Real-Time Evaluation (RTE) of the COVID-19 Response in Sao Tome and Principe (February-November 2020)

Country Report

December 2020: A doctor looks at her notes before examining a pregnant woman Health Center in Praia Gamboa (@UNICEF/2020)

Evaluation Commissioned by the UNICEF Country Office in Sao Tome and Principe

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Foreword

This real-time evaluation (RTE) covers the response of UNICEF and other national partners to COVID-19 in Sao Tome e Principe. It is part of a regional evaluation exercise involving several countries in all UNICEF regions. The five other Country Offices (COs) involved include Côte d'Ivoire, Gabon, Democratic Republic of Congo, Chad and Mauritania.

The rationale for this exercise is twofold: (i) to take stock and initiate joint reflection by development partners on the prospects for adapting approaches and interventions on the ground to the evolving crisis and (ii) to use the lessons learned and good practices thus identified to inform the response to the pandemic in the future as outlined in the HAC cycle and multi-sectoral work plans.) The UNICEF West and Central Africa Regional Office (WCARO) has legitimate expectations to better fulfill its role in overseeing the implementation of the PB response to COVID-19.

This evaluation was conducted by a national consultant, Ms. Patricia Carvalho. The evaluator would like to thank all those who supported them during their data collection and questionnaire administration activities in a particularly difficult context, marked by the early stages of the second wave of the pandemic.

The consultants would like to make special mention of the UNICEF Representative and Country Office colleagues who provided essential support to the mission by supplying all the necessary documentation and answering all their questions clearly and promptly.

List of acronyms

AFD - Agence Française de Développement

CNES - Centro Nacional de Educação para a Saúde

CO – Country Office

CPD - Country Programme Document

EMOPS - Office of Emergency Programmes

GBV - Gender Based Violence

GPE - Global Partnership for Education

IMF - International Monetary Fund

INE – Instituto Nacional de Estatistica

IPC - Infection Prevention and Control

PPE - Personal Protective Equipment

RRCCE - Risk Communication and Community Engagement

RTE - Real Time Evaluation

SEIA - Socioeconomic Impact Assessment

SERP - Socioeconomic Response Plan

SRP - Strategic Response Plan

TVS - Televisão Santomense

UN - United Nations

UN - United Nations

UNDP - United Nations Development Programme

UNFPA - United Nations Population Fund

WASH - Water, Sanitation and Hygiene

WCARO - UNICEF Regional Office for West and Central Africa

WFP - World Food Program

WHO - World Health Organization

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Executive Summary

1. Evaluation Object

This report presents the findings, conclusions and recommendations of the real-time evaluation (RTE) focusing on the COVID-19 response mounted by UNICEF and its country partners in Sao Tome e Principe. During the last nine months of the year 2020, Sao Tome e Principe, like the rest of the world, was confronted with the COVID-19 pandemic with peaks of cases in June and December. Since then, it has been facing the negative repercussions of this situation on socio-economic life, especially for the most affected groups: women and children. In response, the Government and its partners have implemented a multisectoral response plan. UNICEF-supported interventions focused on the areas of health/nutrition, infection prevention/control/WASH, child protection, education/distance learning and risk communication/community engagement. In order to better understand the achievements of the response to this date and as a way to identify strategically and operationally relevant lessons learned that could help improve the response in the coming months, UNICEF – in collaboration with the Government of Sao Tome- commissioned an independent evaluation of the strategies and interventions rolled out to curb the egregious effects of the pandemic. The evaluation was conducted by a Lusophone evaluation consultant between November 2020 and January 2021.

2. Evaluation Purpose and Objectives

The RTE aims to promote a forward-looking reflection and generate strategically and operationally relevant learning on the current implementation of the UNICEF response to COVID-19, specifically in Sao Tome and Principe in this case. This is expected, among others, to: (i) improve the adaptations of the response based on both the populations' emerging needs and changes in context; and (ii) increase the quality and effectiveness of the response on the ground

The main RTE objectives are to identify:

- "The effects that the COVID-19 pandemic had on basic services, particularly for the most vulnerable population and of activity initiated as a response to COVID-19;
- The implications of the COVID-19 response on UNICEF's regular/pre-COVID programme delivery; and the quality of the related delivery; while also providing early insights on the outcomes achieved"[1].

3. Evaluation Scope

In terms of **the thematic scope**, the RTE mainly focused on the UNICEF's public health response and the early stages of the socio-economic response. **Geographically**, this evaluation looked at the COVID-19 response implemented at the national level. While the program document review and the interviews with the key actors of the response at the central level focused on the whole country, the field data collection took place in the two purposefully selected districts of Água Grande and Caué[2]. **Chronologically**, the evaluation focused on all the response activities implemented between February and November 2020.

4. Evaluation Criteria

[1] Terms of Reference, RTA COVID19, Sao Tome and Principe, September 2020.

[2] The selection of the districts was supported by the country office and based on the fact that Água Grande is the most central and wealthiest district, while Caué is one of the most remote districts and with the highest levels of poverty in the country.

In line with its learning purpose and the evaluation strategy of the response to COVID-19 in the rest of the region, the evaluation was guided by the three following criteria: adaptability, effectiveness and efficiency of implementation; and quality. Although these criteria are not the OECD-DAC criteria, their content de facto overlaps with that of some OCED-DAC criteria. The relevance of the selected evaluation criteria is all the greater as they were agreed upon in a participatory manner by UNICEF and the other evaluation's expected users, namely the Ministry of Health and other line ministries with a vested interest in the COVID-19 response, as well as the other development partners.

5.Methodology

The RTE relied on a mixed-methods approach consisting in a simultaneous and converging use of qualitative and quantitative data collection and analysis methods. The data collection methods included a short survey monkey questionnaire aimed at all UNICEF Country Offices in the region, including the one in STP; semi-structured interviews at the national level with UNICEF CO staff members, and other key informants, namely governmental partners and media and communication partners; semi-structured interviews and focus groups discussions at the sub-national level with frontline workers, professors, school directors, health staff members and health community agents, and community members based in the districts of Água Grande and Caué. WASH infrastructures were also observed in the visited schools in Água Grande and Caué. Furthermore, a child-focused method (Body Mapping) was used with small groups adolescents and youth people in some of the schools visited during the field work, in order to explore their experiences with COVID-19 and understand what changes (if any) the pandemic had on their lives and those of other children in their respective communities (see annex 5.1 for complete list of interviews and focus groups carried out).

5. Findings and Conclusions

In response to the COVID-19 outbreak, the UNICEF Country Office (CO) in STP implemented a host of interventions, both at the national and local level, that aimed at curbing the negative socio-economic impacts that the epidemic was observed to be producing on the lives of many children and caregivers in STP. In the **education sector**, for instance, UNICEF made a specific effort to ensure the continuity of education services, by also adapting its strategies to the evolving COVID-19 context, be through the production of distance learning programs on radio and TV or the reopening of schools at the conditions that hand-washing points as well as psychosocial support for school teachers and directors be made available. Likewise, in the **health sector**, the response focused on ensuring the continued provision of essential health services, especially for women and children, through the supply of vaccines, medicines, HIV tests and nutritional supplements for pre- and post-natal care. On the **Risk Communication and Community Engagement (*RCCE*)** front, the STP government developed a communication plan and led the dissemination of key COVID prevention messages amongst all families and communities nationwide through different communication channels, such as radio, TV, social

Figure 1. A doctor is a about to examine a pregnant woman to follow up with her pregnancy in the Health Centre of Praia Gamboa.(@UNICEF/2020)

media, and door-to-door sensitization sessions, in partnership with Centro Nacional de Educação para a Saúde (CNES).

Figure 1.. A young girl collects water on a public tap in Roça Diogo Vaz (@UNICEF/2020)

While the UNICEF Sitrep data shows that the **RCCE-related targets were fully achieved**, those of the **Water, Sanitation and Hygiene (WASH) and Infection Prevention and Control (IPC) pillars were not.** Likewise, targets were only partially achieved in relation to the continuity of provision of health care for women and children; the access to continuous education and, lastly, the provision of child protection and Gender Based Violence (GBV) services.

Beyond the varying degree of achievements of the response depending on the sector, one thing is clear: **UNICEF worked profusely with a variety of response implementing partners across the country to ensure the equity of their interventions**. In particular, UNICEF worked hard to focus the response on the prevention and mitigation of the secondary impacts of the pandemic amongst the most vulnerable population groups (boys, girls, adolescents and their caregivers), mainly in the areas of education, WASH and social protection.

The design of UNICEF-supported activities implemented as part of the COVID-19 response responded to the country's needs. The **UNICEF response plan,** for instance, was based on the orientations received from the UN and the information collected during its consultations with the governmental partners, mainly the Ministry of Health. The response was also aligned with the 2020 WHO Global Strategic Response Plan (SRP) and the 2020 UNICEF COVID-2019 Humanitarian Action for Children (HAC) appeal, which identified a list of key pillars for the response. That said, **no contingency plan was developed by the Country Office or the UN office in the country at any point**. Moreover, **the lack of prior experience amongst the Country Office staff in dealing with a humanitarian crisis and the lack of training on emergency response procedures** represented a challenge during the response planning process.

Although no specific studies were conducted on the national impact of COVID-19 at the onset of the crisis, the CO worked closely with national partners to ensure that their interventions be based on an adequate **needs and risk assessment.** The signalling of street children and adolescents in Sao Tome is a good illustration of that.

The UNICEF response to COVID-19 allowed the country to **learn more about how to respond to a crisis response and led to capacity development in this area.** Learning opportunities included the piloting of new emergency response models and approaches, especially in new areas that were not a priority before, such as distance learning.

However, two key challenges were observed during the implementation of the response: **the lack of monitoring capacity,** which would have been useful to track the effectiveness of the response interventions over time (mostly in schools); **and the excessive time required to procure essential supplies** during both the preparedness and response phases. The lack of specialized technical support to strengthen some of the sectoral response programs; and the lower-than-expected NGOs capacity in

the field to respond to the emergency, were some additional factors hindering the successful attainment of the response envisaged results.

One of the evaluation conclusions is that the positive impact of the COVID-19 response on the lives of children and their communities can be enhanced through a **closer field monitoring of the health sector and schools' needs**. In this vein, the provision of protective gears and sanitation materials and equipment for health professionals; as well as the organization of COVID-19 awareness programmes in schools, is particularly desirable. Likewise, the identification of other relevant negative impacts of the epidemic (such as increased violence against children, sexual abuse, early pregnancy) and the implementation of mitigation measures are particularly important.

6. Lessons Learned

The **main lessons learned** by the CO include the following: (i) having a contingency plan developed in timely manner proves to be a pre-condition for mounting an effective emergency response; (ii) disposing of resources to monitor the progress of the response against its envisaged targets is key to adjusting the course of action and enhancing the impact on the ground; (iii) good relationships and constant dialogue with the national partners facilitate both planning and implementation of an emergency response; (iv) prepositioning critical supplies allows a more effective and timely response to emergency and yet predictable needs; (v) the diversification of implementing partners in an emergency can hugely affect the timeliness of an emergency response; (vi) evaluating the communication strategy and its reach of an emergency response is relevant to combat misinformation and its harmful effects, and promote behaviour change; (vii) promoting ongoing data collection and digitization of information is very important to be able to take informed decisions for the emergency response; (viii) close field monitoring of response interventions ensures that prevention measures are being implemented and correctly enforced at the local level.

7. Recommendations

The main action points for the strengthening of the COVID-19 in the future at the CO level, which were discussed by the UNICEF CO in Sao Tome and its relevant in-country partners and which will serve as the basis for the development of the management response, include the following: (i) To improve data collection in the different health, education and social protection sectors to inform response; (ii) To scale up the prevention measures and sensitization already put in place in the education sector; (iii) To introduce an emergency preparedness and a contingency plan into Country Program Documents (CDPs) and workplans; (iv) To strengthen the CO's internal capacity in emergency management; (v) To strengthen the social protection work, through better identification of the most vulnerable children, that are especially affected during the pandemic; (vii) To conduct more rapid evaluations of each sectoral program (with a focus on results and process) in order to better understand what the next steps of the response should be; (viii) To find alternatives for supplies that comes from abroad, through the procurement of local goods and the recruitment of in-country consultants/resource persons.

Some action points for both the CO and the country and the Regional Offices include: (i) To increase CO capacity for monitoring of COVID indicators through the provision of further tools and training that would allow for better sectoral monitoring ; and (ii) To support the CO in identifying mechanisms for pre-positioning of supplies to facilitate the emergency response.

A more detailed description of the recommendations could be found in the corresponding section included in the main body of the report.

1. Introduction

After the outbreak of COVID-19 in Sao Tome and Principe in early 2020, the UNICEF Country Office committed to contributing to the national response to prevent the pandemic, in alignment with the UN joint multi-sectoral COVID-19 response strategy and the national Ministry of Health contingency plan. The objective of such support was to minimize the humanitarian consequences of the pandemic, by implementing a two-pronged strategy:

1. Addressing the emerging health care needs, implementing a new risk communication strategy and providing the affected population groups with better access to WASH services in the immediate term. Overall, against a total population of approximately 200,000 people, STP has recorded 1142 confirmed cases of COVID-19 with 17 deaths[3] and 995 recovered cases between March 2020 and January 2021.
2. Mitigate the socio-economic impacts of the pandemic in the medium and long term. With respect to this last point, it is worth noting that, according to the International Monetary Fund (IMF), the COVID-19 pandemic had a severe impact on the economy of São Tomé and Príncipe, with GDP dropping 6% in 2020 due to weak external demand and containment measures[4]. It is worth noting that the island is highly dependent on external aid and is currently experiencing disruption of economic and social activities, such as tourism.

More specifically, the UNICEF contribution to the COVID-19 response in Sao Tome and Principe included the following interventions in different sectors: (i) supporting the Ministry of Health with the provision of protective equipment; (ii) supporting the Ministry of Education in the installation of handwashing facilities in schools; (iii) providing technical and financial assistance to enhance the effectiveness and coverage of the response; (iv) contributing to the development and dissemination of a national communication strategy focusing on COVID-19 prevention messages aimed at all families and communities within the country.

UNICEF was not the only UN agency to response to the pandemic. The United Nations System as a whole, through the UN Joint Multi-Sectoral Response to COVID-19 Strategy, has been rather instrumental in supporting the government to better face this crisis. The UN agencies, namely the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and UNICEF, with the coordination of the World Health Organization (WHO), led interventions in the field of health and contributed to limiting transmission and reduce morbidity and mortality. In addition, the UN system supported the mobilization of resources to ensure the implementation of the planned activities to mitigate socio-economic impact, in partnership with the government.

In order to understand how STP managed to respond to the pandemic, the UNICEF Regional Office for West and Central Africa (WCARO) commissioned a Real Time Evaluation (RTE) on the UNICEF ongoing COVID-19 response. The RTE, funded by UNICEF's Office of Emergency Programmes (EMOPS), was launched simultaneously in 5 other countries in the region (Ivory Coast, Gabon, Mauritania, Democratic Republic of Congo and Chad) in October 2020.

Not long after the onset of the COVID-19 in STP in March 2020, a state of emergency was declared by the government on 17th March 2020, enabling the government to take restrictive measures to prevent and combat the pandemic. The government then prepared a contingency plan that aimed to "(i) reduce the transmission, mortality, and socio-economic impact of COVID-19 nationwide; and (ii) ensure adequate protection of both the country's population and environment[5]." The first measures adopted were of sanitary and preventive nature and aimed at preventing the virus from entering the country. Subsequently,

[3] Source: https://covid19.who.int/region/afro/country/st

[4] Source:https://www.lusa.pt/article/LBs1j_HJCybqlv76YYvSAjMSZM5iuSI1/covid-19-pandemia-atrasou-reformas-em-s%C3%A3o-tom%C3%A9-e-pr%C3%ADncipe-mas-programa-de-ajuda-%C3%A9-est%C3%A1vel-fmi

[5] Terms of Reference, RTA COVID19, Sao Tome and Principe, September 2020.

after confirming the existence of the first few positive cases in the country, the focus shifted towards fighting and controlling the spread of the virus within the country's population.

Testing capacity and technical skills amongst Ministry of Health staff gradually increased, thanks to the roll out of ad hoc capacity building activities, the distribution of protection gears for medical teams and, finally, the installation of a field hospital and PCR tests laboratory in the country's capital.

Such interventions were all the more needed given the country's health system is rather weak, with shortages in both health professionals, and hospital beds[6]. Furthermore, structural deficiencies in other response key sectors affected the rapidity and effectiveness of the response (e.g., on the WASH front, the majority of schools lacked access to water and basic hygiene conditions, just like the majority of the country's population[7]). In addition, some of the other constraints that were identified during the first months of pandemic and that affected the response included the following: the limited capacity of suppliers to respond to the increasing demand for medical equipment, testing and prevention and individual protection materials, as well as the difficulties in transporting the equipment due to border closures.

As of January 2021, low incidence of COVID-19 has been recorded in the country for several months.

2. Evaluation Purpose

The RTE has a distinct purpose: to promote a forward-looking reflection and generate strategically and operationally relevant learning on the current implementation of the UNICEF response to COVID-19, specifically in Sao Tome and Principe in this case. This is expected, among others, to: (i) improve the adaptations of the response based on both the populations' emerging needs and changes in context; and (ii) increase the quality and effectiveness of the response on the ground. The learning that this evaluation is expected to generate aims to inform the decision-making of a variety of users: not only the UNICEF Country Office (CO) in Sao Tome and Principe (STP) but also the country's Ministry of Health and other line ministries with a vested interest in the COVID-19 response, as well as other development partners.

3. Evaluation Objectives

The objectives of the RTE include a rapid assessment of the following:

- "The effects that the COVID-19 pandemic had on basic services, particularly for the most vulnerable population and of activity initiated as a response to COVID-19;
- The implications of the COVID-19 response on UNICEF's regular/pre-COVID programme delivery; and
- The quality of the related delivery; while also providing early insights on the outcomes achieved"[8].

The RTE identified a few lessons learned during the response, which could also be of benefit to other countries in the region. Furthermore, the RTE put forward some action points for the UNICEF CO consideration so as to enhance its contribution to the national COVID-19 response in the short- and medium-term.

[6] UNICEF Sao Tome and Principe Covid-2019 2020 Response Plan.
[7] UNICEF Sao Tome and Principe Covid-2019 2020 Response Plan.
[8] Terms of Reference, RTA COVID19, Sao Tome and Principe, September 2020.

4. Evaluation Scope

4.1. Thematic scope

The RTE mainly focused on the UNICEF's public health response and the early stages of the socio-economic response.

4.2. Geographic scope

The RTE looked at the COVID-19 response implemented at the national level. While the program document review and the interviews with the key actors of the response at the central level focused on the whole country, the field work concentrated on the two purposefully selected districts of Água Grande and Caué[9].

4.3 Chronological scope

The RTE focused on all the response activities implemented between February and November 2020.

5. Evaluation Criteria and Questions

In line with its learning purpose and the evaluation strategy of the response to COVID-19 in the rest of the region, the evaluation was guided by the three following criteria: adaptability, effectiveness and efficiency of implementation; and quality. Although these criteria are not the OECD-DAC criteria, their content de facto overlaps with that of some OCED-DAC criteria (it is the case of the section overarching evaluation question that ended up covering, among others relevance and equity questions). The relevance of the selected evaluation criteria is all the greater as they were agreed upon in a participatory manner by UNICEF and the other evaluation's expected users, namely the Ministry of Health and other line ministries with a vested interest in the COVID-19 response, as well as the other development partners.

The evaluation also tried to address four overarching questions spelled out in the ToR (see Annex) that were jointly developed by the Evaluation Office and the Regional Office as part of the multi-country evaluation of the COVID-19 response in the West and Central African region (WCAR). Each one of the 4 questions served as the basis for the development of other specific evaluation sub-questions.

As a result of all the data collection and analysis, evaluation was also tasked with the identification of emerging conclusions/lessons learned and the formulation of tailored recommendations geared towards the strengthening of the in-country response to the COVID-19 pandemic.

Three overarching questions

Overarching questions	Evaluation Criterion formally retained	Sub-questions
How well is the CO adapting to the needs of the population, including the **socio-economic impact** of the pandemic? How have these **needs been determined** in each country?	Adaptability	▪ How did the STP CO adapt to the COVID-19 epidemic, lockdown and remote working? ▪ How did it adapt to the needs of the population over time, including the socio-economic impact of the pandemic? ▪ To what extent did it adopt new and different approaches, by filling gaps, and seeking local solutions?
How **effectively** is the CO implementing the response to COVID-19 so far? How is	Effectiveness and Efficiency of Implementation	▪ Effectiveness of the UNICEF response to COVID-19 in the country.

[9] The selection of the districts was supported by the country office and based on the fact that Água Grande is the most central and wealthiest district, while Caué is one of the most remote districts and with the highest levels of poverty in the country.

the **quality** of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?		○ Extent to which UNICEF has been able to contribute to offsetting the negative effects of the pandemic on **access to basic services** *[ensuring coverage and scale-up].* ○ UNICEF's success in **reaching the most vulnerable** segments of the population and **ensuring equity.** ○ How has UNICEF been able to meet programming standards and protocols? ○ To what extent has UNICEF been able to ensure/sustain **community engagement/AAP mechanisms?** ▪ How has the CO utilized preparedness and contingency planning during COVID-19 response? ▪ To what extent has the CO revised COVID-19 response plan been based on the population's evolving needs? ▪ What is known about the needs in the country and how did UNICEF CO determine and verify these needs?
	Quality	▪ What we know about the quality of the UNICEF response to COVID-19 in the country. ○ The effects of the crisis and related constraints on lockdown and movement upon UNICEF's **ability to deliver quality.** ○ How has the UNICEF CO ensured the quality of the response and put in place processes and monitoring systems used to ensure quality?

Two Additional Questions

What are the **early lessons** (for CO/RO/HQ) that are emerging from the implementation of the response? What are the emerging positives from the response? and what have been the greatest challenges in responding to COVID-19 so far? Are there discernable trends that are applicable to **different settings** (i.e. urban/rural; low-resource/high-resource settings etc.)?	Emerging Themes/Conclusions	▪ The emerging positives on UNICEF's performance in the COVID-19 response in the country. ▪ The challenges encountered in the country from UNICEF's implementation of the COVID-19 response. ▪ Medium to long-term implications for vulnerable children and their communities in focal countries, and implications for UNICEF's strategy and action in the medium to long term. ▪ (Re)focusing UNICEF's programming to reach vulnerable children in the medium to long term [e.g. to include additional/new opportunities; need to act differently or transform, etc).
What **more** should be done? What should be done **differently** to enhance COVID-19 response programming for children and their communities?	Lessons/Suggested Action Points	N/A

6. Evaluation Methodology

The RTE is a real time exercise using a mixed-methods approach consists in the simultaneous and coverage use of qualitative and quantitative data collection and analysis methods.. The data collection methods included a short survey monkey questionnaire aimed at all UNICEF Country Offices in the region, including the one in STP; semi-structured interviews at the national level with UNICEF CO staff members, and other key informants, namely governmental partners and media and communication partners; semi-structured interviews and focus groups discussions at the sub-national level with frontline workers, professors, school directors, health staff members and health community agents, and community members based in the districts of Água Grande and Caué. WASH infrastructures were also observed in the visited schools in Água Grande and Caué. A child-focused method (Body Mapping) was also used with small groups adolescents and youth people in some of the schools visited during the field work, in order to explore their experiences with COVID-19 and understand what changes (if any) the pandemic had on their lives and those of other children in their respective communities (see annex 5.1 for complete list of interviews and focus groups carried out).

7. Key Findings (by criterion)

7.1 Adaptability

- How did the STP CO adapt to the COVID-19 epidemic, lockdown and remote working?
- How did it adapt to the needs of the population over time, including the socio-economic impact of the pandemic?
- To what extent did it adopt new and different approaches, by filling gaps, and seeking local solutions?

Taking into consideration the different sectoral analysis carried out by the UNICEF CO and its partners to identify the needs and vulnerabilities of the population[10], one could state with confidence that **the UNICEF response rested on the implementation of national and local solutions that mainly aimed at preventing the socio-economic impacts of the epidemic in communities across the country.**

Remote working IT equipment, such as computers and video-conference software, was made available to central and local staff members of the Ministry of Employment, Ministry of Education and Ministry of Health in order to enable a quick adaptation to the epidemic and consequent lockdown, which allowed for an efficient coordination for the implementation of the planned response activities, although this was only truly necessary during the lockdown phase (April and May 2020).

In the education sector, the UNICEF CO staff stated that they were the first partner to show availability to support the Ministry of Education. The support provided by UNICEF to the government aimed to ensure the adaptation to the schools' lockdown and the need to keep the education services available through the promotion of new approaches adapted to the COVID-19 pandemic. This included the **production of classes (aimed at pre-primary, primary and secondary school students in all districts) broadcast over radio and**

[10] According to the interviews carried out with the UNICEF CO staff and the senior management.

television: this proved particularly useful to reach children in the most vulnerable and remote communities. Although schools in the country reopened only in September 2020, the CO intends to continue investing on the distance learning model to complement the classic in-person class experience, by also reaching the children that are not returning to school. At the local level, UNICEF also made a specific effort to ensure children's access to continued learning during the confinement period: to this end, **solar radios were distributed to the households identified as not having access to energy; and food baskets were provided to the most vulnerable children,** in partnership with the World Food Program (WFP). Moreover, UNICEF, in partnership with the Ministry of Education, also implemented a program (the *Back to School Program*) that aimed to support the most vulnerable families at the local level by ensuring that their children (around 6,000) go back to school after the confinement, **through the provision of a school package (backpacks, pencil, books, uniforms).**

In view of the schools' reopening and the need to adapt to the new public health prevention measures, UNICEF provided support for the placement of hand-washing points in 25 schools; and promoted training on hygiene and prevention for school staff, as well as psychosocial support activities for school teachers and directors.

Figure 2 - Handwashing point, School in Angolares, Caué (Nov. 2020)

Figure 3 - Handwashing point, School in Angolares, Caué (Nov. 2020)

The school children whom the evaluator exchanged with during local focus group discussion using a body mapping tool, stated that their knowledge increased and behaviour changed in terms of COVID-19 prevention measures, namely social distancing measures (no kissing nor hugging), use of masks and frequent sanitization, which are habits that they have gradually integrated into their day-to-day routine. In terms of responsibilities, they feel more responsible for their behaviour with others as they are aware that they can infect each other.

Figure 4- Body Mapping Exercise with girls, School in Angolares, Caué (Nov.2020)

During the body mapping exercise carried out in the visited schools, **students generally stated that they felt more emotional and afraid** as they spent less time with their friends and families. T**hey have also shown more concerns for others but also some confusion in terms of what would be the impact of COVID-19** in their lives, and added that **adults would limit their outings and freedom to protect them.** There were differences identified between the students in Água Grande (capital district) and Caué (one of the most remote districts). In **Caué, many children stated that they didn't see many changes in the behaviour at school in terms of protective measures** (for example, students and teachers were not enforcing the wearing of masks), whereas children in Água Grande identified more changes in their schools. In both districts, children mentioned that that the measures were not being correctly applied in their schools, as there as there was not enough social distancing as classrooms were crowded (with 2 to 3 students per desk) (see figure 4 and 5); in addition, hand-washing points in schools in Caué and Água Grande were not being used frequently; is some schools masks were not used at all neither by students nor by teachers. Most children stated that they found the masks uncomfortable to breath, speak with or listen properly, or that they weren't able to clearly identify people anymore. They also stated that they would now avoid touching things or people and sanitize their hands more frequently.

Figure 5 - Classroom, Angolares, Caué (Nov.2020)

Figure 6 - Classroom, Angolares, Caué (Nov.2020)

In their relationship with their parents and other adults, t**he students stated that they feel more vulnerable to situations such as violence, school dropout, early pregnancy, and being forced to going to work due to their parents increased financial constraints.** In terms of food security and nutrition, **students in Caué stated hunger as a more present difficulty** due to financial constraints, whereas in Agua Grande this was not identified as an issue. A survey carried out by the country's National Statistical Office (INE) in October 2020 found that around 10% of the interviewed families reported difficulties in accessing basic food items because of the pandemic and 50% of the respondents stated that they were forced to skip at least one meal[11].

In regard to the **social protection/child protection sectors**, UNICEF response focused on the health socio-economic needs identified together with the Ministry of Employment, namely (i) the technical assistance for the identification of street children and for the preparation of an action plan to adapt the response to their identified needs; (ii) the training of social workers (70) in psychological support; and (iii) the provision of hygiene supplies to three childcare institutions.

In the **health sector,** other than the provision of supplies to the Ministry of Health for the COVID-19 (oxygen concentrators; personal protective equipment, etc), the response interventions were adapted to ensure the continuity of the essential health services at the local level, especially for women and children in remote communities. UNICEF provided local health units with vaccines, medicines, HIV tests and nutritional supplements for pre- and post-natal care.

Figure 7. Two young mothers come to register their newborn at the maternity center (@UNICEF/2020).

On the **RCCE** front, as the lead on communication for the UN office, the UNICEF CO, developed, in partnership with the WHO, a communication plan and led the dissemination of key messages to reach all families and communities through different communication channels, such as radio, TV, social media, billboards, door-to-door sensitization sessions (in partnership with the Centro Nacional de Educação para a Saúde (CNES)), implemented in collaboration with the different sectors (education, social protection, child protection, youth and health). Their activities included the rehabilitation of community radio stations to increase the reach of the communication

[11] Household Monitoring Survey: *Impacto da COVID-19 nas Famílias Santomenses*, INE; October 2020.

messages to the most remote communities; a weekly interactive TV show was broadcasted on Televisão Santomense channel (TVS) called "Tempo de Reinventar", with the aim of sensitizing and educating families about the relevant thematic of COVID-19. In order to sensitize and mobilize youth and adolescents, UNICEF has also developed activities in partnership with Instituto da Juventude, including a number of video and audio spots on COVID-19 prevention broadcast on radio and social media; awareness campaigns in all country districts; radio and TV programs directed to youth on the thematic of COVID-19, as well as the creation of a social media office within the Instituto da Juventude with the primary task to spread messages on social media.The local social protection and health implementing partners in Caué and Água Grande interviewed by the evaluation team assigned UNICEF response a score of 8 (on a 1 to 10 scale) for having provided a critical contribution to address the needs of the most vulnerable. Most of the local health professionals mentioned that UNICEF response to the pandemic was useful and timely. At the community level, community members consulted during the focus groups meetings organized in Angolares and Água Grande mentioned that their engagement in UNICEF response was very limited, as there was no relevant involvement of the community members by UNICEF and its partners in order to identify their needs or collecting feedback since the beginning of the pandemic. At the education level, the teachers and directors interviewed at the local schools visited scored UNICEF's response with 5 points (out of 10), stating that, although most of the interventions were useful, it wasn't enough to address the needs of the students and professors when schools reopened.

Figure 8.. Students study in Campo School (Escola Campo) in December 2020 (@UNICEF/2020)

7.2 Effectiveness of the UNICEF Response

7.2.1 Extent to which UNICEF has been able to contribute to offsetting the negative effects of the pandemic on **access to basic services** [ensuring coverage and scale-up]

The actual coverage of the identified needs in terms of access to basic services varied across the different response sectors. **In terms of ensuring access to health supplies** (personal protective equipment, oxygen concentrators, vaccines and nutrition supplements and other medicines for essential services), **CO staff members stated that - at the central level- the response exceeded the needs, as it arrived late and it came from multiple partners at the same time.** However, the local partners interviewed in the health units in Água Grande (Gamboa) and Caué (Angolares and Ribeira Peixe) were quite unanimous in stating that they were still lacking masks and sanitizers, as well as adequate health equipment, such as appropriate clothing for responding to positive COVID-19 cases, as well as sanitation points in the communities. Likewise, In spite of the RCCE measures described in the previous chapter, local partners stated that the **dissemination of prevention measures at the community level,** such as social distancing, using protective masks, correct handwashing, and isolation of infected people, **was not successful in influencing behaviour change, especially in schools**. School teachers mentioned that the equipment provided was also not adequate to respond to the social distancing needs given the high number of students.

In terms of communication and awareness, UNICEF led a very strong effort to reach different groups, through the use of different communication channels, such as TV, community radios, youth mobilization,

house visits, and flyers/brochures for distribution. The community radios[12] located in the remote districts of Santa Catarina, Neves, Lobata and Porto Alegre, which were not working before the pandemic, were rehabilitated (4 radios out of 5), with UNICEF's support, in order to be able to reach all communities with the key messages about prevention and risk management. These radios mostly reached communities in the most peripheral areas of the country.

According to the interviews carried out with the Ministry of Education and the UNICEF CO staff members, **the biggest challenge encountered during the adaptation of the education response regarded the distance learning strategy and the lack of access to a TV or radio amongst most of the targeted beneficiaries**. In addition, the social services were not able to quickly identify who these children were, and, therefore, to address their access needs as quickly as needed**. Regarding the coverage of the distance learning program, a survey carried out by INE found that approximately 1 out of 5 children that used to be in school did not participate in the distance learning program. Most of the students that were involved in the distance learning program were following the tv-classes (79%)**[13]. Furthermore, at the local level, the consulted schools stated that, after their re-opening, they were still facing several difficulties in terms of equipment, infrastructures and sensitization. School teachers mentioned that the equipment was not adequate to respond to the social distancing needs given the high number of students. The evaluation team also observed that hygiene measures are not being correctly applied in schools and the social distance is not being met. Classrooms are overcrowded and many schools, especially in most remote communities, and do not enforce the use of masks nor their correct use.

In the **social protection sector, the absence of the social services on the ground for around two months did not allow for signalling cases of violence, which was a strong limitation for ensuring the continuity of social/child protection services at a time when they were particularly needed[14].** At the local level, community members that participated in the focus groups discussions in Caué and Água Grande stated that they lacked material such as masks, cleaning products, potable water, handwashing points and latrines in their communities. Furthermore, financial support and social housing for the most vulnerable were also identified as crucial to help them overcome their difficulties.

Although most of the conceptual planning with partners (Ministry of Health, Ministry of Education, Ministry of Employment, Solidarity and Family) was developed by the end of May, t**he implementation was slightly stalled due to the lack of information regarding the evolution of the pandemic in the countr**y. The UNICEF Sitrep data provided by the CO showcases the level of achievement of the targets at the time of the evaluation (see table 1). This data shows that the targets related to *Risk Communication and Community Engagement (RCCE)* were already achieved. To the contrary, the targets from other pillars, such as *Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC);* Continuity of health care for women and children*;* and *Access to continuous education, child protection and Gender Based Violence (GBV) services,* were partially achieved, with the exception of indicators on parents and children's mental health and psychosocial support; UNICEF personnel and partners trained on GBV risk mitigation; and adolescents that participated in civic engagement, for which no reliable data is available.

[12] Radio Farol in Santa Catarina, Radio Tlachá in Neves, Radio Lobata and Radio Yogo in Porto Alegre.
[13] Household Monitoring Survey: *Impacto da COVID-19 nas Famílias Santomenses*, INE; October 2020.
[14] According to the interviews carried out with the Ministry of Employment, Solidarity and Family and the UNICEF CO staff members,

Table 1- Level of response achievement (by sector)

Pillar	Recommended Indicators for RO/CO	Target	Results	Level of Achiev. (%)
Risk Communication and Community Engagement (RCCE)	Number of people reached on COVID-19 through messaging on prevention and access to services	100000	100000	100%
	Number of people engaged on COVID-19 through RCCE actions	10000	10000	100%
Provision of critical medical and water, sanitation and hygiene (WASH) supplies and improving Infection Prevention and Control (IPC)	Number of people reached with critical WASH supplies (including hygiene items) and services	Total: 60000 Female: 30600 Male: 29400	Total: 13130 Female: N/A Male: N/A	21%
	Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	52	Total: 52 Female: 32 Male: 20	100%
Continuity of health care for women and children	Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities.	Total: 38535 Female: 22774 Male: 15761	Total: 1307 Female: 1007 Male: 300	Total: 3% Female: 4% Male: 2%
	Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	Total: 164 Female: 80 Male: 84	Total: 7 Female: 3 Male: 4	Total: 4% Female: 1% Male: 5%
Access to continuous education, child protection and GBV services	Number of children supported with distance/home-based learning	Total: 51846 Female: 26016 Male: 25830	3350- pre-school Others N/A	6%
	Number of schools implementing safe school protocols (COVID-19 prevention and control)	50	43	86%
	Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	N/A	N/A	N/A
	Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors	100	N/A	N/A
	Number of adolescent girls and boys who participate in or lead civic engagement (including online) in UNICEF-supported programmes for COVID-19 preparedness, response and building back better (more resilient, peaceful, greener and sustainable) in the reporting year [COVID]	N/A	N/A	N/A
	Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse	350	29	8%

Achieved

Partially achieved

No data available

Source: List of Indicators for COVID-19 Global HAC and SitRep (data updated on 16 Sept 2020)

7.2.2 UNICEF's success in **reaching the most vulnerable** segments of the population and **ensuring equity**

UNICEF worked with a number of national implementing partners to enhance the equity of the interventions implemented as part of the COVID-19 response, despite the lack of accurate information on the actual number of infection cases in the communities. Taking into consideration the low number of testing in the country as well as the low level of transmission[15], the intervention strategies put in place during the response mainly focused on the mitigation/prevention of the secondary impacts of the pandemic, mainly in the areas of education, WASH, social support. **The education sector, that heavily relied on the distance learning approach, planned for the identification of vulnerable children in communities without access to electricity and for the distribution of solar radios to the latter**. A list of vulnerable children at risk of dropping out of school also benefited from baskets with essential goods during the confinement, and later in the year 2020 they benefited from a support package to return to school (Back to School Program).

Figure 9. A young mother helps her child with his homework from home in Plano De Agua Ize (@UNICEF/2020)

Also, on the social protection side, the Ministry of Employment, in collaboration with UNICEF, started the identification of street children and institutionalized children and the assessment of their respective needs in the context of the pandemic. This facilitated the provision of much needed support and protection. However, this process did not take place in the Region of Príncipe, as the Ministry was not yet able to provide the necessary tools and human resources to train the local technicians in vulnerability identification techniques.

In regard to the health sector, interventions focused on: (i) **enhancing the access of most disadvantaged to vaccination**; (ii) **continuing the distribution of essential medicines** in the most isolated and remote communities; and (ii) **ensuring the continued provision of essential health services.**

According to the findings of the data collection conducted by the evaluation team in the field in November 2020, the ability of UNICEF interventions to reach the most vulnerable communities was scored quite high, by both the health partners (average note: 8 out of 10) and the local partners working on social protection programmes (average note: 7 out of 10) consulted. The local partners working in these two sectors, with whom the evaluation team met with, agreed that the response to the COVID-19 pandemic was targeted at the most vulnerable populations within their communities. However, at the community level, the community members that participated in the focus group discussions scored the equity of UNICEF interventions quite low (average note: 3.5. out of 10), indicating that the general level of community engagement in the roll-out of the response was quite limited and that the majority of the vulnerable community members did not receive much support in any sector (especially vulnerable mothers). The same rather low score was given by local education partners interviewed: the overall perception was that schools and communities don't feel that UNICEF interventions addressed the needs of the most vulnerable people.

[15] 1142 cases and 17 deaths at the time of the evaluation (January 2021).

7.2.3 How has UNICEF been able to meet programming standards and protocols?
7.2.4 To what extent has UNICEF been able to ensure/sustain **community engagement/AAP mechanisms?**

Although the CO held some interaction with the UNICEF Regional Office to discuss the minimum quality standards of the response interventions, **little attention was paid to ensuring compliance with such standards as the Core Commitment of Children in Humanitarian Action and/or Sphere Standards.** That was explained by the overall **lack of experience in using emergency response procedures and the seemingly lack of competencies within the UNICEF CO team** to implement these specific standards and mechanisms. Additionally, **Accountability to Affected People (AAP) or other type of community engagement mechanisms were not used as part of the CO response.**

7.2.5 How has the CO utilized preparedness and contingency planning during COVID-19 response?
7.2.6 To what extent has the CO revised COVID-19 response plan been based on the population's evolving needs?

In São Tomé and Principe, **The UNICEF CO planning of the response first relied on the Ministry of Health's contingency plan that was developed between February and March 2020, w**ith UNICEF's support.

Only later, UNICEF developed its response plan[16] (early April 2020), which was aligned with the 2020 World Health Organization (WHO) Global Strategic Response Plan (SRP) and the 2020 UNICEF COVID-2019 Humanitarian Action for Children appeal. Such plans identified a list of key pillars to focus on as part of the response: from the mitigation of the COVID-19 transmission and exposure; to the curbing of COVID-19 related morbidity and mortality ; until the prevention of the secondary impact of the pandemic; and the partners' coordination towards greater risk reduction and in-country preparedness. **This response plan was not based on a theory of change or log frame,** but on the orientations received from the UN and the information collected from consulting with the governmental partners, mainly the Ministry of Health.

A review of the in-country response plans reveals t**he lack of a truly concerted and intersectoral approach: the Ministry of Education contingency plan**, for instance, was prepared at the same time as the UNICEF response plan, whilst the other ministries took longer before they could provide a response based on an adequate response plan.

Further down the road, **the United Nations developed, too, an intersectoral joint plan[17] (May 2020), that was aligned with the national contingency plan for COVID-19 led by the Ministry of Health** (this national plan, which envisaged a set of socio-economic measures that were geared towards the curbing the spread of the pandemic at the country level, included three main intervention areas: (i) emergency response to the health needs, accompanied by risk communication and WASH interventions; (ii) prevention of and mitigation of the socio-economic impact of COVID-19 on public sectors, such as in education, nutrition, social protection, etc; and (iii) recovery and strengthening the resilience of the population, particularly vulnerable families and groups. The strategy also aimed at mobilizing financial resources to prevent and contain the COVID-19 outbreak in the country.

No contingency plan was developed by the UNICEF Country Office or the UN office in the country at any point. That is partly due to the lack of humanitarian experience and related competencies amongst the UNICEF CO, as well as the other UN country offices staff. **Although a disaster risk management training was**

[16] UNICEF Sao Tome and Principe Covid-2019 2020 Response Plan.
[17] UN Strategic Response Strategy to COVID 19, Sao Tomé and Príncipe.

organized by UNICEF for the government in 2019, it did not lead to its operationalization into any type of plan.

With respect to UNICEF ability to respond to the partners' needs, **the response was not as timely as one would have hoped for (especially in the education sector where the distance learning strategy took longer than expected to be materialized and was started only a few weeks before schools reopened).** The same applies to the purchasing of individual **protective material that was ordered in late April/early May but started arriving only in July/August**[18]. **The lack of testing capacity in the country also didn't provide the needed information for decision making or adaptation that one would have** expected, as no one had knowledge about the status of the levels of transmission.

7.2.7 What is known about the needs in the country and how did UNICEF CO determine and verify these needs?

Although no specific studies were conducted on the impact of COVID-19 in the country at the time the planning of the response was underway, the CO worked closely with the national partners to ensure that their interventions be based on an adequate assessment of both needs and risks on the ground, especially with the Ministry of Employment and the Ministry of Education.

That was all the more relevant given that the information made available by the national police and the local hospitals attested to an increase of violence against women and children during the pandemic, especially in March 2020. From July 2020 onwards, the epidemiology data services also started providing information that would support the decision on the geographical focus of the interventions with regards to the delivery of continuous health services.

In the health sector, a list of needs was initially identified based on some joint assessments conducted in collaboration with WHO and the Ministry of Health in order to respond to the population needs identified in the contingency plan.

An additional assessment of the needs of street children and other vulnerable groups in 5 districts of São Tomé was also conducted in partnership with the Ministry of Employment (Social Protection Directorate) in order to inform the UNICEF response. Likewise, a**n assessment was also carried out in partnership with the Ministry of Education in order to identify the list of schools that needed handwashing infrastructures, as well as a list of children that were at risk of dropping out and needed additional support.**

Furthermore, the UN Coordinator's Office launched a study to analyse the national socio-economic impacts COVID-19 on the STP population (a Socioeconomic Impact Assessment (SEIA) and an associated Socioeconomic Response Plan (SERP)). The results of the study, not yet officially published, will (i) inform a medium-term recovery plan to be drawn up in order to mitigate the effects of the pandemic, with particular attention to the most vulnerable groups and most affected sectors; and (ii) provide clear inputs for planning a more sustained UN support as a whole to the STP government during the next programming cycle.

7.3 Quality

7.3.1 The effects of the crisis and related constraints on lockdown and movement upon UNICEF's **ability to deliver quality**

The epidemiological situation did not evolve in Sao Tomé and Principe with the same gravity as in other countries in the region, and the regular testing only started taking place regularly in July 2020, which means

[18] According to the information collected together with UNICEF CO senior management.

that before that there was lack of data to inform the response in response to the country's epidemiological progression. **The country's lockdown was limited to two months: April and May 2020, during which there was no direct implementation of activities and supervision of partners on the ground, except for remote work on planning for the response with the national partner**s. For this purpose, UNICEF provided IT equipment and internet connection to government partners to allow them to work remotely. However, **the delays identified in the delivery of medical and protection supplies due to the borders' lockdown was a challenge that affected the provision in the most isolated communities to ensure the normal functioning of health services.**

No additional constraint was identified on UNICEF's ability to deliver quality, given that the lockdown period was quite short.

7.3.2 **Timeliness of** UNICEF response to COVID-19

The response from the national implementing partners became slower in the context of the pandemic. As a result, **the scheduling of activities was delayed (planned deadlines could no longer be met and reimbursement requests could not be attended to)**. Delays were identified in the delivery of supplies, as previously mentioned, due to the halt in production and the closing of borders; the implementing partners' adaptation process to remote working mainly during April and May was also a constraint that resulted in a few delays. **However, the UNICEF simplified procedures** (such as the L3 emergency procedure whose us activated by the CO until December 2020 and just recently extended for the whole of 2021) **allowed for a more efficient implementation of activities with partners, especially in the area of procurement** (processes were overall described as simpler and quicker to follow)[19].

With respect to the response overall funding and the level of financial execution, UNICEF's response plan had an initially planned budget of 455.000 USD to support the Government in the COVID 19 response (see table 2).

Table 2 - UNICEF Sao Tomé and Principe COVID 19 Response Plan Budget

Sector to support as part of the COVID-19 Response	Funding (USD)
Support coordination system	10 000,00
Strengthening risk communication and community engagement including digital engagement and rumours monitoring	50 000,00
Providing critical hygiene, medical and prevention supplies of WASH and medical supplies along with improved WASH services	90 000,00
Supporting provision of adequate health care and nutrition for women, children and vulnerable communities including case management	105 000,00
Providing access to continuous education and child protection services	50 000,00
Data collection and analysis of disease and secondary impact on women and children	50 000,00
Consultancy and program support	100 000,00
TOTAL	**455 000,00**

The funding eventually obtained by the UNICEF CO exceeded the initial planned budget thanks to the contributions provided by the UN headquarters, the Global Partnership for Education (GPE), USAID, the French Development Agency A (AFD). The overall funding totalled an amount of 1.911.000 USD (see table 3) for the years of 2020 and 2021.

Table 3- Sources of funding, by donor

Funding of the COVID-19 response (2020-2021) by source	Funding (USD)
Headquarters support to purchase supplies	300 000,00

[19] According to the information provided by the UNICEF CO staff members.

Canadian Cooperation to fund WASH and RCCE interventions	50 000,00
GPE to support Education	820 000,00
USAID	216 000,00
AFD	250 000,00
MPTFII	120 000,00
Portuguese Committee for Child Protection and Adolescent Programme	55 000,00
Immediate Response Rephase	100 000,00
TOTAL	**1 911 000,00**

The total expenses made at the time of the RTE (December 2020) were equal to 462 109,77 USD for all the different sectors (see table 4). Such amount exceeded the initial planned budget, which has been calculated based on the estimation of needs in early 2020. As the magnitude of needs increased over time, the budget increased accordingly. The greater commitment to supporting the response in in the country for 2020 and 2021 was also enabled by the launch of a GPE-financed project to support the education system response in 2021 (820 000 USD) and the financing of a back-to-school package with focus on adolescent girls (120,000 USD) by a multi-partner Trust Fund.

Table 4 – STP COVID-19 Expenses, by sector

1. PROTECTION	
Activities	**Used Budget (USD)**
Various Material for hygiene, cleaning and comfort	3 600,00
1000 informative and entertaining pamphlets on COVID-19 and psychosocial support and 200 boxes of colored pencils	9 700,00
Sewerage work and installation of a washbasin	1 700,00
Laptops and routers with unlimited internet for three months	5 000,00
Acquisition of the 27 solar radios	1 500,00
Signalling and Support Processes for Adolescents and Youth in Street Situations	9 800,00
Psycho-social support Training for social workers working at the DPSSF and the Counselling Centre against Domestic Violence C	4 600,00
SUB-TOTAL	**35 900,00**
2. YOUTH AND ADOLESCENT	
Activities	**Used Budget (USD)**
Solar radio	11 500,00
Support the implementation of the youth's contingency plan	21 100,00
SUB-TOTAL	**32 600,00**
3. RCCE	
Activities	**Used Budget (USD)**
Support for community radio stations	7 200,00
Television show - Tempo de Reinventar	9 400,00
Support to the CNES in the realization of the bell towers of the information on the districts with the CSOs	5 500,00
Printing of informative and entertaining pamphlets on COVID-19	9 500,00
Support to CNES in the production and printing of communication media on the COVID-19 response	5 600,00
SUB-TOTAL	**37 200,00**
4. SOCIAL PROTECTION	
Activities	**Used Budget (USD)**
Laptops and routers with unlimited internet access	2 000,00
Signalling and Support Processes for Adolescents and Youth in Street Situations	9 800,00
Acquisition of solar radios	11 500,00
SUB-TOTAL	**23 300,00**
5. IPPC (WASH, HEALTH, ''survie de l'enfant'')	
Activities	**Used Budget (USD)**
Kits de PPE	92 783,09

Vaccines, essential medicines and nutritional supplements, HIV tests and ARV drugs	29 154,69
Oxygen concentrators	3 989,70
WASH supplies	33 000,00
SUB-TOTAL	**158 927,48**
6. EDUCATION	
Activities	**Used Budget (USD)**
Laptop Computer	6 679,32
3G wifi router	328,56
Cell phone	517,34
Pen Drive	70,85
External Disk	98,47
Motorcycle	18 781,82
A4 Paper Ream	2 281,68
Polycopier	9 121,91
Color pencils	960,71
Solar Radio	51 390,00
Activities to prepare the learnings of response to COVID19	83 951,63
SUB-TOTAL	**174 182,29**
TOTAL	**462 109,77**

7.3.3 How has the UNICEF CO ensured the quality of the response and put in place processes and monitoring systems used to ensure quality?

Although no direct presential supervision of partners was possible on the ground in April and May 2020 as no activity was taking place, the coordination and supervision was made remotely through the provision of internet facilities and IT equipment to local government partners so that they could work remotely. **Constant remote interaction and technical meetings were maintained with national partners in order to ensure the efficiency and effectiveness of the planned activities**. National implementing partners interviewed, such as the Ministry of Employment and the Ministry of Education, stated a very close level of remote supervision and support during the implementation phase.

However, the monitoring of the supplies provided to the Ministry of Health remained quite challenging to perform on a systematic basis: all the supplies donated by the different organizations, including UNICEF, were stored together and there was no clear supervision of the final destination and use of the equipment. In order to tackle this issue, **the STP government decided to set up a crisis committee composed by the military forces that managed the equipment received. All deliveries were made directly to this committee, and then the equipment would be directly delivered to the different health units upon request**. **UNICEF role was more critical in the monitoring the availability of vaccines and drugs at the community level and in its efforts to ensure the continuity of primary health services.** To this end, UNICEF asked the Ministry of Health for a copy of the distribution plan so that they could better monitor distribution of the vaccines and drugs in the communities.

8 Emerging Themes/Conclusions

8.1 The **emerging positives** on UNICEF performance in the COVID-19 response in STP

According to the interviews carried out with the UNICEF CO senior management and staff members, the response to the COVID-19 pandemic represented a real learning curve for the UNICEF CO and its partners in that they acquired new knowledge and skills on how to deal with an unexpected humanitarian emergency for the first time in their professional life. Other positive points that emerged from this response include:

- The crisis provided a vast array of learning opportunities, such as piloting new models and approaches in the emergency context, exploring some thematic areas that were not a priority before, such as distance learning options to reach children who never went to school and the integration of hand-washing facilities in schools.
- Joint vision exercises and collective strategic intervention by the UN agencies (at the national and regional levels) provided an opportunity to exchange experiences and to learn from each other, facilitating the ongoing dialogue.
- Group cohesion and availability of government national partners to contribute to the response increased the intersectoral articulation.
- Adaptation to working remotely for the UNICEF country office team as well as the national partners certainly took some time but eventually allowed the key response actors to mount a continued response to the unfolding emergency situation.

8.2 The **challenges** encountered in STP during the UNICEF's implementation of the COVID-19 response

The biggest challenges observed during the response to the pandemic[20] included:

- The procedures for procuring essential supplies - for both the preparedness and response phases- affected the timeliness of the response;
- The lack of available data impacted the response, in that the country didn't have the necessary data available to inform its decisions concerning the pandemic;
- Shifting the government's attention towards the need to prioritize interventions aimed at vulnerable children – as a way to mitigate the negative impact of the pandemic within this special population group- proved more challenging than expected;
- The UNICEF CO staff's technical profiles were not the most suitable to plan and implement an emergency response;
- Misinformation and contradictory messaging from different UN agencies, government and media partners (radio and TV) created confusion amongst the public and required special concertation between the response actors to convey the most relevant and clearest possible prevention messages to communities.;
- The lack of specialized technical support for some sectoral programs, such as the production of distance learning program, hindered the rapidity of the intervention in this specific sector;
- The lack of capacity of the NGOs in the field to respond to the emergency was a strong deterrent to community engagement;
- The lower-than-expected level of awareness of COVID-19 prevention measures (e.g., social distancing) in schools perpetuated the practice of keeping classes over-crowded;
- Lack of capacity to monitor the efficiency of the interventions in the field over time, namely in schools, hindered any timely programmatic improvement.

8.3 Medium to long-term implications for **vulnerable children** and their communities in focal countries, and implications for **UNICEF's strategy and** action in the medium to long term

[20] Based on the information collected from the interviews with the UNICEF CO senior management and staff members.

The evaluation found that medium to long-term implications for vulnerable children and their communities include, not only, the new challenges that emerged during the pandemic in the education sector, such as higher incidence of school dropout, reduced learning time, need for reducing the number of students in each class, etc., as well as other more general negative impacts, such as increased violence against children, sexual abuse and early pregnancy.

An in-depth evaluation (e.g., developmental) of the different response pillars impact would enable UNICEF country office to prepare and adjust their intervention for the coming months, as well as In the medium and long term.

8.4 (Re)focusing UNICEF's programming to reach vulnerable children in the medium to long term [e.g., to include additional/new opportunities; need to act differently or transform, etc.)

In the education sector, the evaluation field data collection identified serious challenges faced by students and teachers in the visited schools, such as lack of adequate prevention measures, showcasing the need for increasing awareness in schools with regards to prevention measures (using masks, using handwashing points) and creating conditions for decreasing the number of students in the classrooms. **Students[21] and teachers that were interviewed stated that the distance learning classes should continue and confirmed the need for increasing access to TV and radio for students to be able to watch/listen to the classes**; and that parents should be more involved in the supervision of their children's classes.

In the health sector, the evaluation found that further provision of sanitation material and equipment to health professionals at the local level is needed[22], as well as close support to the health community agents that are engaged in the communities, through further training, as they stated that they don't feel confident about what their role should be in supporting their communities[23]. Additionally, local campaigns (interpersonal campaigns, door-to-door sensitization sessions; community radio campaigns, etc.) to sensitize the communities for prevention measures were also identified as a need, in order to complement mass media campaigns at the national level.

Finally, the community members consulted in the focus groups discussions stated that the UNICEF CO's engagement with communities was not sufficient in order to better identify and respond to their needs, and emphasised the need to receive further financial and public sanitation support, especially for vulnerable families. They also suggested that the UNICEF CO identifies and establishes new partnerships with civil society organizations in the different districts so as to increase the coverage and reach of the response interventions.

[21] Using the body mapping tool.
[22] Interviews with staff members at the health units, conducted by the evaluation team in November 2020.
[23] Interviews with health community agents, conducted by the evaluation team in November 2020.

9 Gender Equality and Women's Empowerment

Although gender equality was not one of the retained evaluation criteria, a specific effort was made to include some considerations on the gender responsiveness of the COVID-19 strategies and interventions in the report.

This is all the more necessary in light of the fact that **the COVID-19 pandemic had different repercussions on the lives of men and women in Sao Tome, due not only to their different socio-economic roles but also, and foremost, to the already existing gender inequalities,** which risked being aggravated since the first COVID outbreak. In particular, the groups of women whose living conditions deteriorated the most, included the workers in the informal sector, the day laborers, the women domestic workers, the victims of gender-based violence, the girls living in households living in food insecure households, the women and insecure households, the elderly women and the women and women workers in the health sector.

There are three main reasons explaining the worsening of women's living conditions in Sao Tome during the pandemic. First, social distancing measures, and in particular the confinement, worsened the situation of victims of domestic of domestic violence, who found themselves locked up with their abusers in conditions of stress. Second, the erosion of household livelihoods in the short term (see the Figure below) pushed women to adopt coping strategies involving transactional sex. Third, the crisis also affected services for victims of gender-based violence. Access to reporting and immediate support services was also more difficult due to mobility restrictions, and mobility, and essential services, including life-saving care such as clinical rape management mental health, psychosocial support, were disrupted for short period of time, especially when health and social service providers were overburdened and focused on managing COVID-19.

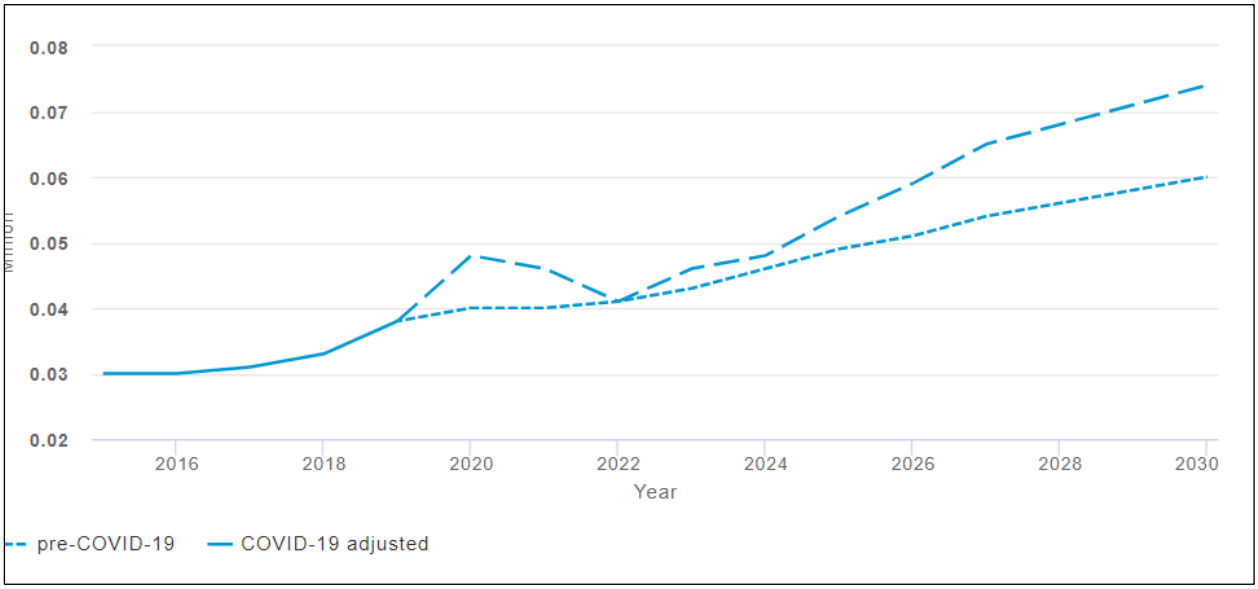

Figure 10. Population of women falling under the poverty line (all ages) in Sao Tome and Principe

Source: UNWomen, 2021 (https://data.unwomen.org/features/covid-19-driving-women-and-girls-deeper-poverty

In response to such needs, several activities were implemented specifically to fulfill the rights of women affected by the pandemic. In this vein, the National Institute for the Promotion of Gender Equality and Equity set-up with the Ministry of Labor, solidarity, Family and Professional Formation, played an important role in rolling out such initiatives, as mentioned in an official press release dated June 19, 2020[24], in which their respective limitations were also recognized.

[24] file:///C:/Users/mtarsilla/Downloads/STP_Info-Reuniao-Virtual-Pontos-Focais-CPLP-IG.pdf

F**or instance, one of the first initiatives rolled out in the response to the pandemic was the Waka Project aimed at the women heads of household in the fishing communities of São Tomé**: women were trained by an NGO to make 14,300 reusable masks so as to be able to generate income at a time when the fishing activities were stalled, and the market activities suspended. Likewise, many female vendors were transferred to another new market with better conditions and under the system of alternating days per group. Furthermore, **the national support program aimed at the most vulnerable families during the COVID, and consisting in the provision of four monthly payments, benefited 2,624 families, of which 48 are male-headed and 2,576 are female-headed (98% of the expected beneficiaries).** Despite such focus on women, the Government of Sao Tome candidly recognized that such support, although important, was still insufficient given the magnitude of needs.

In reality, the condition of women's rights in Sao Tome and Principe has improved over the last few years. As of 2019 (before COVID), 57.7% of women of reproductive age (15-49 years) had their need for family planning satisfied with modern methods. However, 28% of women aged 20–24 years old were married or in a union before age 18; the adolescent birth rate was 86 per 1,000 women aged 15-19 as of 2017, down from 92 per 1,000 in 2014; and, as of February 2021, only 23.6% of seats in parliament were held by women. Moreover, in 2018, 18.1% of women aged 15-49 years reported that they had been subject to physical and/or sexual violence by a current or former intimate partner in the previous 12 months. In addition, as of December 2020, only 34.4% of indicators needed to monitor the SDGs from a gender perspective were available, with gaps in some key areas, such as: a) unpaid care and domestic work; b) key labour market indicators, such as the unemployment rate and gender pay gaps; and c) information and communications technology skills. In addition, many areas – such as gender and poverty, physical and sexual harassment, women's access to assets (including land), and gender and the environment – lack comparable methodologies for regular monitoring[25].

Overall, the COVID-19 response in Sao Tome placed a special emphasis on reducing gender inequalities, both during the design and implementation phases. The inclusion of a specific gender-responsive indicator in the response results framework (*the Continuity of health care for women and children*) attests to the ambition of the response to enhance women's empowerment, especially amongst the most vulnerable. **That notwithstanding and despite the specific government budget allocations to gender-responsive activities, the response could not address all the existing needs,** such as in the case of the provision of essential services whose continuity could not be ensure at all times.

[25] Source: UNWomen 2021 (https://data.unwomen.org/country/sao-tome-and-principe)

10 Lessons Learned

The main lessons learned from the UNICEF CO COVID-19 response include the following:

- Having a UNICEF contingency plan developed and ready-to-be used proves to be essential for mounting a timely and effective response;
- Disposing of resources to monitor the progress of the response against its envisaged targets , also with the support from the UNICEF Regional Office, is critical to track the progress and impact of the response and, if needed, to adapt some of these interventions while they are still underway ;
- Good relationships and constant dialogue with the national partners facilitate the process of planification and implementation of an emergency response;
- Prepositioning critical supplies allows a more effective and timely response to emergency and yet predictable needs (e.g. vaccination stocks);
- Diversification of partners, namely civil society organizations, can hugely affect the timeliness of an emergency response, taking pressure off national government partners' shoulders;
- Evaluating the communication strategy and its reach is relevant to combat misinformation and its harmful effects, and promote behaviour change, in order to encourage prevention within the communities
- Promoting ongoing data collection and digitization of information (such as data on social protection and education per district) in collaboration with national government partners is very important to be able to take informed decisions for the planning of the different phases of an emergency response.
- Close field monitoring of response interventions ensure that prevention measures are being implemented and correctly enforced at the local level, namely in schools.

11 Recommendations

A few recommendations were developed as a result of this evaluation and discussed with both the UNICEF CO staff in Sao Tome and their relevant in-country partners before finalization. Such recommendation, developed in a participatory manner, will serve as the basis for the development of the management response, during which the suggestions actions (included below) will be further refined and operationalized.

11.1. Recommendations aimed at the UNICEF Country Office in Sao Tome and Principe

STRATEGIC RECOMMENDATIONS	PRIORITY
1. Improving data collection in the different health, education and social protection sectors to inform response.	H
2. Scaling up the prevention measures and sensitization already put in place in the education sector, especially in schools in the most remote districts where serious health and safety challenges are being faced. Priority level: High	M
3. Introducing emergency preparedness and a contingency plan into CDP and workplans.	
4. Strengthening the CO's and partners' internal capacity in emergency management.	M
OPERATIONAL RECOMMENDATIONS	**PRIORITY**
5. Strengthening social protection work, through better identification of the most vulnerable children, that are especially affected during the pandemic.	M
6. Conduct more rapid evaluations of each sectoral program (with a focus on results and process) in order to better understand what the next steps of the response should be. For example, evaluating the communication strategy; the distance learning approach; etc.	M
7. Finding alternatives for supplies that come from abroad, through the procurement of local goods and the recruitment of in-country consultants/resource persons.	L

10.2. Recommendations aimed at the UNICEF Country Office and Regional Office

STRATEGIC RECOMMENDATIONS	PRIORITY
8. Increase CO capacity for the monitoring of COVID indicators in each one of the response sectors through the provision of further tools and training	H
9. Support the UNICEF CO in identifying viable and efficient mechanisms for prepositioning supplies to facilitate the emergency response.	M

12 Annexes

12.1. Evaluation Terms of Reference

TITLE/PURPOSE	TOR template for use by CO in contracting an international consultant as part of the **Real-Time Evaluation (RTE) of the UNICEF ongoing response to COVID-19 in Sao Tome**
RECRUITING OFFICER	
CONTRACT MODALITY	*Individual contractor (international)*
LOCATION OF ASSIGNMENT	*Sao Tome. Remote work will be combined with field work*
LANGUAGE(S) REQUIRED	*Portuguese and English*
DURATION OF CONTRACT	*October 2020 - March 2021 (most of the work will be concentrated in October-first half of November)*

1. Background

Since the start of the outbreak in December 2019, the new coronavirus disease (COVID-19) has spread to over 215 countries and territories. As of 16 August 2020, there has been an estimated 21.294.845 **confirmed cases** of COVID-19, including children, and nearly 761.779 deaths reported.[26] As noted by the UNICEF Executive Director, children are "*the hidden victims of the COVID-19 pandemic*."[27] During the second and third quarter of 2020, lockdowns and school closures, in particular, have been affecting children's education, mental health and access to basic health services and raising the risks of exploitation and abuse. In order respond to such dire scenario, UNICEF has recently revised its Humanitarian Action for Children (HAC) appeal to **US$1,620,132,267**[28]. Such renewed effort is aimed to fulfil three key objectives: (i) to meet the needs of the affected children, communities, health systems and health structures; (ii) protect the affected populations and environment against the disease; and (iii) address the pandemic immediate health and socio-economic impacts.

The COVID-19 Response across the West and Central African Region (WCAR)

Since the COVID-19 outbreak in early 2020, national governments and development partners in the West and Central Africa Region (WCAR) have worked closely to roll out an adequate response to the pandemic. Confronted with a host of unprecedented health threats and socio-economic challenges, those managing the COVID-19 response in the region have tried to launch innovative and relevant programs that could: (i) rapidly adapt to the continuously evolving context; (ii) respond to both the emerging needs observed on the ground and those ones that have long existed before the COVID-19 emergency started (e.g. human, financial, technical needs) and, finally, (iii) meet the envisaged beneficiaries' expectations.

As part of its engagement to hall the COVID-19 pandemic, UNICEF has developed a series of strategic response plans at multiples levels (global, regional, national). All such plans have a common feature:

[26] WHO Situation Report 16 August 2020: https://covid19.who.int/
[27] https://www.unicef.org/press-releases/un-launches-global-humanitarian-response-plan-covid-19-pandemic
[28] UNICEF Coronavirus (COVID-19) Global Response, https://www.unicef.org/appeals/covid-2019.html

they are equally aimed to reduce the (i) health and (ii) socio-economic impacts of the crisis, as spelled out in the COVID-19 Response Theory of Change, developed by the Evaluation Unit of the UNICEF Regional Office for West and Central Africa (WCARO). More specifically, the responses rolled out on the ground by UNICEF and its global, regional and in-country partners seek not only to reduce morbidity and mortality and limit transmission and protect individual from the exposure to virus, but also to curb the deterioration of human capital, human rights, social cohesion and livelihoods.

In order to do attain such ambitious goals and ensure, as much as possible, the continuity of essential social services for children, women and vulnerable populations during the pandemic, UNICEF and other in-country partners across the region have translated all these strategic plan into a panoply of interventions in multiple areas, namely:

- Health system strengthening (provision of personal protection equipment and other materials, training, etc.);
- Infection Prevention and Control (IPC);
- Monitoring and research (including epidemiological investigations;
- Rapid response;
- Risk communication and community engagement;
- Social protection activities and other actions to limit the socio-economic impact of the epidemic;
- Support to maintaining basic social services (health, education, etc.);
- Strengthening UNICEF's humanitarian response capacity;
- Strengthening coordination;
- WASH.

Context in Sao Tome

In Sao Tome and Principe, from Apr 6 to 20 September 2020, there have been 908 confirmed cases of COVID-19 with 15 deaths. (source: https://covid19.who.int/region/afro/country/st)

Not long after the COVID-19 outbreak in the region, the Sao Tome government prepared an action plan aimed to (i) reduce the transmission, mortality, and socio-economic impact of COVID-19 nationwide; and (ii) ensure adequate protection of both the country's population and environment.

As part of the national response, Sao Tome also established a government-level committee tasked with the supervision and monitoring of the execution of the Plan e in a variety of sectors. This committee (the National Council for Preparation and Responses to Disasters or CONPREC) is coordinated by the Prime Minister and Head of the Government, assisted by the Minister of Health (serving as the executive secretary) and is made up of the representatives of the key line ministries with a more vested interest and participation in the COVID prevention, preparation, response and recovery (Education, Planning and Finance, Infrastructure, Natural Resources and Environment, Defense and Internal Order, Agriculture Fisheries and Rural Development, Labor and Social Affairs and State Secretariat for Social Communication and Regional Secretariat for Social Affairs and Communication).

UNICEF has made an effort, too, to contribute to the national response to COVID-19. In particular, it aligned its strategy with the UN joint multi-sectoral COVID-19 response strategy which, in turn, rests on (i) the national COVID-19 contingency plan developed under the leadership of the national Ministry of Health; and (ii) the package of socio-economic measures identified by the intersectoral task force of the Government.

The UN joint multi-sectoral COVID-19 strategy specifically aims at mobilising financial resources and promoting concerted and coordinated UN support to the country's response, in order to prevent and contain the COVID-19 outbreak in Sao Tome and Principe.

The UN intervention strategy is focused on the following areas of intervention:

- In the immediate term, the strategy aims to answer the country's existing needs in term of health surveillance, health care, risk communication and access to water, hygiene and sanitation (WASH) services;
- In the medium and long term, interventions will help to prevent and address the socio-economic impacts of the epidemic on the public and private sectors, including education, nutrition, maintaining access to routine health services, food security, child and women's protection and social protection, tourism, and agriculture.

The overall strategy goal is to minimise the humanitarian consequences of the epidemic on the country's population, also in line with the country commitment to "Leaving no one behind", as spelled out in the Agenda 2030.

Furthermore, the UNICEF response is aligned with the 2020 WHO global Strategic Response Plan (SRP) and the 2020 UNICEF COVID-2019 Humanitarian Action for Children (HAC) appeal. Overall, UNICEF is aiming to reach a total 50,000 people with preparedness and/or response activities in the following pillars[29]:

- Limit human-to-human transmission and protect individuals from exposure to COVID-19;
- Minimize morbidity and mortality due to COVID-19;
- Prevent and address the secondary impact of the outbreak – minimize the human consequences of the outbreak; and
- Enhance risk reduction and in-country preparedness including coordination.

Geographical prioritization – UNICEF STP has prioritised its interventions in the Agua Grande District and the capital area, which are home to 67% of the country's population. The two areas were prioritised in light of their high risk of transmission: their territory includes large commercial cities with an airport and seaport and feature intense human travel with significant number of travellers from within and outside, including tourists. The population living in the targeted areas is estimated to be of nearly 50,000 people.

[29] The activities included in each pillar are consistent with the WHO Country Guidance and the National Preparedness and Response Plan developed by the Government of Sao Tome and Principe with support from the various Development Partners.

The following list of activities and implementation sites provides an overview of the geographical and thematic scope of the UNICEF response to the COVID-19 in Sao Tome and Principe. This list is not exhaustive and will need to be completed after discussion with the UNICEF CO at the beginning of the assignment.

Box 1: List of UNICEF response interventions in Sao Tome and Principe

- Support to the Ministry of Education in building the capacity of primary schools and kindergartens to contain the spread of the pandemic, by installing handwashing facilities in 25 schools and with the prospect of extending it to 55 more.
- In case management, UNICEF provided the Ministry of Health with MPP kits, including laser thermometers, for the protection of 52 health professionals and 28 oxygen concentrators for the management of severe cases of COVID-19.
- Production and dissemination of various audiovisual materials (videos, songs, billboards, radio and television spots) through which it has been possible to reach all families and communities with key messages focused on Covid 19, ensuring the universality of people's knowledge about the new coronavirus.
- Door-to-door sensitization sessions by community health workers in all districts of the country, enabling more than 90% of them to access credible information on how to prevent COVID 19.
- Technical and financial support for the reactivation of four community radio stations (Rádio Farol in Santa Catarina, Rádio Tlachá in Neves, Rádio Lobata and Yogo in Porto Alegre), extending access to information to populations in the most peripheral areas of the country.
- In conjunction with the Social Inclusion Programme, technical and financial assistance to the process of signalling and support for adolescents and young people in street situations, carried out in the 5 districts of the Island of Sao Tome.
- In partnership with the Social Inclusion Programme, acquisition of computer equipment (12 laptops) and internet access (15 routers and unlimited internet for a period of three months) for the staff of the central and local services of the Ministry of Labour, Solidarity, Family and Vocational Training.
- The development of messages/advice transmitted to children and those in their care via radio and a television programme for psychosocial support and child protection ;
- In conjunction with the Child Protection Programme, the acquisition of computer equipment, technical and financial assistance to the signalling and support process for adolescents and young people in street situations, carried out in the 5 districts of the Island of Sao Tome.

2. Need for Learning and adaptation during COVID-19 response

The HQ UNICEF Evaluation Office issued 2 technical notes in March and April 2020 to guide evaluative initiatives aimed at responding to the organization's evidence generation needs as the response evolves. The Evaluation Office (EO) in New York UNICEF HQ and the COVID-19 Secretariat have since launched the continuous learning evaluation of the global response (including the *Fly of the Wall*), and some regional and country offices have embarked on other initiatives to inform their response.

Almost five months into the pandemic, **overseeing the quality of the UNICEF response** on the ground is being consistently recognized by the Emergency Management Team (EMT) as a challenge that Country Office (COs) face, due especially to the unusual remote working modalities. In an operating environment that is further **rapidly changing** and calls for continuous adaptation, there is an urgent need for an in-depth understanding of the ways in which countries are actually responding to this crisis through means which go beyond current reporting efforts in order to inform leadership decision making.

In this context**, a Real-Time Evaluation (RTE) of the UNICEF ongoing response to COVID-19 at the country level** is scheduled to take place in various countries in all UNICEF regions. This TOR covers the evaluation of the COVID-19 response in Sao Tome. The other 5 CO involved in this exercise include: Chad, Cote d'Ivoire, DRC, Gabon and Mauritania.

At a time when countries across the world are further grappling with the socio-economic consequences and secondary costs of what started as a public health crisis, this evaluation provide a precious opportunity to pause, take stock and reflect on how to adapt further as the crisis unfolds, while preparing for both the **next round of HAC and next generation of workplans**. Therefore, the evaluation is particularly timely and relevant for UNICEF CO across the region.

The RTE should be also seen as a means to support the UNICEF Regional Office for West and Central Africa (WCARO) in its oversight role vis-à-vis the implementation of the CO response to COVID-19. This evaluation will be managed by the Regional Office with contractual support from the CO and overall coordination support from EO, also in collaboration with the COVID-19 Secretariat

3. Purpose and objectives

Purpose

The purpose of the RTE is to inform a **forward-looking** reflection on the current **implementation** of the country offices (COs) response to COVID-19. Through the generation of timely and relevant evidence on how to best enhance the UNICEF response to COVID-19 in the region (on both the strategic and operational fronts), this evaluation aims to inform the planning of UNICEF work in this areas within and beyond the 6 priority countries which this exercise will focus on.

Objectives

This RTE will include a critical and yet rapid estimation o**f:**

- **The effects that the COVID-19 pandemic had on basic services,** particularly for the most vulnerable population and of activity initiated as a response to COVID-19;
- **T**he implications of the COVID-19 response on **UNICEF's regular/pre-COVID programme delivery (e.g. the extent of their repurposing for responding to COVID-19);**
- The **quality of the related delivery;**
- while also providing **early insights on the outcomes achieved.**

Findings generated through this RTE will be further **consolidated across countries and regions, with a view to identify trends** and generate **cross-country learning** and **timely actions** to strengthen the ongoing response beyond each individual country's borders.

4. Overarching questions

The RTE will be guided by the following **4 overarching questions** (more detailed questions will be included in the different data collection instruments aimed to some of the COVID-19 response key stakeholders):

1. *How effectively is the CO implementing the response to COVID-19 so far?*30 *How is the **quality** of the response to COVID-19 being affected by remote working modalities and the generally constrained operating environment?*

2. *How well is the CO adapting to the needs of the population, including the **socio-economic impact** of the pandemic?*[31] *How have these **needs been determined** in each country? (will include gauging: target setting, required capacity, early insights on results achieved so far and where most value is added);*

3. *What are the **early lessons** (for CO/RO/HQ) that are emerging from the implementation of the response? What are the emerging positives from the response? and what have been the greatest challenges in responding to COVID-19 so far? Are there discernable trends that are applicable to **different settings** (i.e. urban/rural; low-resource/high-resource settings etc.)?*

4. *What **more** should be done? What should be done **differently** to enhance COVID-19 response programming for children and their communities?*

Although this evaluation will not be formally guided by the OECD-DAC criteria, as other evaluations conducted in the past, the content of the evaluations will – de facto- refer to some OECD-DAC criteria, such as efficiency, effectiveness, relevant and equity.

5. Approach and methods

Overall approach

This evaluation builds upon and expands further an **Operational Reviews** format. It is a real-time exercise, featuring 'live learning processes' whose objective is to help UNICEF CO teams and leaders (as well as their partners) understand 'for themselves' through fruitful discussions and exchange of ideas, 'what happened', 'why it happened', and ways to sustain strengths and improve on weaknesses.[32]

While adopting a similar '**shared learning'** approach as the one characterizing an Operational Review, the proposed RTE will gather information (**remotely**) **from UNICEF staff as well as partners, other frontline workers, and the target population,** to the extent possible. This way the RTE will not only be informed by internal/UNICEF sources but external ones as well.

The RTE will be a 'light-touch' exercise that will employ a **mixed-methods** approach including qualitative and quantitative data collection. Given the **unfolding COVID-19 pandemic**, related travel risks and the significant disruption experienced by countries, virtual data collection including online

[30] Due to the fluid operating context, the use of COVID-19 response Country Plans as the 'unit of analysis'/reference point in the RTE was not deemed appropriate. Following discussions, the focus of the question therefore shifted from the implementation of COVID-19 **plans** to the implementation of the **response** to COVID-19. This question will entail gauging the adaptation of the response over time, including vis-a'-vis pre-COVID programme delivery

[31] This question will include an assessment of the effects of COVID-19 on access to basic services, including for the most vulnerable segments, to the extent possible.

[32] https://www.alnap.org/help-library/after-action-review-technical-guidance

surveys and remote interviews will be preferred. **However, intra-community data collection (including through the use of Photo Voice and other child-focused evaluation methods) will be envisaged when and where possible in most of the countries involved in this exercise.**

The presence of other ongoing/planned initiatives, at regional and country level, to generate information on the UNICEF response to COVID-19 will also be carefully mapped out to ensure alignment and minimize overlap with the RTE.

Data collection

Data collection will take place at three different levels:

- *National:* at least 10 KIIs will need to be conducted with cluster/sector leads, Partners NGOs, Government (mainly Ministry of Education and Ministry of health) and private sector (ex: community radio stations);
- Sub National: (selection of 1 or 2 sub national level sites). For each one of the communities included in the sample, at least of 2 schools (primary, secondary) and 2 health centers will need to be visited. At each site, direct observation along with KII and focus groups discussion will be held with front lines workers, such as health workers, community health workers and teachers/head of school. Other infrastructures supported by UNICEF will also need to be the object of the field visits. (ex: mainly WASH in schools/health centers)
- Community level: Photo Voice work sessions as well as participatory videos will be realized by UNICEF Implementing Partners in collaboration with the national consultants (Note: community level can also be urban and peri-urban areas of the Capital). UNICEF will provide telephones mounted with cameras to different groups in the same community (each group would be made up of 5-6 individuals) during a given week and the results of their work (pictures and films showring the impact of the COVID-19 on their daily lives as well their coping strategies) will be shared with the rest of the community for a more exhaustive discussion on some of the issues depicted by the groups. Photos and videos produced will be analysed by the consultants with support from the UNICEF WCARO Evaluation Unit.

Instruments

The following are examples of instruments that can be used for data collection:

- Short Survey Monkey questionnaire aimed at all all **UNICEF Cos in WCAR**: to ensure a widely consultative process at the level of each CO, the instrument will be sent to UNICEF CO Representatives for the Country Management Team (CMT) to respond;
- Short survey monkey questionnaire aimed at the **implementing partners' staff based in the country 's capital** (Govt, CSOs, private sector);
- **Phone surveys and phone calls** with implementing partners and frontline workers;
- Collaborative and participative discussion with various stakeholders through digital whiteboard[33];
- Follow-up in-depth remote Key Informant Interviews (KII) with UNICEF Staff, implementing partners (Govt and CSOs) at CO levels, etc.
- Oher innovative methods to capture, from an equity perspective, the 'voice of the community' will be explored to the extent possible. This would include a glimpse of what is happening within communities affected by the COVID-19, including their level **engagement** in response (the possibility exists for a short survey to be administered through **U-report** in districts where UNICEF)
- Photovoice, participatory videos, focus groups discussions, participatory activities with youth in affected communities

[33] Exemple : https://en.linoit.com/

Data Analysis

As this real-time evaluation will rest on a mixed method approach, it expected that the data be analyzed both quantitatively (e.g. frequency tables and other descriptive statistics) and qualitatively (e.g. through coding and content analysis)

Sampling:
In light of the real-time nature of this exercise and given the concrete learning needs amongst UNICEF staff and its partners, the suggested sampling is mostly purposive. In particular, the Selection of sub-national level locations where to conduct fieldwork will be based on accessibility, level of services supported by UNICEF and availability of stakeholders (including availability of IPs to support the conduct of community participatory activities, with a special focus on youth and children).

To help build on the **external stream of evidence and avoid the risk of duplication**, information pertaining to the response that is already available at the country level (e.g. U-reporters, phone banks at community level, 3rd party monitoring data, KAP studies/other assessments such as needs assessments, sitreps, response plans from UNICEF and from the Governments, etc.) will be explored. That would eventually inform the final choice of methods and data collection tools.

To ensure the soundness of findings generated, attention will be given to the **validation** of information gathered to reduce **potential biases**.

To enrich learning, EO is proposing to conduct **2 rounds** of assessments, with the first round (R1) planned to yield findings in early **Q4 2020**, and the second round (R2) in 2021.

6. Scope

Initially the intention was to sample a number of UNICEF-supported countries based on their ability to illustrate a diversity of profiles against a range of criteria. In line with the principles of following ROs lead and attempting to minimize duplication of effort, it was instead agreed in August 2020 that ROs would select countries based on regionalized rationales and upon where relevant activities were already taking place[34].

In WCARO, the following Countries Office were selected to take part in this first phase of the RTE: Chad, Cote d'Ivoire, DRC, Gabon, Mauritania, and Sao Tome and Principe.

Thematically, the assessment will focus on the UNICEF **public health response** and the **early stages of the socio-economic response**. The sampling approach adopted in each region may ultimately further determine the thematic focus of the assessment.

The focus and approach for the **2nd round** of the RTE (R2) including the countries to select in R2, will be determined on the basis of the 1st round (R1).

[34] The EO will produce a retrospective framework of these RO-selected countries in early September 2020 using criteria such as i) geography (region); ii) CO size; ii) government capacity and systems to respond to outbreak; iv) outbreak size/level of disruption of basic services; v) focus of UNICEF CO's programmatic response (e.g. social protection; child protection; education etc.), or a **combination of any of these criteria**. This framework will a) support reporting at the global level and b) allow the EO and the RTE Task Team to identify if the RO-selections will support a global representative analysis or additional selections will be required. Given that a number of ROs would like to apply the CO survey to all Countries in their regions, then sample a number of countries for in-depth data collection, this is expected to supply much of the comparative data required for Phase 1.

7. Evaluation Users and Uses

This exercise has the potential to offer timely insights on different levels. Primary users will be the **UNICEF management at the country level** who would harness the RTE's findings to improve **ongoing implementation** of the response to COVID-19. Findings from the RTE will, more specifically, inform potential adjustments to the **2021 appeals** and the **next round of CO planning**.

The wealth of information generated from an extensive sample of countries can also represent a valuable asset for the **oversight role of regional offices**, and to **HQ**, with a view to informing **broader forward-looking strategic decision-making** across typologies of countries and responses. If completed as planned, the evidence generated will inform RMT discussions on the response in the Fall of 2020. Making a timely report to inform the RMT discussion will be deemed critical and must be prioritized.

The findings of the assessment are also expected to plug into the **global** continuous learning initiative around the COVID-19 response that EO is currently implementing with the COVID-19 Secretariat, and importantly, will be used as one of several information/evidence streams which will feed into the eventual **L3 summative evaluation** of the response to COVID-19 (that EO plans to conduct in 2021).

Information gathered will be analyzed and trends identified and presented in a **digital interactive report**. The RO in collaboration with the different consultants working in each one of the 6 countries, will produce a regional report on the RTE. The RTE's findings will be presented and discussed as appropriate, with findings from Round 1 expected to inform the fall RMT.

8. Management and Resources

Besides informing the CO planning of the COVID-19 response, this RTE is intended to support the **oversight** role of **Regional Directors**. It will therefore be managed **by ROs**, through the **Regional Evaluation Advisors (REvAs)**, who will work closely with the Regional Emergency Advisors and the Deputy Regional Directors. To expedite the delivery of the RTE. The **Humanitarian Evaluation Portfolio (HEP) in EO and the COVID-19 Secretariat** will support the RTE and ensure a coordinated approach. Specifically, the following are envisioned as the key roles and responsibilities:

- REvAs will confirm the **selection of countries** involved in the RTE in each round, and will work with the EO to ensure a suitably diverse range of countries;
- A small taskforce, comprising REvAs and HE, will **co-develop the tools** that will drive the exercise. While this 'toolkit' with templates will be available to collect, analyze and use data from COs, each region will plan for the execution of the RTE, with the understanding that **specific regional adaptations** in such tools and approaches may take place, as needed;
- REvAs and their evaluation teams will be responsible for **consolidating findings** at the level of *their respective region*, the UNICEF Evaluation Office (EO) will, in turn, be responsible for consolidating findings, identifying trends and generating learning *across* regions;
- EO will keep all informed, provide cross-region insights and advice, when needed, with a view to ensure the RTE's continuous relevance and utility.

9. Timeline

A **tentative timeline** for Round 1 of the RTE is presented below:

Expected deliverables

Deliverables	Deadlines
Contribution to the Analysis of the quantitative survey launched by the Regional Office on Survey Monkey	October 16
Transcripts of all KIIs conducted at national and Sub national level and observation sites check list filled	October 26
Analysis of U reports if used	October 26
Country-level report following the template provided by UNICEF	October 26

Results of the Photo voice work and participatory videos	November 30

10. Required Competencies and Qualifications

The UNICEF Regional Office will be supported by a at least one external consultant in each one of the CO involved. In Sao Tome, the external consultant will be international consultant and he/she will with help with the research and data collection tasks at the country level, analysis and reporting.

The international consultant team is expected to execute the following tasks:

a. Work closely with the RO to design and implement the RTE;

b. Execute the RTE to respond to the questions stipulated in the terms of reference (or subsequent revisions of the RTE questions);

c. Generate Assessment products and deliverables in accordance with contractual requirements.

The Consultant will work closely with UNICEF regional evaluation staff.

Required Qualifications of the external consultant

Senior Evaluator

i) A post-graduate or master's degree in social science, development studies, international relations or economics.

ii) Extensive knowledge of humanitarian, development and humanitarian-development nexus programming, debates and ways of working.

iii) At least 7 years' experience in conducting and managing multi-disciplinary evaluations – in particular global, strategic evaluations and joint evaluations – UNICEF, other UN agencies or other international partners.

iv) Extensive knowledge of and experience in current evaluation methods and approaches, particularly formative and forward-looking approaches, participatory methods, and supporting accountability to affected populations.

v) Extensive experience with inter-agency cooperation at headquarters and in the field.

vi) Familiarity with UNICEF's programming.

vii) Excellent oral and written communication skills (in English); knowledge of other UN languages a key advantage.

viii) Expertise evaluating/assessing public health emergencies is highly desirable.

ix) Extensive knowledge of qualitative and quantitative data collection methods and analytical methods and techniques.

x) Proven experience managing an evaluation team.

xi) Experience in generating strategic, useful and action-oriented recommendations to senior management and programming staff.

xii) Experience with the ethics of evidence generation; experience collecting data from vulnerable groups; familiarity with ethical safeguards.

11. Application Submission Modalities

UNICEF accepts applications from **International individual contractor.**

All applications should contain the following documents:

I. Technical Proposal which would include at least the following:

- Candidate's CV
- Example of one evaluation report produced by the consultant
- Methodology note (max 2 pages), which shall cover the following:
  - Understanding of the evaluation purpose
  - An adequate conceptual framework and evaluation methodology
  - Proposed timeframes (hour/days)
  - Clear definition of roles and responsibilities for the execution of the mandate

Applicants are strongly encouraged not to repeat the text from Terms of Reference but rather to demonstrate a critical understanding of it in their methodology note. This note shall remain a technical document and not a motivation letter.

II. Financial Proposal:
- Detailed budget breakdown (in US Dollars).

The proposed financial offer must include fees, logistics (DSA and Tickets) and indirect costs (publishing, reprography). Fees will be negotiated and agreed upon before contract is signed.

The technical proposal shall be submitted in a separate file or envelop, clearly named/marked: "Technical Proposal." No financial information should be included in the Technical Proposal. The technical offers will be noted according to the assessment grid provided in Table 3.

Table: Technical offer assessment grid

Number	Assessment criteria	Sub-criteria	Score	Total score
1	Understanding of ToRs	Understanding of ToRs *(according to the value added of the technical proposal)*	10	10
2	Methodology	Methodological reference framework to address evaluation questions *(according to the relevance of the methodological framework for answering evaluation questions)*	10	25
		The quality and robustness of sampling strategy *(according to the relevance and consistency of the proposed data collection and sampling methods for answering the evaluation questions)*	10	
		Data analysis methods (*according to the relevance and consistency of the proposal for answering the evaluation questions)*	5	
3	Organizational capacity of the evaluation team to execute the mandate	Evaluation Work Plan (*according to the relevance of the proposed timeline for the delivery of expected outputs*)	5	10
		Roles and Responsibilities of the Evaluation Team members *(according*	5	

		to the appropriateness of the distribution of roles and responsibilities for the achievement of expected results within the required time)		
4	Expertise and experience of the Team Leader	Expertise of the Team Leader (*according to the conformity with the required profile and the expertise evaluation in general and in equity-focused and gender and human rights-based evaluations)*	5	10
		Experience of the Team Leader *(according to the quality of the evaluation report submitted as part of the proposal, and the consultant's experience in evaluation in general and in the targeted thematic area in particular and as an evaluation team leader)*	5	
5	Expertise and experience of the Evaluation team members	Expertise of the team members *(according to the conformity with the required profile, the expertise in the targeted thematic area, knowledge of the national context and evaluation and research methods)*	8	15
		Experience of the team members (*according to the experience in evaluation in general and in the thematic targeted area)*	7	
Total Score attributed to the technical proposal				**70 points**

The financial proposal shall contain the Offer with cost breakdown and must cover all expenses related to the evaluation including the desired remuneration, accommodation costs, travel costs (economy class), travel insurance and others. The IT and communication equipment necessary for the proper implementation of the evaluation will be the responsibility of the consultant. It should be noted that the costs of organizing meetings or technical workshops will be borne by UNICEF. The financial offer shall be presented separately from the technical offer and clearly named/marked "Financial Proposal". It will only be examined for offers that are considered technically valid (minimum score of 50 points in the technical assessment).

The evaluation firm can suggest a different payment schedule in their proposal. This will be considered during the assessment of the proposal.

12.2. List of interviews and focus groups discussions

12.2.1.

Date	Entity
19.10.2020	UNICEF CO TEAM
	UNICEF CO TEAM
	UNICEF CO TEAM
	UNICEF CO TEAM
	UNICEF CO TEAM
	UNICEF CO TEAM
20.10.2020	Ministry of Education
	Ministry of Education
	Ministry of Education
21.10.2020	UNICEF CO TEAM
	DPSSF (Ministry of Employment, Solidarity and Social Security)
	CNES (Ministry of Health)
22.10.2020	TVS-Télévision Santoméens
23.10.2021	Institut de la jeunesse
28.10.2020	Secretariat of State for Social Communication
4.11.2020	Programme de santé Reproductrice (Ministry of Health)
6.11.2020	Direção dos Cuidados de Saude (Ministry of Health)

12.2.2. Community/Local Level

Date	District	Entity	Interviews	Focus Groups
10/Nov	Agua Grande	School Patrice Lumumba	4 interviews with teachers 1 interview with school director	2 Focus groups with girls 2 Focus Groups with boys
11/Nov	Agua Grande	Liceu Nacional	5 interviews with teachers 1 interview with school director	2 Focus groups with girls 2 Focus Groups with boys
11/Nov	Agua Grande	Health Centre in Gamboa	4 interviews with staff 1 interviews with health community agents	N/A
12/Nov	Caué	Social Protection District Coordination	1 interview	N/A
12/Nov	Caué	Secondary School Porto Alegre	4 interviews with teachers 1 interview with school director	2 Focus groups with girls 2 Focus Groups with boys
13/Jan	Caué	Secondary School Angolares	2 interviews with teachers	2 Focus groups with girls 2 Focus Groups with boys

13/Nov	Caué	Health Center In Angolares	3 interviews with staff 3 interviews with health community agents	N/A
13/Nov	Caué	Community in Angolares	N/A	1 Focus Group with 1 community leader, 2 key informants and 5 community members
13/Nov	Agua Grande	Social Protection District Coordination	1 interview	N/A
16/Jan	Caué	Health Center Ribeira Peixe	1 interview with health community agents	N/A
17/Nov	Agua Grande	Community in Agua Grande	N/A	1 Focus Group with 1 community leader, 2 key informants and 5 community members

12.3 Survey for Key Informant at CO level

Dear UNICEF Colleague,

Thank you for agreeing to be interviewed to support the UNICEF Real Time Assessment (RTA) of the UNICEF ongoing response to COVID-19. Your responses will be critical to understanding how UNICEF Country Offices (COs) have adapted to better respond to the COVID-19 pandemic, programme implementation and reach, quality of our programme support, and identifying lessons for enhancing our work moving forward.

Your Country Office may already have participated in a CO survey monkey questionnaire. We expect the CO questionnaire to be completed by every UNICEF CO globally. Your CO has been selected by the RO as a focus country. This means that we'll undertake ***3-5 Key Informant Interviews*** *(KIIs) (including this one!) where we hope to* ***supplement the information*** *provided in the CO questionnaire and get more depth on the CO experience. Further triangulation of information will be done through desk reviews, external stakeholder surveys or interviews, use of ongoing monitoring or other CO mechanisms.*

The RTA process is being managed by Regional Offices (ROs), with coordination and support from the Evaluation Office (EO), and the COVID-19 Secretariat. The top-line findings and analysis will be presented to both RMT and GMT in Q4 of 2020 and also used for the COs 2021 work planning and the HAC review process.

Answers provided should relate to the Country Office in which the respondent officially works at the time this interview was conducted.

1 The overall guiding question for the assessment is: *How well has UNICEF* ***responded*** *to the COVID-19 epidemic in *** [country] in the past six months? Following the COVID-19 response, how well placed is the CO now to respond to likely* ***future emergencies*** *(e.g. a second wave of COVID-19, if applicable; cyclones, seasonal flooding, drought, population movements etc.)?*

2 In your view, how did **pre-2020 country vulnerabilities and response capacities** impact on the national and the UNICEF response to COVID-19, particularly from a **timeliness** perspective?

a. What **change or adaptation** did the CO make to enhance its COVID-19 response, taking into account the caseload, socio-economic impact, lockdown/access?
b. What is UNICEF's current level of knowledge on how **pre-existing needs and conditions** may have changed as a result of COVID-19? Specifically, how have children been affected and have definitions of categories of vulnerable populations changed as a result?

3 Was the UNICEF CO COVID-19 response plan **proportionate** to country level needs and **informed by consultation** with partners and affected communities?

a. How were needs assessed, and how were these balanced with capacity to respond?
b. As needs have been verified and evolved, in what ways have the targets originally set by UNICEF in the COVID-19 response plans **been adapted**, and why?

4 How **relevant** were **UNICEF's preparedness planning and mechanisms** (including contingency arrangements) for the COVID-10 level response?

a. What **preparedness lessons** have been learnt and applied at CO level?

b. How [if at all] have preparedness planning and mechanisms at CO level been enhanced to be ready for the next COVID-19 outbreak and/or to respond to other potential emergencies?

5 Is there a **standout moment** in this response where UNICEF's **advocacy**/influencing/leverage with other actors was **demonstrated to be successful**?

a. What were the **critical factors** that led to the outcome? Or
How would you describe UNICEF's particular contribution if this was a sectoral/cluster/joint advocacy success?

6 What **support** has the CO received from RO and HQ? [e.g. L3 SSOP; COVID-19 guidance documents; additional funding/support to re-programme existing funds; technical support…etc.]

a. How **timely and useful** was the support provided**?**
b. What **recommendations/feedback** can you provide to UNICEF RO and HQ in relation to support going forward (for COVID-19 and more generally)?

7 COVID-19 has placed significant additional demands on COs given the restricted movements and lockdown situations, resulting in some **challenging management decisions:**

a. Has the CO significantly **increased coverage and/or reach** and, if so, in which sectors?
b. Is your view that UNICEF was able to extend (or sustain) reach in the **most essential** services?
c. Have difficult decisions had to be made given needs/ increased coverage and reach leading to an inability to focus on **quality**?

8 How [if at all] has UNICEF **ensured quality** of its response especially with **remote management**?[35]

a. What methods have been used to **verify** this?
b. How would you assess the **overall quality** of the UNICEF CO response to COVID-19 so far? In your answer to these questions **please use some of the following as prompts to defining quality**[36]:
   i. *Timeliness;*
   ii. *Meeting programme standards [for both supplies and services] – there are standards even in non-humanitarian programming;*
   iii. *Integrated programme approaches that increase coherence, value, engagement, and protection; that are risk informed, take into account LHD; consideration of the political/economic analysis, etc.;*
   iv. *addressing equity and exclusion;*
   v. *cost effectiveness;*
   vi. *adaptation and flexibility where this led to change of approach;*

[35] UNICEF defines remote programming as programming without the presence of staff due to unacceptable security risks or denial of access by authorities. ***Remote Programming Humanitarian Action, Final Report,*** Programme Guidance, UNICEF, New York, 2012.

[36] In the ***Evaluation of the Coverage and Quality of the UNICEF Humanitarian Response in Complex Humanitarian Emergencies***, UNICEF defines quality as 'the extent to which UNICEF is adhering to the benchmarks of its CCCs, plus its supplementary commitments to 1) the Core Humanitarian Standard (including related commitments to Accountability to Affected Populations), 2 technical standards for humanitarian programming (primarily SPHERE, Inter-Agency Network for Education in Emergencies, and the Child Protection Minimum Standards), and 3) the high level common themes of the World Humanitarian Summit and accompanying Grand Bargain commitments, as reflected in the UNICEF Strategic Plan 2018-21**. As this definition uses mainly 'emergency' programming quality criteria and some COs may not be entirely familiar with them, , responding to this definition is not directly within the body of the KII question no 8; however, the interviewer can use it to prompt if required or if challenged by the interviewer with regard to UNICEF definition of quality.**

vii. innovative approaches and methods adopted no matter how apparently small

viii. etc

9 How [if at all] has the CO ensured /continued **community engagement** (AAP) and with what **frequency** has this been undertaken?

a. How has the CO used this information from communities to adapt programming? Please provide examples.

Alternative Question [9] (with supplementary questions)

if the interviewee is the AAP Focal Point or Head of C4D (also responsible for AAP)

(attempts to secure this interview should be made by the RO and an additional time allocation should be requested)

9b. Six months into this response, how **successful** has UNICEF been in maintaining or increasing C4D/AAP activity?

9c. What **adaptations or innovations** have been required at local or community level to continue delivering key information and messages at community level?

9d. What actions have been taken either on the part of your team or on the part of senior management to ensure that AAP data and recommendations are being factored into programme design and adaptation in a timely and meaningful way?

9e. Aside from COVID-19 related lockdown or other movement restrictions impeding access, what **other constraints** are you experiencing to effective C4D/AAP work and **what more** can UNICEF do to support your work?

9f. Based on your knowledge of communications at community level, or in your perception, (please state which) have there been **any implications** for UNICEF's ability to communicate effectively on PSEA or other Code of Conduct imperatives at community level?

10 Should the CO work **differently** as it continues to respond to the impact of COVID-19 in this country to ensure children and their communities are not left behind?

a. **What should UNICEF do more of/prioritise**? *Please elaborate:* _____
b. **Where should UNICEF do less/deprioritise**? *Please elaborate:* _____
c. **How should UNICEF work differently?** *Please elaborate:* _____
d. **What are the possible new areas of activity that UNICEF should consider responding to new or increased needs?** *Please elaborate:* _____

12.4 Interview Guide for Affected Communities

Introductory Message Text

Dear X

I am X and I am working for UNICEF to undertake this assessment. Thank you for agreeing to support UNICEF by taking the time to participate in this (telephone) interview. UNICEF is conducting a real time assessment to better understand the needs in Covid-19 affected-communities, your perspective on the quality of the response so far, and advice on what UNICEF and other partners should do in the coming months. This real time evaluation is being conducted in countries across the world. This conversation should not take longer than X time/minutes. All responses are anonymous, and names and job titles will not be stated in the report. Do you have any questions before we begin?

2. What are your must urgent needs at this time of COVID?
3. On a scale of 1 to 10 [*1 being low and 10 being high*], to what extent has the support received by you over the last few months matched.responded your most **urgent needs (see response above)**? Tell more about the support you received
4. What other **support** (if any) have you received but that did not so much response to your needs> so far to deal with the effects of the COVID-19 pandemic? [37]
5. On a scale of 1 to 10 [*1 being low and 10 being high*], to what extent have the **most vulnerable** populations in your community been given special attention during the response so far? [*Please provide additional details]* _____
6. In what ways was your community **engaged** by UNICEF and its partners throughout the response so far: *[please select all that apply]*[38]
   a. No/very limited engagement
   b. We were asked what our needs were at the onset of the crisis. *Please indicate by which method:* _____
   c. We were asked what our needs were at key points in time in the past few months. *Please indicate by which method:* _____
   d. We received clear information about the response *(i.e. what to expect, when and who was eligible for specific programmes). Please indicate by which method:* _____
   e. We received information about the ways to provide feedback/complaints on the response. *Please indicate by which method:* _____
   f. We were involved in key decisions about the response that affected us. *Please indicate by which method:* _____
   g. We know that our feedback/advice has been used to inform the response
7. Did you/your community receive what you needed the most **in time** for it to be useful? (please tell us about the t for each one of the areas where the response has focused (we should provide respondents with the list)
   a. Yes

[37] If this is a telephone survey, then propose beginning with a drop down menu of what support had been received.

[38] This question may be applicable only when communities are aware of UNICEF and would need to be adapted to national/local awareness levels. Judgement call required/rewording required.

b. Somewhat
c. No
d. Don't know/not sure

8. Health
9. Education
10. Nutrition
11. Water and Sanitation
12. Child Protection
13. Social Protection
14. Other *[please specify]*

15. How easy is it for you to **contact UNICEF or UNICEF partners** to make suggestions, to complain, or to provide feedback? *[Please provide additional details]* _____
    a. Very easy
    b. Easy
    c. Somewhat easy
    d. Not easy
    e. Don't know/not sure
16. What should UNICEF do **more of/less of/differently in order for their reponse to better meet your community most urgent needs**? *[open ended]*

12.5. Interview Guide for National Government and INGO Implementing Partners

Introductory Message Text

Dear X

I am X and I work for UNICEF/am an independent consultant. Thank you for agreeing to support UNICEF by taking the time to participate in this (telephone) interview. UNICEF is conducting a real time assessment to better understand needs in COVID-19 affected-communities, your perspective on the quality of the response so far, and advice on what UNICEF should do in the coming months. This real time assessment is being conducted in countries across the world. This conversation should not take longer than X time/minutes. All responses are anonymous, and names and job titles will not be stated in the report. Do you have any questions before we begin?

A. Adaptation

17. What kind of **support have you received** from UNICEF in the past 6 months for the COVID-19 response? [39] *[please select all that apply]*
    a. Supplies
    b. Logistics
    c. Funding
    d. Technical and Advisory support
    e. Human Resources (Surge)
    f. Training
    g. Other_____
18. To what extent do you consider UNICEF support received during COVID-19 **relevant** to the Government response and Government priorities? *[please select 1 answer from the following]*
    a. Very relevant
    b. Relevant
    c. Somehow Relevant
    d. Irrelevant
    e. Don't know/not sure
19. *For Government only*: How **supportive** has UNICEF been to considerations of new programmes, approaches or initiatives made by the Government? *[please select 1 answer from the following]*
    a. Very supportive
    b. Supportive
    c. Somehow supportive
    d. Not supportive
    e. Don't know/not sure
    f. Does not apply as the Government did not consider new programmes/approaches/initiatives
20. *For Government only*: On a scale of 1 (low) to 10 (high), to what extent has UNICEF been able to **scale up coverage and response** as required?
21. *For IPS only*: Is your organization **working differently** or **in a new sector** to respond to COVID? *[open ended]*

[39] This question should only be asked if the information is not already available to the interviewer. It is expected that when the key informants are selected by COs/RO this information would form part of the brief.

22. *For IPs only*: **How flexible** has your partnership with UNICEF been in order for you to implement the activities you wanted to put in place in time to meet new or different community needs? *[please select 1 answer from the following]*
    a. Very flexible
    b. Flexible
    c. Somehow flexible
    d. Not flexible
    e. Don't know/not sure
    f. Does not apply as we did not implement activities for new/different community needs

B. Implementation

23. On a scale of 1 (low) to 10 (high), to what extent has **UNICEF contributed** to Government **response ability** to identify, target and reach **the most vulnerable and excluded populations**?
24. On a scale of 1 (low) to 10 (high), how have the **needs of the most vulnerable been met** in the response?
25. What were the main **implementation challenges** for UNICEF in the response **at the beginning**? *[open ended]*
26. What are the main implementation challenges for UNICEF in the response **now**? *[open ended]*
27. On a scale of 1 (low) to 10 (high), how has **UNICEF successfully** addressed these challenges[40]?
28. What role have preparedness and contingency planning had in the response to COVID-19*? [open ended]*
29. On a scale of 1 (low) to 10 (high), have **supplies** reached intended beneficiaries?[41] *[If question does not apply, please select N/A]*
30. On a scale of 1 (low) to 10 (high), have **communication messages** reached intended beneficiaries? *[If question does not apply, please select N/A]*
31. On a scale of 1 (low) to 10 (high), has **cash assistance** reached intended beneficiaries? *[If question does not apply, please select N/A]*
32. On a scale of 1 (low) to 10 (high), has **training** been received where it is necessary? *[If question does not apply, please select N/A]*
33. What initiatives or innovations have been effective with regard to **remote programming and monitoring**? *[open ended]*

C. Quality

34. On a scale from 1 (low) to 10 (high), how **timely** has UNICEF support been to the response?
35. On a scale from 1 (low) to 10 (high), how **impactful** do you judge UNICEF-supported interventions to be?
36. How has **equity** been ensured especially if there have been access challenges?
37. On a scale from 1 (low) to 10 (high), to what extent has UNICEF and its partners been able to **verify successful delivery of activities**?
38. Which groups are in most danger of being '**left behind'** or are the most vulnerable being served? (e.g. segments of populations, geographical areas, urban/rural, economic groups?) *[open ended]*

D. Lessons learnt/forward thinking – open ended questions

39. What conclusions can be drawn on UNICEF's particular **added value** to the COVID-19 response in the country? *[open ended]*

[40] This question is intended to clarify the extent to which UNICEF has been a key player and has showed leadership in addressing these challenges

[41] Questions 12 to 15 should be selected depending on the individual response being discussed.

Given your current needs to improve the national response to the COVID-19 response as well as other priorities what should UNICEF CO do **more of**? **less of**? **differently**? **possible new areas?** in order to enhance programming for children and their communities? *[open ended)*

12.6 Interview Guide for Frontline Workers, Local Government and Local CSOs

Introductory Message Text

Dear X

I am X and I work for UNICEF/am an independent consultant. Thank you for agreeing to support UNICEF by taking the time to participate in this (telephone) interview. UNICEF is conducting a real time assessment to better understand needs in COVID-19 affected-communities, your perspective on the quality of the response so far; programme implementation, and advice on what UNICEF should do in the coming months. This real time assessment is being conducted in countries across the world. This conversation should not take longer than X time/minutes. All responses are anonymous, and names and job titles will not be stated in the report. Do you have any questions before we begin?

40. **What are the new and emerging needs in your communities (if any) at this time of COVId-19?**
41. What have been the **most critical changes** required in the delivery of **basic services** in ordert to meet the new and emerging COVID-19 needs indicated in your earlier answer? *[open ended]*
42. Were you aware of any COVId-19 preparedness and contingency plan *? [open ended]*
43. On a scale of 1 [*being low]* to 10 *[being high*], to what extent have the **most vulnerable** populations **received support in your community** during the response to COVID-19 so far? [*Note to interviewer: please also ask which groups are **now** the most vulnerable]*
44. On a scale of 1 [*being low]* to 10 [*being high],* to what extent has UNICEF support reached the **intended beneficiaries in the response to COVID-19?** *[N.B. UNICEF support may include the following: supplies like PPE, communication messages, cash assistance, training, support for specific programmes e.g. primary health care, nutrition, education, child protection, etc.]*
45. On a scale of 1 [*being low]* to 10 [*being high],* how **critical** has **UNICEF and its partners' support** been in meeting the needs of the **most vulnerable**?
46. On a scale from 1 [*being low*] to 10 [*being high*], how **timely** has the UNICEF response been so far in the following areas/
    Health
    Education
    Nutrition
    Water and Sanitation
    Child Protection
    Social Protection
47. Other *[please specify]*
48. In what ways have UNICEF and its partners **ensured** that implementation of the COVID-19 response is of **f good quality**? *[e.g. timely response, support going to the intended populations, taking place in ways/formats agreed upon; meeting programme standards, etc.] [open-ended]*
49. How **easy** is it for you and your colleagues **to contact UNICEF or UNICEF Implementing partners (note to the evaluator: be very specific to list the IP** to make suggestions/requests, to complain, or to provide feedback? *[Please provide additional details]*
    a. Very easy
    b. Easy
    c. Somewhat easy
    d. Not easy
    e. Don't know/not sure
50. What are the **new/emerging vulnerable groups** that UNICEF and other partners should consider focusing on? *[open ended]*

51. What are the ne**s** ew emerging needs) induced by COVID-19 at the community level and that UNICEF and its partners will need to address in the future (next few months ang longer term) longer term f *[open ended]*