Report: https://health.unicef.in/ebook/covid-19/Jharkhand_Booklet.html#/5

⁹⁰ HMIS 2020-2021, accessed on 7th January 2022

⁹¹ HMIS 2021-2022, accessed on 7th January 2022

Maharashtra

In April 2020, Maharashtra was the worst affected state by the COVID-19 pandemic in India, with the highest mortality rates observed in Mumbai city. Maharashtra has a large proportion of the population living in urban slums, where population density is very high along with inadequate health facilities, poor nutrition status and poor hygiene. The outbreak of COVID-19 in urban slums led to complete lockdown in these areas.

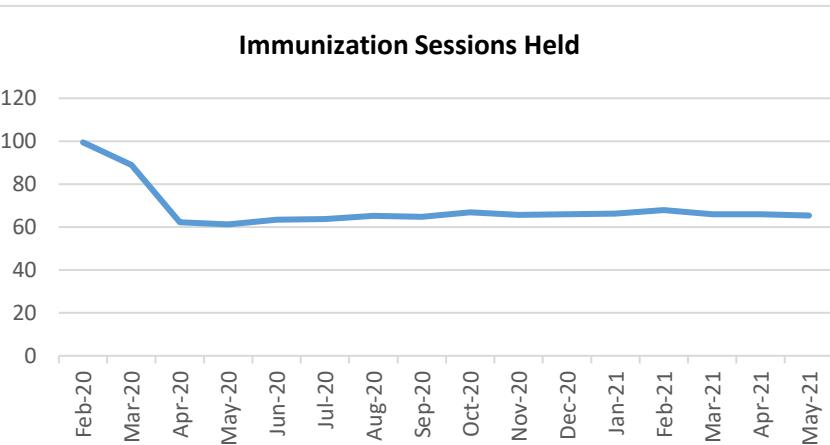


Figure 7: Immunization Sessions (Maharashtra)

Source: HMIS

RMNCH+A services were affected in the state due to the lockdown, repurposing the health system for COVID-19 response and apprehensions of the community regarding the virus and coming to health facilities.⁹²

Immunization sessions held reduced from an average of approximately 100,000 per month to less than 65,000 in April 2020. Full RI coverage went down to 71% from 100% in the state from March to May 2020. The number of immunizations sessions held remained consistent, even during the lockdown in 2021. Complementary Feeding was severely affected by the pandemic. The total number of vitamin A doses provided to children reduced by more than 90% in the state.⁹³

Uttar Pradesh

Uttar Pradesh suffers from serious health system challenges which were further exacerbated during the pandemic. Another overwhelming challenge for the health system was the return of migrant workers to the state. RMNCH+A service provision was affected as focus shifted to the COVID-19 pandemic and existing health facilities were converted into COVID-19 treatment, quarantine centers.⁹⁴ Institutional Deliveries reduced by 20% in the state in April- June 2020 compared to April- June 2019. Women that registered for Ante-Natal Care (ANC) reduced by 32% in April- June 2020 compared to April-June 2019. The number of newborns that received 7 or HBNC visits were reduced by almost 75%.⁹⁵ Pregnant women that received the full course of IFA tablets reduced to 25000 in April 2020 which was a 90% decrease when compared to March 2020. The total number of vitamin A doses provided dropped by more than 90%.

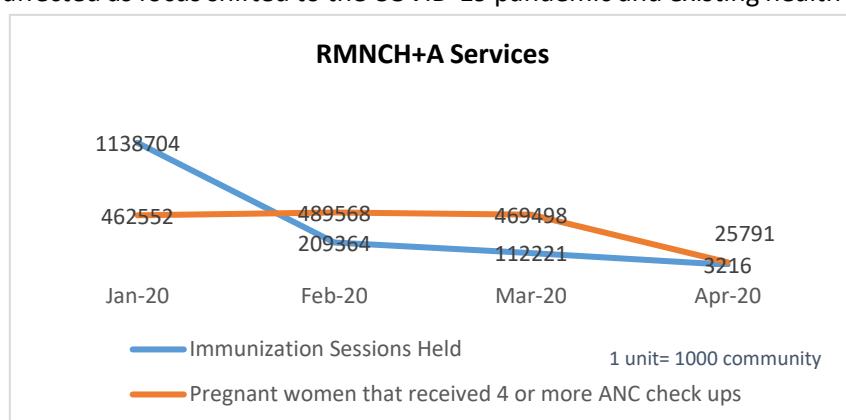


Figure 8: Coverage of RMNCH+A services in the first lockdown (UP)

Source: HMIS

⁹² UNICEF Report: https://health.unicef.in/ebook/covid-19/MH_Booklet.html#/17⁹³ HMIS 2021-2022, accessed on 7th January 2022⁹⁴ UNICEF Report: https://health.unicef.in/ebook/covid-19/UP_Booklet.html#/11⁹⁵ UNICEF Report: https://health.unicef.in/ebook/covid-19/unicef/infographics_state.html#

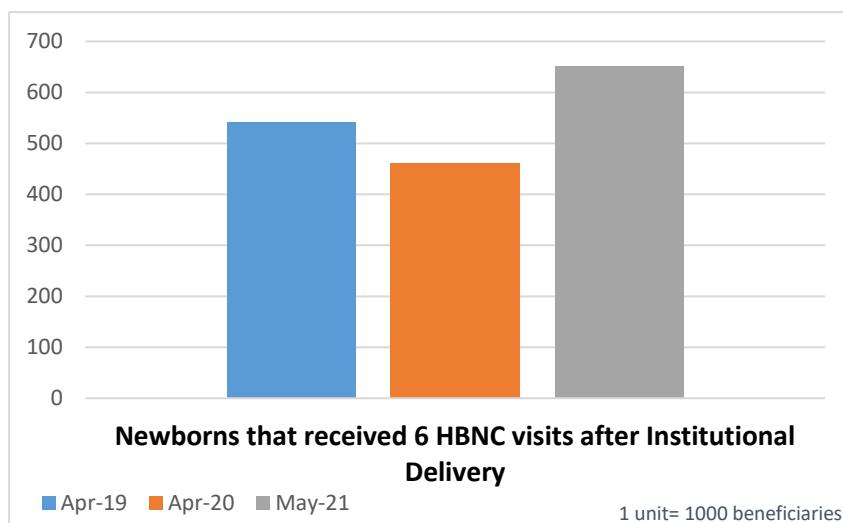


Figure 9: Newborns that received 6 HBNC visits in case of institutional delivery (UP)

Source: HMIS

1 unit= 1000 beneficiaries

was reduced by a little less than 50% in May 2021 when compared to March 2021. Admissions in NRCs were drastically reduced, and the number remained low. The number of VHSND sessions reduced as well but increased as the lockdown was lifted and modified VHSND sessions were held. The number of children that were provided IFA supplements also increased by 95% in May 2020 compared to April and were almost cut by half during the second wave.⁹⁶

Due to the large population in the state, the health system was overwhelmed when the number of COVID-19 infection cases increased again in 2021 due to which the state was forced to impose a state lockdown. Institutional deliveries had increased as the lockdown in 2020 was lifted, but due to the lockdown in 2021 and a high number of COVID-19 cases, which led to further hesitance among the community members and engagement of FLWs in COVID-19 mitigation activities, the number dropped by more than 50% in May 2021 compared to the preceding months.⁹⁷

West Bengal

The cessation of services during lockdown affected institutional deliveries and coverage of other essential services, with serious repercussions on maternal and child health. The number of children that received 6 HBNC visits after institutional deliveries reduced by approximately 40% in April 2020 compared to the pre-lockdown period.

The number of pregnant women that received 4 or more ANC check-ups reduced from an average of 100,000 per month pre-lockdown period (Jan 2020- March 2020) to 60,000 in

Routine Immunization was adversely affected by the lockdown. Immunization sessions held reduced from an average of approximately 490,000 in the pre-lockdown period (Jan 20 - March 20) to 3200 in April 2020. 9-11 months fully immunized children reduced by 36% in April-June 2020 compared to April-June 2019. Fear among health care workers and the community owing to the COVID-19 pandemic led to this reduction in provision and utilization of the services. The number of pregnant women that received the full course of IFA tablets

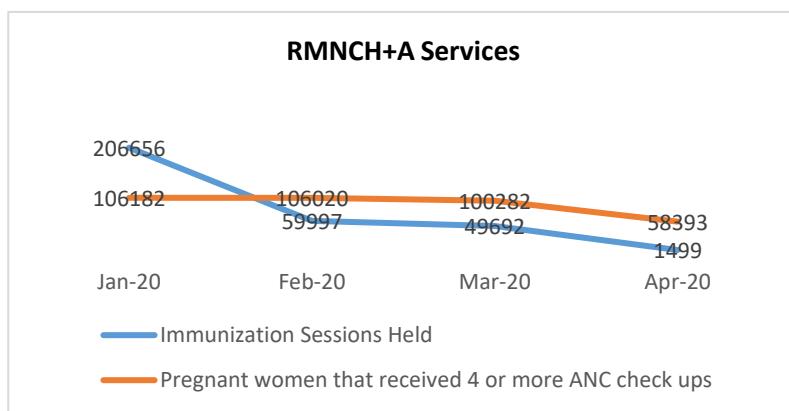


FIGURE 10: COVERAGE OF RMNCH+A SERVICES IN THE FIRST LOCKDOWN (WEST BENGAL)

Source: HMIS

⁹⁶ HMIS 2020-2021, accessed on 7th January 2022

⁹⁷ HMIS 2021-2022, accessed on 7th January 2022

April 2020. The provision of vitamin A supplements was severely affected, and the total number of Vitamin A doses provided to children was reduced by more than 90%.⁹⁸

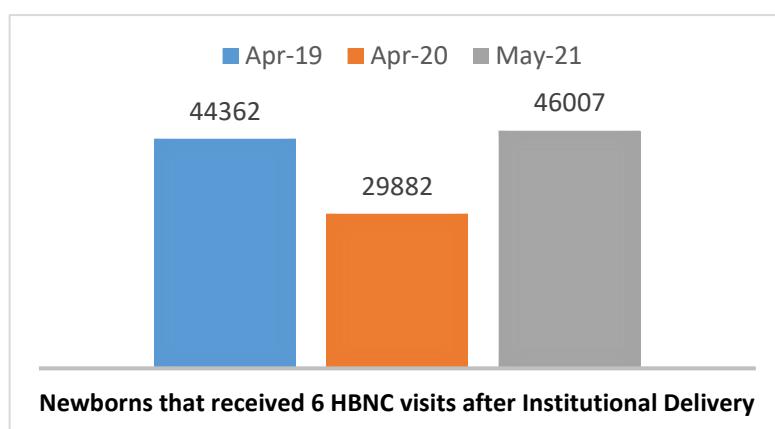


Figure 10: Newborns that received 6 HBNC visits after institutional delivery (West Bengal)
Source: HMIS

There was an increase in maternal and neonatal deaths in some districts compared to the same period in the previous year.⁹⁹ With the onset of the COVID-19 pandemic and imposition of lockdown measures, achievement of all the process indicators suffered a setback with a decrease of coverage of HIV testing among pregnant women by 36 per cent compared to the data from 2019. Routine Immunization was adversely affected during the lockdown with less than 1500 immunization sessions held in April 2020 compared to the average of more than 200,000 per month in the pre-lockdown

period (Jan 2020- March 2020). The number of sessions increased as the lockdown was lifted and only decreased in April 2021 as the number of COVID-19 cases increased and FLWs were engaged in COVID-19 mitigation activities. HIV testing in pregnant women was marginally reduced in April 2021 compared to March 2021 as the number of COVID-19 cases increased. The number of ANC check-ups reduced by 15% in April 2021 compared to March 2021. There was a marginal reduction in the total number of vitamin A doses provided to children in May 2021, compared to March 2021.¹⁰⁰

⁹⁸ HMIS 2020-2021, accessed on 7th January 2022

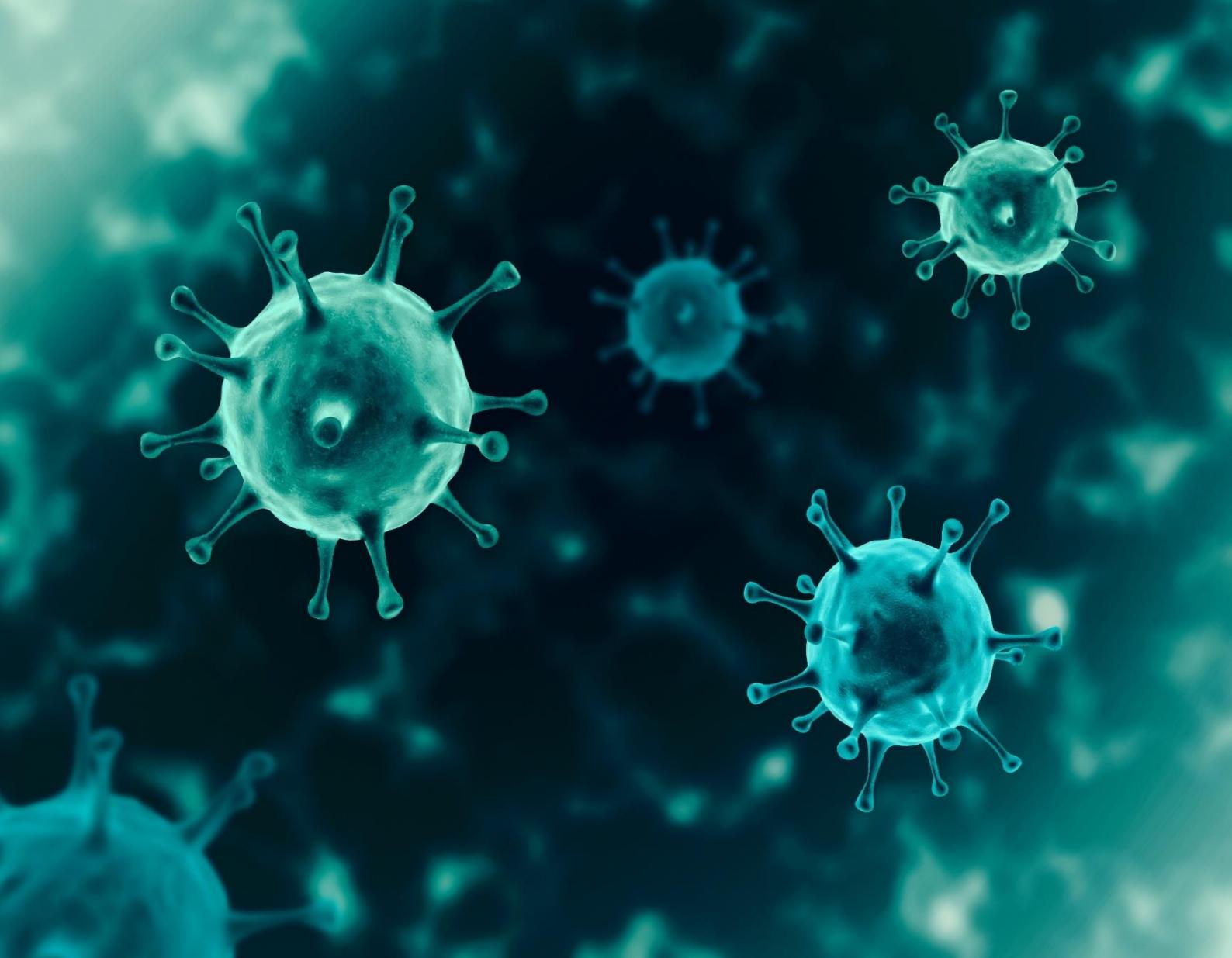
⁹⁹ UNICEF Report: https://health.unicef.in/ebook/covid-19/WB_Booklet.html#/1

¹⁰⁰ HMIS 2021-2022, accessed on 7th January 2022

Annexure 3: Analytical Framework

Component -1: Response Plan (Whether support was provided based on the response plan)	Component -2: Situational Analysis (Assess the situation and requirements on the ground during COVID-19 (Lockdown and unlock phase))	Component -3: Activities (Whether activities were aligned with the response plan and situation of the states)	Component -4: Achievements and Gap (Assess the progress being made toward the achievement of planned targets and identify any problems or challenges)
<p>KEQs/indicators:</p> <p>Relevance</p> <ul style="list-style-type: none"> To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states? To what extent the structure of UNICEF's response plan (pillar-wise) relevant in providing COVID-19 support in an effective manner? 	<p>KEQs/indicators:</p> <p><i>This component essentially does not answer any KEQ directly. However, findings from situational analysis would be triangulated with component 1 and 3 (response plan and activities) to answer the achievement and gaps</i></p>	<p>KEQs/indicators:</p> <p>Coverage:</p> <ul style="list-style-type: none"> To what extent are the key stakeholders and community members covered under this pillar (i.e., FLWs, parents, caregivers, children, pregnant women etc.) being reached? What were some of the challenges? <p>Efficiency/Coherence</p> <ul style="list-style-type: none"> To what extent is UNICEF managing and delivering its COVID-19 response in a timely, coordinated, coherent, and quality way? What role has partnership played in the efficient rollout of UNICEF's support to continuity of services during COVID-19? <p>Sustainability</p> <ul style="list-style-type: none"> How has UNICEF used/leveraged its pre-existing mechanisms 	<p>KEQs/indicators</p> <p>Achievements</p> <p>Relevance</p> <ul style="list-style-type: none"> To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response meeting the needs of children and families at the ground level <p>Coverage:</p> <ul style="list-style-type: none"> Was UNICEF's COVID-19 response accessible to vulnerable populations? <p>Effectiveness</p> <ul style="list-style-type: none"> To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting vulnerable population? <p>Gaps</p> <p>Efficiency/Coherence</p>

		<p>(partnerships and institutions) to ensure continuity of services (for example, what has been the role of Centres of Excellence in the case of Nutrition)?</p>	<ul style="list-style-type: none">• What bottlenecks exist to efficient implementation of the crisis response? How far has been UNICEF's strategy successful in addressing the challenges?
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Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

**Draft Findings: Pillar-5 (Support Access to continuous
education, social protection, child protection and Gender-
Based Violence (GBV) services)**

July 12, 2021



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Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

Key Findings – Pillar 5: Support Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services

Introduction (Education and Child Protection):

- UNICEF India, as a part of the COVID-19 Joint Response Plan (JRP), provides support to the Government of India in its efforts to contain the spread, mitigate the risks and strengthen the management of COVID-19. In doing so, UNICEF has adopted a multi-sectoral approach, which focuses on six pillars, including, Education, Child Protection and Social Protection (Pillar-5).
- IPE Global conducted a real-time evaluation of the Pillar-5 to understand the relevance, coverage, effectiveness and efficiency of UNICEF's COVID-19 response with regard to Education, Child Protection and Social Protection¹⁰¹.
- The objectives of the evaluation were to:
 - Assess the relevance, coverage, efficiency and effectiveness of UNICEF India's COVID-19 response
 - Identify challenges and bottlenecks in service delivery and suggest recommendations for improvement
 - Involve partners, stakeholders and community members in shaping UNICEF's crisis response to ensure it is more participatory and responsive to needs on the ground
 - Identify and fill gaps in evidence generation; collect data for future evaluation of UNICEF's response
- The Education, Child Protection and Social Protection pillar was examined at both the national and state level to understand the needs and responses in different contexts. Five states were covered: Bihar, Jharkhand, Maharashtra, Uttar Pradesh and West Bengal.
- The evaluation covered the period from the start of the pandemic (March 2020) to May 2021.
- Both primary (key informant interviews) and secondary data (desk review) sources were used.
 - The review of documents included UNICEF's India (revised) Response Plan, COVID JRP India, Procedure on Corporate Emergency Activation for L3, Monthly Situation Reports, Fortnightly Field Updates-State-wise status, Summary of CrMT Meetings, rapid assessments and evaluation reports
 - For Education and Child protection, key informant interviews and focus group discussions included:
 - Interviews with UNICEF representatives (5 national level, 8 state level)
 - Interviews with national donors/partners (2)
 - Interviews with national government officials (1)
 - Interviews with state government officials (12), civil society organization (CSO) partners (10), and district/block level stakeholders (8).

¹⁰¹ IPE Global submitted a separate report focusing on Social Protection findings. This report only focuses on Education and Child Protection.

Key Findings (Education & Child Protection):

KEQ 1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response are relevant and in line with government needs and priorities?

- UNICEF revised the COVID-19 response plan in accordance with the emerging needs and is aligned with government priorities for both Education and Child Protection (CP).
- Government priorities w.r.t. Education largely focused towards enabling continuity of education. UNICEF's support was in line with government priorities and focused on providing support towards continuity of education through providing state-specific strategic support towards home-based learning (dissemination of learning content via radio, TVs, etc.), preparation and mobilization of materials and content (on Diksha portal, short videos on YouTube, Meena videos, etc.), supported unhindered Early Childhood Development by promoting gender responsive parenting (through responsive parenting program), preparation of materials for risk communication behavior (such as COVID Appropriate Behavior (CAB)), developed alternative academic calendar (with NCERT), developed SoPs/guidelines for safe school reopening and provided support towards capacitating teachers, AWW and parents for undertaking home-based /virtual learning.

Similarly, for CP, UNICEF provided overarching support to various government departments like the Department of Women and Child Development, Dept. of Labor & Employment, Police Department, etc. by contributing towards monitoring and tracking children (using state-specific MIS, publicly available government data, CSO and partner reports/data) and evidence generation, case management, strengthening the capacity of ground staff, mobilizing resources and support from its partner networks as well as advocating and identifying ways of providing support to the vulnerable children.

- Majority of stakeholders (government, UNICEF, CSO/partners) considered UNICEF as a 'contributing player' towards fulfilling the government priorities and needs w.r.t. Education and CP. For instance, government official (Education) at national level opined that UNICEF not only highlighted the gaps and areas which required government's attention but also provided potential solutions – such as digital content like Meena videos, training to the teachers, AWWs and supporting parents to promote learning environment at home.

A UNICEF official (CP) in Jharkhand explained that UNICEF is the only agency that provided technical assistance as well as handholding support to the state government. For instance, COVID indicators were added to the existing inspection module of the Child Care Institutes (CCIs). Virtual capacity building modules were developed to train and capacitate the functionaries, police personnel.

- Most of the stakeholders mentioned UNICEF's support has been 'relevant' in contributing towards government priorities w.r.t. Education and Child Protection. For example, a district level official from West Bengal explained that "*in the wake of the inability to go to school, the audio and video files shared by UNICEF are extremely helpful in making the children school ready. The learning content in these audio/video files focuses on learning through/about materials which are easily available at household (utensils, vegetables, etc.)*"

A UNICEF (CP) official from Bihar explained that the response was relevant because UNICEF not only brought in knowledge, information and services but also supported virtual modes of working and brought in innovations, how to do work differently, how to continue providing services, etc.

- The response was relevant (in terms of contributing towards government priorities) across both waves. However, UNICEF officials (Education and CP) across all 5 states believed that it was more relevant and concrete in the second wave as compared to the first wave because they felt more confident and better

prepared during the second wave owing to the fact that the first wave gave them exposure and understanding of the situation. For example, a state level UNICEF official (UP) explained that the “*first wave was more about understanding, assessing the situation and looking out for ways to help people in these difficult times. But till the time wave two came in we were better prepared, we knew what the lockdown period would look like, we had systems in place and it was more about easing the implementation for government and looking at various roll-out mechanisms that could be suggested.*”¹⁰²

KEQ 2: To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?

Education:

- UNICEF tailored its response to the local context in different states. UNICEF supported state governments across all 5 states to develop material in the state’s local language which could be easily understood by the children. Additionally, a UNICEF state level official from UP informed that the academic calendars have been customized depending upon the context of the state.
- UNICEF attempted to tailor its response to meet the needs of vulnerable children across all 5 states (such as children belonging to economically weaker sections, children with disabilities and special needs, girl children, and children living in rural and hard to reach pockets (tribal areas). For example, a government official at the national level informed that UNICEF has been supporting development of podcasts for children who are blind or face difficulty in watching videos due to poor networks.
- UNICEF also attempted to provide support to children with low or no digital access through ‘Mohalla Classes’ across all 5 states (where a teacher would gather a group of 6-10 children to teach in a local setting). But the concept was short lived due to the coming in of the second wave.

Child Protection:

- UNICEF tailored its support to address the needs of children (including children who are (potential) victims to child marriage, child labor and trafficking, child abuse (GBV), children on the move, refugee children and orphaned), across all 5 states. For example, UNICEF national level official informed that state offices provided resources (in local language) to generate awareness, identify children in need through partner networks and patching them to CCI or state specific sponsorship services.
- While there were no new groups of the vulnerable population identified during the second wave, the number of vulnerable children increased during the second wave. For instance, UNICEF national level official informed of increased number of orphans needing support services due to COVID. Similarly, UNICEF official from Jharkhand highlighted that women helpline number 181 - was used to identify children without parental care or even those whose parents were in hospitals and there was no one to take care of them. The helpline number, which was promoted through ads, banners and other channels, was used by people (anyone – whether related to the child or not) to report such cases. Once identified further support was initiated.
- In Maharashtra, the UNICEF official informed that they “*worked out a system of communication with ChildLine, particularly so people know the 1098 number. We publicize it even during the lockdown through community posters in migrant shelters, through community radios, through AWW and other ground personnel, including the police. So if such children were stranded anywhere, they (or anyone on behalf of them) would contact the helpline and be provided with relevant support (ration, bringing such children to*

¹⁰² Some findings have been colour coded (in blue) to indicate a difference/similarity/critical fact about the two COVID-19 waves in India which may/may not have impacted UNICEF’s COVID-19 response.

a safe place, etc.) through the district collector's office."

Coverage

KEQ 3: Is UNICEF's COVID-19 response likely to reach/are materials/services accessible to vulnerable populations?

Education:

- The rapid assessment as well as government official at national level informed that UNICEF's support towards COVID-19 response was reachable and accessible to 60-70% of children in India through various means (WhatsApp, TV, Radio, learning apps, AWW/teacher network). Moreover, UNICEF officials in UP and Bihar reported that only 25% of children had access to continued learning.
- UNICEF official at national level informed that "*there are no means in place to understand how many children say for example have accessed learning content on TV or radio, how many children were able to have continued access to digital content, etc. Only a little information/insight that we have about this is through the rapid assessments. But we do not know how to improve access.*"
- Post lockdown, the access was further restricted because the mobile phone is a shared commodity in many households. As parents resume work, the availability of mobile phones has reduced. For example, a block level official from Jharkhand highlighted that "*if a household has one mobile, boy child would have a chance to use it, over the girl child.*" A CSO partner in West Bengal also brought forth that priority is given to the education of elder siblings as compared to younger since their education is considered 'more important'.
- *No explicit measures were undertaken by UNICEF to increase the coverage during the second wave because the statistics and indicators were largely similar across the two waves – "the number of children under various indicators were same across both waves. For example, in terms of school closures and the number of potential children needing learning assistance- it's very similar numbers. In terms of how children are being affected from an educational point of view – the situation has largely remained similar."* – UNICEF national level official.
- Interestingly, UNICEF collected age and sex disaggregated data (age and sex indicators are captures as part of basic details while collecting data collection for rapid assessments) as part of a larger sample, but the focus was to give to increase the access to continue learning irrespective of gender. A UNICEF official from Maharashtra informed "*The idea was to understand whether the children have access to learning or not rather who has got more access (younger or older children, girl or boy children) using the age and sex disaggregated data.*"

Child Protection:

- According to the majority of stakeholders, UNICEF's response was reaching the most of the vulnerable population. However, UNICEF CP does not have a direct mechanism to reach vulnerable children. It relies on available data/evidence (rapid assessments, CSO partners and limited government data available on public portals) to understand whether the support has been made available by the government or CSO partners to the children. A UNICEF official from Jharkhand explained that "*UNICEF is not a direct implementer. Hence, we do not have an understanding of the direct reach as such. UNICEF's role is to understand the existing government programs and identifying the means/methods to link children to them. We take the help of our CSO partners with the paperwork - generating a database of children who have been linked to one or the other schemes. So that is how we come to know how many children are being reached. Our main job is awareness generation, identification and linking those in need to the available and appropriate government schemes through on-ground partners.*"

- UNICEF's support is reaching the children through its services. For example, UNICEF provided support to CCI to provide services to vulnerable children. A UNICEF official from UP explained that they have provided extensive support to CCI functionaries about how to provide medical supplies, how to prevent the spread of the virus in institutions if a child has been tested positive then how to act, how to seek medical help and mitigate the risk it. As a result, zero deaths were reported due to COVID in CCIs. Thus reflecting UNICEF's support's reach.
- UNICEF CP also collects age and sex disaggregated data (through partners, CSOs) to understand the current reach and undertake steps to improve coverage. For example, a UNICEF official from Jharkhand explained that *"This data is utilized to understand how many children are being reached or out of these how many are girls and boys. Say, for example, if within a scheme which is for both the genders, we see that more number of boys are being linked than girls, then that automatically is an indicator for us that more work needs to be done in respect to that. So as a corrective measure, we tweaked the guidelines where we added a clause stating that a maximum of three children are to be linked and precedence will be given to the girl child."*

Efficiency

KEQ 4: To what extent is UNICEF allocating its resources optimally and equitably to achieve its objectives and priority areas?

Education:

- A national level UNICEF official explained that since COVID was a health emergency UNICEF's majority fundraising was for health and life saving services. However, in the second wave Education section did receive more resources, internally. *"The first wave was more about mobilizing resources from partners and redirecting the existing government resources. But for us, it is not necessarily an issue of monetary/human resources. Since the schools are closed, delivery is the main challenge – how do you best utilize the existing resources to reach vulnerable groups?"*
- UNICEF official in Bihar informed of recently receiving more funds (post informing about the requirement) after an internal meeting with the India country office.
- UNICEF official in UP highlighted a lack of resources. *"We have 30 thousand students with blindness and if we want them to have learning access then one must provide digital devices (tablets), internet connection, etc. The state does not have the resources to do that. We have some resources but they are not enough to reach all children."*

Child Protection:

- Majority of UNICEF officials at the state level (across all 5 states) informed about the lack of human resources which hindered the efficiency of UNICEF's response to achieve its objectives. For example, a UNICEF official in Maharashtra explained that *"CP support is not so much about money. It's about having people with know-how and the correct knowledge to guide the technical support which the government expects from UNICEF. If we had a slightly larger team, we would have been able to work more efficiently. Especially during the crisis, where new issues of online security, pornography and online trafficking put children at risk – a new generation and kind of human resource is required to tackle and also provide technical assistance to the government to tackle such issues."*

Similarly, a state level government official in Jharkhand pointed that UNICEF could have improved its efficiency if it deployed more officials at state level to plan and support CP services. *"There is only one CP official at the time who is delivering the support to the state government in a timely manner. UNICEF's response could have been more efficient if there were more number of specialists working at the state level."*

- A UNICEF national level official informed that the problem does not lie with the availability of resources; rather it is to choose the right modality of implementation to reach vulnerable children. “*For example, the child marriage program – it was not a matter of people or resources, but rather, how we actually continue our child marriage programming (which heavily relies on face to face interactions, on-ground work with collectors), how will that be fit for purpose in a context where mobility is limited, where community groups cannot be called upon?*”

KEQ 5: To what extent is UNICEF managing and delivering its COVID-19 response in a timely, coordinated, and quality way?

Education:

- Majority of stakeholders at the national and state level (across all 5 states) informed that the response largely reached those who had access to continued learning, in a timely and coordinated manner. For example, a block level official in West Bengal opined that UNICEF response was timely and coordinated because they received the translated material (into Bengali and Alchiki) every fortnight.
- A UNICEF national level official explained that UNICEF’s support is largely conditional to government agreement and processes, which sometimes delay the response activities – “*For example, learning material for children and training module is prepared and ready from UNICEF's end but the senior government official has not given the approval yet, so we cannot proceed. There is going to be a delay.*” Similarly, a UNICEF official in Maharashtra informed that “*delays were only with respect to government not be able to absorb as much as needed to happen in as fast time as possible. Until the government releases a guideline for school reopening, for example, I cannot do anything because I do not know what the right thing to do is.*”
- UNICEF also provides timely support to the government through capacitating the teachers and government officials (about CAB, how to utilize the digital means and content with the child, Mental Health and Psychosocial Support, etc.) as well as parents (sensitizing them about GBV under responsive parenting program) to promote distance/home-based learning across all 5 states. A block level official from WB informed “*UNICEF prepared ECCE module which they took us through during the trainings and informed us how we can engage both parents and children in the learning activities – such as giving a cloth to the child with multiple not to develop his/her counting skills, mind and body coordination.*” The block level official also mentioned that such training was provided twice a month during the first wave and once a month during the second wave.
- UNICEF leveraged existing partnerships with government and CSO partners to ensure timely delivery of the response. UNICEF official in Maharashtra informed that UNICEF in partnership with Pratham introduced books in Hindi which were used by teachers of Hindi medium schools to read out stories to children, virtually. UNICEF in Jharkhand partnered with ICRW to introduce stories that highlighted the concept of gender equality. Similarly, Quest Alliance is supporting UNICEF Jharkhand by providing practice worksheets for out of school children, or those children who have limited/no access to digital content. In Bihar, Bikramshilla supported UNICEF in redeveloping the textbooks with more child friendly and easily understood content for children.
- UNICEF UP informed about the development of a new Consortium of CSO/NGOs being headed by Dept. of Education for school re-opening, foundational learning, etc. UNICEF will be responsible for providing technical support and developing the ToR of this consortium to promote improved implementation.

Child Protection:

- According to majority stakeholders (government, CSOs and UNICEF) across all 5 states, UNICEF largely

managed and delivered its support in a timely and coordinated manner. For instance, a UNICEF official (Bihar) informed that as soon as the lockdown was announced in March 2020, UNICEF prepared and launched the training model within 2 weeks, advocated for and prepared the guidelines for CCIs to prevent the spread of the virus.

- UNICEF provided timely support to the government through capacity building of stakeholders involved (such as CCI functionaries, counsellors, police personnel, juvenile justice board, Social Work members, child welfare committee members, etc.). These capacity building sessions focused on providing support and information about what to do and how to do – to the support personnel. For example, CCI functionaries (across all 5 states) were trained about how to identify early symptoms amongst children, what steps to take if a child is tested positive and how to quarantine children within the CCI.

Similarly, UNICEF national official as well as ChildLine representative informed that ChildLine staff was trained on how to tackle distress calls, what information to provide to those in need (such as helpline numbers), how to provide psychosocial support to the children calling them.

- UNICEF officials (Bihar and UP) however, highlighted that the response could have been more efficient and timely towards addressing the migrant crisis – with more resources and proper ‘scenario planning’ – *“We did not anticipate this intensity of reverse migrants and that is where we struggled in providing quick support to such huge number at the same time. So there was some delay there. It could have been much easier if we would have done scenario planning (i.e. anticipating for the worst case) during the first wave. We did not anticipate that the crisis would continue for so long. And hence, we were not fully prepared to tackle such huge influx at once.”* – UNICEF official (UP)
- UNICEF official in Jharkhand informed that increased number of cases (government and UNICEF stakeholders getting infected, family members getting infected, partner volunteers working on the ground being infected, etc.) also delayed some activities (getting approvals from government counterparts, volunteers not able to reach children to connect them to a CCI, etc.) in the state.
- UNICEF attempted to maintain and check the quality of its training session. UNICEF national level official informed that UNICEF conducts a pre- and post- training assessments to understand how much the participants were able to understand. However, the majority of officials informed that the online training sessions are not as good as face-to-face session (due to the inability to check whether the respondents are actually attending or they have simply joined the meeting and are distracted).
- UNICEF also leveraged partnerships (largely non-financial partnerships) across all 5 states as well as at the national level to promote timely delivery of its support. For instance, in Jharkhand, Action Aid identified volunteers who have good spoken skills towards sympathizing people and UNICEF trained them to provide Mental Health and Psychosocial Support (MHPSS) support. UNICEF official in UP informed of partnering with NIMHANS to bring on board mental health experts who trained and guided the on-ground staff (police personnel, social workers, counsellors, etc.) toward providing mental health support to children.
- According to UNICEF national level official, the response was more efficient during the second wave as compared to the first wave. – *“HPD (Humanitarian Program Document) that we have was approved, and that made things easier because we had the required budget. And I think that has enabled very quick partnerships to take place and quick response if we are properly prepared. For example, we wanted to give ChildLine the PPE kits and that was approved immediately.”*
- UNICEF’s partnership with the Judiciary helped UNICEF to deliver its response in a timely and coordinated manner. A UNICEF national official also highlighted that the partnership with Judiciary to be ‘very important’ because the Supreme Court (SC) was quick to consider UNICEF’s advocacy and evidence to

issue judgements and orders which promoted child protection measures in the country. For example, through UNICEF's advocacy, SC released order which allowed 60% of the children in CCIs to be released and sent back to their homes in order to avoid a further spread of the pandemic in institutions. *"Judiciary also has passed the order on the lookout for children who have lost one or both parents. So that is a new order which was based on some of the recommendations that UNICEF has provided."*

KEQ 6: What bottlenecks exist to efficient implementation of the crisis response? How far has been UNICEF's strategy successful in addressing the challenges?

- Stakeholders (government, UNICEF CSO – across all 5 states) highlighted the following bottlenecks:

Education:

Partnerships:

- A lot of time was spent looking for the right partners for partnerships who matched the required expertise and skill set. Having partners'/consultants' who could be immediately tapped into could have improved the efficiency of the response.
- Many partners (including government) do not extensively share the kind of equity based approach which UNICEF has. *"Many partners and government focus on achieving short term goals. They do not understand that if we aim at long term planning and goals, the benefit will automatically reflect in short term goals/outputs. For instance, Dalits and disabled children are often forgotten about while designing a program. Therefore, if we design the program in an inclusive manner, it will benefit all."* – UNICEF Official (UP)
- A government official in West Bengal mentioned that *"UNICEF is an international organization and their decisions and budgets are fixed at a higher level and as per their global planning. They do not set goals taking the grassroots realities of any state or district into consideration."*

Programmatic challenges:

- Low/no literacy level among parents restricts them from supporting home-based learning for children. In some instances, parental attitude towards children's education is not very supportive. This hinders continued learning as children are encouraged to engage in labor/earning activities instead of studying.
- During the first wave, teachers/AWWs/CSO volunteers were not very scared of going to the field and helping children (AWWs showing video content on their phone, teachers narrating stories using temple mic/speakers, providing worksheets to children with no digital access, etc.) – thus enabling some local activities for children with no access to digital content. This was discontinued in the second wave due to the high number of cases.
- TV, Radio and other modes of virtual education only enable one-sided communication – which is not very beneficial. This also does not enable the teachers, organizations such as UNICEF to assess whether children are actually understanding the content or not. There is no means to capture exact learning loss.
- High teacher burnout during both waves. During the first wave, teachers were not efficient with the technological modes of learning. This however reduced during the second wave as teachers became comfortable with virtual teaching and started making videos as well. Overall pressure (due to health emergency in the families, overall worsening situation in the society) resulted in high stress level in the second wave.

No internal capacity challenges were reported.

Child Protection:

Programmatic Challenges:

- Lack of human resources was more intensive in the second wave as compared to the first wave. This is because almost every other UNICEF/Government officials and other stakeholders were infected (or their family members were infected) which adversely affected the working capacity. Moreover, during the first wave, people were not so scared to step out of their homes if need be (for instance, if the child is to be placed in a foster home then someone physically has to do that). Hence there was a huge human resource crunch to carry out response plan and subsequent activities.
- Lack of full recognition of child protection as a critical service. According to UNICEF national level official, since the pandemic has been a health emergency, the government has not been allocating as many resources as it should towards issues to child protection, despite UNICEF's continuous advocacy.
- UNICEF's response could have been more effective if it had a dedicated FLWs (like AWW and ASHA for Education and Health activities) to work with. UNICEF CP had to depend on the Panchayat system or school management committees or teachers or police personnel as well as personnel identified by partners to function because there is no paid functionary by the government for CP activities.
- Absence of National MIS system to track children benefiting or requiring support under CP. States like Bihar and Maharashtra have a state specific CP MIS system to track the number of children receiving CP services (number of children in foster homes, children on the move receiving ration kits, etc.).

Internal challenges:

- Lack of human resources with required technical knowledge to support the government
- Time-consuming lengthy procedure and due diligence for hiring consultants to support in providing technical assistance.

Effectiveness

KEQ 7: To what extent are the intended outputs and outcomes of UNICEF's response achieved benefiting vulnerable population?

Education:

- Majority of stakeholders opined that UNICEF's response was effective towards meeting the needs of those vulnerable children who are able to access its support. For example, a government official at the national level explained that UNICEF adopted multi-model approach (different learning content for children across different classes and in a different language, disseminated through different modes) because there is no one size fits all w.r.t. education. Moreover, UNICEF also provided psychosocial support (through bringing 300+ counsellors on board at the national level and recording their voices with appropriate content for children) to address the emerging needs to relieve children's stress.
- UNICEF official in Maharashtra informed about supporting children with no smartphones by providing stories (available in multiple languages and for different age groups) available on a toll free number (where children can simply call and listen to a story). In Jharkhand, UNICEF official informed that they received positive feedback from parents as well as CSO partners that simple messages on psychosocial support provided by counsellors (with UNICEF's support) were very helpful for parents in engaging with their children. This resulted in reduced irritation and anger levels among children.
- However, some stakeholders opined that UNICEF's response was partially effective because it has not been able to address the needs of 30-40% of children (as per rapid assessments and government official at the national level) who had very limited/no access to continued learning. UNICEF official in Jharkhand opined "*Response was partially effective as far as reach is concerned. We were not able to reach each and*

every child. The entire initiative's reach was limited."

- UNICEF national level official particularly highlighted that UNICEF could have done more to address the needs of vulnerable children – *"I think we potentially could have done more. UNICEF is advocating for a lot of things which are important - for example bringing in more support for children with disabilities. But it also depends on the government to take those things up. What is a priority according to government - it will focus on that. For example, the responsive parenting program is something that clicked with the government and they scaled it up. So perhaps, we need to advocate more for other important areas as well."*

Child Protection:

- Most stakeholders (government, CSO/partners, UNICEF) opined that UNICEF's response was effective towards addressing the needs of vulnerable children however, there were some components of the program which were partially effective in achieving the intended outputs and outcomes. UNICEF national level official opined that *"on one hand we were highly effective in quickly developing child protection strategies, providing online training and adapting to the new modes of functioning; But on the other partially effective in influencing the allocation of government resources, or ensuring that CP receives extreme importance like health."*
- A UNICEF official at the national level informed that orphaned children were provided fostering support (placing the orphaned children in foster homes) by Child Welfare Committees and district Child Protection Unit who were trained by UNICEF (informed about ways of handling children, what steps to be taken in placing the children, etc.) across all 5 states. Moreover, UNICEF also developed migrant camp advisories to develop a checklist to ensure that certain facilities and services are in place (such as 1098 childline number should be displayed so that children in distress/unaccompanied/faced violence could be reported/found) for children.
- UNICEF official in Maharashtra informed that UNICEF reached the children living in hotspot areas and containment zones with psychosocial support via faith based organizations (who were provided with material and resources to communicate by UNICEF).
- UNICEF official in UP highlighted that effectiveness of the response towards addressing the needs of vulnerable children cannot be properly understood in the absence of feedback mechanism – *"For example, MHPSS was a very innovative approach to have a panel of counsellor on pro-bono basis. But we did not have a feedback system from clients to understand their experience with us or to seek their inputs/insights about how we have provided our services and what we could have done better. Further, there were no mid-term assessments that could help us undertake course-correction (to understand and address the needs of children more effectively)".*

KEQ 8: To what extent is UNICEF adapting its activities to become more effective based on learning and a changing COVID-19 context?

Education

- Majority of respondents informed that UNICEF has been adapting its support to be more effective. For instance, UNICEF official in Maharashtra informed that books were not very relevant and effective in times like this. Thus, UNICEF quickly came up with digital material to suit the needs of children as per changing context. Similarly, UNICEF introduced the module of Kendra Pramukh where teachers could undertake home visits to administer learning to some extent. *"UNICEF provided them with proper training to inform them about how they can collect, analyze data and come up with the solution - collect data about access, how many children do not have access to technology, what can be done to reach them."*

- UNICEF official in Jharkhand explained that UNICEF adopted the modalities through which it was providing support. For instance, UNICEF started with providing digital content through apps like digi-school; but at the same time UNICEF broad-based the approach by including TV and Radio and then further adding network of CSO into providing support to a larger number of children.
- Government officials (state and district level) across all 5 states largely opined that UNICEF has been quick in adapting to the virtual mode of functioning to become more effective during the pandemic. For example, a block level official in Jharkhand informed that "*UNICEF had quickly adopted the virtual modes of functioning. These were quite new things for us and they did very well train us on how to use the virtual modes.*"

Child Protection:

- Majority of government officials across all 5 states particularly highlighted UNICEF's support and ability to quickly adapt virtual means of delivering the support. "*UNICEF is adapting its support related activities with the changing scenario. They've been quick in providing online training and facilitating online meetings to plan and support the response.*" – Government official at the state level (Maharashtra)
- UNICEF official in UP mentioned that UNICEF conducts internal workshops, discussions as well as debriefs/brainstorming sessions at the state level to discuss the support so far and steps to be taken. This is one of the mechanisms through which UNICEF learns from its challenges and adapts the support activities to suit emerging needs. However, the official also mentioned that this is not sufficient and there is a need to bring in external parties (partners) on board in this process to make it dynamic and to understand how relevant and effective UNICEF's response has been.
- UNICEF has been quick to identify the need for mental health and psychosocial support and adapted its response to provide support towards the same. "*For instance, UNICEF came up with MHPSS material, training modules, and installing whole mental health and psychosocial support structure, both for the government systems and for communities. And now we are going to do it with the entire school system (teachers to promote their self-care, and also transfer that to parents and children.)*" – UNICEF official in Maharashtra

KEQ 9: What unintended outcomes are realized that need to be reinforced or mitigated?

- Stakeholders (UNICEF officials, government officials and CSO/partners) identified the following positive unintended outcomes:
 - Stakeholders (Education and CP) at different levels have become more tech-savvy which in-turn has enhanced their skills to deliver virtually on their duties during the crisis.
 - Earlier a government used to spend a lot of money in organizing face-to-face training. Pandemic has brought forth that virtual modes can be adopted for training.
 - Frequent conversation and different stakeholders coming together to discuss the situation and a way forward have resulted in improved communication, partnerships and strong team building.

Education:

- State level UNICEF official highlighted that decision making process has improved in terms of speed w.r.t. government approvals and decisions.
- Some teachers have shown the capacity of being resource person who can contribute towards innovative learning continuation methods and curriculum development
- Parents' engagement with their children w.r.t. education has increased. Parents have been seen narrating

stories to their children and spending more time with them.

Child Protection:

- Issues of adoption, foster care, kinship care and family based care have emerged as important areas and which have come under the limelight due to the pandemic. Neighbors and relatives were seen coming forward to look after the children in the absence of primary caregiver.
- Importance of having a strong volunteer network that could deliver CP activities on the ground has been highlighted by the pandemic.

Recommendations

Education:

- UNICEF officials at state level spent considerable amount of time searching for partners (with required expertise) to bring on-board. To reduce the time being taken, UNICEF can maintain a state-specific partners' pool which can immediately be tapped into by the program teams depending upon the nature of crisis and subsequent requirements. (KEQ 6)
- The findings indicated that support provided by UNICEF towards continued learning has reached 60-70% children. UNICEF should introduce new strategies to reach/ provide access to continued learning to the remaining 30-40% children. (KEQ 3)
- UNICEF is utilizing the available (sex and age disaggregated) data to focus more on and identifying ways of improving access to continued learning. It is recommended that UNICEF utilize this data to undertake age and gender appropriate decision which will contribute towards inclusive policy decisions in the long run. (KEQ 3)

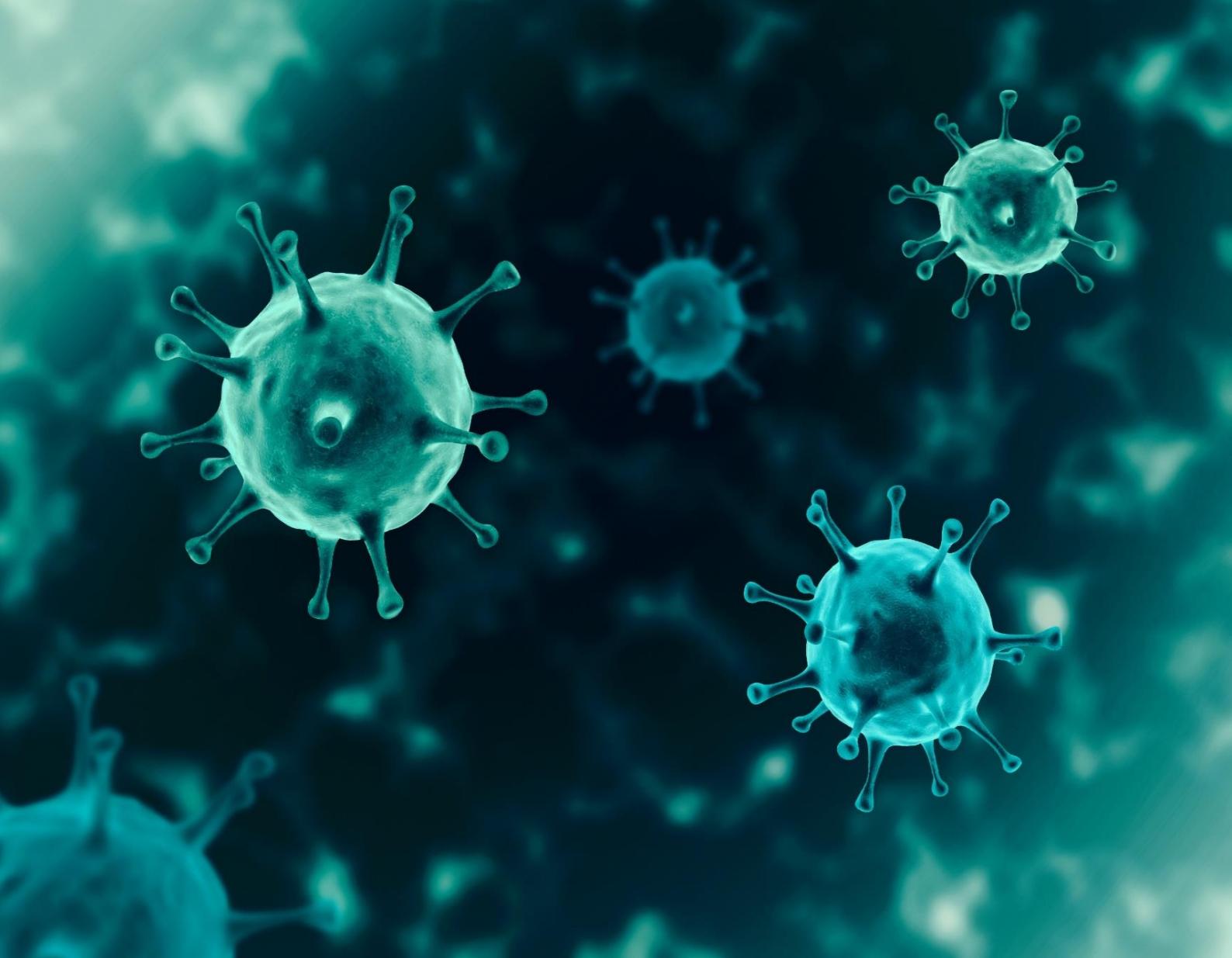
Child Protection:

- The overall working capacity of UNICEF reduced due to more number of officials being infected with COVID, especially during the second wave. UNICEF should update and maintain its existing rooster pool which would enable program teams to quickly hire consultants with required knowledge and skill sets to support smooth and efficient implementation of response activities. (KEQ 4)
- Partnership with Judiciary has helped in expediting government's decision making process and has resulted in quick actions. UNICEF should continue to leverage this partnership further to advance Child Protection agenda. (KEQ 5)
- UNICEF in Bihar and Maharashtra has supported the government in developing and implementing MIS which was successfully used to track and monitor children receiving services under CP. UNICEF should advocate to develop a similar MIS at national level to track the children and monitor the response in an improved manner. (KEQ 6)
- Kinship care has received government's attention during the pandemic. UNICEF should leverage this opportunity to advocate and advance kinship care agenda. (KEQ 9)
- UNICEF should strengthen the existing government systems (Panchayats, School management Committees, Teachers, Police personnel, etc.) on which it relies to implement CP activities. Additionally, UNICEF should focus towards developing and strengthening its CSO/volunteer network to implement CP related activities on ground. (KEQ 6)
- To improve the relevance and effectiveness of the response, UNICEF can develop a formal feedback system to receive inputs from clients/stakeholders and partners about UNICEF's support and services provided. This would help in understanding what worked and what did not and how UNICEF can improve

its response to become more relevant and effective. (KEQ 7)

Education and Child Protection:

- MHPSS has emerged as a strong forte of UNICEF which was recognized by majority stakeholders, especially government officials at national and state level. Therefore, it is recommended that UNICEF should focus on strengthening and scaling up the same. (KEQ 5, 7 and 8)
- At present, UNICEF has no formal mechanisms in place to understand actual reach and coverage of its support. It is suggested that UNICEF deploy a system to capture real-time reach of its support to further improve informed planning and advocacy at national and state level. (KEQ 3)



Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

**Draft Findings: Pillar-5 (Support Access to continuous
education, social protection, child protection and Gender-
Based Violence (GBV) services)**



Real Time Evaluation of UNICEF's response to the COVID-19 crisis in India

Key Findings – Pillar 5: Support Access to continuous education, social protection, child protection and Gender-Based Violence (GBV) services

Introduction:

- UNICEF India, as a part of the COVID-19 Joint Response Plan (JRP), provides support to the Government of India in its efforts to contain the spread, mitigate the risks and strengthen the management of COVID-19. In doing so, UNICEF has adopted a multi-sectoral approach, which focuses on six pillars, including, Education, Child Protection and Social Protection (Pillar-5).
- IPE Global conducted a real-time evaluation of the Pillar-5 to understand the relevance, coverage, effectiveness and efficiency of UNICEF's COVID-19 response with regard to Education, Child Protection¹⁰³ and Social Protection.
- The objectives of the evaluation were to:
 - Assess the relevance, coverage, efficiency and effectiveness of UNICEF India's COVID-19 response
 - Identify challenges and bottlenecks in service delivery and suggest recommendations for immediate improvement
 - Involve partners, stakeholders and community members in shaping UNICEF's crisis response to ensure it is more participatory and responsive to needs on the ground
 - Identify and fill gaps in evidence generation; collect data for future evaluation of UNICEF's response
- The Education, Child Protection and Social Protection pillar was examined at both the national and state level to understand the needs and responses in different contexts. Five states were covered: Bihar, Jharkhand, Maharashtra, Uttar Pradesh (UP) and West Bengal (WB).
- The evaluation covered the period from the start of the pandemic (March 2020) to May 2021.
- Both primary (key informant interviews) and secondary data (desk review) sources were used.
 - The review of documents included UNICEF's India Response Plan, COVID JRP India, Procedure on Corporate Emergency Activation for L3, Monthly Situation Reports, Fortnightly Field Updates-State-wise status, Summary of CrMT Meetings, rapid assessments and evaluation reports
 - For Social Protection, key informant interviews and focus group discussions included:
 - Interviews with UNICEF representatives (3 national level, 5 state level)
 - Interviews with national donors/partners (1)
 - Interviews with national government officials (1)
 - Interviews with state government officials (8), civil society organization (CSO) partners (3), and district/block level stakeholders (1).

¹⁰³ IPE Global has submitted a separate report focusing on Education and Child Protection findings. This report only focuses on Social Protection.

Key Findings (Social Protection):

Relevance:

KEQ1: To what extent are the activities undertaken as part of UNICEF's COVID-19 crisis response in line with government needs and priorities?

- UNICEF revised its COVID-19 response plan in accordance with the emerging needs and is aligned with government priorities for Social Protection (SP) which included providing the benefits of existing social protection schemes (such as food security, livelihood, health, and education) to the maximum number of people (especially the vulnerable groups like migrants, informal workers, women and children), capacitating various FLWs and government functionaries, and efficient resource planning.
- UNICEF aligned its response with government priorities by providing technical support to improve the coverage of existing social protection schemes by tracking and assessing the economic impact of COVID-19 on vulnerable groups, advocating on safeguarding critical social sector spending especially those focusing on children, supporting continuity of regular SP delivery via review and rapid analysis of existing SP ecosystem, identifying options to expand and extend cash transfers those in need, advocating with Ministry of Panchayati Raj to incorporate the response action (especially focusing in children and women) in Gram Panchayat Development Plan (GPDPs); and providing training (related to resource utilization, existing social protection schemes for potential community members, ways of availing benefits and monitoring of social services, expanded role of GPs) to government functionaries, FLWs (SHGs, AWWs, ASHAs), teachers, and members of Gram Panchayats (GPs).
- Most of the stakeholders (government, UNICEF officials, CSOs/Implementing partners) considered UNICEF's response to be largely 'relevant' in contributing towards government priorities w.r.t. SP. A government official at the national level opined that UNICEF's support was relevant because UNICEF brings forth the best global practices, which are crucial for improving implementation processes and delivery systems for a developing country like India. A state level government official in Jharkhand explained that "*UNICEF provides relevant support which can be implemented on the ground in time of need. UNICEF did evidence based advocacy at the top level which impacted policy decision in an informed manner and also provided training to the people who had no idea what and how to deliver support on the ground. It supported the government in identifying the resources which can be utilized to provide social protection to people in time of need.*"
- Majority of stakeholders (government, UNICEF, CSO/partner) considered UNICEF as a 'contributing player' (especially in WB and Jharkhand where it is uniquely placed as the only multilateral agency and nodal agency, respectively towards providing technical support) towards fulfilling government priorities w.r.t. SP. For instance, UNICEF national level official informed that the Ministry of Panchayati Raj valued UNICEF's contributions and specifically requested UNICEF to provide support towards improving the livelihood opportunities for people, especially migrants, those returning from urban areas and those recovering from COVID – helping potential community members to meet compliance, identifying the low labor-driven work which people can undertake.
- Almost all respondents opined that the response was relevant in terms of contributing towards government priorities across both COVID waves in India. According to a UNICEF official at the national level the first wave was more about evidence generation and letting the government know the current status; whereas the second wave, focused mostly on implementation and bringing efficacy; and improving

the monitoring of the overall delivery mechanism.¹⁰⁴

KEQ 2: To what extent are the activities and technical assistance provided by UNICEF tailored to the local context in different states?

- UNICEF's response was tailored in terms of providing support to vulnerable groups based on the emerging needs and local context of states. Rapid assessments were undertaken by UNICEF in all 5 states to assess the local context and situation and tailor its assistance as per the needs. For instance, in UP the rapid assessment informed that urban poor were facing problems in accessing social security schemes due to stringent compliances and low awareness levels. UNICEF officials in UP identified the gap and are currently in the process of developing a dashboard on social protection where urban poor can access the information on social schemes they are eligible for – to ease the access and increase the uptake of benefits.

Similarly, in Maharashtra and UP community members were facing difficulty in withdrawing/accessing the financial benefits they received. UNICEF official in UP informed about advocating with the state Finance Department to set up micro-ATMs to ease access in withdrawing the money.

- UNICEF in states like UP, Bihar and Jharkhand supported the state government to address reverse migration crisis by tracking the migrants and identifying government resources and schemes which could be utilized to provide support (in cash and in kind). For instance, in UP, many migrants and workers were unable to receive ration/COVID relief kits due to unavailability of required documents to avail the service. UNICEF's advocacy resulted in the release of a D.O. letter directing all DMs to ensure that free ration kit should be given to all workers in their homes.
- In West Bengal, UNICEF provided technical support to Department of Women and Child Development & Social Work for increasing the coverage of Kanyashree Prakalpa (KP) Convergence scheme by submitting technical policy note to the state Finance Department seeking approval for utilization of unutilized funds and continuation of KP Convergence Scheme beyond March 2021.
- UNICEF official in Jharkhand informed that continued benefits w.r.t. food kits were provided to support economically vulnerable groups, as a result of UNICEF's advocacy. Free ration/food kits were provided through schools, take-home rations through Aanganwadi, additional 5 kg food grains to ration cardholders through the public distribution system. Those of who did not have ration cards were provided ration of 10kg rice and 1 kg pulses through Mukhiya/Ward Councilor.

Coverage

KEQ 3: Is UNICEF's COVID-19 response likely to reach/are materials accessible to vulnerable populations?

- Through advocacy UNICEF supported government to increase the reach and coverage of the COVID-19 response to the vulnerable populations. For instance, a government state level official (Jharkhand) informed that "*We see the increasing number of community members being affiliated with the schemes. For example, despite schools being closed, the benefits (cash transfers and Mid-Day Meal) are still being provided to the children - as a result of UNICEF's advocacy.*"
- UNICEF officials (national and state level) informed that in the absence of a formal mechanism to understand whether the response is reachable and accessible to potential community members, rapid assessments had helped to inform UNICEF's response to some extent. For example, a UNICEF official (Jharkhand) explained that "*The first round of rapid assessment indicated that 50% households enrolled under National Food Security Act were receiving the benefits of the state targeted public distribution*

¹⁰⁴ Some findings have been colour coded (in blue) to indicate a difference/similarity/critical fact about the two COVID-19 waves in India which may/may not have impacted UNICEF's COVID-19 response.

system. The second round of rapid assessments indicated that all male-headed households were receiving benefits but 27% women-headed households were not receiving the benefits. So, unless we do a monitoring of outcome budget, we will not come to know what has been the impact of this coverage or whether it is reaching the women and children or if it is not reaching then what are the reasons."

CSOs and implementing partners act as another source to understand the reach and coverage. For instance, UNICEF official in Maharashtra explained that *Jeevan Rath* provides as a good platform to understand ground reality and challenges faced by people in receiving/availing SP benefits.

- The inability of the government to scale up UNICEF's successful pilot interventions in a sustainable manner, due to lack of fiscal resources, pose as challenge in increasing the reach of SP benefits – "*UNICEF can pilot some interventions, but the onus is on the government to institutionalize and scale it in a sustainable manner. The lack of fiscal space has been a major challenge for government both at the national and state level, as a result, the devolution to the last mile happened to a limited extent.*"
- Even though the response was reachable to a larger population, it was not accessible by all. For example, in Jharkhand, UNICEF is currently working with the state government on monitoring outcome budget to understand the reach of its support and identify bottlenecks. A UNICEF official informed that approximately 30-40% of the vulnerable population has not been able to receive cash benefits from SP schemes due to the absence of having a bank account. UNICEF has not been able to successfully advocate to ensure that banks open a bank account in the absence of official documents.
- *Technical support was requested by national and state governments after the first wave to improve the coverage of social protection schemes.* UNICEF provided support through training to members of GPs, developing materials promoting CAB, developing material for tele-counselling, etc. on special request from the Ministry of Panchayati Raj.

Efficiency

KEQ 4: To what extent UNICEF's technical advisory and advocacy at the state level has been useful in delivering enhanced allocation for the GPs to meet the needs evolving out of crisis?

- UNICEF's Social Protection section's advocacy does not focus on delivering towards enhanced allocation for GPs. A UNICEF official at the national level informed that "*We advocate to make existing systems more child and gender specific. For example, we are advocating with the government to make GPDP more child and gender specific by introducing guidelines which focus on enhancing benefits for women and children.*"
- Interestingly, a UNICEF official at state level (WB) opined that "*GPs are already receiving funds and the utilization is not more than 60% or 65%. Why would you give them more money? UNICEF provides support towards increasing the capacity of GPs which will enable them to utilize funds and carry out their responsibilities efficiently. The whole idea was that if you have capacity only then you'll be able to plan budget and expenditure.*"
- According to a UNICEF official in UP, a lot of resources have been pumped into GPs by the national and state government enabling them to undertake development initiatives (such as developing quarantine centers, labor rooms, etc.). However, there is a need to advocate for more untied funds to undertake SP related activities – "*15th Finance commission has 60% tied funds for health and sanitation which is good for taking up CAB, vaccination drive, etc. but not for SP activities. There is a need to advocate for prompting more untied funds because COVID recovery has to be part of the Panchayat agenda and this does not mean only vaccinating and promoting CAB. There is a range of social protection issues across the state that need to be addressed using more untied funds at GP level.*"

KEQ 5: To what extent is UNICEF managing and delivering its COVID-19 response in a timely and coordinated

manner?

- Many government officials at national and state level (across all 5 states) informed that UNICEF's contribution towards COVID-19 response has been timely and '*pro-active*' (w.r.t. identifying resources which can be tapped into to provide social protection to vulnerable populations and capacitating the support staff at the grassroots level to carry out support activities). Subsequently, they also highlighted that policy and planning level changes are time consuming due to lengthy government procedures and therefore cause some delay in delivery of support. "*UNICEF's consultation is on time but its reach was slightly delayed due to governmental processes take some time from the government's end. So maybe implementation and roll-out can be further looked into.*" – Government State level Official in Bihar
- Government officials at the national level as well as UNICEF officials (national and state level) believed that UNICEF's response was more timely and efficient during the second wave as compared to the first wave. For instance, a government official at the state level (Maharashtra) opined that "*as soon as the indication of the second wave kicked in, UNICEF pro-actively got in touch with the government and informed them about some of the issues which according to UNICEF needed special attention - especially those relating to women and children (such as issues of nutrition and health).*"
- UNICEF also provided timely support to the government through capacitating government functionaries and FLWs at the grassroots level. These training focused on informing them about different schemes, especially those benefitting women and children, suggesting ways of utilizing untied funds at GP level, informing about compliance/ways of availing benefits and enhancing the overall understanding of functionaries/FLWs/GPs towards social protection. These training are often conducted on a monthly/two-monthly basis. For example, UNICEF in Jharkhand trained the PRI on 15th Finance Commission resource planning and utilization of resources for children, women, migrants and their families; as well as trained 400 master trainers who later helped 8000 MNREGA laborers in identifying schemes under which the laborers can seek benefit.
- Majority of stakeholders (government, UNICEF and CSOs/partners) informed that these training have been very useful in understanding the situation as well as ways of providing on-ground support to the target population on time. For example, a state level official in Bihar explained that "*UNICEF has supported in developing the IEC materials and undertaking training of the government functionaries towards building their capacity to tackle and roll-out the increased responsibilities. These training have been helpful because they informed about what to do and how to do it. They had helped functionaries at local level comprehend the situation in a better manner and hence respond efficiently.*"
- UNICEF had largely leveraged government partnerships (and to some extent CSO partnerships) to ensure timely delivery of the response. For instance, a state level UNICEF official (Jharkhand) explained that "*UNICEF is providing support to government to prepare and monitor outcome budget (with an explicit focus on child and gender budgeting). For this, UNICEF partnered with the Department of Planning and Poverty Learning Foundation (CSO partner). Without partnerships, one cannot think of UNICEF programming.*" Similarly, UNICEF Maharashtra partnered with Sigma Foundation to generate evidence from rapid assessments which contributed towards timely response planning.

KEQ 6: What bottlenecks exist to efficient implementation of the crisis response?

- Following challenges were highlighted by the stakeholders (government officials, UNICEF officials, CSO/partners) that have affected the efficiency of UNICEF's response w.r.t. social protection:

Internal challenges:

- Need for increased human resources – A national level UNICEF official explained that there are not more

than 2-3 UNICEF staff members managing various interventions in multiple districts and coordinating with government departments and CSOs. Increasing the number of human resource may improve the efficiency of the response.

External and programmatic challenges:

- Even though UNICEF's advocacy and technical assistance is timely, yet the delay from government's end (such as delay in inter-departmental communication and coordination, delayed internal approvals, time taking procedures, etc.) often reduce the overall efficiency and turnaround time of COVID-19 response at both national and state level.
- In UP, the UNICEF official informed that the government is more focused upon furthering its political agenda and a lot of government resources are deployed towards the same. It is a challenge for UNICEF to convince the government to implement UNICEF's recommendations w.r.t. development agenda.
- Increased number of officials being infected with COVID within the government departments led to some delays in decision making.
- A UNICEF official at the national level informed that many national and state level services are not easily available and accessible to those who move across borders. UNICEF has been advocating for developing a system (such as one nation one ration card) to make the benefits agile and easily accessible by the majority people. But the intended output has not been achieved so far.
- Since social protection majorly engages at the policy and planning level, hence, changes introduced in policy do not necessarily eliminate bottlenecks at the implementation level. A UNICEF official at the national level explained "*Unlike other UNICEF program, we do not engage at field level to provide benefits. So tweaking something about the delivery system at policy level does not necessary solves bottlenecks at ground level, such as class based discrimination, which may hinder delivery mechanism in rural pockets, etc.*"
- UNICEF's advocacy has not resulted in quick amendment in the policies to address the crisis situation as it takes a lot of time and majorly depends on government's priority. For example, a national level UNICEF official informed that UNICEF's advocacy (to improve horizontal coverage) with the Ministry of Women and Child Development has not been successful in easing the procedures and compliances associated with *Pradhan Mantri Matri Vandana Yojana (PMMVY)*.

Effectiveness

KEQ 7: To what extent are the intended outputs and outcomes of UNICEF's response achieved in an equitable manner benefiting vulnerable population?

- Majority of respondents opined that UNICEF's response has been effective in achieving the intended outputs and outcomes. For example, a state level official from Jharkhand informed that under the 15th finance commission certain provisions were introduced for GPs to use untied funds. But it was through UNICEF's capacity building and handholding support that they were able to better understand the situation – what is required and how to utilize funds and provide support. Moreover, the FLWs were aware of schemes and through those channels, more number of community members received information on SP schemes.
- Some UNICEF state level officials opined that the response was more effective in achieving the intended outputs and outcomes during the second wave, as compared to the first wave. For example, UNICEF official from Maharashtra explained that "*The first wave was focused towards analyzing the situation and identifying entry points to contribute towards COVID response. During the transition phase (i.e. between*

first and second wave) UNICEF put mechanisms in place for tracking schemes, established alliances and generated evidence from its pilot interventions. These evidences were used in wave two to provide more effective support. We were more confident during the second wave”

- Some stakeholders (government and UNICEF) opined that the response could have been more effective if UNICEF had greater understanding about implementation (mechanism and bottlenecks). A UNICEF official at the national level explained “*a guideline for state or national government or strategy for training and an action plan will only support to a certain level. A lot of nuances of implementation get missed in planning because you are unaware of it. The extent of involvement in implementation has to significantly increase if we want to make a difference.*”
- Interestingly, a UNICEF Official (WB) opined that “*One can check whether the support has been able to achieve intended outputs and outcomes only if there has been an impact evaluation assessing the whole population against set parameters. We are just advocating and providing technical assistance for strengthening the ways through which SP policies can reach people. Whether these policies have been able to meet needs of people, we do not know.*”

KEQ 8: To what extent is UNICEF adapting its activities to become more effective based on learning and a changing COVID-19 context?

- According to stakeholders (government, UNICEF and CSO partners), UNICEF has been adapting its response to become more effective, based on analysis of existing data (available government data on public portals) and evidence that it generates – through rapid assessments and its NGO/CSO partners. For example, a government state level official in Maharashtra informed that “*even before the national government came up with the idea to give INR 10L to the orphans, it was UNICEF who came up to the Dept. of Women and Child Development with the idea of supporting such children under the Juvenile justice Act 2016. So that set us in the patch of taking the decision.*”
- UNICEF has only utilized the findings from rapid assessments and those which it had received from its CSO partners to learn about the evolving needs and adapt its activities to provide support.

KEQ 9: What unintended outcomes are realized that need to be reinforced or mitigated?

- No unintended outcomes (positive or negative) were informed by the stakeholders (at national and state level) of this evaluation.
- However, a UNICEF official in Maharashtra highlighted a ‘good practice’ which should be continued in the future – Developing a trusted partnership and a consortium of partners has helped UNICEF significantly in delivering the response in an efficient and effective manner. These partnerships have fed UNICEF with grassroots evidence which has further enabled UNICEF to undertake informed advocacy at both state and national level.

Recommendations:

- Findings indicate that UNICEF lacks a nuanced understanding of bottlenecks at the implementation level which impacts relevance and effectiveness of its support at planning level. UNICEF should explore mechanisms to understand implementation procedures and gaps in order to undertake more informed advocacy and provide better technical assistance. (KEQ 7)
- Unavailability of official documents or IDs barred many potential community members from availing SP benefits. UNICEF should continue advocating to develop a mechanism (where benefits could be linked to a single identity card) with the government through which community members could receive benefits in the absence of relevant documents. This may also allow community members who move across borders

to seek benefits. (KEQ 3 and 6)

- In order to improve the coverage, the government should allocate more financial resources towards SP services and scale up UNICEF's successful pilot interventions. For this, UNICEF should continue its advocacy to ensure that the benefits reach the last mile people. (KEQ 3)
- To improve the SP services at GP level, UNICEF should identify and advocate ways through which GPs can receive and utilize more untied funds. (KEQ 4)
- SP is a comprehensive theme which requires UNICEF officials to coordinate the response with multiple stakeholders (ministries and departments), therefore, to improve efficiency and delivery of services, UNICEF should increase its human resources at state level. (KEQ 6)
- Government processes often delay decision making and a subsequent delay was reflected in the reach of benefits to potential community members. UNICEF should identify ways to reduce the involvement of more number of departments/ officials in decision making. This may contribute towards quick actions. (KEQ 6)
- UNICEF should continue to focus towards developing more trusted partnerships and a consortium of partners who have fed UNICEF with evidence from grassroots level. This may help UNICEF significantly in planning and delivering the response in an efficient and effective manner. (KEQ 9)
- UNICEF's (handholding) support towards capacitating the GPs to undertake their responsibilities in an improved manner – was appreciated by the government (at national and state level). UNICEF should continue providing support in this domain. (KEQ 5)
- UNICEF should advocate for developing a provision (related to relaxing the conditionality) in policy itself which can be utilized during any emergency or unseen circumstances. (KEQ 6)