United Nations Development Account

Terminal Evaluation of Project ID SB-015247

Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery and Building Resilience
(DA COVID-19 joint Special Project)
June 2020 – June 2022

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List of Acronyms and Abbreviations

AMREF	African forum on digital health
CE	Care Economy
DA	Development Account
DAC	Development Assistance Committee
DCO	Development Coordination Office
ECA	Economic Commission for Africa
ECE	Economic Commission for Europe
ECLAC	Economic Commission for Latin America and the Caribbean
EM	Evaluation Manager
ES	Evaluation Specialist
ESCAP	Economic and Social Commission for Asia and the Pacific
ESCWA	Economic and Social Commission for Western Asia
HICs	High income countries
IBC	Issue-based coalition
IDEP	African Institute for Economic Development and Planning
GTA	General Temporary Activities
IE	Implementing entity
ILO	International Labour Organization
IPC-IG	International Policy Centre for Inclusive Growth
LE	Lead evaluator
LICs	Low income countries
LNOB	Leave no one behind
MICs	Middle income countries
NAF	National Aid Foundation
NCOs	National Statistical Offices
OECD	Organisation for Economic Co-operation and Development
PM	Poverty measurement
PWDs	People with disabilities
R&V Index	Risk and Vulnerability Index
RCs	Regional Commissions
SDGs	Sustainable Development Goals
SP	Social Protection
TOT	Training of Trainers
MPI	Multi poverty index
UN RCO	United Nations Resident Coordinator Office
UNCT	United Nations Country Team
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
ACW	ASEAN Committee on Women
ASEAN	Association of Southeast Asian Nations
UNIDO	United Nations Industrial Development Organization
WB	World Bank

Brief overview of the project

This is the report for the Final Evaluation of the Development Account (DA) funded project, Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery and Building Resilience (DA COVID-19 joint Special Project), which was implemented from June 2020 – June 2022, including a no-cost extension for the period of January – June 2022. The total budget of the project was USD2,673,500 and it was jointly implemented by six implementing entities (IEs): ECA, ECE, ESCAP, ECLAC, ESCWA, and UNCTAD.

The project was designed *to strengthen national capacities to design social protection policies with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, against future exogenous shocks.* To achieve its objective, the following outcomes were envisaged:

- *Outcome 1: Social Protection (SP) Workstream led by ESCWA:* Enhanced capacity for social protection. In more details: improved institutional capacity for transformative recovery among core stakeholders to implement and deliver social protection and expand coverage.
- *Outcome 2: Care Economy (CE) Workstream led by ECLAC:* Strengthened care economy policies for the recovery. In more details: innovative capacities and cooperation mechanisms developed to integrate the care economy into social protection and other public policies of COVID-19 recovery.
  - *Outcome 3: Poverty Measurement (PM) Workstream led by ECE:* Improved poverty measurement. In more details: improved national capacity for producing timely and disaggregated poverty measures following internationally agreed guidance.

The project was implemented in three phases (inception phase, development and piloting phase, and dissemination phase) and through three workstreams: SP, CE, and PM.

Evaluation purpose, objectives, scope and intended users/audience.

The *purpose* of this final evaluation was threefold to ensure (i) *accountability, (ii) learning, and (iii) credible and reliable evidence* of the project progress. The *primary intended users* of this evaluation include DESA and all implementing entities, e.g., ECA, ECE, ESCWA, ECLAC, ESCAP and UNCTAD.

The *evaluation scope* was defined by the following:

- *Duration:* June 2020 - June 2022
- *Geography:* the full geographic coverage of the project is global or all the countries under the mandate of all five Regional Commissions (RCs) and UNCTAD
- *Programmatic focus:* across all three workstreams of the project, social protection, care economy, and poverty measurement.

Evaluation methodology

The evaluation was guided by the OECD DAC evaluation criteria and includes the following: *relevance and validity of design, coherence, effectiveness, efficiency, impact orientation and sustainability* of the project.

The evaluation used a mixed method approach for data collection, combining primary and secondary *data collection methods* including *desk review (including quantitative typological analysis), stakeholder interviews, and case studies in Kazakhstan (for PM workstream), Jordan (for SP workstream) and Colombia (for CE workstream).*

To ensure logical coherence and completeness of the *data analysis*, two compatible strategies of analysis were used:

- *change analysis* to compare the outcome indicators over time and against targets as defined in the project results framework; and
- context-sensitive *contribution analysis* to explore cause-effect assumptions and conclude about the contribution the project made or not to both intended and unintended outcomes along evaluation criteria and questions.

The evaluation was conducted in a gender and culturally sensitive manner and with due respect to human rights (HR) and gender equality (GE) principles. The gender lens in this final evaluation were explored vis-à-vis the following:

(i) *How results were analyzed,* e.g. with the focus on how the crosscutting issues of human rights and gender equality were addressed throughout the project design and implementation; how the interventions advance the rights of the target groups and particularly the most at-risk population; how the gender equality and human rights accountability mechanisms were promoted, etc.

(ii) *How the evaluation process was approached*, e.g., to ensure adequate representation of men and women in all stages of the evaluation.

A summary of key findings, conclusions and recommendations

Key findings:

Evaluation criteria	Rating
Relevance	High
Coherence	Moderate
Effectiveness	High
Efficiency	Low
Sustainability	Moderate

RELEVANCE: The project demonstrated high relevance to the existing and emerging needs for inclusive SP system related to COVID-19 context with strong focus on gender, human rights and disability inclusion. UNCTAD's focus on nexus of consumer protection and health system, though, was novel to the project countries.

COHERENCE: *While missing synergy across the workstreams, the underlying theory of change of the project remained moderately coherent to the existing and emerging SP needs triggered by the COVID-19 context. The project demonstrated high degree of coherence with other UN entities and had very explicit focus on gender, human rights, and disability inclusion in its SP and CE workstream, and more implicit focus within the PM workstream.*

EFFECTIVENESS: *The project demonstrated high degree of effectiveness across all its workstreams,*

while being implemented in highly volatile and uncertain context of COVID-19. It also demonstrated a high degree of innovative potential with very strong focus on gender equality, human rights and inclusiveness.

EFFICIENCY: *The project demonstrated low efficiency across multiple domains, including staffing, project governance and oversight, project adequate knowledge management, learning, M&E and reporting.*

SUSTAINABILITY: *The project demonstrated moderate potential for sustainability through a large number of 'micro' level interventions, whose sustainability remained dependent on the continuity of the efforts within the portfolio of each IE.*

The findings of the evaluation allow to conclude that the project was highly complex by its design however, it has reached successful results given the extremely uncertain and volatile context of the COVID-19 global pandemic and low efficiency of the project management processes. It demonstrated strong innovative potential with several examples of their replication and scaling up. However, the sustainability of many of the project results were conditions to the further efforts of each IE to ensure exposure to these products and continuous capacity development of the participating States. The complex governance architecture of the project was however sub-optimal as the project level oversight, coordination and quality assurance was largely missing. Instead, the workstream lead for PM and the workstreams focal points for SP and CE took the leadership within their workstreams to deliver the project outcomes.

The project demonstrated very strong consideration of **gender, human rights, youth, and disability inclusion (DI)** in its design and throughout its implementation across all its workstreams, i.e., SP, CE, and PM.

Lessons learned:

1. Despite effectively functioning workstream level governance mechanisms, the project level governance mechanism was critical for creating conducive and more efficient environment for the project implementation.
2. The lack of coherence between the workstreams in the project design impacted the project efficiency implementation by missing the synergy.
3. The project produced some outcomes too late in relation to the needs schedule, e.g., in PM workstream that was explained by the fact that statistical production duration had not been sufficiently considered in the project's design.

Good practices:
1. ESCWA designed a cross-stream coordination mechanism to ensure alignment and synergies across its activities within each workstream. Regular coordination meetings were organized for effective project control.

2. All RCs applied a pragmatic approach to the project design by utilizing the mechanism of regional expert groups established within each region. The RCs used this mechanism to learn about country needs and for some dissemination work.

3. Within the SP workstream, ESCAP worked directly with the regional DCO and UNCT in Mongolia. By utilizing regional DCO and UNCT mechanisms, ESCAP was able to engage with and delegate implementation to other UN entities at the national level, who had country presence,

network beyond usual counterparts of the ESCAP social team (e.g., the Ministry of Social Protection).

4. To address the lack of gendered statistics, ECA applied time-use surveys (TUS) to carry out situational analysis and to inform CE-related interventions.

Recommendations for IEs:
1. Strengthen South-South and triangular cooperation within and across the RCs to allow sharing best practices, learning, and innovation with aim of ensuring resilience of the national social protection systems.
2. Involve other UN agencies engaged in project-related themes to better harmonize support and improve results. Use regional DCOs and UNCTs as entry points towards this end.
3. Embed the innovative solutions developed within this project in own portfolio of activities.
4. Initiate an investigation of the management and coordination challenges/risks that hindered UNECA to adequately perform within this project as a Lead Agency as well as within each its workstream. Conclude the investigation with actionable recommendations of how they were addressed during the project implementation and the recommendations to avoid those risks in the future.
5. Shape programming for institutionalizing CE in general (national) budgets ensuring care economy responsive budgeting and tagging. Alternatively, incorporate CE in the gender-responsive budgeting process.
6. When indicating any project outputs as 'innovative' provide sufficient background analysis to indicate the benchmarks not only within a given context (e.g., at the level of a target project country) but broader to ensure learning, if applicable, from other cases.

7. To better guide social protection policies, adjust the production schedule of project outcomes to that of the needs of political decision-makers

*Recommendations for **DA-PMT***:
1. Consider establishing a thematic *DA Solutions Inventory* allowing easy, one-go access to all interested stakeholders to the important solutions developed within DA projects, e.g., tools, methodologies, guides, etc., to facilitate learning, avoid duplication and foster continuous improvement.
2. Ensure adequate balance of flexibility and project design quality, with meaningful indicators and close oversight of monitoring and reporting by the lead IE.
3. Revise accountability and financial disbursements requirements towards DA projects to ensure predictability of funding and avoid impact on the project planning.

1. Introduction

This document presents the Report of the Final Evaluation of the *Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery and Building Resilience (DA COVID-19 joint Special Project on Social Protection), June 2020 – June 2022, including no-cost extension for the period of January – June 2022.* The project was funded through the Development Account (DA) funding mechanism[1] of the UN Secretariat with the total budget of 2,673,500 USD.[2]

This is one of the five special projects that were developed and implemented outside DA's regular tranche programming. While the DA programme is focused on enhancing capacities of the developing countries in the priority areas of the UN Development Agenda, the focus of this project was on rapid recovery from COVID-19 leaving no one behind and building resilience against future shocks. This Project was jointly implemented in 45 countries[3] across five (5) regions by six (6) implementing entities namely, ECA,[4] ECE,[5] ESCAP,[6] ECLAC,[7] ESCWA,[8] and UNCTAD[9] and was globally coordinated by ECA. The project consisted of three streams: Stream 1: Social Protection (lead by ESCWA), Stream 2: Care Economy (lead by ECLAC), and Stream 3: Poverty Measurement (lead by ECE).

The final evaluation of the *DA COVID-19 joint Special Project* was commissioned by the Economic Commission for Africa (ECA) and was conducted during the period of July – December 2023 by a team of external consultants including the Lead Evaluator (LE) and two Evaluation Subject Matter Specialists (ESs), whereby each evaluator was responsible for one workstream while the TL was also responsible for combining finds into one coherent evaluation The evaluation findings are deemed to inform similar programming as well as efforts for COVID-19 long-term recovery. The full TOR for this evaluation is provided in Annex 9.

The report is designed in seven sections and annexes. The current section introduces the project. The second section provides a detailed description of the project, including its background; objectives; key accomplishments at Phase I and Phases II and III; beneficiaries; partners;

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[1] https://www.un.org/development/desa/da/#:~:text=The%20Development%20Account%20is%20funded,total%20budget%20of%20%20%24324%20million.

[2] This is budget or budget that was received by all implementing entities for the project implementation

[3] The number is based on the information received by the evaluation team from the project team.

[4] https://www.uneca.org

[5] https://unece.org

[6] https://www.unescap.org

[7] https://www.cepal.org/en

[8] https://www.unescwa.org

[9] https://unctad.org

resources; links to SDGs; and innovative elements of the project. Section three explains evaluation objectives, scope and questions. Section four provides overview of the evaluation methodology. Section five details the findings per evaluation criteria. Sections six and seven provide overall conclusions and recommendations accordingly. The document is complemented by a list of annexes to provide additional details to a reader.

2. Description of the Project

2.1 Background

The DA COVID-19 joint Special Project on Social Protection (COVID SP) was initiated at the inception of the world's first pandemic, in highly volatile and uncertain context related to the dynamic and ripple effects triggered by the pandemic itself and on the backdrop of recessionary impact of the global financial crisis of 2008/2009 on the economies worldwide.

The COVID-19 crisis revealed the vulnerability and confirmed certain structural weaknesses in the economic and social development systems of the countries and regions covered by the project. The pandemic and response measures (closure of land and sea borders, curfews and quarantine of key economic cities) had highly negative economic and social impact. The pandemic affected worldwide economies through disrupted supply chains, changes in commodity and raw material prices, the disruption in the supply chain and the effects of the restriction measures and many more. Extensive containment measures resulted in job and income losses, as well as limited access to basic services in all regions and countries of the world. As a result, poverty and vulnerability increased dramatically.

To combat the spread of the pandemic and mitigate its impact, many countries developed a response and recovery plan. In general, the measures implemented concerned 3 dimensions: (1) health measures through medical equipment, management of affected patients, financial support to health structures, purchase of tests and masks; (2) economic measures through tax measures such as VAT exemptions, deferrals of certain taxes, funds to support national production, subsidies for basic goods prices, support in national monetary liquidity (3) social measures for poor and vulnerable people affected by the pandemic through cash transfer programs, one-time exemptions from water and electricity bills and food distribution, measures aimed at protecting workers and employment, among others.

Since the inception of the pandemic, the efforts of various international partners and national authorities were geared to mitigate its impact and build resilience to similar shocks. The

pandemic has elevated imperative for global solidarity to address COVID-19 impact[10] and to provide immediate socio-economic response to the COVID-19.[11] The pandemic has also elevated the criticality of shaping mitigation measures through a human rights perspective,[12] ensuring that those efforts were people-centered, inclusive, leave no one behind (LNOB) and focused on the most at-risk groups in societies.

In this context and while maintaining the traditional capacity development focus of each DA project, the DA SP project was designed *to strengthen national capacities to design social protection policies with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, against future exogenous shocks.*

The purpose of this section is to describe and explain the project across all its dimensions not to ensure a precision of presented details but instead to <u>indicate the pattern of the project performance across its multiple interventions</u>.

2.2 Project objectives and expected accomplishments/results

With the
objective of

> *strengthened national capacities to design social protection policies with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, against future exogenous shocks.*

the project pursued the realization of three outcomes, whereby each outcome represents a distinct workstream within the project led by one of the Implementing Entities (IE):

- ***Outcome 1: Social Protection (SP) Workstream led by ESCWA:*** Enhanced capacity for social protection. <u>In more details:</u> improved institutional capacity for transformative recovery among core stakeholders to implement and deliver social protection and expand coverage.
- ***Outcome 2: Care Economy (CE) Workstream led by ECLAC:*** Strengthened care economy policies for the recovery. <u>In more details:</u> innovative capacities and cooperation

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[10] https://unsdg.un.org/resources/shared-responsibility-global-solidarity-responding-socio-economic-impacts-covid-19#:~:text=of%20COVID%2D19-,Shared%20responsibility%2C%20global%20solidarity%3A%20Responding%20to%20the%20socio%2D,economic%20impacts%20of%20COVID%2D19&text=The%20new%20coronavirus%20disease%20(COVID,of%20individual%20countries%20are%20dire and https://documents-dds-ny.un.org/doc/UNDOC/GEN/N20/087/28/PDF/N2008728.pdf?OpenElement

[11] https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19

[12] https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf

mechanisms developed to integrate the care economy into social protection and other public policies of COVID-19 recovery.

- *Outcome 3: Poverty Measurement (PM) Workstream led by ECE:* Improved poverty measurement. In more details: improved national capacity for producing timely and disaggregated poverty measures following internationally agreed guidance.

No changes were introduced in the project results framework during the project implementation phase. The project results framework is provided in Annex 10.

2.3 Project strategies and key activities

While characterized with extreme degree of uncertainty and volatility, the pandemic exacerbated existing weaknesses of the social protection systems across the globe and shaped the demand and need for more inclusive and just social protection with due attention to the most vulnerable groups (e.g., women, youth, people with disabilities (PWDs), elderly, etc.).

Acknowledging existing limitations, the project was designed with a distinct strategy *to explore three workstreams in a three-step process: Phase I, Phase II, and Phase III.*

Phase I was the inception phase of the project with the focus on sense-making of the context, stocktaking of existing activities and designing the project document. Phase II was focused on the design and piloting of various interventions. Phase III was focused on cross-country and cross-regional learning and knowledge sharing. In fact, during the project implementation, the division on Phase II and Phase III became obsolete, therefore, the project implementation should be seen *as one continuum* of developing various solutions, piloting, testing, and sharing without division into distinct phases.

Table 1 and Table 2 below provides an overview of the outcomes per workstream per each Phase and indicate the degree of the completion of each outcome.

Table 1: Results framework of the Phase I

11	Results expected	Main deliverables	Degree of completion
SP	Information exchange and documentation of best practices	A global observatory on social protection and COVID19	**Completed**
	Recovery and Resilience Framework operationalized and aligned to regional specific social protection frameworks	Region-specific recovery and resilience frameworks	**Partially completed**
	Coordinated COVID-19 and social protection response in a) Asia Pacific region / b) West Asia / c) Africa / d) Latin America and the Caribbean / e) Europe	Project document for phase 2 (Social protection workstream)	**Completed**
CE	n/a	Mapping of policy initiatives across the regions to tackle gender dimensions of the COVID-19 pandemic response in particular those related to care and domestic work.	**Partially completed**
	n/a	Regional assessments on challenges to implement gender-sensitive policies to mitigate the impact of economic crises and recessions on women's lives.	**Not completed**
	n/a	Project document for phase 2 (Care economy stream)	**Completed**
PM	Enhanced information on methodologies for poverty and vulnerability measurement	Stock-taking of "nowcasting" methodologies for poverty and vulnerability	**Partially completed**
		Stock-taking of emerging practice in measuring COVID-19 impact on poverty and vulnerability	**Partially completed**
	Coordinated response	Compendium of methodologies to produce timely poverty and vulnerability estimates	**Partially completed**
		Project document for phase 2 (Poverty measurement workstream)	**Completed**

Phase I: Progress to date per outcome and per workstream:

SP: The planned output for the SP outcome was completed by developing the 'Global observatory on Social Protection and Economic Policy Responses (COVID-19 Stimulus Tracker) in 2020 with the efforts of ESCWA in collaboration with ECA and in consultation with ECLAC and ESCAP. The project also contributed to expanding the repository of non-contributory social protection measures implemented by countries of Latin America and the Caribbean in response to the pandemic through the COVID-19 Observatory in Latin America and the Caribbean and the Observatory on Social Development in Latin America and the Caribbean (Social Development and COVID-19 in Latin America and the Caribbean).   The expected result of the Phase I on *operationalization of the Recovery and Resilience Framework and its aligned to regional specific social protection frameworks* suggests the localization (per region) the call for scale up and expansion of resilient and pro-poor social protection system as it was defined in the UN Framework for the immediate socio-economic response to COVID-19 (2020).[13] This result could be considered only partially achieved as the spirit of the document was indeed adopted to shape the project document for Phase II and Phase III. However, there were no regional frameworks operationalized and produced during the Phase I, as it was suggested by this result.

CE: The CE workstream had ambitious objectives for phase I, among which to map policy initiatives across the regions on gender dimensions of the pandemic and to carry out regional assessments on challenges to implement gender-sensitive policies to mitigate the impact of economic crisis on women. The first objective was partially completed as only ECLAC developed a policy mapping on gender dimension of the pandemic and shared with all RCs. The second objective was not achieved as evidence suggests that no assessments were completed by the end of phase I.   However, a study was conducted by ECLAC to analyze the responses of the governments of Argentina, Uruguay, Chile, and Costa Rica during the first five months of the pandemic. It was published as an analytical chapter in a book on care[14] in Argentina in December 2020, providing insights into the regional situation.

PM: The stock-taking and the development of a compendium as planned for the inception phase was partially completed, as the stock-taking was based on the limited number of cases only. ECLAC published a paper on "Poverty nowcasting with information at micro and macro level" (in Spanish, 2022). ESCWA published papers for Palestine and Iraq: "A flexible modelling approach to nowcasting and forecasting Arab multidimensional poverty" and "Nowcasting multidimensional poverty in the occupied Palestinian territory" and two papers on models to study poverty: "Optimized multidimensional poverty reduction subject to aid targeting and tailoring: a model centered on policymakers' capabilities" and "Optimization Model development

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[13] https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf

[14] https://www.cepal.org/sites/default/files/publication/files/46453/S2000784_es.pdf

for poverty reduction – Models Extension". The stock-taking of emerging practices in measuring COVID-19 impact on poverty and vulnerability was also completed partially - ECE studied the emerging Covid-19 experience of national statistical offices (NSO) NSOs: "Study of the practice of national statistical offices in adapting to the COVID-19 crisis situation their household surveys that are used for poverty measurement".

 The inception phase allowed the project implementing entities (IEs) to produce the full project document for Phase II and Phase III, for which purpose consultants were hired in ECA (to work on the final project document) and in ESCWA and ESCAP to work on their share of the project document. s

Table 2: Combined results framework of the Phase II and Phase III

Workstreams	Results expected	Main deliverables / Indicators	Degree of achievement
SP: Enhanced capacity for social protection			
Outcomes	Improved institutional capacity among core stakeholders to implement and deliver social protection and expand coverage.	At least 4 countries have adopted recommendations to develop or adapt social protection policies or programmes that improve coverage above pre-COVID-19 levels.	**Completed**
		At least 80% of benefitting institutions consider that their capacities and knowledge are increased as a result of capacity assistance received.	**Not evident from the project reports**
Outputs	Toolkits and training programmes, including a vulnerability index, developed and delivered to enhance stakeholder capacity to design and implement inclusive social protection policies, programmes, and tools.	n/a	**Completed**
	Good practices in the design, implementation and monitoring of social protection services are shared across and between regions, including through a global observatory of social protection, regional studies and policy dialogues	n/a	**Completed**
CE: Strengthened care economy policies for the recovery			
Outcomes	Innovative capacities and cooperation mechanisms developed to integrate the care economy into social protection and other public policies of COVID-19 recovery.	At least 10 countries (2 per region) design and develop response and recovery policies that integrate aspects of the care economy into recovery efforts.	**Partially completed**
		Policy makers and other stakeholders in at least 10 countries (2 per region) possess increased knowledge and capacities to design policies that address the care economy as part of COVID-19 response and recovery.	**Completed**
Outputs	Technical support and capacity building on demand of Member States to build capacities for design of recovery	n/a	**Completed**

	policies based on the care economy, including development of the consolidated observatories/trackers and other information materials to monitor gender equality and care economy initiatives		
	At least five studies (one per region) produced on incorporating gender-sensitive design into COVID-19 social protection response and recovery and guidelines on design of response policies that place the care economy as central to recovery efforts.	n/a	**Completed**
	At least five targeted policy guidelines or tools (one per region) produced, to identify and overcome key challenges facing the care economy as part of COVID-19 recovery, followed by regional and inter-regional workshops	n/a	**Completed**
	Technical support and capacity building provided to at least five Member States (one per region) to design and implement initiatives that place the CE at the centre of social policy responses to COVID-19 and a global study on the care impact of COVID-19 on women.	n/a	**Partially completed**
	Channels established and operational for dialogue between countries and regions, to cooperate and share challenges and recommendations to not leave women behind in the process of recovery.	n/a	**Partially completed**
PM: Improved poverty measurement			
Outcome	Improved national capacity for producing timely and disaggregated poverty measures following internationally agreed guidance.	At least 8 countries develop and endorse strategies to improve the resilience or frequency of household surveys or the disaggregation of national poverty measures.	**Completed**
		90% of online meeting participants from at least 8 countries confirm improved knowledge and skills to produce disaggregated poverty measures.	Not evident from the project reports

Output	Platform established and operational for exchange of knowledge, learning and solutions between national statistical offices and other national agencies at regional and global levels.		**Completed**
	Adapted survey tools developed, including questionnaires and technical guidance for enhanced data-collection under the COVID-19 limitations and develop guidance.		**Completed**
	Methodologies developed to produce forecasts of disaggregated poverty rates and simulate the impact of the crisis on poverty (monetary and multidimensional).		**Completed**

Phase II and Phase III: Progress to date per outcome and per workstream:

SP: The evidence suggests that that the outcome of the SP workstream has been reached fully: the first indicator was exceeded, indicating significant efforts done by the project team to influence policy solutions. Even though the project did not monitor its progress vis-à-vis the second indicator, the reflections from the Key informants provided very positive feedback, allowing certain degree of extrapolation by the evaluation team to assume high degree of satisfaction of the project stakeholders.

While there were no indicators at the output level identified for the Phase II and Phase III to help in measuring the project progress, there was however, a very large number of studies, toolkits, methodologies, and suchlike produced within this project, some of which had very strong innovative potential. Many of the analytical and capacity development work created preconditions to inform policy choices of national authorities. For instance, ECLAC's efforts across various countries in the region impacted policy choices of national authorities, e.g., efforts in Chile were correlated to mentions in the Law 21430 (March 2022) on social protection of children and adolescents; in Paraguay – recommendations were made to strengthen the National Household Registry provided by the study commissioned by ECLAC; in

Peru – exploring policy options for pension coverage of independent workers. Also, ECLAC developed a bilingual toolkit '*Social protection tools for coping with the impacts of the COVID-19 pandemic: the Latin American experience*'.[15] ESCWA developed a country profile framework to allow assessment of social protection system and identification of gaps, driving thereby policy prioritization options for the Jordanian National Aid Foundation (NAF). This framework was considered quite innovative by the stakeholders interviewed. ESCWA's efforts resulted in the Ministerial Declaration on "The Future of Social Protection in the Arab Region: Building a vision for a post-COVID-19 reality".[16] ECA developed an innovative Risk and Vulnerability Index (R&V Index) to allow better forecasting of poverty situation at the country level. ESCAP developed a Social Protection Toolbox[17] to demonstrate good practices on how social protection systems in six countries (Cambodia, Georgia, Indica, Indonesia, Pakistan, and Thailand) addressed COVID-19 related challenges. Also, based on a Social Protection Simulator developed by ESCAP in 2021, the RCO in Mongolia was able to support national authorities in shaping their national Child Money programme. UNCTAD developed a report on how to address consumer protection concerns in the provision of health services including e-health and conducted five regional policy dialogues to present findings. The list of knowledge products developed and the capacity development efforts (e.g., training, training of trainers (TOTs), workshops, discussions, etc.) organized was very long and includes all IEs and their work at national and regional levels. Without going into a stock-taking exercise, it was possible to conclude with high certainty that the project met its expectations at the output level for its SP workstream and even exceeded it in ESCWA and ECLAC regions.

CE: Evidence suggests that the outcome of the CE workstream has been reached partially with regards to developing the expected number of response and recovery policies with care economy in focus. The study on "*Empowering women in the Arab region: Advancing the care economy - Case study: childcare in Lebanon*"[18] commissioned by ESCWA informed the amendment of the Labor Law in Lebanon in partnership with UN-Women. The study commissioned by ESCWA on People with Disabilities influenced policy choices in Oman. ESCAP developed a regional[19] ASEAN sub-regional[20] reports on COVID-19 and unpaid care economy. The subregional report was launched immediately before the adoption of ASEAN Comprehensive framework on the care economy, also suggesting policy level impact within the sub-region.[21] In addition, ESCAP supported Philippines and Cambodia to formulate the national action plan to address unpaid care

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[15] https://cepal.org/en/publications/47748-social-protection-tools-coping-impacts-covid-19-pandemic-latin-american
[16] https://socialprotection.org/discover/publications/ministerial-forum-declaration-future-social-protection-arab-region-building
[17] https://www.socialprotection-toolbox.org/good-practices-map?component=198&region=3&coverage=All
[18] https://www.unescwa.org/publications/empowering-women-economy-arab-region-childcare-lebanon
[19] https://www.unescap.org/kp/2021/covid-19-and-unpaid-care-economy-asia-and-pacific
[20] https://www.unescap.org/kp/2021/addressing-unpaid-care-work-asean
[21] https://asean.org/asean-comprehensive-framework-on-care-economy/

economy. Within ECE region, the project demonstrated impact at the policy level only in Kyrgyzstan, but that impact was very strong and across several critical considerations. For instance, with support of the project the establishing definition of 'women's social entrepreneurship' was agreed and legally formalized; the work of caregivers for people with disabilities was legally considered as a paid occupation, enabling them to receive subsidies and pensions. Significant achievement was made by ECLAC through its support to Colombia with a range of innovative solutions. "Investing through its demonstrated CE experiences, ECLAC became a crucial partner in solving Bogota city's lack of an accurate and up-to-date care infrastructure map. Mapping CE infrastructures was the initial solid intervention of ECLAC in Bogota in the DA 13 phase 1. ECLAC, in collaboration with the women's secretariat of Bogota, developed a prioritization index (interactive website) that allows users to select the type of care services they are interested in - such as day-cares or centers for the elderly - and view the information by area, district, and city. Moreover, this website allows conducting research to understand the demand and identify potential infrastructure in Bogota that can be leveraged to build care facilities. As a result, this website provides users with easy access to information about available care services. It is a composite index composed of four variables." (Key informants of the Columbia mayor's office). The efforts resulted in policy implication at the local level for Bogota. ECLAC supported local authorities in Bogota in the establishment of a District care system, by supporting development of a georeferenced map of 10 care blocks. The results of this innovative work informed ECLAC's support to Argentina where ECLAC supported the launch of the Buenos Aires Equality Plan for Inclusion and Social Justice. While highly influential work was carried out within the CE workstream, quantitatively, the indicator of achievement was not reached fully.

At the output level with regards to technical support and capacity development efforts across all five regions, the CE workstream made significant progress. 15 studies were produced globally, including 8 regional analyses and 7 in-depth country studies, e.g. ECE mapped COVID-19 response measures in "COVID-19 Response Policies and the Care Economy: Mapping economic and social policies in the ECE region"[22]; ESCWA produced "Leaving women and girls further behind or a potential opportunity for strengthening gender equality? Lessons from the COVID-19 crisis in the Arab region "[23]; ECLAC developed "Methodological guide for time use measurement in Latin America and the Caribbean"[24]; ECA developed a guideline how to integrate gender in

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[22] https://unece.org/sites/default/files/2021-01/Mapping%20ECE%20Care%20COVID_final_SDGU_with%20covers.pdf
[23] https://www.unescwa.org/publications/leaving-women-girls-behind-potential-opportunity-strengthening-gender-equality
[24] https://www.cepal.org/en/publications/48020-methodological-guide-time-use-measurements-latin-america-and-caribbean

care economy and organized a technical workshop which was welcomed by Cameroon, Ethiopia, Ghana and South Africa.

PM: Evidence suggests that the project achieved its expected outcome for PM workstream by developing strategies to maintain and in some cases, improve frequency of household surveys in Kazakhstan, Kyrgyzstan, Azerbaijan, Belarus, Bolivia, Chile, Costa Rica, Ecuador, El Salvador. There was no evidence found that '*90% of online meeting participants from at least 8 countries confirm improved knowledge and skills to produce disaggregated poverty measures*' as this was not monitored and reported within the project. However, the positive feedback from the project stakeholders was sufficiently indicative.

At the output level too, project made significant progress within the PM workstream. ESCWA developed a digital platform[25] to facilitate building multi-dimensional poverty index. ECLAC organized a webinar in 2020 on "COVID-19: Assessing the hype on official statistics" and enhanced its network platform for knowledge transfer by creating new online communities for continuous exchange of knowledge with NSOs and other statistical institutions in the context of COVID-19. ECE developed a questionnaire and studied the emerging experience of NSOs with 1/ adapting surveys to the physical contact restrictions, and 2/ using special surveys to measure the impact of the pandemic on vulnerable groups. This new model was used to adapt the ECE survey module for measuring poverty in the context of Covid-19.[26] Besides, a range of tailored guidelines were developed for adapting household surveys relevant to poverty measurement in Kazakhstan, Kyrgyzstan, Azerbaijan, and Belarus. ECLAC produced numerous documents 27 containing technical guidelines for data collection in the context of the COVID-19 pandemic and co-organized with the World Bank a remote training on telephone surveys (April 2021). ECLAC developed a statistical method allowing national users to adapt sampling, deal with non-responses, and detect and correct survey bias. It also published a document[28] which reviews various alternatives for making poverty forecasts for several Latin American countries. There was also country-specific analysis produced within the PM workstream, e.g., ESCWA developed technical documents on income poverty forecasting in the post-COVID years for Palestine and Iraq[29]; ECLAC provided technical assistance for Costa Rica, El Salvador, Ecuador, Chile and Bolivia on national surveys adaptation; ECA produced reports on the Multidimensional Poverty Index

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[25] https://mpi.unescwa.org

[26] https://statswiki.unece.org

[27] ECLAC (2020), "Continuity of household surveys after the coronavirus disease (COVID-19) pandemic", Covid-19 Reports. ECLAC (2022), « Lessons and challenges of the COVID-19 pandemic for household surveys in Latin America", ECLAC Statistical Briefings, n°6. ECLAC (2020), "Recommendations for the publication of official statistics from household surveys in the context of the coronavirus disease (COVID-19) pandemic", Covid-19 Reports. ECLAC (2020), "Recommendations for eliminating selection bias in household surveys during the coronavirus disease (COVID-19) pandemic", Covid-19 Reports.

[28] ECLAC (2022), "Aggregate poverty predictions with information at the micro and macro scale: evaluation, diagnosis and proposals" (in Spanish).

[29] ESCWA (2021), "Nowcasting multidimensional poverty in the occupied Palestinian territory". ESCWA (2021), "A flexible modeling approach to nowcasting and forecasting Arab multidimensional poverty".

(MPI) for 5 countries (Côte d'Ivoire, Uganda, Tanzania, Zambia and Zimbabwe). This led to the publication of a specific study[30] and a workshop (May 2022) for experts of the region's NSOs; ECE provided technical assistance to Kyrgyzstan, Azerbaijan, Belarus, and Kazakhstan to evaluate and improve household budget survey methods in the context of the pandemic and to calculate a pilot MPI in Kazakhstan (see case study in Annex 2).

When exploring a range of issues related to each workstream, the project design and its implementation strategy embraced explicit and strong focus on the principles of leaving no one behind (LNOB), gender equality, and human rights. Hence, the SP workstream was explicit in its design about 'expanding' and ensuring 'inclusive' social protection systems. The PM workstream was explicit about more calibrated poverty measurement allowing inclusion of at-risk population (usually, women, PWDs, elderly, etc.). The CE workstream was fully focused on care economy as the cornerstone of the social protection system.

2.4 Beneficiaries and target countries

The project implementation could be characterized by ***proliferation of interventions*** at regional and national levels, whereby those interventions ranged from micro-level and one-off consultations with a few national partners to a series of consecutive interventions such as technical support to shape a policy t or strategy document, including series of training sessions. Table 3 indicates the 45 countries[31] engaged in national and regional level interventions.

Table 3: Countries engaged in the regional and national levels within each workstream

	Workstream 1: Social Protection	*Workstream 2: Care Economy*	*Workstream 3: Poverty Measurement*
Regional Level	ESCWA, ECLAC, ECA, ESCAP and UNCTAD	ECA, ECE, ECLAC, ESCAP and ESCWA.	ECE, ESCWA, ECLAC and ECA
National Level *(or countries directly*	Jordan, Egypt, Sudan, Pakistan, India, Indonesia, Thailand, Georgia, Tunisia, Cambodia, Niger, Namibia, Ethiopia,	Argentina, Cambodia, Colombia, Kenya, Ghana, Ethiopia, Cameroon, South Africa, Kingdom of Saudi Arabia, Kyrgyzstan, Lebanon, Mexico, Moldova,	Kazakhstan, Kyrgyzstan, Azerbaijan, Moldova, Armenia, Belarus, Georgia, Tajikistan, Ukraine, Uzbekistan, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, Egypt, Iraq, Palestine

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[30] ECA (2022), "Measuring the multiple dimensions of poverty in Africa".
[31] The number is based on the information received by the evaluation team from the project team.

supports by the project): *In total 45 countries*	Tajikistan, Chile, Paraguay, Peru, Mongolia	Morocco, Oman, Egypt, Philippines, Serbia	

The project potentially covered all countries under the jurisdiction of its IEs, i.e., ECLAC (46 member states and 14 associate members), ESCWA (20 Arab States), ESCAP (53 member states and 9 associate members), ECA (54 member states), ECE (56 member states) and UNCTAD (with mandate to work with 195 countries), which suggests its **global coverage.** However, the activities at the national level were conducted among those countries that expressed interest to be engaged in the project.

The **quantitative typological analysis** provided additional insights into the typology of the countries that have benefited directly form the project (as presented in Annex 7). The cluster analysis of all project countries indicated four clusters based on a selection of variables usually handled in statistics on social protection, care economy (labor vulnerability and gender) and poverty measurement (statistical capacity), and available for 2020 or close (the project launch year)[32]:
- Cluster 4 includes countries that present the best results for the chosen indicators in terms of SP, CE and PM (four countries).
- Cluster 3 represents countries where the indicators for all three components are systematically above average (21 countries).
- Cluster 2 represents only two countries that stand out from the others across all selected indicators, having lower results/indicators for social contributions, informal sector and pensions for retirees (even though, on average, C2 countries have wealth levels twice as high as those in C3).
- Cluster 1 represents countries where indicators are systematically below average, illustrating obvious social protection need (18 countries)

The **primary beneficiary** of the project were the national authorities directly responsible for the design and implementation of the national social protection strategies, mainly the Ministries responsible for Social Protection, whereas for the PM workstream, the primary beneficiary was the concerned National Statistical Offices (NSOs).

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[32] Two data sources were used: Word Development Indicators from World Bank and ILOSTAT from ILO (UN).

2.5 Key partners and other key stakeholders

This project had six implementing entities (IEs), with distinct roles in the project implementation as well as with their own mandates, constituencies defined by their geographic coverage, and institutional culture of organizing their work.

- *ECA* includes 54 Member States and is mandated by its Member States to promote the economic and social development of its member States, foster intra-regional integration, and promote international cooperation for Africa's development. ***ECA was the Project Lead with the responsibility for the project-level governance, oversight and reporting.***
- *ECE* includes 56 Member States and is mandated to promote pan-European economic integration. ***ECE was the Lead for PM workstream and was not involved in the SP workstream.***
- *ESCAP* includes 53 Member States and 9 Associate Members and is mandated to address inequality in all forms, including social protection and poverty. ***ESCAP was involved in the implementation of the SP, CE but not in the PM workstream.***
- *ECLAC* includes 46 Member States and 14 Associate Members from non-independent territories in the Caribbean and is mandated to promote the economic and social development of its constituencies. ***ECLAC was the Lead for CE workstream and was involved in the implementation of all other workstreams, i.e., SP and PM.***
- *ESCWA* includes 21[33] Arab States and is mandated to promote economic and social development of Western Asia through regional and subregional cooperation and integration. ***ESCWA was the Lead for SP workstream and was involved in the implementation of the CE and PM workstreams.***
- *UNCTAD*[34] covers 195 countries and aims to support developing countries to access the benefits of a globalized economy more fairly and effectively. It focuses on international trade and development, encompassing investment, finance, technology and competition and consumer protection policies as vehicles for inclusive and sustainable development. ***UNCTAD was only involved in the implementation of the SP workstream with its distinct line of activities focused on the nexus of consumer protection and health system.***

Each IE worked closely with the national authorities across the relevant ministries but predominantly with the national authorities responsible for social protection in the project country and, in the case of ECE, with primary focus on the NSOs. Also, some IEs built partnerships with the third parties. Hence:

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[33] All Arab countries except for Comoros given that Djibouti just joined the commission in July 2023.
[34] https://unctad.org

- ECLAC worked very closely with the national authorities as well as with UN-Women and GIZ that have strong programming on gender equality and social protection respectively. For CE workstream, it supported the Bogota's women's affair secretariat by developing georeferenced diagnostics for the care block system, which ensures shared responsibility between the public and private sectors.
- ESCAP partnered with Oxfam Philippines and IDS UK (a research and consulting company) to implement the project. It worked with the UN Regional Development Coordination Office (UN DCO) and UN Country Team (UNCT) to reach out to national authorities in Mongolia. Also, ESCAP worked with ASEAN Committee on Women (ACW), UN Women, ILO, UNDP and the All-China Women's Federation.
- ESCWA worked very closely with national authorities, while in case of Jordan efforts were also made to coordinate their interventions with the external stakeholders. ESCWA worked with the Regional UN Issue Based Coalition (IBC) for Social Protection[35,36] and with the International Policy Centre for Inclusive Growth (IPC-IG).[37]
- ECA – based on the limited information available, the following could be highlighted: for the SP workstream – ECA worked with the UN Resident Coordination Office (UN RCO) to reach national authorities in Namibia. For CE workstream –the expertise of the Africa Center for Statistics was leveraged to push for more gender statistics, time-use surveys, and strengthening of monitoring of the gender system and work closely with the UN Women. For PM workstream – ECA worked through consultants to produce one regional study on multi-dimensional poverty without reaching to national authorities. More specifically: the NSOs were neither consulted nor involved in the production of the reports, which were carried out entirely by consultants. Countries were only partially involved in dissemination (apart from the countries studied, only the NSOs of Ethiopia and Nigeria were invited).
- ECE worked with a range of national authorities with predominant focus on national statistical offices and also with UNDP, UNICEF, OECD, Eurostat, CIS-STAT, the Oxford Poverty and Human Development Initiative, UK.
- UNCTAD – based on very limited information available, UNCTAD worked with national authorities and very closely with WHO offices in Europe and Africa, the African forum on digital health (AMREF), and the African Institute for Economic Development and Planning (IDEP) of the ECA.

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[35] *The Issue Based Coalition on Social Protection in the Arab Region/MENA includes the following members: ESCWA, FAO, ILO, IOM, UNDP, UNHCR, UNICEF, UNOPS, UNRWA, UN Women, WHO, WFP and the UN Development Coordination Office.*
[36] https://socialprotection.org/discover/publications/ministerial-forum-declaration-future-social-protection-arab-region-building
[37] https://ipcig.org

2.6 Resources

Table below provides an overview of the resource allotment (RA) and utilization (U) per main budget lines and per each IE. Table 4 below indicates the allotted budgets for ECE, ESCWA and ESCAP, which were confirmed by the respective entities and does not fully match the allocated budget per IE. During the evaluation, it was discovered that the financial reporting from the IEs that were submitted and approved by the DA-PMT did not match the financial numbers received from the financial team of the DA-PMT (with minimal deviations). This indicates to the lack of rigorous quality control and oversight as well as monitoring function from DA-PMT.

Table 4: Project allotment and expenditure overview per IE (in USD)

Budget Class	ECA		ECE		ECLAC		ESCWA		ESCAP		UNCTAD	
	RA	U	RA	U	RA	U	RA	U	RA	U	RA	U
Other operational costs	23,490.60	25,495.00	-	-	34,000.00	34,998.38	142,155	23,841.12	-	-	-	-
Consultants Experts - Services	378,504.00	416,081.34	146,710.00	143,574.00	389,332.44	388,784.88	499,900	540,274.34	82,000	64,070.00	55,000	47,935.20
Consultants Experts - Travel	-	48,520.92	-	-	7,000.00	6,753.20	16,000	11,222.66	-	-		
Travel of Staff	42,719.04	23,134.08	8,000.00		40,941.49	40,513.11	203,367	266,415.93	-	77,074.23		
Contractual services	54,214.36	30,411.00	40,212.00	27,279.00	7,973.37	7,543.37	8,822	78,828.19	15,000	-	72,000	66,685.00
General Operating expn	33,196.00	11,722.00	-	179.00	760.00	760.00	-	-	-	-	-	5,940.90

Furniture and Equipment	-	-	-	-	1,742.70	-	-	-	-	-	-	382,50
Grants and Contributions	56,376.00	5,080.03	578.00	-	-	-	102,659	67,377.31	46,000	1,855.00	-	-
TOTAL	**588,500.00**	**560,444.37**	**195,500.00**	**171,032.00**	**481,750.00**	**479,352.94**	**975,903.12**	**988,059.55**	**143,000**	**142,999.32**	**132,000**	**120,943.60**
DATA From DESA received at the very last stage of the evaluation reporting (in April 2024)	**588,500**		**196000**		**481750**		**988250**		**287000**		**132000**	

The overview of the budget allotments and expenditures indicate no major deviations, except few overspendings (vis-à-vis allotted) of ECA, ESCWA and ESCAP for consultants' travel, contractual services, and staff travel respectively. It was noted that there were differences in how IEs booked consultants travel and contractual costs but there was no indication that this could have significantly impacted the project expenditures. Also, the expenses of ESCWA under 'travel staff' were significantly higher compared to those of other IEs. The amount reflected the travel costs not only of the ESCWA staff but also its beneficiaries to participate to various national and regional events: e.g., series of training (including TOT) for NAF in Jordan, travel of the representatives from Kuwaiti authorities to Jordan for twinning mission, and suchlike.

The project cost-effectiveness within this evaluation was considered from various perspectives and the following points could be highlighted:

- **Staffing**: the project had no budget allocation for the staff of the IEs, yet up to 5% of the project budget could be allocated to General Temporary Assistance (GTA). This indicator was not monitored within the project and no conclusion could be drawn if the threshold was exceeded or not. However, in many instances consultants were hired not only to provide necessary technical services but also to take care of administrative processes and overall management of the DA project components. An example would include the project design process. As the lead, ECA hired a consultant to develop the project document. In parallel, ESCWA and ESCAP hired consultants to develop their components of the project document. Another example was how ECA and UNCTAD addressed project management and coordination. In case of ECA, most of the project management work across all workstreams was outsourced to external consultants. Given high staff turnover (including turnover of consultants) ECA demonstrated sub-optimal cost-effectiveness for the purpose of stream-specific implementation and cross-stream project coordination. In case of UNCTAD, support staff was hired (at some point four junior assistants were contracted at the same time) to maintain UNCTAD's administrative processes related to its engagement in this project, which too raised questions of cost-effectiveness.

- **Knowledge products and capacity building events:** the project demonstrated remarkable cost-effectiveness considering limited budget allocation per each IE vis-à-vis many knowledge products and capacity building events delivered across all workstream.

- **Knowledge sharing across regions:** there were many knowledge products developed within this project, which were discussed within their immediate target audiences. However, the cross-regional exchange of information was limited for various reasons: not enough time to develop and broadly disseminate all the products; no incentives or not much attention to cross-regional sharing; too time consuming vis-à-vis limited human resources; lack of project-level governance and coordination; etc. This suggests another area where the project effectiveness was sub-optimal if compared to its ambition indicated in the project document.

- **Shift to virtual and hybrid work modalities** impacted the cost-efficiency and cost-effectiveness balance of the project. Numerous seminars and workshops were held during the pandemic, using videoconferencing. IEs consultants and experts provided a large amount of ongoing technical support to the project countries virtually. This has increased cost-efficiency of the project. However, due to lack of direct personal contacts in some cases, the processes were delayed, especially when reaching out to national authorities, impacting thereby the cost-effectiveness balance.

- **Project utilization rate:** the project demonstrated very high utilization rate as indicated in Table 5 below: from 87% to 100%.

Table 5: Project utilization rate

Funds Center	Consumable budget	Utilization rate
11526 - ESCAP Social Development	143.000	100%
11582 - ECLAC Social Development and equality	150.750	100%
11584 - ECLAC Statistics Economic Proj Rio20	123.000	99%
13113 - TD international trade	132.000	92%
13674 - ECA Poverty, Inequality and Social Policy	588.500	87%
13818 - ECE Economic Statistics Section	195.500	87%
13921 - ECLAC Division for Gender Affairs	208.000	100%
17007 - ESCWA Social Development Division	988.250	99%
	2.529.000	**95%**

NB. The mismatch between 'consumable budget' and what is presented in Table 4 is due to mismatch of financial statements within the project.

- *Availability of funds:* The funds within the project were allotted at different times and directly from the DA to each IE. The allotted amount per each IE was quite small as indicated in Table 6 below.

Table 6: Allocations per each IE

Entity	Cost center	Allotment	
ECA	13674	$588.500,00	
ECE	13818	$195.500,00	
ECLAC	11582	$150.750,00	
ECLAC	11584	$123.000,00	
ECLAC	13921	$208.000,00	$481.750,00
ESCAP	11526	$143.000,00	
ESCWA	17007	$988.250,00	
UNCTAD	13113	$132.000,00	

NB. The allotment figure for ESCWA in Table 6 ($988.250,00) slightly differs from that in Table 4 ($988,059.55). It was not possible to track the issue within the time allocated for this evaluation, however, this minor mismatch does not have any qualitative impact on the evaluation findings and recommendations.

The example of funds disbursement to ECA below in Table 7 indicates that there were five very small disbursements during an 18-month period. This frequency of allocations, whereby each was conditioned on the reporting for the previous phase, inevitably limited the predictability of the funds available for various activities, thereby hindering the planning process.

Table 7: Funds allocations to ECA

Phase I	Date
$60000	04/Jun/20
Phase IIA	**Date**
$153.250	02/Sep/20
Phase IIB	**Date**
$83.250	23/Oct/20
Phase IIIA	**Date**
$157.250	21/Jun/21
Phase IIIB	**Date**
$134.750	15/Dec/21
$588.500	**Total allotment**

2.7 Link to the Sustainable Development Goals (SDGs)

The project intended to explicitly contribute to the achievement of several SDGs. Through realization of its outcomes across all three workstreams the project was expected to directly contribute to SDG1: End poverty in all its forms everywhere, SDG3: Global Health and Wellbeing, SDG5: Gender Equality and Empowerment for All Women and Girls, SDG8: Decent Work and Economic Growth, SDG10: Reduced inequalities within and among countries, and SDG12: Sustainable consumption and production.

It was not the purpose of this evaluation to track and illustrate direct cause-effect relationships with each SDG. However, based on the evaluation findings, it was possible to conclude to which SDGs, indicators, and targets[38] the project contributed towards, as presented below:

SDGs	Targets	Indicators
SDG1: End poverty in all its forms everywhere	1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns,

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[38]

https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%202023%20refinement_Eng.pdf

		work injury victims, and the poor and the vulnerable
	1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	1.5.2 Direct disaster economic loss in relation to global gross domestic product (GDP)
SDG3: Global Health and Wellbeing	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	3.8.1 Coverage of essential health services
SDG5: Gender Equality and Empowerment for All Women and Girls	5.1 End all forms of discrimination against all women and girls everywhere.	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex
SDG8: Decent Work and Economic Growth	8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship, creativity and innovation, and encourage the formalization and growth of micro-, small- and medium-sized enterprises, including through access to financial services.	8.3.1 Proportion of informal employment in total employment, by sector and sex
SDG10: Reduced inequalities within and among countries	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.	10.2.1 Proportion of people living below 50 per cent of median income, disaggregated by age, sex and persons with disabilities
	10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.	10.4.2 Redistributive impact of fiscal policy
SDG12: Sustainable consumption and production.	No direct link could be indicated with the project outcomes	

2.8 Innovative elements

There could be difference in defining innovation and particularly, innovation in the social protection system. Various definitions of innovation would suggest some key elements such as novelty, usefulness, and practical application. Within this project, there were multiple examples

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of novel and useful solutions developed, piloted and put in use at national level. For instance, within the SP workstream, ECLAC contributed with recommendations for the development of the social registry of households in Paraguay, contributed with a study on child social protection in Chile and to the discussion of options to expand the coverage of independent workers in the contributory pension system in Peru, ESCWA designed an innovative country profiling framework allowing prioritization of social protection-related needs. ECA developed a novel Risk and Vulnerability Index methodology and applied it in Namibia to assess poverty and inequality in the absence of most recent household survey data. The Resident Coordination Office in Mongolia used the ESCAP modeling tool, to develop various valuation scenarios for the national child money programme (that provided fiscal argument to the Government of Mongolia to keep national child money programme and continue financial support of children in Mongolia, despite strong counterarguments). UNCTAD explored a novel nexus between consumer protection and health system, raising attention to the consumer protection in health services and the role of inclusive health policies and health systems.

Within the PM workstream the real-time forecasts (nowcasting) methodology developed mainly by ESCWA and ECLAC was particularly innovative for national indicator estimations, as it mobilized high-frequency data or big data from private companies, such as data from telephones or bank cards. Innovative methods were applied in Arab countries: poverty nowcasting (Palestine and Iraq) and optimization models for poverty forecasting (Lebanon and Egypt). Some innovative solutions were introduced in Kazakhstan, Kyrgyzstan, Azerbaijan, Belarus, Bolivia, Chile, Costa Rica, Ecuador, El Salvador to modernize multi-dimensional poverty measurement and statistical production efficiency (producing data more quickly while maintaining quality). In post-Soviet countries, questionnaires were revised to improve multidimensional poverty and deprivation consideration.

Within CE workstream there were also many examples of innovative solutions. ESCAP developed a Conceptual Framework for Care-sensitive and Gender- Differentiated Policy for policymakers to address the unpaid care economy, addressing the needs of various vulnerable groups, including children, older individuals, persons with disabilities, and those who are ill. Highly innovative work was carried out by ECLAC in Colombia to develop georeferenced mapping of care services and prioritization index[39] that allowed users to get easy access to information on the type of care services they were interested in (e.g., daycares or centers for the elderly) by area, district, and city.

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[39] https://manzanasdelcuidado.gov.co/donde-encontrarlas

3. Evaluation objectives, scope and questions

3.1 Purpose and objectives

The **purpose** of this final evaluation was threefold to ensure: (i) *accountability*, i.e. to provide a systematic and evidence-based review of the overall progress made towards the intended outcomes; (ii) *learning*, i.e., to provide lessons learned and strategic recommendations for the similar future programming within the framework of DA projects, and (iii) *credible and reliable evidence*, i.e., to assure the implementing entities (IEs) and the Member States (Member States) that the strategic decision made within the project contribute towards improving development outcomes.

The **specific objectives** of the evaluation are as follows:

1. *Assess the performance* of the project in terms of its relevance, coherence, effectiveness, efficiency, sustainability, impact and mainstreaming of gender, human rights, and disability inclusion considering its goal and objectives.
2. Identify and *document lessons learned*, good practices and provide recommendations for improvement to inform the design and delivery of future IEs' interventions and DA projects of a similar nature.
3. *Identify areas of opportunity* for future project development.

The evaluation is guided by the OECD DAC evaluation criteria[40] and includes the following: *relevance and validity of design, coherence, effectiveness, efficiency, impact orientation and sustainability* of the project. Important to note that this evaluation does not intend to explore the project impact, instead, if applicable, to explore early signals of positive and negative changes and effects caused by the project at the global, regional, and national levels. The evaluation team was fully adhered to the UNEG Ethical Code of Conduct and UNEG Norms and Standards for Evaluation, as was described in the Inception Report.

The **primary intended users** of this evaluation include the management and staff of ECA, ECE, ESCWA, ECLAC, ESCAP and UNCTAD, UN DESA, and in particular, the DA Project Management Team.

The evaluation results could also be informative for a wider range of stakeholders including but not limited to the following: national authorities of the project countries, representatives of civil society, research community and academia; and UN Country teams in the project countries.

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[40] https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm

The *primary intended uses* of this evaluation include the following:

- Learning and improved decision-making to support the development of the similar cross-regional initiatives on social protection.
- Accountability for the development effectiveness of the performance of UN organizations.
- Strategic programming direction for new initiatives related to strengthening social protection systems across the regions.
- Contribution to gender equality and women's empowerment.
- Capacity development and mobilization of national stakeholders to advance inclusive social protection systems across all regions.
- Informing DA programme level evaluations in the future.

3.2 Evaluation scope, criteria and questions

The *evaluation scope* was defined by the following:
- *Duration:* June 2020 - June 2022
- *Geography:* global or all the countries under the mandate of all five RCs and UNCTAD
- *Programmatic focus:* across all three workstreams of the project, social protection, care economy, and poverty measurement.

Table 8 below provides the list of evaluation questions further developed in the evaluation matrix as provided in Annex 3:

Table 8: Evaluation questions

Relevance
1. To what extent was the project designed to target the new SP needs and priorities of project countries as a result of COVID-19?
2. To what extent was the project aligned with the COVID-19 socio-economic responses of the project countries based on the examples of the countries identified for case studies?
Coherence
3. To what extent did the project (outcomes, outputs and activities) and their underlining theory of change remain logical and coherent? To what extent was gender, human rights and disability integrated in the design and implementation of the project?
4. To what extent has the project been coordinated with, and complementary to, the response of other UN entities (Secretariat and non-Secretariat) to COVID-19 in delivering socio-economic support to Member States based on the examples of the countries identified for case studies?

Effectiveness		
5.	To what extent has the project contributed to the expected outcomes as defined in the project document?	
6.	What innovative approach or tool, if any, did the response use, and what were the outcomes and lessons learned from its application?	
7.	To what extent were the comparative advantages of each IE utilized? To what extent coordination and cooperation across implementing partners was fostered and capitalized throughout the project implementation?	
Efficiency		
8.	How well coordinated was the response among the entities implementing the joint project? To what extent did the governance and management arrangements enable, or hinder project delivery and achievement of results?	
9.	To what extent did the project make effective and efficient use of available resources (time, money, staff) to achieve results?	
10.	To what extent did the project leverage other related funding mechanisms to maximize impact?	
11.	To what extent were the reporting, knowledge management and learning systems throughout the project implementation fit for purpose?	
Sustainability		
12.	What measures were adopted to ensure that outcomes would continue after the project ended? To what extent have national stakeholders acquired capacities to sustain the results?	

4. Methodology

Methodological perspectives

This evaluation was approached from **three methodological perspectives**:

(i) *Results-based Approach (i.e., Theory of Change (TOC) Approach)* that is built upon the assumption of a cause-and-effect relationship where activities determine outputs, which when used, result into outcomes. However, the evaluation acknowledged the high complexity of the project architecture across all three workstreams, all levels (i.e., regional and national), across all its phases (i.e., Phase, I, Phase II, and Phase III) and across all its implementing entities (i.e., ECA, ECE, ESCWA, ECLAC, ESCAP and UNCTAD) and the nonlinearity of its results chain.

(ii) *System-based Approach* that allowed understanding of the complexity of the project portfolio of interventions as a system with its elements, i.e., the relationships, interactions, and context of the key stakeholders working together towards common development result. This approach helped to explain linkages that may not necessarily be explained by the project ToC.

(iii) *Participatory Approach* which implied meaningful engagement with various stakeholders to ensure the evaluation was conducted in a consultative and transparent manner. The evaluation followed a participatory approach both when consulting with partners and stakeholders and when sharing evaluation findings. Participation in the evaluation served to: (i) generate a positive attitude towards the evaluation in general, (ii) create a sense of stakeholder ownership of the findings, which makes it more likely that stakeholders would act on the recommendations and, (iii) empower stakeholders through the process.

Data collection tools and sampling

The evaluation used a mix method approach for data collection, combining primary and secondary **data collection methods** as follows:

- *desk review:* during the desk review the evaluation team worked with each IE directly to fill the documentation gap, as it was indicated in the Inception report. Also, during desk review a battery of quantitative indicators relating to social protection, care economy and poverty measurement was developed and collected for *quantitative typological analysis* of the countries that directly or/and indirectly benefited from the project. This allowed to justify the selection of case studies for this evaluation.

- *stakeholder interviews:* the evaluation team designed a data collection plan, data collection protocols as well as developed a sampling for interviews of the four main types of stakeholders, namely, (i) project team; (ii) UN Agencies and international partners; (iii) national authorities; (iv) non-governmental organizations, academia, and businesses. In total 96 persons were interviewed, whereby 44 male and 51 female.

Table 9 below explained the interviews conducted across all groups of project stakeholders. During the data collection, the evaluation team increased the total number of stakeholders interviewed as more triangulation was required given the complexity of the project. Despite all efforts, it was not possible to triangulate data on UNCTAD performance and on ECA's performance within the social protection and care economy workstreams as stakeholders did not respond to invitations to participate in this evaluation. Table 10 below provides an overview of stakeholders interviewed per workstream and gender.

The list of people interviewed is provided in Annex 5. The (selected) list of documents reviewed is provided in Annex 6.

Table 9: Overview of the number of stakeholders interviewed per stakeholder group

Streams	Total				# UN Agencies and international partners				# national authorities				# NGOs, academia, consultants, and business			
CE	26*	16**	24***	+8****	11	5	9	+4	11	7	6	-1	4	4	9	+5
PM	31	20	31	+11	6	6	7	+1	11	9	19	+10	14	5	5	+0
SP	55	35	41	+6	19	14	14	+0	28	16	21	+5	8	5	6	+1

*Total # of stakeholders proposed by the project team

**Total # of stakeholders' samples by the evaluation team

***Total # of stakeholders interviewed by the evaluation team

****Difference in sampled and interviewed

Table 10: Stakeholders interviewed per stakeholder category, by gender

Streams	SP	CE	PM	Total
# national authorities				
Female	9	6	8	23
Male	12	0	11	23
Total	21	6	19	46
# UN Agencies and international partners				
Female	9	9	0	18
Male	5	0	7	12
Total	14	9	7	30
# NGOs, academia, consultants, and business				
Female	3	8	0	11
Male	3	1	5	9
Total	6	9	5	20

- *case studies:* during the desk review three countries were selected for case study, one per workstream: Jordan for SP workstream, Colombia for CE workstream, and Kazakhstan for PM workstream.

The selection of each country was based on a set of qualitative and quantitative sampling indicators, whereby:

Quantitative criteria of sampling included the following:

⟹ **45 beneficiary countries in total:** considering the rule that good maximum sample size usually does not exceed 10%, three case studies were selected.

⟹ **Typology of countries as of World Bank (WB) classification:** 3 High Income Countries (HIC), 3 Low Income Countries (LIC) and 39 Middle Income Countries (MIC). Given that most of the supported countries (87%) are countries classified as "intermediate" according to WB classification [41], intermediate countries were chosen for case studies to ensure the representativeness of the sample. Alternatively, the sample would have been biased.

⟹ **The distribution of the countries directly supported by the project per geographic region represented by RCs (this classification includes projects supported by UNCTAD in each geographic region):** 10 countries from the ECLAC region, 11 from ECE, 9 from ESCWA, 8 from ECA and 7 from ESCAP. Therefore, the distribution of the three cases across IE was as follows: 1 from ECLAC, 1 from ECE, and 1 from ESCWA.

Qualitative criteria of sampling:

⟹ **Project implementation modality:** there were very diverse and multiple interventions across the project implementation at country level, whereby each has its own modality of implementation: e.g. reaching out directly to the end users of social protection system; working towards changes at the policy level in the project countries; working towards building technical capacities of the national counterparts; working with or without business partners; exploring twining arrangements during its implementation; working with or without other UN partners. The proposed criteria suggested that each selected country should vary in its implementation modality.

⟹ **Weight of the interventions:** as a demand-based project, the interventions at the country level varied and were tailored to the needs of each country: from one-off events of very short nature (e.g., workshop) to a series of events of different nature (e.g., several training events, workshops, support in developing strategies, application of new tools, introduction of new systems, etc.). This criterion suggested that only the countries where project have had more that one-off engagement was considered.

However, the case studies did not proceed as initially envisaged and planned.

- *CE:* field mission to Colombia was cancelled as ECA was not mandated to provide the visa requirements as demanded by the government of Colombia, that was, a guarantee of

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[41] According to the World Bank's 2020 ranking (the year the project was launched), 3 of the project countries are classified as "Low Income Countries", 3 as "High Income Countries" and the remaining 31 as "Intermediate" i.e., 83.7%.

financial responsibility, and assurance that the consultant would not seek asylum in Colombia.

- **_SP:_** field mission to Jordan was cancelled. ECA delayed the final approval of the case studies for three months, during which the security situation in Middle East escalated (between Gaza and Israel). It is worth noting here that the Jordanian authorities expressed displeasure at the cancelation of the mission, which required significant damage control efforts to ensure they contributed to the evaluation. As the SP evaluator could not be present in the field, CE evaluator took this additional task and conducted all in-person interviews with the Jordanian authorities. The site visits were organized for the CE evaluator to see how the project resources were utilized to build the capacities of the national authorities in Jordan.
- **_PM:_** The mission was postponed few times but finally took place with a much-needed support and facilitation from ECE on 31 October – 2 November 2023.

Therefore, the evaluation team concluded one case study for Kazakhstan and two success stories (or reduced case studies) with lessons learned and recommendations as presented in Annex 2.

Data analysis

To ensure logical coherence and completeness of the **_data analysis_**, two compatible strategies of analysis were used:

- *change analysis* to compare the results indicators over time and against targets as defined in the project results framework. It provided a status of the project progress towards results at the time of the evaluation as *completed, partly completed or over performed*.
- context-sensitive *contribution analysis* to explore cause-effect assumptions and conclude about the contribution the project made or not to both intended and unintended outcomes along evaluation criteria and questions. The focus of the contribution analysis was not to quantify the degree to which the project had contributed to its outcomes but to provide evidence to support *reasonable conclusions about the contribution* made by the project to the expected or unexpected outcomes. The contribution analysis of the project performance was carried out across the evaluation criteria to conclude *high, moderate, or low* degree of performance per evaluation criteria.

Evaluation design with gender equality lenses and evaluation ethics
The evaluation was conducted in a gender and culturally sensitive manner and with due respect to human rights (HR) and gender equality (GE) principles. The gender lenses in this final evaluation were explored vis-à-vis the following:

(iii) *How results were analyzed,* e.g. with the focus on how the crosscutting issues of human rights and gender equality were addressed throughout the project design and implementation; how the interventions advance the rights of the target groups and particularly most at-risk population; how the gender equality and human rights accountability mechanisms were promoted, etc.

(iv) *How the evaluation process was approached*, e.g., to ensure adequate representation of men and women in all stages of the evaluation.

Limitations of the methodology

- ***Diversity of the project context:*** the project covered five regions (e.g., ESCWA, ECLAC, ECA, ECE, and ESCAP) with a highly diverse cultural, linguistic, socio-economic, political, and epidemiological context. This required a high degree of 'translation' from the evaluation team to allow a meaningful compatibility of the data achieved. ***To mitigate*** this risk the evaluation team carefully analyzed the context of each intervention and extended the list of key informants to understand the context of each intervention and ensure meaningful triangulation. This allowed understanding of each intervention through the prism of its contextual constraints (both enabling and limiting ones).

- ***Multiplicity of small-scale interventions:*** the granularity of the project interventions at both regional and national levels was at the small gradation, whereby, it could include one regional event or one publication. Such a small scale-intervention was not sufficient to allow the full potential of the intervention to manifest itself during the project life cycle. The risk was to miss multiple micro-scale interventions. ***To mitigate*** this risk, the evaluation team admitted that it was not necessary to reach to all such micro-scall interventions, instead, it was critical to explore the project performance pattern evolving across its implementation.

- ***Timing of the evaluation:*** the evaluation was commissioned about one year after the closure of the project, which might result in some lost institutional memory. ***To mitigate*** the risk the evaluation team reached out to a larger list of key informants, including those that shifted to other organizations or retired.

- ***Quality of the results framework:*** the project results frameworks for Phase I and Phase II / III had some flaws that inevitably limited the monitoring function of the project as well as its evaluation to fully track the progress of the project along its multiple implementation dimensions. In the absence of clearly defined output-level indicators, there was a risk of misalignment in how various project IEs might have interpreted the output measurement. ***To mitigate*** this risk, the evaluation team based its conclusions on the performance of the project vis-à-vis its outcomes, making necessary allowances to the actual outputs delivered.

- ***Quality of the project reports and progress records:*** the lack of data reported by the project vis-à-vis the results framework as well as insufficient project records shared with the evaluation team at the inception phase, limited the capacities of the evaluation team to explore the progress of the project. This caused a risk of losing critical insights from the project performance. ***To mitigate*** this risk, the evaluation team worked with the Workstream Leads and each Implementing entity to acquire all necessary records per workstream to inform the evaluation process.
- ***Measuring and sampling limitations:*** the specifics of the project did not allow for a random representative sample of respondents, causing a risk of sampling bias. ***To mitigate*** this risk, the evaluation employed non-random availability sampling keeping a strong eye on ensuring proportional representation of four groups of stakeholders, namely, (i) project team; (ii) UN Agencies and international partners; (iii) national authorities; (iv) non-governmental organizations, academia, and businesses.
- ***Language barriers in the region:*** given the global nature of the project, communication in English language for some stakeholders was a challenge. This caused a risk of losing insights from stakeholders if language barrier is not addressed. ***To mitigate*** this risk, the evaluation team mobilized its internal resources as the team possessed fluent knowledge of Arabic, Spanish, French and Russian.
- ***General limitations during data collection***: the evaluation remained vigilant to the following biases: (a) Confirmation bias, i.e. tendency to seek out evidence that was consistent with the expected effects; (b) Empathy bias, i.e. tendency to create a friendly (empathetic) atmosphere during data collection with the consequence of creating overoptimistic statements over project; (c) Strategies that could be used by respondents on self-censor (reluctance of respondents to freely express themselves) or purposely distorted statements to attract evaluation conclusions closer to their views; (d) reliance on qualitative data largely, which is to be validated through triangulation.

5. Evaluation Findings

This section is composed of the evaluation findings organized per evaluation criteria and per evaluation question.

RELEVANCE: The project demonstrated high relevance to the existing and emerging needs for inclusive SP system related to COVID-19 context with strong focus on gender, human rights and disability inclusion. UNCTAD's focus on nexus of consumer protection and health system, though, was novel to the project countries.

Finding #1: *The project design allowed addressing the SP needs and priorities in the project countries triggered by COVID-19 but also those exacerbated by the pandemic. Besides, given highly uncertain context, the project design allowed sufficient flexibility and adaptability to accommodate the existing and emerging needs for shaping inclusive SP systems.*

The design of the project was implemented by a group of consultants in a very short timeframe (2 months) during the Phase I or the inception phase of the project. At this stage, ECA as a lead entity, convened several consultative meetings with the IEs to shape the final project document. There were limited if any consultations at the national level. According to many interviews, many national experts were unavailable at this time of the pandemic crisis. Instead, the project was informed by the solid thematic knowledge of each IE about the fundamental needs related to SP needs of its members.

The project design was quite indicative in terms of its focus but did not create rigid boundaries to limit flexibility along its implementation. For instance, the design of the output 1.1 of the SP workstream under Phase I and Phase II was very broad: "*Toolkits and training programmes, including a vulnerability index, developed and delivered to enhance stakeholder capacity to design and implement inclusive social protection policies, programmes, and tools.*"

Based on already known challenges and recognizing highly uncertain and evolving COVID-19 context, the design of the project was such that allowed responding to both the existing and emerging SP priorities along its implementation. In many cases pandemic exacerbated the existing challenges in the SP system and through its broad scope and flexibility the project allowed to address emerging issues. For instance, studying and providing recommendations for the improvement of the National Household Registry in Paraguay or taking account of bias in telephone surveys to ensure the quality of poverty measurements. Meanwhile, emerging SP priorities were equally within the focus of the project. Hence, while not entirely new, the demand and urgency for care economy were shaped largely by the COVID-19 implications both at the global and national levels. Towards this end, the project produced several knowledge product informing COVID-19 resilient recovery discourses at the national and regional levels.

From the inception, though, the project design maintained very strong focus on inclusiveness (e.g., gender, PWDs, youth and children, most at risk groups, etc.) through highlighting care economy as one of the workstreams and integrating inclusiveness across the SP and PM workstreams respectively.

Finding #2: *The project design was sufficiently geared towards the national strategies for socio-economic recovery of the project countries. UNCTAD's focus on nexus of consumer protection*

and health system, was novel to the project countries, representing more of an offer rather than a demand-driven intervention.

Each project country differed in its policy and programming efforts for COVID-19 socio-economic response and recovery. Yet, as demonstrated by the case of Jordan, Colombia and Kazakhstan, the mainstream efforts were focused on *inter alia* social protection, including social assistance, ensuring that the most vulnerable were protected. Analyzing the portfolio of project interventions (as explained under Section 2.3 above), the evaluation team found strong evidence to conclude that the project interventions were in line with the national strategies for socio-economic recovery from COVID-19 pandemic.

Socio-economic recovery from COVID-19: case of Jordan

The UN Country Team supported the Government of Jordan to address COVID-19 recovery needs by shaping a consolidated Framework for the socio-economic response to COVID-19 in Jordan.[42] The UN framework outlined interventions in five broad pillars: (1) protecting health, (2) protecting people, (3) economic recovery, (4) macro-economics and multilateral cooperation, and (5) social cohesion and resilience. To 'recover better' UN has identified five 'accelerators': (10 Equity and inclusiveness, (2) integral gender focus, (3) digital transformation, (4) environmental sustainability, and (5) preparedness and prevention to strengthen systems and processes to efficiently maintain access to health, public and basic services, education, social assistance and business during times of crisis.

Socio-economic recovery from COVID-19: case of Colombia

The "Plan for socio-economic response to the COVID-19 pandemic in Colombia[43]" includes the guidelines and lines of work for the immediate socio-economic response to COVID-19 as a complement to the reactivation measures being developed by the National Government to confront the pandemic. The plan was developed by completing the results matrix of the 2020-2023 Cooperation Framework, which is the main frame of reference for UN cooperation in Colombia. It supports 5 areas: 1) health as a priority, 2) protection for people, 3) economic recovery, 4) peace with legality, 5) migration as a development factor. Under this plan, the second area 'protecting people' (e.g., technical assistance for the development of policies and strategies to restore livelihoods, education, protect employment and the business sector) is directly linked to the second pillar of the UN's Global Framework for a socio-economic response to COVID-19 'helping people cope with adversity through social protection and basic services'.

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[42] https://jordan.un.org/sites/default/files/2020-08/Socio-Economic_Framework_COVID-19_Response_Jordan.pdf
[43] https://colombia.un.org/es/160844-plan-de-respuesta-socio-econ%C3%B3mica-frente-la-pandemia-de-la-covid-19-en-colombia

OECD[44] identified that (i) expanding social protection, (ii) improving the sustainability of public finances, and (iii) lifting productivity growth would be essential for boosting growth, reducing poverty, and improving opportunities for all Colombians to navigate post-COVID-19 recovery efforts. UNDP[45] formulated three objectives for policy solutions: (1) contain the contagion and adjust the health infrastructure, (2) mitigate the negative effects of the crisis on the incidence of poverty and thereby achieve compliance with care and self-care measures for living with virus, and (3) protect formal employment and help companies to survive.

Socio-economic recovery from COVID-19: case of Kazakhstan

The United Nations Country Team (UNCT) supported Kazakhstan's socio-economic response to COVID-19[46], in line with the UN global framework for the immediate socio-economic response to COVID-19. This response plan included 5 areas of work aimed at protecting the needs and rights of people living under the duress of the pandemic, with particular emphasis on the most vulnerable groups: 1) health first, 2) protection of people, 3) economic response and recovery, 4) macroeconomics response and multi-layer cooperation, 5) social coherence and community resilience.

UNCTAD's focus on consumer protection in the provision of health services including digital/e-health was rather new to the project countries, while the social protection was a new focus for UNCTAD. Hence, linkage of social protection with consumer protection was not demand-driven, instead, it allowed to invest in exploring relevant but less contested in the project countries thematic area of comprehensive protection in health.

Comprehensive protection in health is based on the recognition of health as human rights [47] and raises an imperative for the social protection systems to cover access to health care. The worsening of financial protection of vulnerable population as the economic consequence of the pandemic, inevitably impacts the health expenditure, further exacerbating poverty and inequality[48].

[44] https://colombia.un.org/es/160844-plan-de-respuesta-socio-econ%C3%B3mica-frente-la-pandemia-de-la-covid-19-en-colombia
[45] https://colombia.un.org/es/160844-plan-de-respuesta-socio-econ%C3%B3mica-frente-la-pandemia-de-la-covid-19-en-colombia
[46] https://colombia.un.org/es/160844-plan-de-respuesta-socio-econ%C3%B3mica-frente-la-pandemia-de-la-covid-19-en-colombia
[47] https://colombia.un.org/es/160844-plan-de-respuesta-socio-econ%C3%B3mica-frente-la-pandemia-de-la-covid-19-en-colombia
[48] https://www.who.int/publications/i/item/9789240040953

**COHERENCE:** While missing synergy across the workstreams, the underlying theory of change of the project remained moderately coherent to the existing and emerging SP needs triggered by the COVID-19 context. The project demonstrated high degree of coherence with other UN.

Finding #3: _The project design demonstrated sub-optimal degree of coherence across its workstreams, while within each workstream remained logical and coherent along its result chain (e.g., outputs and outcomes). However, the project outcome targets of policy-level change were highly ambitious, while the necessary efforts to their realization were not fully integrated into this project design. The project demonstrated high degree of gender, human rights, and disability inclusion in the design, which remained coherent throughout its implementation._

The project main objective remained highly coherent to the context triggered by the pandemic that required _strengthening national capacities to design and implement SP policies with gender perspective for rapid recovery from COVID-19 and increasing resilience of the most vulnerable population towards future exogenous shocks._ The objectives of each workstream were sufficiently broad and remained coherent towards continuously evolving pandemic context:

- For SP workstream: _Improved institutional capacity among core stakeholders to implement and deliver social protection and expand coverage._
- For CE workstream: _Innovative capacities and cooperation mechanisms developed to integrate the care economy into social protection and other public policies of COVID-19 recovery._
- For PM workstream: _Improved national capacity for producing timely and disaggregated poverty measures following internationally agreed guidance._

The logic of the pathway designed to achieve the project objective too remained valid along the project implementation with no adjustments required in the results chain over the course of the project. Hence, the project logic of _building individual and institutional capacities through developing and sharing knowledge (e.g., tools, methodologies, guidelines, etc.) to trigger policy change and expand SP coverage, ensuring thereby the resilience of the vulnerable groups (e.g., specifically women) to exogenous shocks_ remained valid throughout the whole duration of the project. However, the project set a high degree of ambition in its outcomes to be measured by wide degree of policy change. This required a much longer and often, politically sensitive process, with longer time and more lobbying efforts. This was not sufficiently factored in this project with its 18-month duration and primary focus on building institutional capacities. In the same vein, measuring project performance based on policy-related indicators could be slightly misleading, not allowing to reveal the range of value created by the project.

While the objective of the project as well as its intervention logic within each workstream remained highly pertinent, the synergies across the workstream were largely missing within the project both at the level of its design and implementation. The three workstreams though were designed as rather stand-alone implementation streams or mini projects on SP, CE, and PM. Another mini project was the UNCTAD component of the project, which was implemented in parallel with the rest of the project. There was little coherence among the workstreams and the UNCTAD component in the project design, missing the synergy and amplification of the project's value proposition.

The coherence of the project to the evolving COVID-19 context was ensured through a mechanism of 'demand-driven' interventions that allowed accommodating specific requests from the project countries within the elastic boundaries of the project intervention logic.

The demand-driven imperative of the project requires further explanation. There was no formalized process to receive 'requests' from a country, meaning, a call informing countries about the possibility of raising a request, a formalized application process, or a set of formalized selection criteria to respond to some requests and reject the others. Instead, the IEs utilized their extensive knowledge of the specifics of each project country across the workstream thematic areas and pre-existing professional collaborations with national authorities. Besides, each IE (except UNCTAD) had various technical expert groups, with the representatives from their Member States as a coordination and knowledge exchange platform at regional level. This mechanism was actively utilized to inform about the project and detect SP-related needs from the Member States. Nevertheless, there were several cases when project countries raised direct requests to the IEs: for instance, the Government of Kuwait raised interest in the ESCWA's capacity development support to the National Aid Fund (NAF) of Jordan under SP workstream and the twinning mission was organized to ensure knowledge exchange and partnership between the countries. Given extremely limited financial capacities of the project and tight timing, it was *highly justified* to avoid raising expectations from the Member States beyond the capacity to satisfy them within this project and instead, to capitalize on the internal knowledge of each IE on the most relevant gaps the project could possibly address.

The project prioritized social protection measures that highlighted the importance of gender equality. Even though at the outcome level, the project was not sufficiently explicit about its commitments towards gender equality, human rights and disability inclusion, however, at the output level project indicated the criticality of 'inclusiveness'. This suggests a wide range. It was designed to address multiple dimensions simultaneously by integrating cross-cutting aspects, including gender, poverty, disability, and other social and economic dimensions, intersecting with the project's three workstreams. With regards to broader range of cross-cutting issues, the SP

workstream strived to broaden and ensure that social protection systems are inclusive as demonstrated by the number of its products: e.g., policy brief on identification of vulnerable groups and readiness of social register (in LAC), or national case-studies on social protection response.

The CE workstream was focused on gender equality, non-discrimination, women's economic empowerment, and women's role as essential caregivers in their communities. For instance, the cross-cutting issues were evidenced in the Care Economy interventions, which had a human rights-based approach, focusing on gender equality, people with disabilities, and older people. Women, mainly caregivers, were at the forefront of the efforts since they were the most affected and vulnerable group during the pandemic. ECA collaborated with other regional commissions like ESCAP and ECLAC to review the COVID-19 Stimulus Tracker's content and proposed measures for better identifying gender equality and care economy initiatives. A key outcome of ECA's efforts was the establishment of "The Global Observatory on Social Protection and Economic Policy Responses (COVID-19 Stimulus Tracker-2021), which ECA, ESCAP, and ECLAC reviewed in phase II, and a proposal made to identify gender equality and care economy better measures. Accordingly, ESCWA added the suggested definitions and categories and co-launched the Observatory with ECA in a High-Level Panel Discussion and Event on 13 July 2021 on the sidelines of the UN High-Level Political Forum on Sustainable Development.

ECE: mapped government policies, measures, and initiatives across all its Member States and measures in the first phase and updated the detailed information in phase II. Based on this information, the report "COVID-19 Response Policies and the Care Economy: Mapping Economic and social policies in the ECE Region" was produced in 2021. Moreover, ECE developed a policy brief in 2021 on Gender No. 1: Women's economic empowerment and the care economy in the ECE region". The policy brief analyzed the policies implemented in ECE states in response to COVID-19 through the 5Rs. The policy recommendations were extended in the two regional thematic papers in 2021 on "Empowering Women through Reducing Unpaid Care Work" and "Public Investment in the care economy in the ECE Region: Opportunities and Challenges for gender equality in the COVID-19 Recovery".

ESCWA produced a policy paper, "Leaving Women and girls further behind or a potential opportunity for strengthening gender equality? Lessons from the COVID-19 Crisis in the Arab Region-2022", which analyzed Arab States' responses to the COVID-19 pandemic and developed guidelines "Women Economic Empowerment in the Arab region: Guidelines to advance care policies" focusing on the economic empowerment of women and care policies in the Arab region. In 2022, Lebanon, Saudi Arabia, Morocco, and Oman were supported in developing

comprehensive frameworks on the legal and policy gaps necessary to build a more advanced care economy and promote women's economic empowerment.

ECLAC: Created the COVID-19 Observatory 2020 and collaborated with ECA and ESCAP to enhance the COVID-19 Stimulus Tracker 2021, focusing on gender equality and care measures. Additionally, a virtual course on gender statistics and indicators was implemented with the national statistical institute, benefiting 49 participants from Colombia's national and local institutions.

In contrast, in the PM workstream the cross-cutting issues were not directly addressed, and efforts were concentrated on calibrated poverty measurement to cover populations that are at risk, such as the elderly, PWDs, and women. Household surveys and MPIs already consider gender and deprivation. But the PM workstream did not specifically address human rights and disability inclusion, prioritizing the focus on timely and reliable statistics and indicators rather than types of disaggregation. However, efforts were made to address these issues, e.g., ECE organized three online workshops (December 2020, March 2021 and November 2021) on measuring poverty and inequality in pandemic times bringing together executives from member countries' NSOs and technical partners such as Eurostat, CIS-Stat and several United Nations organizations and programs.

Finding #4: *The project was in line with the COVID-19 recovery strategies of other UN entities in delivering socio-economic support to Member States.*

The analysis is based on the findings from three countries selected for this evaluation. Below are the strategic priorities of UN agencies in Jordan, Colombia and Kazakhstan. They indicate that the policy solutions employed by the UN agencies for COVID-19 recovery prioritized protection of people, expansion of social protection, social coherence, community resilience, and such.

The complementarity and cohesion of the high-level efforts could be considered high for SP and CE workstreams as many UN entities embarked on addressing equity issues during the pandemic, whereby ensuring inclusive and shock-responsive social protection were among the key considerations. The coherence could be noticed also through the interest that various UN entities demonstrated to the cause of the project by joining various events and contributing to the discussions and formulation of recommendations on tools and methodologies to be favored in the context of COVID-19 recovery, e.g., UNDP, UNHCR, UN Women, UNIDO, UNICEF, etc.

Given that very few UN agencies have mandate for public statistics as a cross-cussing theme, the efforts within the PM workstream were not the first priorities of UN country teams. However,

the focus explored within PM workstream allowed better addressing inclusiveness of social protection systems in the project countries.

Socio-economic recovery from COVID-19: case of Jordan

The UN Country Team supported the Government of Jordan to address COVID-19 recovery needs by shaping a consolidated Framework for the socio-economic response to COVID-19 in Jordan.[49] The UN framework outlined interventions in five broad pillars: (1) protecting health, (2) protecting people, (3) economic recovery, (4) macro-economics and multilateral cooperation, and (5) social cohesion and resilience. To 'recover better' UN has identified five 'accelerators': (10 Equity and inclusiveness, (2) integral gender focus, (3) digital transformation, (4) environmental sustainability, and (5) preparedness and prevention to strengthen systems and processes to efficiently maintain access to health, public and basic services, education, social assistance and business during times of crisis.

Socio-economic recovery from COVID-19: case of Colombia

The "Plan for socio-economic response to the COVID-19 pandemic in Colombia"[50] includes the guidelines and lines of work for the immediate socio-economic response to COVID-19 as a complement to the reactivation measures being developed by the National Government to confront the pandemic. The plan was developed by completing the results matrix of the 2020-2023 Cooperation Framework, which is the main frame of reference for UN cooperation in Colombia. It supports 5 areas: 1) health as a priority, 2) protection for people, 3) economic recovery, 4) peace with legality, 5) migration as a development factor. Under this plan, the second area 'protecting people' (e.g., technical assistance for the development of policies and strategies to restore livelihoods, education, protect employment and the business sector) is directly linked to the second pillar of the UN's Global Framework for a socio-economic response to COVID-19 'helping people cope with adversity through social protection and basic services'.

Socio-economic recovery from COVID-19: case of Kazakhstan

The United Nations Country Team (UNCT) supported Kazakhstan's socio-economic response to COVID-19, in line with the UN global framework for the immediate socio-economic response to COVID-19[51]. This response plan included 5 areas of work aimed at protecting the needs and rights of people living under the duress of the pandemic, with particular emphasis

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[49] https://jordan.un.org/sites/default/files/2020-08/Socio-Economic_Framework_COVID-19_Response_Jordan.pdf
[50] https://colombia.un.org/es/160844-plan-de-respuesta-socio-econ%C3%B3mica-frente-la-pandemia-de-la-covid-19-en-colombia

[51] https://unsdg.un.org/resources/united-nations-kazakhstan-covid-19-socio-economic-response-recovery-plan

on the most vulnerable groups: 1) health first, 2) protection of people, 3) economic response and recovery, 4) macroeconomics response and multi-layer cooperation, 5) social coherence and community resilience.

EFFECTIVENESS: The project demonstrated high degree of effectiveness across all its workstreams, while being implemented in highly volatile and uncertain context of COVID-19. It also demonstrated a high degree of innovative potential with very strong focus on gender equality, human rights and inclusiveness.

Finding #5: *The project made strong contribution to the achievement of its expected outcomes across all workstreams and produced a remarkable number of quality products and events across the project countries.*

As indicated in Table 1 and Table 2 above, the project made significant contribution to the achievement of its expected outcomes. Given the project short duration (18 month) and small budget (around 150K per IE), the project produced remarkable number of quality products, national and regional events, as well as influenced policy solutions across its workstreams to a certain extent.

With the SP workstream: the outcome was achieved - the evidence suggested that at least four countries have adopted recommendations to develop or adapt social protection policies or programmes that improve coverage above pre-COVID-19 levels. This was achieved during a regional meeting with the representatives from the Member States of ESCWA, where the Ministerial Declaration was adopted by 20 countries on 'The future of Social Protection in the Arab Region: Building a vision for a post-COVID-19 reality' which explicitly addressed the importance of expanding the SP coverage. This was only declarative statement but necessary first step towards policy change at the national level.

Within CE workstream: the outcome was very ambitious for this kind of a short project, was partially achieved. This outcome required that at least 10 countries (2 per region) design and develop response and recovery policies that integrate aspects of the care economy into recovery efforts. Towards this end, ESCWA demonstrated policy-level impact within CE workstream in Lebanon and Oman; ESCAP – in the Philippines and Cambodia. ECLAC demonstrated policy impact at the municipal level through supporting an innovative model of District Care System and then, inspiring similar processes and scaling up to the national level in Colombia, Argentina, and the Dominican Republic. ECE demonstrated very strong policy impact in Kyrgyzstan. No evidence was found to indicate policy level impact within CE workstream in ECA region. The second outcome of the CE workstream was reached completely as there were multiple evidence to make inference

about increased knowledge and capacities of policy makers and other stakeholders to design policies that address the care economy as part of the COVID-19 response and recovery.

Within the PM workstream: the outcome was completed. The project demonstrated that at least eight countries develop and endorse strategies to improve the resilience or frequency of household surveys or the disaggregation of national poverty measures, i.e., Kazakhstan, Kyrgyzstan, Azerbaijan, Belarus, Bolivia, Chile, Costa Rica, Ecuador, El Salvador.

All interventions within this project across all workstreams were very much geared to building capacities of various national stakeholders to effectively address challenges related to social protection including those that were heightened during the COVID-19 crisis and those that emerged as priority during the pandemic period (such as the case with many CE-related needs). The evaluation team analyzed the capacity development focus within the project along the whole continuum of capacity development as indicated below:
- knowledge production (through developing tools, methodologies, toolkits, etc.)
- strengthening individual capacitates (through organizing trainings, workshops, discussions, etc.)
- building institutional capacities (through producing various guidelines, analytical products and recommendations for improvement and providing technical assistance)
- influencing policy solutions (through directly contributing to policymaking)

The project produced high number of products and events (such as training, workshops, discussions, etc.) across the whole continuum of capacity development defined by the evaluation experts for the purpose of this evaluation. However, the capacity development efforts had a very distinct pattern within this project: due to multiple limitations (e.g., time, adequacy of local capacities, lack of available data, etc.) the IEs would hire local and international consultants to work on producing knowledge products and then would organize national/international workshops to present and disseminate findings. Only in case of Kazakhstan, Jordan, and Colombia were more strategic and long-term engagement of the IEs with the national authorities. Such an implementation modality for this DA project with its very ambitious scope was rather justified (because target capacity development events with high number of national or regional participants creates an exposure and those who might be interested can further explore the knowledge product presented) but the extent of capacities developed across the project countries should also be seen through such a limited depth of each intervention.

There were few cases where the project progress was impacted or even interrupted due to external factors. For instance, the application of the Risk and Vulnerability Index in Ethiopia was suspended due to conflict escalation in spring of 2021. In Sudan, the efforts to assess the social

protection system and develop a country profile by ESCWA were also suspended and only one out of four capacity building trainings were implemented due to civil conflict escalated in 2022. In several Latin American countries, the elections resulted in the new national authorities, which required additional efforts from ECLAC to keep the project implementation rolling (e.g., general election in Peru in 2021, legislative election in Mexico in 2021, general election in Chile in 2021, etc.).

Also, the COVID-19 involved containment measures have significantly hindered some project activities. For the case of the PM workstream, no in-person surveys were conducted for several months during the pandemic, which considerably delayed statistics production. Another factor that affected the activities of the NSOs was the reallocation of public spendings towards priority ministries (social protection, health, etc.). As a result, the NSOs budgets fell drastically in many countries, especially those with higher degree of resource constraints (for example, Palestine, Iraq, Bolivia, Peru). Thus, NSOs had to face additional demand from national authorities but also from international institutions with regards to SDGs statistical commitments, for example, while resources were reduced.

The project demonstrated a high degree of mainstreaming of gender, non-discrimination and inclusion of PWDs in its products. For the products across the SP and CE workstreams, the project addressed a wide range of issues related to *inter alia* unpaid work of women and girls, empowering women and childcare, benefits of caregivers and PWDs, social protection of children and adolescence, pension benefits for elderly people, etc. For instance, ESCAP partnered with IDS UK to produce a report on an inclusive, sustainable, gender-responsive, and sensitive response to COVID-19, adopting an intersectional gender approach that considers poverty, informal work, migrant workers, PWDs, older people, women and girls, and other vulnerable groups. ESCWA explored CE thematic areas from a women's empowerment perspective. ECA advocated for more gender statistics, time-use analysis, studies, statistics, and the strengthening of monitoring of the gender system. ECE supported national policies focusing on gender inclusion, economic recovery, social protection, and the care economy. ECLAC considered women in rural areas burdened with unpaid housework and caregiving.

Finding #6: *The project demonstrated strong innovative potential with a number of solutions developed across all its workstreams. Many of the innovative solutions were replicated and scaled up, while the regional commissions (RCs) found rather new ways to engage with each other based on the shared interests identified within this project.*

The project demonstrated strong innovative potential of the products developed across all three workstreams in two distinct ways, through offering *innovative solutions for the local context* and through providing *innovative solutions for the social protection knowledge area, in general.*

After one year since the closure of the project, this evaluation found multiple examples of the project innovative solutions being replicated and scaled up across all its IEs except UNCTAD, which did not prioritize continuation of its efforts within the nexus of consumer protection and health system. For instance, ESCAP worked closely with ASEAN towards the adoption of the ASEAN comprehensive framework on care economy. ESCWA embedded the country profiling tool in its portfolio of operations and continued its replication across the region based on the demands from the countries (e.g., in Tunisia). ECA's Risk and Vulnerability Index was considered valuable not only for social protection sector but also for the UN Country Team (UNCT) in Namibia to use as a reference for country social vulnerability in the absence of most recent data in the country. Based on its work in Bogota in developing care systems, ECLAC have received requests from Panama and the Dominican Republic for technical support to explore and replicate experience in Bogota. Given the range of micro-level interventions, however, novel and useful as well as lack of adequately monitored and reported records within this project, it was not possible for the evaluation team to track each intervention to respond to the questions: examples of their continued use? Has the government used them? What lessons from their application? and the like.

Within the project, there were several examples of innovative solutions developed and applied for its beneficiaries. It remained, however, critical to demonstrate that each solution was <u>vetted against the current solutions</u> to avoid duplication of efforts and increase efficiency and effectiveness through learning from already existing solutions.

> ***FINDING #7:*** *The project provided sufficient space for each IE to apply its comparative advantages, which were fully utilized only within the PM workstream to provide higher value proposition of the project. The project created traction in each RC to explore its comparative advantages regarding inclusive social protection and further strengthen partnerships among each other after the closure of the project.*

The implementation of the project was driven by very strong leadership of the PM workstream lead on behalf of ECE and very strong leadership of the focal points for SP and CE in ESCWA and ECLAC respectively. Also, each IE managed the project in very different and tailored manner, defined by its work modalities and the comparative advantages respectively:

- *ECLAC:* having a long-standing reputation for excellence in analytical rigour as confirmed by many stakeholders and close relationships and knowledge of the region, was driving choices of interventions to best fit the priorities of its Member States.
- *ESCWA:* having very close relationships with its Member States and knowledge of the region, also shaped the focus of its interventions to address the SP-related priorities of its Member States.
- *ESCAP:* having limited human resources for this project, ESCAP mobilized the capacities of external partners, e.g., for SP workstream they worked through regional DCO (located in the same building) and the country office (CO) in Mongolia to address the requests of its MS, for CE – they worked closely with Oxfam Ph and IDS UK, (not involved in PM workstream).
- *ECE:* having strong PM-related in-house expertise, close relationships with the Member States, and knowledge of the region, was driving choices of interventions to best fit the priorities of its Member States, (not involved in SP workstream).
- *ECA:* was significantly impacted by staff rotation and worked with external consultants for PM, SP, CE workstreams. For SP and CE workstreams, frequent staff and consultants' turnover significantly impacted ECA's performance and opportunities for the project to benefit from ECA's comparative advantages.
- *UNCTAD (*part of SP workstream) has mobilized its consumer protection expertise, however, it explored the area that was otherwise not directly linked to its portfolio, i.e., interface between consumer protection and health services.

During Phase 1 the comparative advantages of each IE were identified for each workstream, and the stream leads were selected according to their expertise. Hence, the ECLAC took the lead on CE, ECE – on PM, and ESCWA on SP workstream. In case of PM, during the Phase II and Phase III, the portfolio of interventions was built on the comparative advantages and strengths of each IE, i.e., ECLAC produced survey analyses and adjustment methods thanks to its high-level analytical skills; ESCWA focused on MPIs calculation required for the ongoing Poverty Reduction Plans of their member states; ECA produced pilot studies on MPIs; ECE was engaged in both dimensions (surveys and MPIs) as the workstream lead. In case of SP and CE workstreams, instead, the decisions on interventions were made with high degree of autonomy by each IE but with sufficient degree of information sharing within the workstreams. Such arrangement was also supported by the funding mechanism, which provided allotments to each IE for its full share within the project and across all workstreams.

While the project created space for each IE to enhance its value proposition through benefiting from each other's comparative advantages, there was little if any such benefits during the life cycle of the project. The benefiting from each-others comparative advantage could have been secured through intensive cross-regional interactions as well as cross-IE interaction. However,

the evaluation found that after the life cycle of the project, the project triggered several spin-offs and new initiatives. For instance, ECLAC, after the project, embarked on several SP-related programming, e.g., DA14 joint project with ESCWA and ESCAP on 'Advancing care policies for transformative recovery and resilience in Latin America and the Caribbean, Asia-Pacific and the Arab States' which is to be launched in January 2024. ESCWA and ECLAC extended their interaction by organizing a study tour for the representatives of Egypt to three Latin American countries to introduce them to more advanced social protection systems of the region. This was possible by mobilizing additional 500,000USD from the Ford Foundation. While the agreement on this cross-IE collaboration was reached, due to security context in Middle East, its implementation was suspended by the time of writing this report. While there were no cases of replication of the 'nowcasting' (immediate forecasting methods) methodology yet, the methodology was taken into the portfolio of interventions by the NSO's in the project countries to be applied in shock situations. Hence, the project created traction between RCs to further strengthen partnerships among each other.

EFFICIENCY: _The project demonstrated low efficiency across multiple domains, including staffing, project governance and oversight, project adequate knowledge management, learning, M&E and reporting._

FINDING #8: _Absence of project level governance caused some limitations for the project coordination and oversight. However, highly effective workstream leadership allowed to absorb some of the downside of it._

This project stood out because of its governance and management architecture. De facto, this project was composed of four discrete sub-projects: (1) SP workstream, (2) CE workstream, (3) PM workstream, and (iv) UNCTAD's focus on a very distinct thematic area. The project completely lacked a functional project level governance mechanism with the Steering Committee steering the project implementation. Within each 'sub-projects' a range of 'micro'-level interventions were designed and implemented predominantly by one IE. The interventions were organized at national and regional levels, with the engagement or not of external consultants, national authorities, and/or other partners (e.g., UN Agencies, other international organizations, private sector, academia, etc.). The PM workstream was designed in such a way that all interventions across all IEs were geared towards a shared purpose. Instead, within the SP and CE workstreams the interventions were arranged by each IE within its own region rather autonomously. All these made the project governance and management architecture very complex and rather fragmented.

The project governance and management architecture suggested _three avenues for the coordination between its IEs_:

- the project level led by ECA,
- the workstream level led by the workstream leads (ESCWA, ECLAC, and ECE), and
- the IEs level: an ad-hoc bilateral.

At the project level: Except for one meeting of the Steering Committee at the inception of the Phase II of the project, there was no other evidence of the coordination and oversight at the project level. The project level coordination efforts of ECA remained limited to the project development at the inception of the project and the project reporting during the project implementation. Absence of adequate project-level coordination and management affected the implementation of the project by missing some opportunities for cross-workstream coordination and synergy. For instance, a regional workshop organized by ECA within the PM workstream on MPI in Nairobi, Kenya in 2022 missed an opportunity to be synchronized with ECA's efforts of developing and piloting the Risk and Vulnerability Index.

At the workstream level: The evaluation found effective coordination mechanisms were established within each workstream to share information, monitor progress (with no systematic monitoring reporting) and address key challenges, if and when they arose.

The departments within the RCs that were responsible for each workstream, might not usually be working closely with each other. Hence, even within each RC, the cross-workstream coordination proved to be a challenge. However, ESCWA established a highly effective internal mechanism to coordinate its efforts across all workstreams. This benefited the project including the use of common definition of SP across all three workstreams, mainstreaming of additional lenses on gender equality across workstreams, etc.

At the level of IEs: the IE had full freedom to proactively explore the avenues for cooperation, however, due to multiple limitations (e.g., time, human resources, etc.) the primary focus of each IE was on delivering towards their commitments within the project. There were also instances where bi-lateral coordination and collaboration evolved within the project. For instance, ESCWA invited the ECLAC PM focal point to seminars to collaborate on: i) obstructed poverty reduction ii) axiomatic approach to counting the poor iii) inequality scenarios for poverty projection and iv) money metric tools.

Within the workstream, the degree of the progress made within each IE depended on the internal management capabilities or lack thereof at each IE. While the challenges within the IEs were beyond the evaluation focus, the evaluation findings flagged the staffing and management challenges within ECA that significantly impacted its performance within this project.
Hence,

- ECA Director (D1) – retired in August 2021
- Chief of Social Policy (P5) - was on secondment through the project duration until January 2023

Due to staffing constrains in Gender Section, the ECA relied on consultants, however:
- Consultant (Project coordination and Care Economy workstream) – left in August 2021
- (another) Consultant Care Economy – Left in August 2021

For the PM workstream, the focal point for the project was the Chief of Demographic and Social Statistics Section. He relied on 5 external consultants, all statisticians, to produce the national reports and the regional report on multidimensional poverty index (MPI), the main outcome of the project for this region.

In the absence of continuous attention from the senior level management from ECA towards the project coordination, it was highly challenging to coordinate efforts of various IEs as well as the efforts within ECA divisions that do not usually work together and have different programmatic portfolios, e.g., Data and Statistics Division; Social Policy Department and Gender Equality and Women's Empowerment Division both operating under the Gender, Poverty and Social Policy Division of ECA.

> ***FINDING #9:*** *The project experienced some staffing shortages across various IEs, which has impact on the cost-efficiency of its deliverables, though it was largely absorbed by very dedicated and highly effective management of the PM workstream lead, SP workstream focal point, and CE workstream focal point. The phased approach of the project caused some delays to the implementation and increased its transaction costs.*

The project final report indicated an estimated staff resources (see Annex 8) that supported the project implementation. However, during the evaluation it became obvious that there were staffing issues across various IEs: ECA had a near permanent shortage of staff across all workstreams as a result of high staff (including consultants) turnover as did UNCTAD which also had staff shortages to support implementation of its activities. ESCAP, ESCWA and ECLAC also had limited staff availability as the project implementation was mainly delegated to the focal points and some permanent consultants (like for the PM workstream) that were supporting the project implementation. The staffing issue inevitably affected timing and the cost-efficiency of the project deliverables by causing delays, sub-optimal quality of the IE engagement in the project, or sub-optimal engagement with national and regional stakeholders, etc.

The project final report suggested engagement of the senior staff members from the IEs at D1 level. However, this was not observable in the project (except the case of ECE), given the scope

and the scale of this short project and given the fact that the Steering Committee of the project met only once at the beginning of the project. In case of ECE, the stream lead (P5) was providing strategic guidance as well as regularly and continuously involved in attending all project workshops and expert group meetings.

The project was divided into three phases, whereby only Phase I could be seen as a stand-alone phase or an inception phase with the purpose to develop the project document. Instead, division into the Phase II and Phase III had rather nominal nature for the project planning and implementation and should be seen as a continuum of activities of analyzing, developing, testing, piloting, implementing, scaling up, etc. These activities were not linked to the phases proposed in the project design.

The project was further 'phased' into different budget allotments – five in total over the course of 18 months. Each budget allotment was conditioned to the reporting from the previous phase (except the Phase I, for which the project document was a report itself), meaning, that the project report (financial and narrative) was expected from DESA prior to the disbursement of each next tranche, even though the evaluation team did not receive those intermediary reports from ECA. The responses from the stakeholders clearly indicated that such a phased disbursement caused a degree of uncertainty within the project planning, e.g., higher transaction cost and lower fund predictability to support timely planning.

> **_FINDING #10:_** _For the project implementation there were no additional funds mobilized._

> **_FINDING #11:_** _The project did not have in place effective reporting system based on solid M&E system to inform project implementation beyond providing some assurances of the project progress to DA-PMT. Learning was largely a missing function within the project._

The quality reporting would entail timely, transparent, informative project reporting that conveys to its stakeholders the critical information about the project progress with quality performance metrics, resources utilized, risks encountered and addressed, and the way forward for the next reporting period. The project reporting is also tightly connected with the project M&E as well as the project knowledge management and learning.

This project lacked an effective M&E system including clear M&E plan with assigned responsibilities, frequency of data collection and reporting, etc. Though, in some cases (like within the SP workstream), attempts were made to track the progress with some internally designed tracker. Instead, the project progress reporting was geared to provide some assurances to DA-PMT on the project progress as a compliance function and to allow budget allotments that

were conditioned to the project progress. For example, the project final report was only shared with ECLAC after the evaluation post-data collection debriefing organized by the Evaluation Manager and the Evaluation Team in December 2023.

Absence of the project monitoring impacted the quality of project reporting. This caused, for instance, variation in granularity of information shared by each IE for reporting purposes. The project reports provided very high-level information about the project, in often cases, missing substance and details (e.g., date, title of the event or publication) and missing critical reflections to inform and improve the implementation processes. For instance, the final project report stated under the SP workstream the completion of output 1.1 and output 1.2 (which were identical) for Phase II – 'delivered as planned' and 'delivered with modifications' with no explanation of what the 'modification' was and why it happened.

It is important to highlight the argument for optimal reporting within this complex and short-term project. The evaluation team is not raising a point of increased frequency of reporting, rather, the point is on. the minimum quality reporting with some fixed performance metrices meaningful for a DA project (e.g., % of satisfaction of the national authorities, or % of the project budget consumed for General Temporary Activities (GTA)) and serving also learning purpose.

Also, the project design and implementation had very limited 'space' for effective knowledge management and learning through engaging, interacting, providing feedback loops and learning within and between the workstreams and across the whole continuum of knowledge management from knowledge creation - to storing - to accessing - to sharing - to using. While the project produced a remarkable number of products (and events), those products were made available within their primary target audience through the websites of the project IEs. This was highly justifiable given the design and limited resource allocation for the project activities.

The project also didn't put in place a mechanism for learning and sharing, even though learning and sharing were highlighted in the project design. Some success stories were collected across the regions as part of the outcome reporting (for Outcome 1 under SP workstream). No lessons learned were generated within the project and along the project implementation to learn and inform its progress. Instead, some reflections were made on the lessons learned and good practices in the final project report issued in January 2023. Acknowledging the tight timing of the project as well as highly dynamic project context under the conditions of global systemic shock, the project had an opportunity to general critical knowledge on how to address a range of issues *inter alia* when operating under the lockdown constrains, when having limited possibility to consult national stakeholders, when having minimum time to shape inclusive solutions to address the pressing needs of those most at risk, and such. Also, the project did not undertake bi-annual

reviews as a critical moment of reflection within the project to inform its implementation as it was designed in the project document to inform implementation and ensure alignment to the design as per the project document. The failure to organize the final project meeting to assess its most critical developments across all workstreams, discuss the exit and sustainability strategy was a missed opportunity on the learning curve of the project.

The project design had a special focus on *peer-to-peer learning* that was integrated into its implementation through the possibility of mobilizing twinning arrangements. There was only one case during the project implementation that was based on twinning arrangements – when the Kuwaiti Ministry of Social Affairs visited Jordan[52] to participate in the workshop to learn about rapid assessment framework developed by ESCWA and piloted in Jordan. This one case was not sufficient to draw conclusions, except, probably one that the full potential of this implementation modality was not utilized sufficiently. Many stakeholders highlighted the importance of being exposed to the practices, successes, lessons learned from other regions.

The sub-optimal *project documentation* also caused significant challenge to the evaluation team when accessing project related information, which required multiple iterations with ECA and each IE to retrieve the project-related documents. Hence, within the project, the workstream-related documents were fully available from ECLAC, ECE, and UNCTAD; available with some limitations from the ESCWA; and available with some gaps from ECA.

> **SUSTAINABILITY: *The project demonstrated moderate potential for sustainability by implementing many 'micro' level interventions, whose sustainability remained dependent on the continuity of the efforts within the portfolio of each IE.***

> *FINDING #12: The 'micro' level interventions prevented 'macro' level impact on COVID-19 recovery observable at the time of evaluation. Stronger sustainability, though, was largely conditioned on the continuation of the efforts of IEs and creation of larger exposure of the project products for the end users. Ownership over project results was linked to the degree of interventions provided within the project.*

The project produced a number of results along the capacity development continuum to address immediate COVID-19-related issues especially within the CE workstream, and to address more fundamental SP-related issues. Some of those results had more short-term time horizon for their utilization. For instance, nowcasting methods and phone/virtual surveys were highly justified because of contact restrictions and urgency to produce timely statistics. However, these methods

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[52] https://www.unescwa.org/news/evaluation-social-assistance-programs-jordan

give results where biases need to be corrected. So, as evaluation findings suggest, the NSOs are reverting to the old (in person) data collection tools, which perform better in "normal" times.

The project created pre-conditions for sustainability of many of its results across all workstreams by producing numerous tools, methodologies, stakeholders, etc. Such a 'micro' approach led to 'micro' results but prevented 'macro' results for COVID-19 resilient recovery that could be observable at the time of the evaluation.

One year after the completion of the project, the evaluation observed several cases of replications and scale-ups of the project products, indicating that their value remained relevant to the post-COVID-19 context. For instance, the multidimensional poverty index for Egypt was published at the end of 2023.

However, the sustainability of this short project efforts was and remains largely dependent on two critical preconditions:

(i)   Embedding the products developed within this project into the regular portfolio and toolbox of each IE, creating continuous support line to the project countries after the completion of the project.

(ii)   Creating and ensuring continuous exposure of the project products to a broader range of stakeholders within each region but also across the regions, ensuring their accessibility for all interested stakeholders.

On the example of the case studies where the project engagement was quite substantial with a series of interventions, the evaluation observed a strong *ownership* of the results by the national stakeholders. Those examples suggested that the project triggered change in the national social protection system and that changed was owned by the national stakeholders. For instance, in the case of Jordan – strengthening management processes and strategic planning of the NAF; in the case of Colombia – strengthening the Bogota care system; in case of Kazakhstan – to improve the household survey methodology in the context of COVID-19, modernize sampling and MPI calculation. In the cases, where the project engagement was one-off or at the 'micro' level or small scale, it was hard to make any evidenced conclusions about ownership. As for UNCTAD line of activities no conclusions could be made about added value and ownership at the country level as none of the stakeholders approached within this evaluation was available for interview.

No *exit strategy* was developed to clarify how the project closure would be organized while ensuring the sustainability of its results vis-à-vis various barriers (e.g., social, economic, institution, etc.) for their effective application in the project countries. Instead, at the level of

'micro' interventions, often, an exit strategy was to disseminate the knowledge products developed to ensure maximum impact. Given the limited timeframe of the project capacity development events took time, the preferred pattern of knowledge dissemination (both through products and events (e.g., workshops, conferences, etc.)) was through large, regional and/or international events. For instance:

(i)   ESCWA promoted the PM workstream results through a special technical panel session "Poverty and Wealth Inequality in Arab States: Measurement and Forecasting" during the 28th annual conference of the Economic Research Forum (26-30 March 2022), which was live streamed for everyone.

(ii)   During a regional meeting with the representatives from the Member States of ESCWA, the Ministerial Declaration was adopted by 20 countries on 'The future of Social Protection in the Arab Region: Building a vision for a post-COVID-19 reality' which explicitly addressed the importance of expanding the SP coverage.

(iii)   ECA organized a regional workshop to present and review the draft Policy Guideline - Centering Gender and Unpaid Work in Post-COVID-19-Recovery[53] to enhance the capacity of policymakers to integrate gender perspectives and the care economy into social protection and other public policies of COVID-19 recoveries;[54]

(iv)   ESCAP partnered with ASEAN to launch the sub-regional report 'COVID-19 and the Unpaid Care Economy in Asia and the Pacific [55]' at the 4th ASEAN Ministerial Meeting on Women in October 2021.

(v)   ECLAC held a side event on the burden of unpaid care work in the Caribbean during the COVID-19 pandemic at fifteenth session of the Regional Conference on Women in Latin America and the Caribbean and presented the "Towards a Care Society: The Contributions of the Regional Gender Agenda to Sustainable Development" report.

(vi)   UNCTAD held 5 (five) Regional Policy Dialogues in partnership with WHO regional offices that brought together more than 1000 representatives of Ministries of Health and Consumer Protection authorities to discuss how consumer protection can support the provision of health services especially e-health in the wake of COVID-19.[56]

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[53] The ECA- Social Affairs Officer provided the policy guideline document 2022- to the evaluator. No electronic version was found.

[54] Integrating Gender and the Care Economy in post-COVID-19 Recovery Policies. Regional Knowledge Share Fair on the Care Agenda 1-3 November 2022. https://africa.unwomen.org/sites/default/files/2022-11/Policy%20Guideline_Care%20economy%20in%20post-C19%20recovery%20policies_01-11-22.pdf

[55] https://www.unescap.org/kp/2021/covid-19-and-unpaid-care-economy-asia-and-pacific -September 2021.

[56] https://unctad.org/meeting/webinar-launch-report-social-infrastructure-health-and-consumer-protection-times-covid-19

6. Conclusions

This project was designed and implemented in a highly uncertain and volatile context of the global pandemic with various restrictions and shifting working modalities across all its IEs to then unknown and unexperienced virtual modality. Maintaining flexibility in this uncertain context to respond to the country needs, allowing the mobilization of high-level technical expertise from the IEs, created strong added value for this DA project.

By design, this was a highly complex project, including four discrete implementation streams: (1) SP workstream, (2) CE workstream, (3) PM workstream, and (4) UNCTAD's implementation stream as part of the SP workstream. The evaluation found evidence to conclude that the project has largely reached its objective *to strengthen national capacities to design and implement social protection policies, with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, to the negative impacts of future exogenous shocks.*

Through proliferation of 'micro' level initiatives the project demonstrated highly effective performance (1) across the whole capacity development continuum, i.e. through producing knowledge production, strengthening individual capacitates, building institutional capacities, and influencing policy solutions, and (2) across two distinct focus areas (i) addressing pressing needs and priorities triggered by the COVID-19 context and (ii) addressing more fundamental issues related to inclusive social protection of the project countries as well as triggering also policy-level impact across all workstreams.

The project demonstrated strong innovation potential, with several examples of replicating and scaling up results. However, the sustainability of many of the project capacity development efforts remained conditional on further efforts of each IE to ensure continuous capacity development of the project stakeholders as well as continuous exposure of the project outputs to the broad range of stakeholders within and across each region.

The efforts of UNCTAD exploring a novel nexus of consumer protection and health system were experimental in nature rather than demand driven one. Given that none of the stakeholders approached within this evaluation was available for interview, it was not possible to conclude about added value of this intervention. UNCTAD itself did not prioritize continuation of its efforts within the nexus of consumer protection and health system beyond the project.

By design the project envisaged a complex governance architecture. However, during its implementation the governance mechanism was reduced to the level of workstreams and

effectively managed by ESCWA, ECLAC and ECE. The project level coordination instead, was largely absent resulting in the lack of oversight, absence of the project monitoring and adequate reporting that goes beyond compliance function allowing adequate knowledge management and learning to inform and improve the project performance. This caused low efficiency of the project performance.

The project demonstrated very strong consideration of gender, human rights, youth, and PWDs in its design and throughout its implementation across all its workstreams, i.e., SP, CE, and PM.

The project implementation triggered several lessons learned and good practices. The detailed description of the lessons learned are provided in Annex 1.

Lessons learned and good practices:

A. Lessons learned:

1. Despite effectively functioning workstream level governance mechanisms, the project level governance mechanism was critical for creating conducive environment for the project implementation.
2. The lack of coherence between the workstreams in the project design impacted the implementation by missing the synergy.
3. The project produced some outcomes too late in relation to the needs schedule, e.g. in PM workstream that was explained by the fact that statistical production duration had not been sufficiently considered in the project's design.

B. Good practices:

1. ESCWA designed a cross-stream coordination mechanism to ensure alignment and synergies across its activities within each workstream. Regular coordination meetings were organized to share information and harmonize efforts.

2. All RCs applied a pragmatic approach to the project design by utilizing the mechanism of regional expert groups established within each region. The RCs used this mechanism to learn about country needs and for some dissemination work.

3. Within the SP workstream, ESCAP worked directly with the regional DCO and UNCT in Mongolia. By utilizing regional DCO and UNCT mechanisms, ESCAP was able to engage with and delegate implementation to other UN entities at the national level, who had country presence, to network beyond usual counterparts of the ESCAP social team (e.g. the Ministry of Social Protection).

4. To address the lack of gendered statistics, ECA applied time-use surveys (TUS) to carry out situational analysis and to inform CE-related interventions.

7. Recommendations

A set of recommendations were formulated to be considered by each IE, DA-PMT, as well as by all those stakeholders interested in strengthening inclusive and resilient social protection system following the findings of this evaluation:

For IEs:

1. *Strengthen South-South and triangular cooperation within and across the RCs to allow sharing best practices, learning, and innovation with the aim of ensuring resilience of national social protection systems.*
<u>Context:</u> The project design had multiple flaws that didn't benefit reporting, learning, and governance, significantly reducing the project efficiency. When engaged with other RCs in a project, ensure pragmatic project design that would allow inter alia cross-regional learning, benefiting from the comparative advantages of each RC, balancing targets with the resources (including, time, human and financial) allocated within the project.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	RCs	Immediate

2. *Involve other UN agencies engaged in project-related themes to better harmonize support and improve results. Use regional DCOs, RCOs and UNCTs as entry points towards this end.*
<u>Context:</u> The RCs do not have country presence even though they have strong contacts with relevant national counterparts. Hence, for SP departments those counterparts are usually the national ministries for social protection. However, to ensure coordination and avoid overlaps between various UN entities (as several UN entities traditionally engage in social protection related programming), and to perform in spirit of One UN, there is a need to mobilize the RC mechanism within each country of intervention.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	RCs	immediate

3. *Embed the innovative solutions developed within this project in own portfolio of activities.*
<u>Context: </u>The project produced a range of solutions (e.g. tools, methodologies, etc.) that were at best piloted and applied in a few project countries. However, the potential of those solutions to

create impact is far beyond that limited scope of project countries. Therefore, there is a need to ensure that the RCs will embed those solutions in their programmatic options. This should be one of the major indicators of the project success.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	RCs	Immediately

4. *For strengthening resilient social protection systems, invest in building adaptive social protection (ASP) to prevent and mitigate the negative impacts of shocks and boosting resilience for long-term development.*

Context: While there is a growing recognition of exponentially growing risks of disruption of societies, the instance when the social protection system would be put at stress would be increasing. Building resilience of social protection system requires focused and systematic efforts through ASP. This implies integrating basic social protection with disaster risk management and adaptation to climate change to allow vulnerable households to prepare, cope and adapt to shocks and ensuring that they do not fall deeper into poverty. The evaluation did not had a focus on ASP, however, given its increasing applicability for emergency response purposes, and through the prism of resilience of SP system, it is advisory for the IEs to strengthen their focus on this issue.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	RCs	12 months

5. *ECA should conduct a formal debrief exercise of its management and coordination functions as the Lead Agency within the project to extract its own lessons learned and actionable recommendations to avoid similar situations in the future.*

Context: Within this project UNECA faced significant challenges related to staff turnover, dependency on one-person, lack of handover, and such. This is a management issue within UNECA and cannot be part of the project final evaluation focus. However, given the magnitude of its impact on the project, it is recommended to UNECA to analyze the case and learn from this situation. The evaluation did not have a focus on ASP, however, given its increasing applicability for emergency response purposes, and through the prism of resilience of SP system, it is advisory for the IEs to strengthen their focus on this issue.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	UNECA	Immediately

6. *Shape programming for institutionalizing CE in general (national) budgets ensuring care economy responsive budgeting and tagging. Alternatively, incorporate CE in the gender-responsive budgeting process.*

<u>Context:</u> The COVID-19 context heightened the criticality of care economy for resilient social protection system. While in many instances working with women's machinery is a key and an entry point, however, it is critical to ensure whole-of-government approach when planning for CE interventions with institutionalized funding arrangements.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	RCs	12 months

7. *When indicating any project outputs as 'innovative' provide sufficient background analysis to indicate the benchmarks not only within a given context (e.g., at the level of a target project country) but broader to ensure learning, if applicable, from other cases.*

<u>Context:</u> The attention towards strengthening social protection systems in each of the five regions has long lasting history and there have been multiple solutions (e.g., tools, methodologies, frameworks, and such) already developed and even piloted and practiced. While context is changing requiring completely new solutions or adjustments of the existing ones, there is a need for careful benchmarking prior to declaring any solution as 'innovative'.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	RCs	On rolling basis

8. *To better guide social protection policies, adjust the production schedule of project outcomes to that of the needs of political decision-makers*

<u>Context:</u> the pandemic has exacerbated the need for timely, updated and reliable statistics. Innovative methods such as nowcasting were used by the project to address these needs but sometimes too late, making the results less useful for policy makers during the pandemic or even obsolete.

PRIORITY	RESPONSIBILITY	TIMEFRAME
Medium	RCs	On rolling basis

For DA-PMT:

1. *Consider establishing a thematic DA Solutions Inventory allowing easy, one-go access to all interested stakeholders to the important solutions developed within DA projects, e.g., tools,*

methodologies, guides, etc., to facilitate learning, avoid duplication and foster continuous improvement.

Context: The project developed multiple outputs whose dissemination were confined by time and limited resources within this project. However, these outputs have potential to inform discussions and shape policy options with their direct target audience. Therefore, there is a need to ensure exposure of those outputs (e.g., tools, methodologies, analytical products, etc.) as broad as possible by creating a repository of solutions produced by a DA project.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	DA PMT	6 months

2. *Ensure adequate balance of flexibility and project design quality with meaningful indicators and close oversight of monitoring and reporting by the lead IE.*

Context: Reconsider requirements and oversight mechanism for a DA project design and implementation to quality assure; (i) effective M&E system with adequate performance metrices, and (ii) adequate project governance mechanism.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	DA PMT	6 months

3. *Revise accountability and financial disbursements requirements towards DA projects to ensure predictability of funding and avoid impact on project planning.*

Context: During this short project of 18 months, there were 5 budget allotments, which implies that almost every two months the project would request funds, prior providing some narrative reporting. Such transaction cost for a small project like this DA is not justified. On the contrary, it creates much unpredictability on funding availability, consequently hindering the timely planning and implementation of the project.

PRIORITY	RESPONSIBILITY	TIMEFRAME
High	DA PMT	Immediately

Annexes

Annex 1: Lessons learned and Good practices

Lessons learned

LL Element	Text
Brief description of lesson learned	***Despite effectively functioning workstream level governance mechanisms, the project level governance mechanism was critical for creating conducive environment for the project implementation.***
Context and any related preconditions	The project missed this level of governance which had its implications
Targeted users / Beneficiaries	This had impact on the overall quality of the project implementation and the benefits that external stakeholders could have enjoyed
Challenges /negative lessons - Causal factors	Absence of the oversight function resulted in the following: absence of project monitoring, inconsistent reporting, lack of learning and cross-workstream synergy
Success / Positive Issues - Causal factors	n/a
Administrative Issues (staff, resources, design, implementation)	This was largely driven by the staff constrains at ECA but also by the level of attention to the situation from the other members of the project Steering Committee

LL Element	Text
Brief description of lesson learned	**The lack of coherence between the workstreams in the project design impacted the implementation by missing the synergy**
Context and any related preconditions	The project was designed as a set of thematically linked workstreams but not coherent within this project, missing the synergy across them
Targeted users / Beneficiaries	This impacted the positive externalities for the project beneficiaries
Challenges /negative lessons - Causal factors	Lack of cross-workstream learning, joint efforts, cost-efficiency of events
Success / Positive Issues - Causal factors	n/a

Administrative Issues (staff, resources, design, implementation)	This was a design issue, which inevitably impacted the project implementation

LL Element	Text
Brief description of lesson learned	**The project produced some outcomes too late in relation to the needs schedule**
Context and any related preconditions	In the PM workstream the statistical production duration had not been sufficiently considered in the project's design. Because of this, some products were developed much later to effectively inform policy level decision-making.
Targeted users / Beneficiaries	NSOs
Challenges /negative lessons - Causal factors	Difference in project planning and timing with that of statistical production
Success / Positive Issues - Causal factors	Positive relationships with UNECE that makes it possible to find the most optimal timing
Administrative Issues (staff, resources, design, implementation)	n/a

Good practices

GP Element	Text
Brief description of GP	**ESCWA designed a cross-stream coordination mechanism to ensure alignment and synergies across its activities within each workstream. Regular coordination meetings were organized for effective project control.**
Context and any related preconditions	**Different teams within ESCWA were involved in the implementation of all workstreams.**
Targeted users / Beneficiaries	ESCWA teams
Challenges /negative lessons - Causal factors	n/a
Success / Positive Issues - Causal factors	Through this coordination mechanism, ESCWA ensured their teams remained informed on the project implementation to create synergies across the workstreams within the ESCWA region.

Administrative Issues (staff, resources, design, implementation)	The tone from the top was set to ensure this coordination take place within the ESCWA.

GP Element	Text
Brief description of GP	**All RCs applied a pragmatic approach to the project design by utilizing the mechanism of regional expert groups established within each region.**
Context and any related preconditions	In the highly uncertain context, the IEs had to find an optimal way to ensure that (i) their activities were demand-driven and (ii) the demands were feasible to be managed within the limited scope of this project.
Targeted users / Beneficiaries	Participating countries
Challenges /negative lessons - Causal factors	n/a
Success / Positive Issues - Causal factors	The RCs used this mechanism to learn about country needs and use it for some dissemination work.
Administrative Issues (staff, resources, design, implementation)	n/a

GP Element	Text
Brief description of GP	**Within the SP workstream, ESCAP worked directly with the regional DCO and UNCT in Mongolia to provide necessary technical support.**
Context and any related preconditions	The RCs do not have country level presence but have direct contacts with the national authorities of their Member States.
Targeted users / Beneficiaries	Participating countries
Challenges /negative lessons - Causal factors	n/a
Success / Positive Issues - Causal factors	By utilizing regional DCO and UNCT mechanisms, ESCAP was able to amplify its buy-in capacity and create implementation and oversight mechanism at the national level, which would otherwise not be possible.
Administrative Issues (staff, resources, design, implementation)	n/a

GP Element	Text
Brief description of GP	**The use of Time-Use Surveys (TUS) and gendered statistics for Care Economy situational analysis and to inform CE-related interventions.**
Context and any related preconditions	In the first phase of its policy mapping initiative, ECA discovered that most African countries lacked CE documentation, studies, time-use surveys TUS, and gendered statistics. As a result, ECA decided to conduct a comprehensive study on the impact of COVID-19 on the Care Economy only in three Member States: Egypt, Kenya, and South Africa, as these three countries have CE documentation, including time-use surveys, CE studies, and gendered statistics. Based on COVID-19 health and education reports and observations, the CE demand was high in the ECA region. However, the pandemic prevented reaching out to Member States to do research despite hiring consultants to do the CE mapping. ECA decided to go with the three case studies as a first step and fill the CE documentation gaps, i.e., TUS and during phases 2 and 3.
Targeted users / Beneficiaries	Policy Makers (Government/Parliamentarians), CE researchers, donors, etc.
Challenges /negative lessons - Causal factors	The absence of TUSs and gendered statistics hindered ECA in designing direct and appropriate CE interventions in the early project phase.
Success / Positive Issues - Causal factors	N/A
Administrative Issues (staff, resources, design, implementation)	To tackle the aforementioned challenge, ECA made the decision to improve the care economy (CE) mechanisms for Member States' decision-makers that have requested assistance from ECA in the development of care economy policies. As a result, ECA has created a CE policy guideline that includes guidance on TUS, and gender mainstreaming processes in CE policies including statistics and monitoring.

Case study: Kazakhstan

A.   Context: COVID-19 context, socio-economic and political profile (i.e. unemployment rate per gender, GDP per capita in USD, availability of national SP strategy or national priorities on SP in other strategic documents, gender culture and norms, HDI, availability of refugees)

Kazakhstan was in a relatively favorable position prior to the COVID-19 pandemic, with low unemployment rate (4.9%), higher GDP growth and level (4.1% annual growth, 9140 USD per capital) and lower public debt than in the OECD (21% public debt/GDP) for 2019. However, according to OECD[57] structural challenges constrained the government's ability to respond to the crisis:

- Commodity dependence on hydrocarbons, minerals, and metals;

- Private-sector weakness (SMEs account for only 26.8% of value-added and 31% of employment, as compared to figures around 57% and 60-70% in most OECD economies);

- An underdeveloped financial sector;

- A fragmented and underfunded healthcare delivery system;

- Underequipped technical infrastructures and regulatory environment.

B.   Main strategies of the national authorities to respond to the COVID-19 pandemic

The Kazakh government acted early to contain the spread of COVID-19. Following the announcement of a state of emergency, a state commission was set up to coordinate sanitary efforts to fight the pandemic, impose quarantine control, and provide support to those whose livelihood was affected by the coronavirus or by the emergency restrictions. Kazakh authorities have intensified sanitary measures and epidemiological procedures and expanded the capacity of health services to handle Covid-19 emergencies. The government has allocated 125.2 KZT billion (297 million USD) for a coordinated effort to suppress the pandemic.

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[57] OECD, «Tackling Coronavirus contributed to a global effort. The Covid-19 crisis in Kazakhstan", April 2020.

Principal economic response:

Monetary policy: The National Bank of Kazakhstan (NBK) reduced its director interest rate by 9.5% and expanded the band to +/- 2% to increase monetary liquidity at national level. NBK also facilitated commercial bank refinancing operations and foreign exchange controls for state-owned enterprises.

Fiscal policy: The government financed a total anti-crisis program, excluding tax breaks and local support, of 4.4 trillion KZT tenge (about $10 billion, or 6-7% of GDP). Additional support measures for SMEs were also introduced (tax relief, deferrals, etc.).

Firm supports: Cash transfer for firms whose turnover fallen by more than 40%; full compensation of fixed costs to firms forced to temporarily close due to confinement; VAT payment and social charges deferred; loan guarantee.

Principal social response:

Social assistance for workers: The National Social Security Fund provided wage subsidies for employees on unpaid leave (42,000 KZT tenge per month, or $95). Employees who lost their jobs due to confinement were compensated up to 40% of their previous salary for a period of up to 6 months. The wage subsidies covered at least 1.5 million citizens affected by the virus outbreak.

Social assistance for vulnerable people: children and adults from low-income families benefited from targeted social assistance in cash transfers; disabled people or their parents received food baskets. Authorities sent phone messages to eligible citizens to notify them of a cash transfer or invite them to provide their banking details to receive the cash transfer.

C.   COVID-19 pandemic response of other UN entities (Secretariat and non-Secretariat) to COVID-19 in delivering socio-economic measures and coordination with the project efforts

The United Nations Country Team (UNCT) supported Kazakhstan's Covid-19 socio-economic response, in line with the United Nations global framework for the immediate socio-economic response to Covid-19. This response plan included different streams of work aimed at protecting the needs and rights of people living under the duress of the pandemic, with a particular focus on the most vulnerable groups. UNCT priorities: Respond urgently to stem the impact of COVID-19; Undertake several rapid assessments to understand the situation and gaps (gender, vulnerability, businesses, etc.); Review and reprofile its programmatic and non-programmatic portfolio to meet the COVID-19 challenge; Identify key immediate challenges, including the need for closer cooperation within the UNCT and multilateral cooperation with international financial institutions (IFIs).

This socio-economic response process has led each UN agency to reconsider its role in the context of the Covid-19 world within the framework of the approved UN frameworks for Kazakhstan, namely the UN Cooperation Framework for Kazakhstan. sustainable development (2021-2025) and the Common Country Analysis.

D.   Description of the intervention

The DA project in Kazakhstan only concerned PM workstream.

In Kazakhstan, Covid-19 created two new problems for the Bureau of National Statistics (BNS): 1/ the halt of field surveys, preventing data collection and, by extension, transmission (BNS usually transmits its data to the Ministry of Social Affairs on a quarterly basis). 2/ increased demand timely and disaggregated data from national authorities (ministries of social affairs, the economy, health, etc.).

In response to these challenges, the aim of the project was 1/ to maintain the surveys while preserving their quality 2/ to produce more indicators on the new poverty issues generated by Covid-19.

To achieve this, the first stage of the project focused on household surveys, supporting digital and online collection methods (mainly phone surveys) combined with new sampling and adjustment methods. ECE provided technical assistance, including in-person missions, to evaluate and improve the surveys in the context of Covid-19 and the SDGs.

The second stage focused on modernizing sampling (to improve data frequency and reliability) and MPI calculation. Technical assistance included methodological training for the staff of Kazakhstan's Bureau of National Statistics (BNS) -Household Survey Unit and Living Standard Unit-, including the programming code for each learning area, as well as guidance on the use of the new methodology.

E.   Other donors/parallel interventions

UNICEF in Kazakhstan regularly supports the Bureau of National Statistics on household surveys (but not during the pandemic period)

UNDP in Kazakhstan regularly supports the Bureau of National Statistics on MPI (but not during the pandemic period)

F.   Description of the implementation partner(s), collaborative stakeholders, and beneficiaries (i.e. institutions and end users)

Implementation partners: UNECE statistical division: 3 sections (social and demographic statistics, economic statistics, environment and multidomain statistics) and 2 units (statistical management, population). 32 experts.

The project involved the social and demographic statistics section (total staff 7 experts), incl. Chief of section, P5, streamlead, Statistician, P3, and Programme Management Assistant (G6)

Beneficiaries: Bureau of National Statistics (BNS) of the Republic of Kazakhstan

The BNS includes headquarters (Astana), regional offices and computing center. About 300 employees.

Department of labor statistics and quality of life. 20 employees. Incl. 4 units: 1) wages 2) employment 3) living standards statistics 4) household surveys

The project supports 2 units in particular: household survey unit and living standard statistics unit.

Household Survey Unit. 3 persons. Tasks/activities: survey sampling, survey organization, statistical tools updating, organization of activities, calculation of indicators, publications.

Living Standard Unit. 4 persons. Tasks/activities: calculation of poverty indicators, modular survey, data collection and processing, allocation of healthcare minimums, MPI, median income.

Collaborative stakeholders: external consultants (2 statisticians)

G.   Analysis: main results achieved, challenges encountered, opportunities utilized

Numerous results were achieved in Kazakhstan:

- Improved survey design and accuracy in the context of the pandemic.

- Better use of statistical techniques to resolve problems of non-response and coverage error, and ensure better representation of the sample, considering new pandemic challenges.

- Survey methods harmonized with Sustainable Development Goals requirements.

- Increased production of disaggregation relevant to poverty and inequality

- MPI calculation (1st time) and establishment of a mechanism for its sustainable production involving stakeholders from government agencies and technical experts from the BNS.

Principal challenges encountered

In Kazakhstan, the Covid-19 raised new challenges to maintain surveys while preserving their quality, and to produce more indicators more quickly on the new poverty issues generated by Covid-19 (see above D. description of the intervention).

Opportunities utilized

Innovations were made to maintain quality and reliability of statistics using AI. Close collaboration between the Calculation Center (BNS's research center for information systems and statistical calculations) and the Department of labor statistics and quality of life led to some very useful innovations, such as phone applications for data collection, switching to tablets for questionnaire input, information systems for questionnaires and data transmission, etc. These practices created new alternatives and, in some cases, reduced costs and time.

H.   Analysis: how vulnerable groups would benefit from this intervention both directly and indirectly

Directly: no

Indirectly: Poor households and vulnerable people were targeted thanks to data and statistics on poverty produced by the BNS. Ministry of Social Protection's support policies (cash transfer, food baskets, etc.) had better targeted their beneficiaries to face Covid-19.

I.   Analysis: quality of cross RC cooperation and partnership

Support for Kazakhstan did not involve collaboration with other RCs or other partners.

J.   Spin offs from the project and/or additional financial resources mobilized for sustainability

No

K.   Lessons learned

1. In the context of high uncertainty and instability due to the Covid-19 pandemic, and given the short duration of the project, a pragmatic approach was agreed between ECE statistical division and the BNS. This approach focused on tools and networks

that were already delivering strong results: ECE and BNS were already working closely to improve national surveys and produce MPI. On an operational level, this strategy strengthened and supported the adaptation of tools, methods, knowledge, and practices to the pandemic context: household surveys combining usual and virtual collection, MPI calculation.

2. Innovations were made to maintain quality and reliability of statistics using artificial intelligence (AI). Data collection shifted to tablets, phone surveys, electronic data collection, etc. These practices created new alternatives and, in some cases, reduced costs and time. Staff working arrangements during the project were quickly upgraded to virtual and hybrid modalities which ensured more efficient (less costly and less time-consuming) outcome delivery.

3. Kazakhstan case study was a pilot experience for the region, particularly the former Soviet countries of Central Europe. Indeed, countries experience similar socio-economic, political and cultural realities. Their needs in terms of statistics in general and PM in particular are quite similar. The experience of supporting Kazakhstan on surveys and MPI achieved good results and provided lessons for countries in the sub-region. The mobilization of the same consultant (Rafkat Hasanov) to support these countries during the project highly facilitated best practices dissemination throughout the sub-region.

4. ECE works with networks of experts (Expert Groups) to develop leading edge guidelines, recommendations and standards on statistics. EG activities are focused on filling gaps or emerging issues to develop new statistics or methods; prepare new or updated guidelines and recommendations; develop common tools and standards for statistical production. EG are created for a short period with clear objectives and tasks. During Covid-19, the GE focused on poverty measurement in relation to new needs. The BNS of Kazakhstan was involved in the GE and participated in meetings and work to pool resources and enable effective development work.

5. The field mission to Kazakhstan was very well received by national authorities. In addition to covering the evaluation needs themselves, it also strengthened BNS's incentive to get involved in cooperation projects, and by extension improved results ownership at national level. In this way, the mission served to strengthen advocacy for statistical projects cooperation and collaboration.

L.   **Recommendations regarding continuation, replication, scale up**

1. Align project timetable with statistical agenda. The agenda/schedule of public statistics is aligned with (i) annual central government quantitative needs/indicators (GDP, tax revenues, inflation, etc.) and (ii) data production timeliness. The chain of

production of statistical information has unreducible deadlines. Short-term projects such as DA projects need to better address this constraint in their design.

2. Involve other UN agencies engaged in project-related themes to better harmonize support and improve results. UNDP supports Kazakhstan in calculating MPIs. UNICEF is committed to better consider PM in household surveys. ILO supports employment surveys. Better collaboration with these agencies would favor a more global and harmonized approach with greater impact.

Reduced case study: Colombia
Highlights in ECLAC's Success Story-The Bogota Care Blocks System[58]
Introduction
Of a female population of 4 million in Bogotá, 3.6 million carry out unpaid care work and 1.2 million do so full-time. That is 30% of the city's female population whose lives have become dictated by their responsibility to care for members of their households, children, older persons, and other dependent populations. Women's critical contribution to the well-being of their families and society in general has been mainly invisible, unrecognized, and unshared with other able-bodied members of their families. If such care work were paid, it would **represent** 13% of Bogotá's and 20% of Colombia's **GDP**.[59] Care work is often overlooked as a productive and paid profession, leaving those who perform it without much recognition. Unfortunately, this burden of unpaid care disproportionately affects women. This inequality leads to lost political participation by women, more profound disparities at home and in society, and lost economic gains. To help alleviate this issue, Bogotá developed the CARE System. It focuses on bringing the city's services to caregivers, freeing up more time for women.

The CARE system has a central feature called CARE Blocks, which serve as accessible points for caregivers and those they look after to obtain city services. This system stands out for its ease of access and providing services for caregivers and care receivers simultaneously. The services provided for caregivers include professional and skills training, wellness promotion, and income-generating activities. For care receivers, there are professional care services and recreational activities available. These CARE Blocks are typically within a 15- to 20-minute walk for most potential users, often within an 800-metre vicinity, eliminating the need for cumbersome transit.

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[58] The Secretary for Women's Affairs and her team provided the key information of this 'success story -highlights.'
The Bogota Care Blocks system is found at: https://manzanasdelcuidado.gov.co/donde-encontrarlas/
[59] Diana Rodríguez Franco. How a city is reorganizing itself for women- The Bogotá CARE System. November 3. 2022. https://apolitical.co/solution-articles/en/how-a-city-is-reorganising-itself-for-women

In 2019, a Women's Pact was signed to fulfill a commitment. Claudia Lopez, the first woman elected as the Mayor of Bogota, successfully implemented the Bogotá Care System during her administration. The program offers Care Blocks that have assisted more than 546,500 women and their families[60]. It's worth noting that Bogotá is the first city in Latin America to implement a Care System. The city created this program in response to the historical demands of women's social movements. It offers concrete actions to address the needs of women in the cityThe close collaboration and trust between ECLAC and the Bogota mayor's office led to a joint initiative to establish the prioritization index that became the essential tool to expand the Bogota care system until it reached 21 Care Blocks by December 19, 2023.[61]
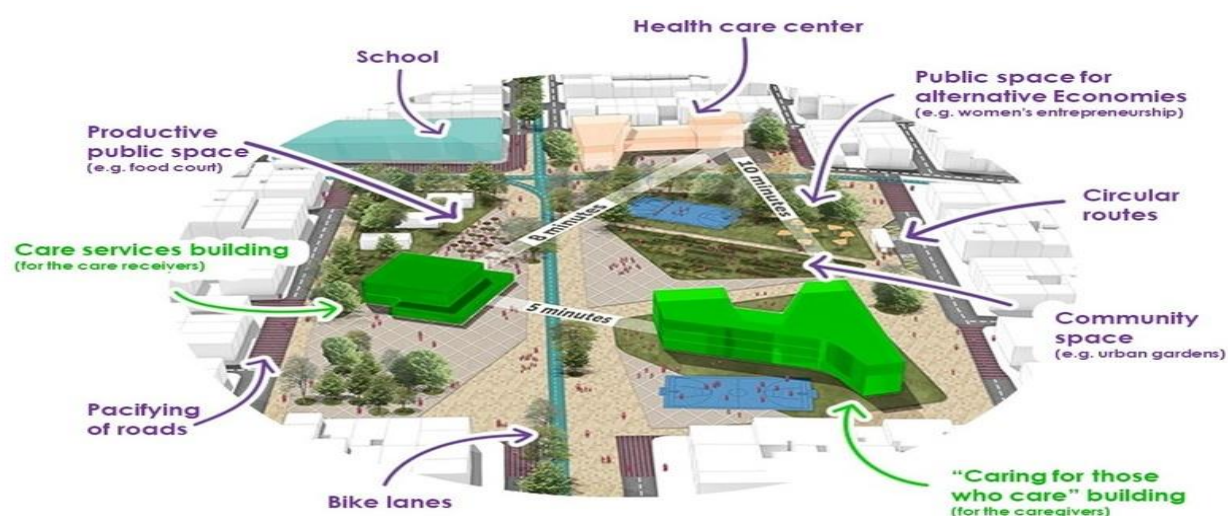

Figure 1: Source City of Bogota- https://apolitical.co/solution-articles/en/how-a-city-is-reorganising-itself-for-women

Background on the ECLAC intervention to the Bogota Care Blocks System
In the first phase of implementing the DA COVID-19 joint Special Project 'Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery and Building Resilience, June 2020-June 2022', ECLAC provided technical support to the

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[60]Bogota delivers Care Block No. 21 and provides an overview of the Care System. https://bogota.gov.co/en/international/district-delivered-care-block-no-21-and-balance-system

[61] https://bogota.gov.co/en/international/district-delivered-care-block-no-21-and-balance-system

Women's Secretariat of the Bogota Mayor's Office. This happened a few months after the election of the first female mayor in January 2020. The first contact was made around March - April 2020. The mayor's office was highly committed to women's social issues when the mayor was a candidate in October 2019. She was elected at the end of October 2019 and subsequently developed her government plan, which focused on the care system. Colombia has time-use surveys that determine how the population spends their time. These surveys cover domestic work, childcare, washing, and cleaning and are run and implemented by the National Statistics Department rather than the city government. Moreover, research supports the care system was available. However, what was lacking was an understanding of available resources in the city. Thus, main concern of the Bogota District Secretariat for Women was to identify the available care services, infrastructure, and means of transportation for children, the elderly, and people with disabilities.

Therefore, investing through its demonstrated CE experiences, ECLAC became a crucial partner in solving Bogota city's lack of an accurate and up-to-date care infrastructure map. Mapping CE infrastructures was the initial solid intervention of ECLAC in Bogota in the DA 13 phase 1.

ECLAC, in collaboration with the women's secretariat of Bogota, developed a prioritization index (interactive website[62]) that allows users to select the type of care services they are interested in - such as day-cares or centers for the elderly - and view the information by area, district, and city. Moreover, this website allows conducting research to understand the demand and identify potential infrastructure in Bogota that can be leveraged to build care facilities. As a result, this website provides users with easy access to information about available care services. It is a composite index composed of four variables. Each variable has the same weight. Criteria such as the availability of care equipment, mobility megaprojects, prioritized projects in the Urban Master Plan, and land availability are also considered. The index has the following variables: Demand for care (25%), Caregiver density (25%), Poverty (25%), and Participatory budgets (25%)[63].

Demand for care: it is influenced by the presence of children, the elderly, and people with disabilities in an area.

Poverty: Care burden is a common experience for all women, regardless of their economic backgrounds. However, poverty exacerbates the issue as the option to outsource care is limited. Therefore, poverty plays a crucial role in determining the level of care burden women face.

Care density: caregivers in different areas of the city. It adopts a gender approach by focusing on the needs of caregivers by identifying which areas of the city have the highest concentration of caregivers.

Participatory budget: The system allowed the district level to make decisions for the first time. Bogota is a capital city with an 8 million population divided into 20 districts. Each district is large enough to be considered a city, with a population of around 1.2 million. These districts have their budgets.

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[62] https://manzanasdelcuidado.gov.co/donde-encontrarlas/

[63] How a city is reorganizing itself for women- The Bogotá CARE System. https://apolitical.co/solution-articles/en/how-a-city-is-reorganising-itself-for-women

One of the top priorities was investing in care, whether in infrastructure, services, or any other aspects. Therefore, acknowledgment of the votes and preferences of citizens were considered. Each district was assigned equal weight to four variables- voice, vote, preference, and representation. The index was created based on the data input for each district regarding these four variables. The index generated a ranking, with percentages ranging from 100% to 72%, and so on. This ranking prioritized the first three districts where the first three care blocks were established, the first in October 2020, the second in November 2020, and the third in March 2021; those districts were the highest. The city council recognized the Care Blocks creation through approving the government plan and the budget.

Access to the services provided in the Care Blocks

Women can register on the Care Block webpage or seek the assistance of a coordinator to access services that cater to their specific needs and priorities. Due to the gender division of labor and the care burden, women face significant technological gaps, making it difficult to use computers or QR codes on cell phones. One of Care Blocks ' targets is offering technological and computer courses and cell phone courses to bridge this gap and help women learn how to use these devices. However, just offering these courses is not enough; going the extra mile and ensuring that women know the various services, including care blocks, available to them. This means going to places where women frequently go, such as market squares and schools, and posting information on bulletin boards. Women can also access the webpage to learn more about the services the Bogota Secretary for Women offers.

Care Blocks' Services for Women Caregivers

The most likely three services that women must sacrifice because of the care burden are training and education, well-being services, and income generation services. Women caregivers usually don't have the time to finish high school, continue with higher degree education, have free time for exercise, yoga, or learn how to ride a bike, general well-being, and income generation activities such as entrepreneurship from home, selling out of a catalog, or working online and enroll in a formal job from eight to five.

To meet women's needs, the Bogota Women's Secretariat works with other sectors of the district, namely the private sector, to offer social and psychological support to women who have been out of the labor market or have never been in the labor market. Women face several barriers when entering the labour market that are often not considered, such as the overload of unpaid care work and the economic, physical and emotional efforts that goes into this type of work. Thus, through the Care Blocks, women are able to receive psychosocial support for free.

The Bogota district' Women's Affairs Secretariate works with other administration i.e., the Secretary of Economic Development to design employment and income generation projects with a gender focus and most importantly with a care focus. For instance, many women have started entrepreneurship and startups -home-based, and others are street sellers like informal small businesses; they reach a point at which they stagnate or collapse. Much support is often offered, but it's not what they need. A program, 'Entrepreneur Productive Women,' was designed to explore and analyze what entrepreneurship required at that very moment. They might need financial literacy and training, or they might need to learn how to take pictures to put them on social media and be able to sell online, or how to do a web page, and so forth. The program helps identify what each business needs, offers training, and provides capital because they need resources. Capital provision is conditional, conditioned to diagnosing what is needed and being trained to avoid that the money would go somewhere else that the money would go to pay the bills and not to strengthen.

Another program 'Neighbors Working Together," was designed to focus on some business purpose, formal or informal, with at least three women together who had already begun testing the initial enterprises; 3000 women benefited from the program that unfortunately stopped due to the pandemic. However, a similar program model was designed targeting the same beneficiaries to enhance the previous experience gained from the first program, focusing on online marketing; 269 services were provided to 200 women. In the two programs, the capital was conditional. Training on how to search for a job, building Curriculum Vita, and interview techniques are provided in the Care Blocks.

Care Blocks' Communication and Outreach Strategies
It is essential to acknowledge that using modern ways of communication like Twitter, Instagram, TikTok, etc., may not always reach caregivers. Therefore, an outreach strategy was created to reach out to women by personally visiting their homes and offering them leaflets. These leaflets provide information about Care Block services, which are entirely free of charge and readily available. Women can register on the website or simply show up with their families. The leaflets also contain a list of services offered to women who are victims of domestic violence, such as a 24-hour hotline, lawyers at hospitals, trial lawyers, and pro bono legal aid and representation. The approach is twofold. Firstly, if women are trapped in unpaid care burdens, they have less time to study, access information, practice self-care, and participate in politics. Therefore, these communication items aim to address such issues by offering advice and representation services. Secondly, providing these services empowers women to take control of their lives, seek help, and become self-sufficient.

'Three variables that are highly correlated with domestic violence are level of education, internet access, and freedom of movement.'
Secretary for Women's Affairs, City of Bogotá.

Care Blocks Budgeting

In Bogota, citizens are allowed to vote on projects where their money could be invested, or their votes decide the priorities of that budget at the budget law district level. The UN Women supported the design of a gender marker to track the budget for gender equality and programs to close gender gaps in each department of the administration, including the Secretary for Women's Affairs, the Secretary of the Environment, the Secretary of Education, the Secretary of Urban Planning, and the Secretary of Transportation. The care system is marked and tagged in the budget assigned in each sector to the care system and other gender projects or projects that close gender gaps. An extensive care system is in place, which includes care blocks, care buses, care home delivery, and other units, such as daycare systems and daycares that are not located in the care blocks. The Secretary does not exclusively provide the services offered in the care system for Women's Affairs; they're offered jointly by all sectors of the administration involved in the care system. For example, the program of finishing high school flexibly is taught in the care blocks but is run by the Secretary of Education. The Secretary of Women's Affairs offers legal aid and psychological aid services and brings them to the care blocks, and then marks or tags legal services in its gender budgeting.

Coordination and collaboration with ECLAC
'It was very easygoing,' and there was a lot of straightforward communication anytime by email, phone, and text.
Secretary for Women's Affairs, City of Bogotá.
The communication was direct. The ECLAC team was highly responsive. They trusted all member staff in the Women Affairs Secretariate team. The teams were relatively small on both ends. Considering COVID-19 was in place, flexibility was essential to interaction and success as partners and stakeholders.

What key supports did the Bogota Care Blocks System receive?
Numerous organizations have shown interest in supporting the Care Blocks System in different phases of the system initiative. At the beginning of 2020, ECLAC, UN Women, and the Open Society Foundation were involved.

The care system works primarily through three models: Care blocks, Care buses (a mobile version of care blocks), and home assistants. Home assistants are responsible for caring for persons with disabilities in their homes, engaging them in physical activities to relieve the caregiver from the caring effort. This program has been financed by Bloomberg and Open Society Foundations, who awarded Bogota Care Blocks a humanitarian grant in 2020. With this grant, the two first care bus piloting was conducted to explore women's interest in this model and if it would work effectively.

The OECD has issued a call for innovative projects in partnership with the Observatory for Public and Social Sector Innovation, and the Bogota Care System was chosen as one of the top systems. As a result, the care system was awarded a prize and featured in OECD

documentation. The prize enabled the Bogota district's Women's Affairs to attend the World Government Summit in Dubai in February 2022, where it presented the Care Blocks, stood on Care Blocks, and delivered a talk at the World Government Summit.

UN Women played a significant role in the Bogota Care Block System by providing financial support for hiring experts. One notable expert was the former director of the National Care System of Uruguay. The national care system developed there differs from Bogota's as it did not focus only on caregivers or care blocks. However, exchanging data and ideas on good practices was extremely helpful for Bogota's team.

The UNDP joined in 2021. While ECLAC mapped the public infrastructure and offered services, the UNDP mapped the private ones, building on top of what ECLAC had already provided. UNDP also helped calculate the general cost of the care system.

UNHCR participated in the initiative by providing funds for legal guidance and legal aid of women migrants, as Bogota has a very high migrant and refugee population; it received a lot of displaced refugees and migrants of Venezuelan women and their families. Thus, UNHCR provided the money to hire lawyers for migration issues.
Also, the Inter-American Development Bank helped study a potential shared responsibility model with the private sector. USAID, UNICEF, and the University of Lausanne have conducted qualitative and quantitative research on care blocks.

Criteria such as availability of care equipment, mobility megaprojects, prioritized projects in the Urban Master Plan, and land availability are also considered. The placements of the 45 Care Blocks proposed in the '2035 Bogotá Master Urban Plan' are being studied by researchers from New York University to ensure their optimal location and placement.[64]

Donors from the private sector who have utility companies jumped on after they saw a year of Care Block implementation and donated all washers and dryers in the care blocks, offering free laundromat service for women so they don't have to wash by hand, , reducing their care burden and time spent on these activities.

Governance of the Bogota Care Blocks system
An inter-sectoral committee was established in 2020, in which 13 Secretaries headed by the mayor of Bogota make the critical decisions. For instance, the committee decides where the new care blocks will be opened, how services should be adjusted, what decisions should be made, etc. The committee meets at least four times a year and is led by the mayor. The first of these meetings officially started on December 1, 2020. Each secretary has a delegate assigned to the technical assistance unit. Once a month, the

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[64] Ibid

representatives of the secretaries gather in this unit to make specific decisions on care service timings, availability, and other related matters. Still, there is a need for a deeper level of coordination on the ground, considering the size of a city with a population of 8 million. Therefore, local units of coordination were established that work with the local mayors of the 20 districts and the teams that provide services on the ground. These teams are comprised of city government employees who offer various services to the citizens.

Ownership of Care Blocks
The Bogota Care Blocks system is a city-wide project in which 13 administration sectors contribute to services and infrastructure, and the Secretary of Women Affairs leads it.

Recruitment in the Care Blocks
The traditional hiring process in Bogota's city government involves each department hiring individuals to provide specific services, such as legal aid, psychological aid, and more, depending on the sector. For instance, The Secretariat of Women's Affairs hires some people, the Secretary for Culture hires others, and the Sports and Recreational Department hires others, etc.

Services for Survivors of Gender-Based Violence
A 24-hour hotline service for women at risk, with six shelters available to serve them. Bogota's Secretary for Women Affairs Secretariate team of lawyers supports these women in hospitals and other areas of the city. Also, psychologists and trial lawyers for various legal matters are offered. The shelters operate under the Secretary for Women's Affairs and can accommodate women with children under 18, or families for up to six months.

How could ECLAC help in the future?
Bogota's goal is to reach 45 care blocks by 2035. Innovation is required to expand the Care Blocks services and make them more helpful. With the experience gained with the work in Bogota, ECLAC is now able to aid in the scaling up of similar initiatives in other cities and at the national level Some Member States have already opened similar care policies inspired on the model of Bogota, like in Monterrey, Mexico, and Chile, which is also doing this as a pilot project.

Lessons Learned of Bogota Care Blocks System
1. Avoid offering too many services.

In the initial stage of the care system, Bogota district offered around 92 services but then realized it was unmanageable, and that's not what the citizens wanted nor what the government would do efficiently. Accordingly, it was decided afterward on a core 37 services.

2. Never forget the focus on caregivers.

   Care systems have long overlooked the women who sacrifice their lives to care for others, focusing only on children, people with disabilities and the elderly. Focusing on women caregivers is the essence of the care system.

3. Involve the private sector earlier.

   High care demands a shared, responsible manner; as much as it should not be offered only by the local government or by the national government, the private sector is needed to come in and provide care services in a joint, responsible manner from the beginning.

4. A massive communication strategy, door to door.

   The 'Carter Institute' grants later did it, yet it must have been started earlier, but due to the pandemic, this wasn't seen. It is highly recommended to establish a strong communication strategy from the beginning. The care burden is not a visible problem; some people don't see it as a problem. It must be a one-by-one or joint communication, explaining the issues derived from the care burden and how that leads to inequality.

Care Block's Best Practice

Building infrastructure from scratch is not the best way to establish Care blocks; instead, using existing infrastructure could allow the implementation of care blocks quickly; optimizing the existing infrastructure is a best practice.

Reduced case study: Jordan

Jordan- Case Study

Introduction

The National Aid Fund (NAF) was established in 1986 under Law No. 36 of 1986 to secure protection and care for poor and needy families, raising their standard of living by providing monthly and emergency financial aid and supporting them in developing the skills and capabilities of its members who can work in preparation for their integration into the labor and productive market[65].

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[65] About the Fund- https://naf.gov.jo/En/Pages/About_the_Fund

The Fund provides services through 42 branches in different cities throughout the Kingdom and 16 offices in rural and desert regions. The General Administration of the Fund oversees the provision of these services. To meet the needs of its beneficiaries, NAF has established the first mobile rapid response center in the Arab region. This center has state-of-the-art electronic devices directly linked to the Fund's primary database for optimal efficiency. It provides services to citizens living in remote areas and can be deployed in emergencies, such as natural disasters. NAF has about 500 employees who work to serve vulnerable households.

Background

NAF has various financial aid programs; the Key aid programs are as follows:

1- **Monthly Financial Aid programs**, including:
- Recurring financial aid program: A program that provides recurring assistance to vulnerable groups, including families of orphans, women, and their families, individuals with permanent disabilities and their families, the elderly, divorced women, and families caring for the handicapped. According to an interviewee, this program will be merged with Takaful (1) under the Unified Cash Support Program, officially launched in January 2024.
- Temporary Financial Aid Program: The program provides temporary assistance to individuals or groups facing temporary financial difficulties due to various circumstances. The aid is mainly directed towards the families of individuals with financial disabilities, special personal status, temporary total disability, prisoners and those who have recently been released from prison, missing persons and their families, alternative families, and humanitarian cases.

2- **Complementary Support Program:** The government has launched a new program to provide quarterly aid to vulnerable households whose incomes are lower than the average wages and salaries in the Kingdom[66]. This program will also support relatively poor families who are facing financial difficulties. The eligibility criteria for receiving aid are based on the unified government targeting system results. This system uses 57 indicators to determine the standard of living of families and the level of support and assistance needed.

3- **Emergency Financial Aid Programs:** These are monetary funds given to individuals or families experiencing emergencies or exceptional situations requiring assistance. This program is not a permanent or continuous feature; it is divided into various parts. The parts include:
- The Regular Emergency Financial Aid Program provides cash funds of up to 350 dinars to individuals or families who are going through specific emergencies or exceptional circumstances. These circumstances may include the death of the head of the

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[66] The minimum wage and salaries are 260 JOD. According to the Ministry of Labor.

household or a member of a vulnerable family, displacement due to tribal Jalwa[67], or relocation from a permanent residence to another place, among others.

- **Instant Financial Aid Program:** This fund is designed to provide quick financial assistance to vulnerable households. The funds are distributed urgently by the field offices to meet the immediate needs of families. The maximum amount provided is 150 dinars.
- **Financial Aid Program to Relief Families Afflicted by Natural Disasters:** Urgent aid is provided to afflicted families to secure suitable shelter. The maximum value of this aid is 500 dinars.

ESCWA key interventions (DA13 project- 2020-2022)
- A capacity-building program targeting NAF cash support programs' employees.
- Analyze and modify Takaful's (1) 57 indicators.
- Analyze job market skills needed for employment by applying the Global Skills approach in the Takaful (1) system.
- Develop the NAF Graduation through skills improvement and job matching program.

<u>**Findings 1:**</u>
Level of cooperation
1. The partnership between NAF and ESCWA is a strategic one at a high level. ESCWA is one of our strategic partners.
2. **ESCWA provided technical support** in developing the Unified Cash Support program through the following interventions:
   - During 2021-2022, **ESCWA reviewed the NAF strategy** and provided valuable comments and areas for improvement to be adopted in the new strategy.
   - The previous system, the **"Complementary Cash Assistance"** Program, was implemented before the COVID-19 pandemic 2019. The **Unified Cash Support Program** has been improved by introducing the concept of professionalization. This was achieved by incorporating a list of all global professions into the system, with the assistance of NAF. Previously, NAF had relied on a manually compiled list of essential occupations. ESCWA provided support by implementing the global classified professions system, which has dramatically benefited NAF. This allows beneficiaries to complete their application, indicating that their professions match their competencies.

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[67] It a cultural habit that the families of a perpetrator of murder crime leave the areas that they used to live in as a social punishment to avoid family victim's revenge.

- **Beneficiaries Skills and capacities analysis**: The NAF system analyzes the skills and abilities of its beneficiaries to determine when they are ready to graduate from the program. Once beneficiaries receive job training and work opportunities, they are no longer eligible for cash assistance. The NAF system monitors their employment status for one year, and if they remain employed, they will be phased out of the program. Graduates would have their cash assistance reduced by the amount previously provided to them if they were a member of a family receiving cash assistance. This allows fair provision of cash assistance among the target beneficiaries.
- **Capacity building** was provided to NAF staff to help them use the new cash assistance system. The intervention was implemented on three levels. The first level involved quantitative big data analysis, which was provided to 30 selected NAF staff members representing NAF HQs, NAF Amman, and central governorates' offices. The second level of training was the TOT, which targeted 15 employees. The third level of training targeted three employees as trainers who applied the training with the support of two ESCWA-recruited trainers, Gustavo and Balsam Hallawy, from the American University of Beirut. The NAF conducted training targeting employees representing 42 local branches and 28 sub-local branches.

3. **ESCWA collaboration with other UN partners**

The current graduation program was established with the support of ESCWA, UNICEF, the World Bank, and WFP. Its main objective is to gather information about the skills and abilities of household beneficiaries' members.

The program aims to motivate and encourage household beneficiary members to acquire skills, training and employment. NAF provides training fees of 50 JOD per month for the entire training course. Even if two household members are in training, NAF provides 50 JOD per month for each. If the trainee graduates and gets a job, NAF waits a year and then assesses the person's employment status. If the work is regular and continuous, then the family cash assistance will be reduced by deducting the amount of cash used to provide the family member who is employed.

The Cash Assistance Graduation program has different measures for the Micro-Enterprises (ME) supported by NAF. This support is provided to beneficiaries registered in the NAF cash assistance system. The monitoring period for ongoing micro-enterprises is two years, after which NAF evaluates the ME based on its annual income. Based on this evaluation, NAF decides whether to continue the individual's participation in the cash program or graduate them.

4. **The level of Coordination during the DA 13 project**

The level of coordination between NAF and ESCWA was reported to be extremely high, particularly by the ESCWA head and Muna Fattah. ESCWA worked to prepare interventions and follow up on the results achieved. While other donors had already provided interventions, mainly regarding field visits of beneficiaries in the previous complementary cash system, ESCWA

focused on developing the system approach and concept by adding the professionalization concept. The coordination continued between NAF, ESCWA, and the other UN agencies throughout the DA 13 project cycle.

5. **Lesson Learned, successes and gaps**
   - The time during COVID-19 was invested, the NAF programs were automated, which led to facilitating NAF's operations.
   - NAF lacks staffing; however, automation fills the gap in staffing.
   - The automated system facilitates NAF's work in identifying skilled beneficiaries. NAF links its skilled beneficiaries identified by the system with the National Employment Program Platform at the Ministry of Labour. There are (2322) NAF beneficiaries who found job opportunities through the MoL employment program.
   - The system was unable to identify and read characteristics of families consisting of one or two individuals, however, NAF is currently working with the World Bank to cover this shortage after the system's operation.

6. **Recommendation**
   - NAF seeks ESCWA technical assistance to provide intensive training on the graduation program, including areas for improvement and best practices customized for Jordan.

Findings 2:
Working with ESCWA- November 6, 2023

Over the past few years, we have been involved in several important activities. One of the most significant ones is training our staff on data analysis using the (Studio R) analytical program. This program is similar to the SPSS analysis program and is crucial for monitoring, data collection, and evaluation. Previously, none of us could analyze the data, but with the help of ESCWA, we received training and support in two phases - beginner and advanced.
ESCWA provided continuous support throughout the Covid-19 pandemic from 2020 until June 2022. As no activities existed before the pandemic, the training program focused on enhancing employees' capabilities. We began utilizing the (Studio R) program for data analysis in response to the pandemic.
This program helps analyze poverty and its characteristics using a simpler method than statistical trends. In 2019, a program called Expansion was launched with the support of ESCWA. It is a "Targeting" system that focuses on specific groups, such as the elderly, orphans, and women who don't have a breadwinner. Due to the high poverty index, the government raised its household target from 100,000 to 185,000 between 2019 and 2021. In 2020, 30,000 families were added to the program.

The (Targeting system) is based on multidimensional poverty indicators, such as access to services, housing, education, property, and social status. This system uses 57 indicators. During the first phase after its launch in 2019, the program targeted 30,000 families. It was necessary to assess whether the program reached the poorest households, whether the indicators were correct, and whether they had the same impact level. During the COVID-19 pandemic, only ESCWA analyzed COVID-19, and some indicators were classified as necessary or dispensable. The system was analyzed by ESCWA's local and international experts and NAF to ensure the sustainability of the analysis. The analysis process resulted in observations and adjustments to the system. In 2020, the focus shifted from the Expansion Targeting Program to COVID-19 response programs.

Within three months of the coronavirus pandemic, 250,000 families were affected by the crisis. This includes daily workers not subscribing to social security and informal workers. During the pandemic, social security participants among the 250,000 families were eligible for a compensation program through Social Security Corporate; others benefited from NAF cash assistance. However, NAF cash delivery for qualified people was conducted through post offices. To help beneficiaries learn about the use of electronic wallets, NAF conducted online learning workshops. Additionally, cash delivery was done through banks as well. NAF explained the electronic registration system and announced it on the platform, where the Targeting Program's eligibility criteria were automatically applied to ensure that the aid was delivered to the right people. As a result, 250,000 people began using the electronic wallets only. A call center and interactive SMS sent to beneficiaries were activated through a program called (Rapid Pro).

The program, formerly known as the Complementary Support (Takaful (1)), is one of the social protection programs run by NAF and provides cash assistance to families living below the poverty line. It has a budget of 200 million JOD over the course of three years (2019–2022), with an overall target of supporting an additional 85,000 families with cash assistance, with the aim of reducing absolute poverty in Jordan from 15.7 percent to 13.1 percent by 2021[68], was shifted to the (Unified Cash Support Program) during COVID-19. To develop the capacity of NAF staff to use the new program, three training were conducted in two phases. In the first phase, the training program targeted 15 NAF employees in studio R, along with a Train the Trainer (TOT) program. The TOT aimed to train trainers who can conduct training for other employees in the central branches and Amman. Training was also conducted at the NAF branch offices in the North and South governorates during the program's implementation. NAF has 42 primary branches and 28 branches in the governorates, and it provides cash support, economic empowerment, and training services to operate effectively.

ESCWA has collaborated with NAF to create a verification form and conduct home visits. Thirty NAF employees were trained in quantitative analysis over five days. The training included working with Big Data, analyzing it, and automating the process. They were provided with a manual translated from English to Arabic, and the material was evident. Two trainers, Gustavo and Balsam, were hired by ESCWA to conduct the training. The first course was attended by 30 participants from central regions and Amman. The second

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[68] https://naf.gov.jo/EBV4.0/Root_Storage/EN/EB_List_Page/NAF_EN_FINAL.pdf.

course was a training trainers' course, attended by 15 participants. The three NAF trainers conducted the third course. Each training was approximately five days during the second session. The number of trainees who attended the last course was 20.

ESCWA provided technical, not financial support, and the download of the new system was free. Therefore, one of ESCWA's most important objectives was to provide tools to NAF, including training on the Skills Monitor studio and the economic empowerment strategy that led to the "Graduation" program. NAF used to provide training to several beneficiaries without knowing if the training would lead to employment or if training was required.

NAF has started providing employment training after receiving technical assistance from ESCWA. This training focuses on conducting a market analysis to match skills with job demands. The aim is to bridge the gap between the labor market and the beneficiaries' demands. NAF's training programs are now geared towards jobs needed in the labor market, such as IT, finance, and renewable energy. NAF has targeted 18,000 beneficiaries from various professions to analyze their solid and soft skills, for example, a taxi driver who may have skills in barbering. This has been done through a social study called "Skills Observer," which tracks the beneficiaries' skills beyond their initial job. NAF assisted 150 women in establishing their own house and productive kitchen.

ESCWA provided innovative tools, including professionalization classification software and the Studio R system manual. They also offered intensive follow-up support. ESCWA was the first to give skills analysis, but the NAF's extensive system required much work with other donors and partners such as WFP, UNICEF, and the World Bank. The assistance received from ESCWA was unique and valuable.

ESCWA helped to link the skilled beneficiaries after classifying them in the graduation template, whether they are families or household individuals who are at work, linking them with opportunities for employment training. WFP provided financial assistance to NAF.

ESCWA launched the report of the skills observer program, an event that all NAF partners attended. After the program's launch, donors expressed interest in joining the implementation process. Stakeholders attended the ceremony of launching the report of the skills observer program, including the Jordan River Foundation (JRF), ILO, the word bank, and others.

ESCWA conducted a gender analysis of the Takaful program to determine its responsiveness to gender issues. In 2021, NAF established a gender equality committee to integrate gender equality into the system. Jordan National Committee for Women (JNCW) and other donors were part of the committee, which conducted a Unified Cash Support Program study to assess its responsiveness to gender issues.

WB and ESCWA work together to achieve gender mainstreaming in NAFs' Work.

Key statements

- NAF received assistance from ESCWA in adding new skills and global capabilities to their system. This support enabled NAF to expand its services to an additional 160,000 households, thanks to the automation of the service. Without the assistance of ESCWA, this expansion would not have been possible.
- WFP was responsible for complaints and verification visits. The UNICEF was responsible for the targeting and registration systems. The World Bank was responsible for the targeting system as well. All these donors complemented each other.
- Currently, NAF has launched a new system called Emergency Links, the screens of UNICEF, WFP, and ESCWA together to support the system, making data analysis a direct way so once the name and all the information are uploaded in the system, the system will provide comprehensive data analysis because of the three screens linked together with NAF.
- IT staff trained a sufficient number of employees on the system when most of them are social workers from the first rank and the second rank head of sections and other categories.

Findings 3:

Jerash is a governorate located 48 km north of Amman, Jordan. There are seven NAF offices, including the central office in Jerash. NAF offers two cash support programs: (1) recurring cash support for the most vulnerable groups, particularly orphans, widows with no source of income, people with disabilities, people with chronic and severe diseases, and people with no social security. (2) Unified Cash Support program that was recently applied but is still not streamlined yet[69]. It supports low-income families facing multiple dimensions of poverty. The latter targets needy households, regardless of family size, income, or humanitarian conditions. NAF offers comprehensive services under the unified cash support program to poor families with multiple needs. Each program has its indicators, and it would be recommended to merge both programs' indicators, according to NAF Jerash's Director.

- The recent unified cash support program is comprehensive.
- The measures considered for eligibility are the number of family members, spending needs, monthly income, properties, size of the house, etc.
- The household with income is eligible to receive the unified cash support that helps them face the high cost of living.

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[69] The Unified Cash Support program will include all sorts of cash support programs at NAF and will be officially launched in its merged version in January 2024, according to one of the senior employees in the NAF HQs-Amman.

- The recurring program is designed to assist families with up to three members with disabilities. However, some families may have less or more than three members with disabilities. Under the new unified cash support program, families who receive cash support from the recurring program will also be eligible to receive cash support.
- The amount of cash support depends on the number of family members, with up to 30 JOD per person.
- The significant benefits received from ESCWA intervention are automating the NAF system and the capacity building program targeting senior and intermediate employees in accessing and analyzing big data.
- The recent unified program has made reaching out and registering more beneficiaries easier.
- The automated monthly update is crucial as it helps graduate existing beneficiaries and add new ones.
- The recent program is more accurate and transparent and has gained beneficiaries' trust.
- The cash support under the recent program is provided monthly, whereas, under Takaful (1), it was provided every quarter.
- No room for nepotism in the new system, whereas Takaful allowed it. The new system prevents or reduces corruption that may result from illegal actions.
- Some beneficiaries provide documentation at the NAF office, while others apply online.
- NAF Jerash lacks field workers to conduct home visits.
- The new system does not allow uploading the beneficiary's profile picture.
- NAF Jerash registered 1800 cases between Feb-June 2023.
- NAF Amman employees conducted the new system training in 2022 after they enrolled in TOT with ESCWA. It was about data analysis through the (Studio R) system.
- The current system includes skills classification that links NAF-registered beneficiaries with training for employment opportunities. The training was instrumental.
- NAF HQ disseminates cash support instructions and information to beneficiaries in Jordan for quality assurance.

Focus group discussion (FGD)
- Four participants (two males and two females) representing NAF Jerash beneficiaries attended the FGD organized by NAF.
- The group received cash support every three months during Covid-19. The beneficiaries said that it was not helpful at all.
- The group agreed that the potential beneficiaries currently registered at the NAF unified cash support can benefit from the graduation program. Those enrolled in the old programs do not have access to employment opportunities.
- There is a lack of awareness regarding the training for employment and graduation opportunities.

- If some older persons are unfamiliar with electronic wallets, they can always seek assistance from NAF to clarify the process or to help them install their own electronic wallet. Alternatively, they can open a NAF bank account by providing an official letter from NAF.

Recommendations
- NAF requests further support from ESCWA to reanalyze the "Targeting" system and assist NAF in developing a new updated version with specific instructions for cash assistance.
- ESCWA installed the studio R system, and the training on the studio R was provided as the first patch of training in the second training, there was a TOT, while in the third training, the three trainers from NAF were supported in conducting the training with two international trainers. It was under the supervision of ESCWA, and the training was excellent; however, there is a need to focus more on some components, such as analyzing a household comprising one to two individuals.
- No feedback has been received regarding the training provided during the pandemic, as ESCWA started working with NAF immediately. However, adequate training could not be delivered due to the limited timeline and reliance on technology. NAF employees require training on specific issues and clarification on certain points mentioned in the manual. Furthermore, they need practical training in analyzing the system's characteristics to apply it properly.
- There is a need for a monitoring and evaluation system for trainees in the "Graduation" program, linking it with the skills analysis system and the labor market opportunities platform at the Ministry of Labor (MoL).
- NAF requests ESCWA's assistance in enhancing the skillset and performance of NAF staff. Additionally, a case study will be crucial in improving work practices.

Annex 3: Evaluation matrix

Evaluation question	Sub-questions	Indicators	Sources of Information	Methods and tools for data collection
RELEVANCE *Is the intervention doing the right thing?*				
1. To what extent was the project designed to target the new SP needs and priorities of participating countries as a result of COVID-19?	1.1 To what extent the project was aligned with the national and regional strategic priorities for resilient recovery from COVID-19? 1.2 To what extent the stakeholders were consulted at the design phase? 1.3 Was the project ToC based on robust problem analysis? 1.4 Were adaptations in the project needed in response to country needs? 1.5 Has the specific context of each country and the interests of different stakeholders and final beneficiaries (to the extent possible) been sufficiently considered in the design of the project?	Documental evidence of adherence to the national reference frameworks. Documental evidence of adherence to the requests for technical assistance from the national counterparts.	National strategic programmes and policies, written requests	Desk review Group and individual interviews Cluster analysis of the beneficiaries

2. To what extent was the project aligned with the COVID-19 socio-economic responses of the participating countries based on the examples of the countries identified for case studies?	2.1 What were the main national strategies on COVID-19 socio-economic response in the countries selected for deep-dive analysis? 2.2 Was there alignment of the project objectives and interventions with the national COVID-19 socio-economic response objectives and measures in those countries?	Documental evidence of alignment	National strategic programmes and policies, written requests	Desk review Group and individual interviews Cluster analysis of the beneficiaries
COHERENCE *How well does the intervention design and logic remain valid and coherent vis-à-vis the problems and needs?*				
3. To what extent did the project (outcomes, outputs and activities) and their underlining theory of change remain logical and coherent? To what extent was gender, human rights and disability integrated in the design and implementation of the project?	3.1 Were there any changes in the TOC of the project during its implementation? 3.2 How were the highly volatile contextual changes and stakeholder needs reflected in the project implementation? 3.3 What are the evidence of gender, human rights, and disability inclusion in the project design and implementation?	Evidence suggesting that there is interlinkages and reinforcements across the project results chain Evidence suggesting project employed gender sensitive M&E, generated gender-disaggregated data	Project prodocs, project's progress reports and M&E plan Project budget Demand requests from the Member States	Desk review Group and individual interviews Case studies Cluster analysis of the beneficiaries
4. To what extent has the project been coordinated with, and complementary to, the response of other UN entities (Secretariat and non-Secretariat) to COVID-19 in delivering socio-economic	4.1 What were the main UN strategies on COVID-19 socio-economic response in the countries selected for deep-dive analysis? 4.2 Was there alignment of the project objectives and	Documental evidence of alignment	National strategic programmes and policies, written requests	Desk review Group and individual interviews Cluster analysis of the beneficiaries

support to Member States based on the examples of the countries identified for case studies?	interventions with the UN COVID-19 socio-economic response objectives and measures in those countries?			
EFFECTIVENESS *Is the intervention achieving its objectives?*				
5. To what extent has the project contributed to the expected outcomes as defined in the project document?	5.1 To what extent have the overall project objectives and expected outputs, qualitatively and quantitatively been achieved? 5.2 Are there any external factors that hindered (e.g. COVID-19, crisis situations, changes in government's priorities) or facilitated the achievement of the project outcomes? Were there any unplanned effects (negative or positive)? 5.3 To what extent did the project address gender equality, non-discrimination and inclusion of people living with disabilities in its activities and its products?	Evidence suggesting that the project collected data to demonstrate its progress towards expected outcomes Evidence suggesting un-envisaged negative and positive results	Project reports, feedback from stakeholders	Desk review Group and individual interviews Cluster analysis of the beneficiaries Micro narratives
6. What innovative approach or tool, if any, did the response use, and what were the outcomes and lessons learned from its application?	6.1 To what extent the project allowed for innovative solutions to be piloted and work streamlined throughout the existing national social protection mechanisms?	Evidence suggesting cross-RC coordination, knowledge exchange and cooperation	Project reports, feedback from stakeholders	Desk review Group and individual interviews Case studies

	6.2 Extent to which use of innovative approaches/tools contributed to project outcomes and/or informed adaptive management?			
7. To what extent were the comparative advantages of each IE utilized? To what extent coordination and cooperation across implementing partners was fostered and capitalized throughout the project implementation?	7.1 To what extend each RC was given an opportunity to shape the project implementation across each stream? 7.2 Were the regularity and relevance of coordination and cooperation processes fit for purpose for this project?	Evidence suggesting value added of mixed expertise across RCs	Project reports, feedback from stakeholders	Desk review Group and individual interviews Case studies
EFFICIENCY *How well are resources being used?*				
8. To what extent did the governance and management arrangements enable, or hinder project delivery and achievement of results?	10.1Were there gaps, overlaps, or unclarity in the division of responsibilities? 10.2 Have project governance and management capacity issues impacted upon the delivery of results? 10.3How long did it take to reach agreement within each stream and at the project level?	Evidence on adequacy of project's decision-making mechanism	Financial reports, internal data recording system, project narrative reports	Desk review Group and individual interviews Case studies
9. To what extent did the project make effective and efficient use of available	9.1 Was project staffing adequate for the project implementation?	Evidence on adequacy of project's human resources	Financial and narrative reports, internal data	Desk review

resources (time, money, staff) to achieve results?	9.2 How did the three-phase budgeting and programming approaches impact project delivery?	Performance and qualification of contracted Evidence of added value of project division into phases	recording system, project narrative reports Case studies Feedback from stakeholders	Group and individual interviews Case studies
8. To what extent did the project leverage other related funding mechanisms to maximize impact? How well coordinated was the response among the entities implementing the joint project?	8.1 To what extent the partnerships developed within the project provided added value for the project implementation? 8.2 What was added value of twinning arrangements? 8.3 What was added value of peer-to-peer arrangements?	Evidence of funds raised throughout the project implementation	Project reports, feedback from stakeholders	Desk review Group and individual interviews Case studies
11. To what extent were the reporting, knowledge management and learning systems throughout the project implementation fit for purpose?	11.1 Was the reporting system fit for purpose for the project? 11.2 What were the document management practices within the project? 11.3 How good practices were identified and shared within and across the regions? How lessons learned were identified and shared within and across the regions?	Effectiveness of internal coordination and communication mechanisms (both vertical and horizontal)	Financial reports, internal data recording system, programme narrative reports	Desk review Group and individual interviews
SUSTAINABILITY				
Will the benefits or change last?				
12. What measures were adopted to ensure that outcomes would continue after the project ended? To	12.1 To what extent the project created and reinforced the sense of ownership among its partners and beneficiaries?	Evidence of financial, governance, and technical viability of the project's results	National strategic documents, publicly available studies, project's	Desk review

what extent have national stakeholders acquired capacities to sustain the results?	12.2 Has the project developed and implemented any exit strategy? 12.3 Were gender, human rights and disability specific dimension adequately considered for the sustainability of the project results?	Evidence the risks to sustainability were identified and responded throughout the project implementation Evidence of project results being internalized by the national stakeholders Evidence of exit strategy	progress reports and analytical studies Exit strategy document	Group and individual interviews Case studies Micro-narratives

Data collection tools

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The attached set of interview questions is prepared in the following fashion:
- Correlated to and directly derived from the evaluation matrix questions for ease of collation and analysis.
- Grouped according to the stakeholder groups identified for interviews.
- Prepared with a gender-responsive lens.
- Consistent between stakeholder groups for ease and consistency of translation where required.
- Consistent introduction that clearly explains the purpose of the interview and the parameters, including privacy and safety, and allows the interviewee to ask questions before the interview.

This Appendix contains interview templates for four groups of stakeholders, i.e.:
- Project team
- UN Organizations and international partners
- Governments
- Civil Society Organizations/Academia/Businesses

Opening Statement for all interviews
- This interview will inform the Final evaluation of the Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery and Building Resilience Project (DA COVID-19 joint Special Project), June 2020 – June 2022

- In other words, we are assessing the performance of the project and its achievements.
- This evaluation is also critical to shaping the strategic direction of the possible similar interventions or continuation of the project interventions in the future. It is important to us to get your perspective on the successes and strengths of the project, as well as the challenges and potential opportunities for the future. We appreciate your time and your information to support this process.
- We are an independent team of evaluators, with a Team Leader and two independent experts [introduce members present]

- Any information you provide to us will be held confidential - including our interview notes. We will not attribute any specific comments or information to you or your organization. We are taking notes for our own use but not otherwise recording this conversation.
- The tentative length of the interview is 1 – 1.30 h.
- Questions?

PROTOCOL 1: THE PROJECT TEAM

Background

1. Please describe your role in the project, including how long you have held the role.
2. Please describe the functional relationship between you and the other Workstream members
3. Please describe in which initiatives under this project where you involved or taken part

Relevance

1. To what extent was the project designed to target participating countries' new SP needs and priorities due to COVID-19?
2. To what extent was the project aligned with the COVID-19 socio-economic responses of the participating countries based on the examples of the identified case studies?

Coherence

3. To what extent did the project (outcomes, outputs and activities) and their underlining theory of change remain logical and coherent? To what extent was gender, human rights and disability integrated in the design and implementation of the project?

4. To what extent has the project been coordinated with, and complementary to, the response of other UN entities (Secretariat and non-Secretariat) to COVID-19 in delivering socio-economic support to Member States based on the examples of the identified case studies?

Effectiveness

5. To what extent has the project contributed to the expected outcomes as defined in the project document?
6. What innovative approach or tool, if any, did the response use, and what were the outcomes and lessons learned from its application?
7. To what extent did the governance and management arrangements enable, or hinder project delivery and achievement of results?

Efficiency

9. To what extent did the project leverage other related funding mechanisms to maximize impact? How well coordinated was the response among the entities implementing the joint project?

10. To what extent did the governance and management arrangements enable, or hinder project delivery and achievement of results?

11. To what extent were the reporting, knowledge management and learning systems throughout the project implementation fit for purpose?

Sustainability

12. What measures were adopted to ensure that outcomes would continue after the project ended? To what extent have national stakeholders acquired capacities to sustain the results?

PROTOCOL 2: UN Organizations and international partners

Background

1. Please describe your role in your organization, including how long you have held the role.
2. Please describe the relationship between your organization and the project.
3. Please describe on which initiatives where your organization and you directly involved during the project implementation.

Relevance

1. To what extent the project interventions that you were involved in were designed to target the new SP needs and priorities of recipient countries as a result of COVID-19?
2. To what extent the project interventions that you were involved in were aligned with the COVID-19 socio-economic responses of the participating countries based on the examples of the identified case studies?

Coherence

3. To what extent did the project (outcomes, outputs, and activities) and its underlying theory of change remain logical and coherent? To what extent was gender, human rights and disability integrated in the design and implementation of the project and throughout its interventions where you were involved?

4. To what extent the project interventions that you were involved in were coordinated with, and complementary to, the response of other UN entities (Secretariat and non-Secretariat) to COVID-19 in delivering socio-economic support to the countries?

Effectiveness
5. To what extent the outputs and outcomes of the project interventions that you were involved in has been realized?
6. What innovative approach or tool, if any, did the response use, and what were the outcomes and lessons learned from its application?
7. To what extent were the comparative advantages of each IE utilized? To what extent cross-RC coordination and cooperation was fostered and capitalized throughout the project implementation?

Efficiency
8. To what extent did the project intervention you're involved in leverage other related funding mechanisms to maximize impact? How well coordinated was the response among the entities implementing the joint project?
9. To what extent was the reporting, knowledge management and learning systems throughout the implementation of the project intervention(s) fit for purpose?
10. To what extent did the governance and management arrangements enable, or hinder project delivery and achievement of results?
11. To what extent were the reporting, knowledge management and learning systems throughout the project implementation fit for purpose?

Sustainability
12. What measures were adopted to ensure that outcomes would continue after the project intervention ended? To what extent have national stakeholders acquired capacities to sustain the results?

PROTOCOL 3: National authorities
Background

1. Please describe your entity's role in the project, including how long the entity held the role.
2. Please describe the functional relationship between you and the RCs.
3. Please describe in which initiatives under this project your entity has been involved or has taken part.

Relevance
1. To what extent was the project designed to target your new SP needs and priorities following COVID-19?
2. To what extent was the project aligned with the COVID-19 socio-economic responses of your country?

Coherence

3. To what extent has the project been coordinated with, and complementary to, the response of your government policy to respond to COVID-19?
4. To what extent has the project supported your government's plans to respond to Covid 19?

Effectiveness
5. To what extent has the project contributed to the expected outcomes as defined in the project document?

6. What innovative approach or tool did the response use, and what were the outcomes and lessons learned from its application?

Q7 is not relevant for this group of stakeholders.

Efficiency
8. To what extent did you leverage other related funding mechanisms to maximize impact? How well coordinated was the response between you and the entities implementing the project?

9. To what extent did the project make effective and efficient use of available resources (time, money, staff) to achieve results?

Qs10 and 11 are not relevant for this group of stakeholders.

Sustainability

12. To what extent has your entity acquired or strengthened the necessary capacities to sustain the results achieved from the project?

PROTOCOL 4: Civil Society Organizations/Academia/Businesses

Background

1. Please describe your role in the project, including how long you have held the role.
2. Please describe the functional relationship between you and the other Workstream members
3. Please describe in which initiatives under this project you have been involved or have taken part

Relevance

1. To what extent was the project designed to target your new SP needs and priorities following COVID-19?
2. To what extent was the project aligned with the COVID-19 socio-economic responses of your country?

Coherence

3. To what extent did the project (outcomes, outputs and activities) and their underlining theory of change remain logical and coherent? To what extent was gender, human rights and disability integrated in the design and implementation of the project?

4. To what extent has the project been coordinated with, and complementary to, the response of other UN entities (Secretariat and non-Secretariat) to COVID-19 supporting you?

Effectiveness

5. To what extent has the project contributed to the expected outcomes as defined in the project document?

6. What innovative approach or tool, if any, did the response use, and what were the outcomes and lessons learned from its application?

7. To what extent did the governance and management arrangements enable, or hinder project delivery and achievement of results?

Efficiency

8. To what extent did you leverage other related funding mechanisms to maximize impact? How well coordinated was the response between you and the entities implementing the project?

Q9 and 10 are not relevant for this stakeholder group.

11. To what extent were the reporting, knowledge management and learning systems throughout the project implementation fit for purpose?

Sustainability

12 What measures were adopted to ensure that outcomes would continue after the project ended? To what extent have you acquired or strengthened the necessary capacities to sustain the results?

Annex 5: List of individuals interviewed

First Name	Last Name	Functional Title	Institution	Entity	Email Addres	Gender
SOCIAL PROTECTION Key Beneficiaries						
Seanghorng	Hoeurn	Deputy	Ministry of Social Affairs	ESCAP	seanghorng.hoeurn@gmail.com	M
Sokhon	Nuom	Lead Communications Officer, Social Protection	Ministry of Social Affairs	ESCAP	knuom@yahoo.com	M
Roxana	Muñoz	Professional at the Undersecretary	Undersecretary of Childre	ECLAC	RMunoz@desarrollosocial.gob.cl	F
Jesús	Muñoz	General Director of Institutional Relationships	Office of Social Security - Peru	ECLAC	LMUNOZ@onp.gob.pe	M
Úrsula	Frías	Coordinator of the Funcional Unit of Institutional Relationships	Office of Social Security - Peru	ECLAC	UFRIAS@onp.gob.pe	F
Luis	Alejandro Diaz Silva	Ministry of Social Development	Paraguay	ECLAC	_	M
Tamara	Van Hemelryck	Consultant			_	F
Emad	Qutishat-Jerash	Director of NAF Jerash Branch	National Aid Fund (NAF) - Jordan	ESCWA	emad.q@naf.gov.jo	M
Khawlah	Abu Sarara	NAF-HQ-Director of Research Department	National Aid Fund (NAF) - Jordan	ESCWA	Khawlah.a@naf.gov.jo	F
Mohammad	Al Riyahi	Acting- Director of the Unified Cash Support Directorate	National Aid Fund (NAF) - Jordan	ESCWA	mohammad.r@naf.gov.jo	M
Mohammad	Al-Sutari	NAF-HQ-IT Manager	National Aid Fund (NAF) - Jordan	ESCWA	Mohammad.s@naf.gov.jo	M
Jamila Abbady	Al-Abbady	NAF-HQ- Director of Training and Employment	National Aid Fund (NAF) - Jordan	ESCWA	Jamila.a@naf.gov.jo	F
Ayman	Rabaa	NAF- HQ- Deputy of the General Director	National Aid Fund (NAF) - Jordan	ESCWA	ayman.r@naf.gov.jo	M

Islam	Al Hawamdeh	FGD participant	NAF-Jerash Branch-Beneficiary	ESCWA	NA	F
Ina'am	Al Saleem	FGD participant-F	NAF-Jerash Branch-Beneficiary	ESCWA	NA	F
Shaker	Al Zboun	FGD participant	NAF-Jerash Branch-Beneficiary	ESCWA	NA	M
Rami	Fayez	FGD participant	NAF-Jerash Branch-Beneficiary	ESCWA	NA	M
Raafat	Shafeek	Advisor to the Minister on Takaful & Karama Program	Ministry of Social Solidarity - Egypt	ESCWA	raafat.shafeek@moss.gov.eg	M
Makarim	Bakhit	Director of General Directorate of Social Development	Ministry of Social Development Sudan	ESCWA	mak2014kha@gmail.com	F
Sarah	Al Dossari	Director of Family Welfare Department	Ministry of Social Affairs and Labour Kuwait	ESCWA	saldosseri@mosal.gov.kw	F
Implementing entities						
Mona	Fattah	Social Affairs Officer	ESCWA	ESCWA	Fattahm@un.org	F
Claudia	Robles Farias	Social Affairs Officer, Social Development Division	ECLAC	ECLAC	claudia.robles@cepal.org	F
Jane	Wangui Muthumbi	Economic Affairs Officer	ECA	ECA	jane.muthumbi1@un.org	F
Pierre	Horna		UNCTAD	UNCTAD		M
Elizabeth	Gachuiri	Economic Affairs Officer	UNCTAD	UNCTAD	Elizabeth.Gachuiri@un.org	F
Sayuri	Cocco Okada	Social Affairs Officer	ESCAP	ESCAP	okada@un.org	F
Katinka	Weinberger	Chief, Social protection section	ESCAP	ESCAP		F
Rania	Zoarob	ESCWA Financial assistant	ESCWA	ESCWA		F
Muhammad	Nisar Ahmed	ESCWA Financial manager	ESCWA	ESCWA		M
Nada	Darwazeh	SP coordinator within ESCWA	ESCWA	ESCWA		F
Marco	Schaefer	ESCWA, Chief SP Section	ESCWA	ESCWA		M
Mehrinaz	Elawady	ESCWA, Leader of the Gender Justice	ESCWA	ESCWA		F

Adrian	Gachuiri				-	M
Saurabh	Sinha				-	M
Partners and consultants						
Fabian	Klein	GIZ				M
Tamara	Van Hemelryck	Consultant (regional)				F
Luis	Hernán Vargas	Consultant for Chile				M
Noelia	Bernal Lobato	Consultant for Peru				F
Abdalla	Mahasin	Consultant in Sudan				M
Gustavo	Paez Salamanca					M
Verena	Tandrayen-Ragoobur					F
Nurjemal	Jalilova	Development Coordination Officer, Economist	Resident Coordinator Office, Mongolia		nurjemal.jalilova@un.org	
CARE ECONOMY						
Key Beneficiaries						
Lucia	Cirmi	Director of care policies	Ministry of Women, Argentina	ECLAC	lcirmi@mingeneros.gob.ar	F
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Natalia	Oviedo Meza	Advisor for International Cooperation, and strategic alliances	Mayor of Bogota, Colombia	ECLAC	noviedo@sdmujer.gov.co	F
Leidy	Tatiana Vega Torres	International Affaires Specialist	Mayor of Bogota, Colombia	ECLAC	ltvega@sdmujer.gov.co	F
Inaya	Ezzedeen	Head of Women and Children Committee Lebanese Parliament	Parliament of Lebanon	ESCWA	inaya.ezzeddine@gmail.com	F
Jamila	Jaddad	Head of Women's Affairs Department	Ministry of Social Development, Oman	ESCWA	ja.milas@hotmail.com	F

		Implementing entities				
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Channe	Lindstrom	Social Affairs Officer	ESCAP	ESCAP	SOCIAL AFFAIRS OFFICER	F
Keiso	Matashane-Marite	Social Affairs Officer	ECA	ECA	matashane-marite@un.org	F
Hilary	Murphy	Senior social affairs officer, gender focal point	UNECE	UNECE	hilary.murphy@un.org	F
		Partners and consultants				
Yara	Nassar	Program manager	UNWOMEN	ESCWA	yara.nassar@unwomen.org	F
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Maria Elena	Valenzuela	Gender equality and policy expert	Independent consultant	ECLAC	valenzuelaponcedeleon@gmail.com	F
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Nazgul	Tashpaeva	Care economy Consultant	Independent consultant	ECE	tashpaeva@mail.ru	F
		POVETY MEASUREMENT				
		Key Beneficiaries				

Mercedes	Laura	Sampling Director	Bolivia National Statistical Institute (INE)	ECLAC	mlaura@ine.gob.bo	F
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Case Study - Kasakhstan						
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Bergen	Toktasyn Bak	Economist statistician, institute of economic research	Ministry of economy	UNECE		m
Nauryz	Bayzakov	Econometrist analyst	Calculation center	UNECE		m
Implementing entities						
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Annex 6: List of documents reviewed

Reference type	Title	RC/Other	Language
General Project documents			
Concept Note	COVID19-Concept Note – June 5, 2020	ECA	English
Extension request	Extension Request: DA 13 project on Strengthening Social Protection for Pandemic Responses	ECA	English
Final report	FINAL REPORT FOR THE JOINT COVID-19 PROJECTS OF THE DEVELOPMENT ACCOUNT- August 2022	ECA	English
Final Report	DA 13 SP COVID-19 - Final Report - Consolidated - January 2023	ECA	English
Final Report	DA13 Final report Phase 1 and 2	ECA	English
Final Report	13th tranche of the Development Account: "Strengthening Social Protection for Pandemic Responses"-ESCAP implementation of the Care Economy Stream 2020 – 2022	ESCAP	English
MEMO	Memo to DA Focal Points - on funding the joint COVID-19 projects. 2021	UN DESA	English
Progress report	13th DA Project (SB-015247) Progress Reporting on SP Workstream till 14 September 2021/ Monitoring Framework Phase III: May – December 2021	ESCWA	English
Progress report	PHASE 1 and 2 PROGRESS REPORT FOR COVID-19 PROJECTS/ 1 July 2020 – 30 May 2021	ECA	English
Progress/ Monitoring report	DA 13 Project: Strengthening Social Protection for Pandemic Response. Monitoring Framework Phase III (May-December,2021)	ECA	English
Progress/ Monitoring report	DA Monitoring Framework phase III - SP (14-09-2021)	All RCs	English
Project document	ProDoc 13 DA Social Protection 14Aug2020 Final, final_ (002)	ECA	English
Project document	ProDoc Phase III 13 DA Social Protection November 13 2020	ECA	English

Project document	Strengthening Social Protection for Pandemic Response. Project Document Phase III- November 13, 2020	ECA	English
Project document	EXTENSION REQUEST: DA 13 project on Strengthening Social Protection for Pandemic Responses. 2021	ECA	English
Project document	ProDoc Phase III 13 DA Social Protection Care and poverty final Phase III revised 1 May 2021.	ECA	English
Proposal	Phase 3 proposal	ECA	English
Report	13DA SP Project - Success Stories from SP Workstream (26-04-2021)	ECA	English
Results Framework	Strengthening Social Protection for Pandemic Response - Project Reporting ECA - 16 September 2022- Results Framework for the Entire Project.	ECA	English
Stakeholders List	Evaluation Stakeholder Contact List	ECA	English
Terms of Reference	Terms of Reference. Final evaluation. Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery, and Building Resilience	ECA	English
Terms of Reference	TORs for Social Protection Cluster-Steering Committee FINAL 16112020	ECA	English
Workstream 1 – Social Protection			
Policy Brief	ESCWA-ECA (2021) Global Policy Brief "Lessons for Social Protection Readiness and Building Forward Better"	ESCWA/ECA	English
Concept Note	High-Level Panel Discussion on National Initiatives to Implement the Action Plan to Strengthen Regional Cooperation on Social Protection in Asia and the Pacific CONCEPT NOTE. 2022	ESCAP	English
Concept notes	Regional Dialogue on Consumer Protection and e-Health in the Face of the COVID-19 Pandemic. 2021	UNCTAD	English

Discussion Papers, Information materials (examples)	Social Infrastructure for Health: guidance for social and consumer protection.2023	UNCTAD	English
Information material	Targeted Social Protection in Arab Countries before and during the Covid-19 Crisis. 2021	ESCWA	English
Policy Brief	Social- Outlook-Brief 8- The future of social protection in Asia and the Pacific. 2021	ESCAP	English
Policy Briefs (examples)	Social-Outlook-brief 1- Why we need social protection in Asia and the Pacific. This brief summarizes Chapter 1 of the ESCAP-ILO publication The Protection We Want: Social Outlook for Asia and the Pacific, 2021.	ESCAP	English
Report	UNCTAD-WHO EMRO-UNESCWA Regional Dialogue on Consumer Protection and Health in Times of COVID-19. 2021	UNCTAD, in collaboration with WHO AFRO and UNECA/IDEP	English
Report	Strengthening consumer protection in the provision of health services in the wake of the COVID-19 pandemic . 2023	UNCTAD	English
Workstream 2 - Care Economy			
Analytical Reports	الحوار الوطني لأصحاب المصلحة في مختلف القطاعات حول اقتصاد رعاية الأطفال في لبنان22 و23 حزيران/يونيو 2022	ESCWA	Arabic
Case Study	Valuing and Investing in Unpaid Care and Domestic Work. Country case study-Cambodia. 2022	ESCAP	English
Information material	Leaving women and girls further behind or a potential opportunity for Strengthening Gender Equality? Lessons from the COVID-19 crisis in the Arab region. 2022	ESCWA	English

Policy Brief	Women's economic empowerment and the care economy in the ECE region: The impact of economic and social policies during the COVID-19 response and recovery. 2020	UNECE	English
Preliminary working document	Measures and actions promoted by the Governments of Latin America and the Caribbean against COVID-19 in key areas for the autonomy of women and gender equality. 2021	ECLAC	English
Primer	How to Invest in the Care Economy: A Primer. 2022	ESCAP	English
Report	EMPOWERING WOMEN THROUGH REDUCING UNPAID WORK: A REGIONAL ANALYSIS OF EUROPE AND CENTRAL ASIA. 2021	UNECE UN Women	English
Report	COVID-19 Response Policies and the Care Economy: Mapping economic and social policies in the ECE region. 2020	UNECE	English
Report	The impact of COVID 19 on the Care Economy in Africa	ECA	English
Report	Methodological guide on time-use measurements in Latin America and the Caribbean. 2022	ECLAC	English
Report	Public investment in the care economy in the UNECE region: Opportunities and challenges for gender equality in the COVID-19 recovery. 2021	UNECE UN Women	English
Study Document	Towards a care society. The contributions of the Regional Gender Agenda to sustainable development. 2022	ECLAC	English
Study Document	Towards construction of comprehensive care systems in Latin America- ELEMENTS FOR IMPLEMENTATION. 2021	ECLAC	English
Concept Note	Integrating Gender and the Care Economy in Post COVID 19 Recovery Policies in Africa-Regional workshop 22-23 June 2022	ECA	English
Policy Guidelines	Centering Gender and Unpaid Care Work in Post- COVID 19 Recovery 2022	ECA	English
Workstream 3- Poverty Measurement			

Country report, Kazakhstan	Analysis of household survey and poverty measurement in the Republic of Azerbaijan in the context of a pandemic	ECE	English
Meeting presentation	Global Money Metric Poverty Measurement: A Variety of Poverty Lines	ESCWA	English
Meeting report	Report of the Online Expert Meetings on Measuring Poverty and Inequality, 2-4 Dec. 2020	ECE	English
Methodological note	Continuity of household surveys after the Pandemic	ECLAC	English
Policy brief	How to reduce multi-dimensional poverty in Egypt with the minimum public spending?	ESCWA	English
Research publication	Poverty nowcasting with information at micro and macro level (in Spanish)	ECLAC	Spanish
Technical assistance report, Kazakhstan	Improving survey methods in Kazakhstan. According to the recommendations of the UNECE Poverty Measurement: Guide to Data Disaggregation	ECE	English
Technical report	Nowcasting multidimensional poverty in the occupied Palestinian territory	ESCWA	English
Technical report	Measuring the multiple dimensions of poverty in Africa	ECA	English and French

DA SP Covid-19 Project - Quantitative analysis

The aim of the cluster analysis is to propose a typology of beneficiary countries, and to support the choice of case studies. With clustering methods, country profiles are identified through quantitative indicators on social protection, care economy and poverty measurement. Thanks to this method, quantitative analysis provides complementary information to the evaluation, giving an overall picture of social protection situation of beneficiaries.

A. Descriptive statistics of the beneficiary countries

Map 1: Beneficiary countries by RC
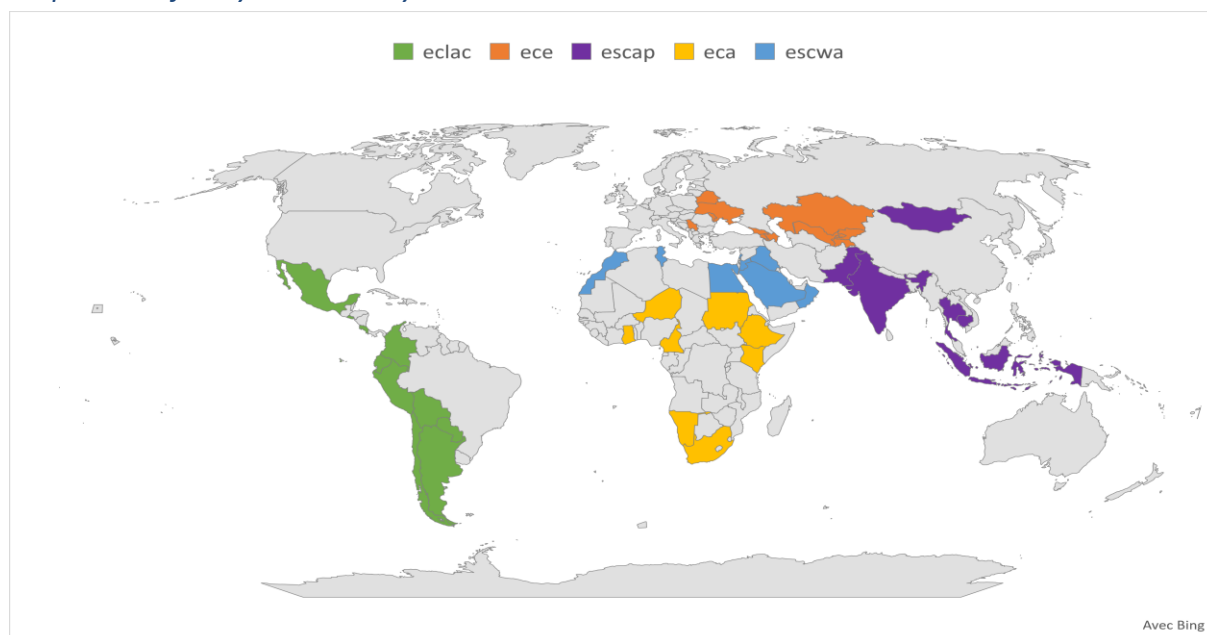
Table 1: Beneficiary countries by workstream

Social protection	Care economy	Poverty measurement
Jordan, Egypt, Sudan, Pakistan, India, Indonesia, Thailand, Georgia, Tunisia, Cambodia, Niger, Namibia, Ethiopia, Tajikistan, Chile, Paraguay, Peru, Mongolia	Argentina, Colombia, Kenya, Ghana, Ethiopia, Cameroon, South Africa, Kingdom of Saudi Arabia, Oman, Lebanon, Kyrgyzstan, Philippines, Cambodia, Mexico, Egypt, Moldova, Morocco, Serbia	Kazakhstan, Kyrgyzstan, Azerbaijan, Moldova, Armenia, Belarus, Georgia, Tajikistan, Ukraine, Uzbekistan, Bolivia, Chile, Costa Rica, Ecuador, El Salvador, Egypt, Iraq, Palestine

Table 2: Selection of indicators, average by RC

	ECA	ECE	ECLAC	ESCAP	ESCWA

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General					
GDP per capita (current US$)	2 217	4 392	7 189	3 282	7 167
GDP per capita, PPP (current international $)	5 627	13 845	15 473	9 545	16 975
Human Development Index	0,57	0,76	0,76	0,68	0,74
Social Protection					
Social contributions (% of public revenue)	1,21	17,25	18,62	4,32	0,40
Adequacy of social insurance programs (% of total welfare of beneficiary households)	12,70	44,31	35,30	39,00	-
Benefit incidence of social insurance programs to poorest quintile (% of total social insurance benefits)	0,83	13,07	1,05	2,04	-
Coverage of social insurance programs (% of population)	18,39	50,03	18,81	34,99	33,14
Persons above retirement age receiving a pension %	48,70	87,19	70,71	47,38	47,23
Vulnerable persons covered by social assistance %	13,42	31,00	31,50	31,43	18,03
Labor vulnerability and gender					
Unemployment rate % (total)	11,00	9,29	8,76	4,63	15,48
Unemployment rate % (women)	10,92	8,31	10,16	4,29	24,70
Informal employment rate % (total)	68,36	55,70	58,24	75,08	54,85
Informal employment rate % (women)	72,64	54,67	59,59	76,35	42,30
Working poverty rate (percentage of employed living below US$1.90 PPP)	18,70	1,17	1,60	3,86	0,38
Statistical capacity					
Statistical Capacity Score[70]	59,86	82,42	77,89	78,89	63,49

Several statistical indicators (table 2) were collected for the quantitative analysis. The choice was based on the level of development of the supported countries and a selection of variables usually handled in statistics on social protection, care economy (labor vulnerability and gender) and poverty measurement (statistical capacity), and available for 2020 or close (the project launch year). Two data sources were used: Word Development Indicators from World Bank and ILOSTAT from ILO (UN).

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[70] The Statistical Capacity Indicator is a composite score assessing the capacity of a country's statistical system. It is based on a diagnostic framework assessing the following areas: methodology; data sources; and periodicity and timeliness. https://databank.worldbank.org/metadataglossary/world-development-indicators/series/IQ.SCI.OVRL#:~:text=Long%20definition,sources%3B%20and%20periodicity%20and%20timeliness.

Supported countries (table 1) are "intermediate" developing countries[71]: 3 are classified Hupper Income Countries (Chile, Oman and Saudi Arabia), 3 Low Income Countries (Ethiopia, Niger and Sudan) and all the others (39) are Middle Income Countries. 8 sub-Saharan, 11 European/Central Asian, 10 Latin American, 7 Asian and 9 Arab. On average, Human Development Index (HDI) level is 0.71 and GDP per capita USD 5088.

By region: ECE countries present the most favorable statistical capacity, social protection and human development statistics while they do not have the highest GDP per capital in the panel; ESCWA countries have higher wealth with less informality but show poor results in SP and CE; ECLAC countries have the highest GDP per capita (on average in $ current) and present some of the best performing indicators in SP and CE; ESCAP countries have lower levels of development and wealth with a significant informal sector but show fairly average social protection and CE indicators. ECA countries present the least favorable indicators.

B. Clustering methodology

The evaluation covers 45 countries which benefited directly from the project. The objective of the clustering is to propose a typology of beneficiary countries based on indicators from SP, CE and PM, and to identify representative countries in order to define case studies.

A clustering method is a standard and recognized method of data analysis to choose representative groups in a data panel. This method highlights homogeneous groups (minimized intra-class variability) which are as distinct as possible from each other (largest inter-class variability). Statistically significant clusters (groups of countries) are identified around SP, CE and PM factors and characteristics. The number of groups can be determined in a statistically significant way by the algorithm and initialized *a priori* for the needs of the study.

Box 1: Clustering method

Cluster analysis is an exploratory method that aims at structuring data into homogeneous groups. It allows to organize multivariate data into groups (or clusters) so that (i) the elements in the same group are as similar as possible and (ii) the different groups obtained are as distant from each other as possible. The clustering algorithm divides the data into mutually disjoint groups where each (individual) is a member of only one cluster (group). Each cluster must satisfy the following mathematical properties:

(1) $\mu_{ik} \in \{0,1\}$ with $1 \le i \le N$ and $1 \le k \le c$

(2) U_k vector of U_{ik} of the group k, $\sum_{k=1}^{c} \mu_k = \Pi$ where Π is the unit vector $(N,1)$

(3) $0 < \sum_{i=1}^{\eta_k} \mu_{ik} = \eta_k < N$ with $1 \le k < c$ with η_k the size of the group k

Where μ_{ik} is the coefficient of membership or degree of belonging of an individual (country) i to a group k, c is the number of possible groups, and N is the total number of elements (individuals)

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present in the sample. Property (1) expresses the fact that μ_{ik} takes the value zero or one *i.e.* a country belongs to one (only) group (μ_{ik} =1) or not (μ_{ik} =0). Property (2) shows that the sum of μ_{ik} across all groups is equal to the unit vector 1, so each individual must belong to a group. Property (3) reflects that the sum of μ_{ik} in a group is between zero and the total number of countries in the data set, in other words each group must contain at least one country but less than all countries in the sample data set.

Hierarchical ascending classification (HAC) consists of successively merging countries (individuals) into groups. Initially, there are as many groups as there are individuals. At each stage, the individuals (or groups of individuals) that are closest in terms of a certain metric are brought together to form a group (cluster). In the last step, we obtain a group made up of all the individuals. Various HAC approaches are distinguished by their definition of the metric, namely the Group average, Ward and Centroid approaches.

12 variables listed in table 2 cover the 3 project dimensions (SP, CE and PM) for 45 beneficiary countries in 2020 (project launch year). The hierarchical clustering algorithm (HAC) merges the countries into groups (Box 1), after which partition is made through a dendrogram. Implementations are carried out with SPSS software. The dendogram below divides beneficiary countries into 4 homogeneous groups (groups are homogeneous because intra-group variability of the selected variables is minimized by the algorithm).

Figure 1: Dendogram, inter-class average method
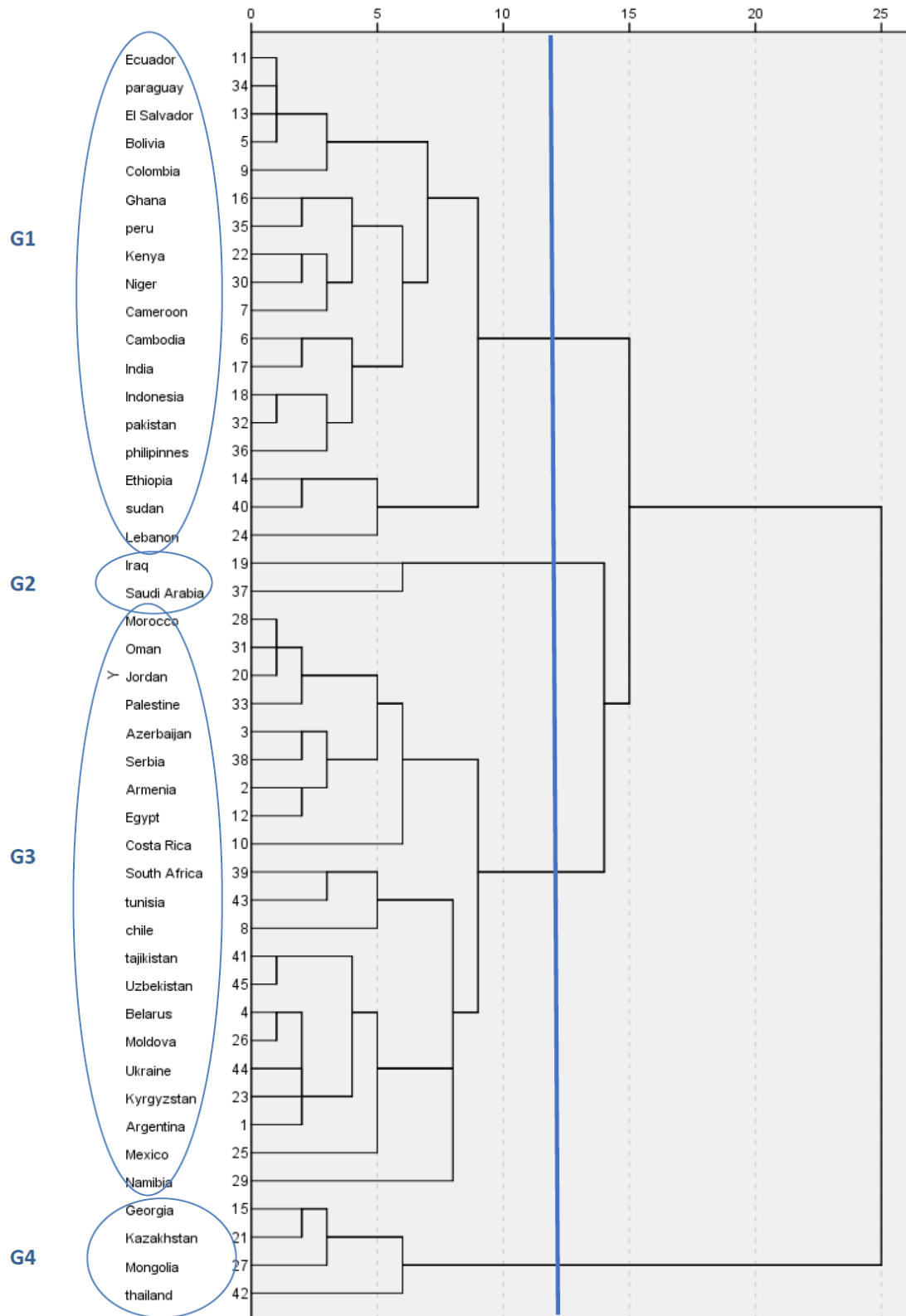
Typology and case studies

The results in 4 clusters are presented in Table 3.

Table 3: Characteristics of the clusters

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	All
General					
Beneficiary countries	18	2	21	4	45
HDI, 2020	0,637	0,77	0,75	0,79	0,697
Population, 2020	136 277 028	39 277 046	26 665 746	24 312 095	81 932 486
GDP per capita (current US$), 2020	3 037	12 325	5 794	6 105	5 132
GDP per capita, PPP (current international $), 2020	7 887	28 311	14 351	17 915	12 464
Social protection					
Social contributions (% of revenue), 2020	6,57	0,00	16,41	5,40	9,09
Adequacy of social insurance programs (% of total welfare of beneficiary households), 2018	31,68	-	42,18	-	34,44
Benefit incidence of social insurance programs to poorest quintile (% of total social insurance benefits), 2020	0,76	-	8,94	-	2,09
Coverage of social insurance programs (% of population), 2018	12,46	59,15	35,29	86,30	28,89
Persons above retirement age receiving a pension %	27,26	33,15	79,23	94,90	52,26
Vulnerable persons covered by social assistance %	12,61	38,35	18,67	77,48	25,75
Labor vulnerability and gender					
Unemployment rate % (total) (2020 or close)	6,57	11,92	13,75	6,47	9,84
Unemployment rate % (women) (2020 or close)	6,76	25,54	16,76	5,87	12,03
Informal employment rate % (total), 2020 or close	75,53	67,00	48,53	54,70	64,34
Informal employment rate % (women), 2020 or close	78,51	45,40	44,38	52,67	63,19

Working poverty rate (percentage of employed living below US$1.90 PPP) (%)	9,47	0,93	1,73	0,68	5,81
Statistical capacity					
Statistical Capacity Score, 2020, WB	67,22	36,67	78,61	85,56	72,64

Cluster 4 includes countries that present the best results for the chosen indicators in terms of SP, CE and PM. This group is restricted to 4 countries namely Georgia, Kazakhstan, Mongolia, and Thailand. No country is classified as fragile, and they are mainly Upper Middle-Income countries according to World Bank classification.

Cluster 3 represents the largest group but is quite small in terms of population. It includes mainly Upper Middle-Income countries, and none are fragile according to OECD ranking. However, indicators for all three components are systematically above average, illustrating the need for social protection.

Cluster 2 represents only two countries (Iraq and Saudi Arabia) that stand out from the others. It must be underlined here that there is a problem of data availability for these two countries.

Cluster 1 covers most beneficiaries (population) of the 18 represented countries. It includes all the fragile countries of the panel with mainly Low Middle-Income countries. G4 indicators are systematically below average. These countries present obvious social protection needs.

Case studies

Clustering also identifies representative countries according to predefined criteria in SP, CE and PM. Jordan is the most representative country in the panel (we note it because it is at the center of the dendrogram, identified by the arrow on the graphic above). Thus, it represents the best option for case study.

Given this first choice for G3, it becomes appropriate to select a country in G1 and G4 (G3 must be avoided). In G4 Kazakhstan and Mongolia are representative. As ECE is strongly committed to the project, Kazakhstan can be retained. For G1, if we consider an ECLAC zone country, Peru and Colombia can be proposed as case studies.

Annex 8: Estimated Staff resources as of the project Final report

Post level	Total cumulative work months spent on the project	Purpose / description of responsibilities	Funding source for the position (GTA under the project, RB, RPTC, XB or other)
ESCWA			
D1	3 months	Management and overall supervision of the work on social protection stream and the other two streams' activities	RB
P5	5 months	Oversight for coordination of Social Protection Stream and contribute to the implementation of the care economy stream	RB
P5	8 months	Lead and contribute to the implementation of activities in ESCWA region, including technical assistance, elaboration of studies.	RB
P4	6 months	Management of the project's activities in ESCWA region; Supervision of consultants and staff work; Conceptualization and contribution to knowledge products and reviewing all products	RB
P3	9 months	Support to coordination of Social Protection Stream, and implementation of activities in ESCWA region, including technical assistance, contribution to knowledge products and reviewing all products.	RB

G6	6 months	Drafting and providing substantive inputs activities in ESCWA region; Reviewing the work of consultants; Reviewing consecutive drafts throughout editing and translating processes; Processing administrative work	RB
ECA			
P5/D1	1 month	Managing the over coordination of the the project	RB
P3	5 months	Leading implementation of activities of the Poverty Measurement Stream in the ECA region	RB
P5	8 months	Supporting the collection and analysis on the Multidimensional Poverty Index in Africa	RB
P4	5 months	Supporting project design and leading implementation of activities on Social Protection in the ECA region	RB
P3	2 months	Leading implementation of activities of the Social Protection Stream in the ECA region	RB
P3	4 months	Support to coordination of the global project team including project design, reporting and evaluation	RB
G7	1 month	Budget design and financial reporting for the project	RB
ECLAC			
P5	3 months	Implementation of activities of Poverty measurement stream at ECLAC	RB
P4	4 months	Implementation of technical assistance for Poverty measurement stream at ECLAC	RPTC
P3	2 months	Support to implementation of activities of Poverty measurement stream at ECLAC	RB
P4	8 months	Substantive contribution to implementation of activities in ECLAC region, including technical assistance, elaboration of studies, as well as oversight for coordination of Care Economy Stream	RB
P3	5 months	Substantive support for activities in ECLAC region, including technical assistance, elaboration of studies, and overall Care Stream coordination.	RB
G5	3 months	Administrative support for implementation of project in ECLAC region.	RB
ECE			

P5	6 months	Overall implementation of the ECE care economy stream	RB
P5	1 month	Leading of the Poverty measurement stream and its implementation at ECE	RB
P3	3 months	Implementing the Poverty measurement stream at ECE	RB
G6	2 months	Implementing the Poverty measurement stream at ECE	RB
ESCAP			
P3	6 months	Overall implementation of the ESCAP care economy stream	RB
UNCTAD			
D1	2 months	Implementation of activities of UNCTADs' Social Protection stream activities	**RB**
P4	6 months	Implementation of activities of UNCTADs' Social Protection stream activities	**RB**
P3	6 months	Implementation of activities of UNCTADs' Social Protection stream activities	**RB**
G5	9 months	Implementation of activities of UNCTADs' Social Protection stream activities	**RB**

Annex 9: Evaluation TOR

Terms of Reference
Final evaluation
Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery and Building Resilience

(DA COVID-19 joint Special Project)

A. PROJECT SUMMARY

Project number	SB-015247
Project title	Strengthening Social Protection for Pandemic Response: Identifying the Vulnerable, Aiding Recovery and Building Resilience
Duration	June 2020 – June 2022
Location	All Regions
Executing Agency	United Nations Economic Commission for Africa (ECA)
Partner Organization(s)	**Other UN Implementing Entities**: ECA, ECE, ECLAC, ESCAP, ESCWA, UNCTAD. **Technical collaboration partners**: DESA, ILO, UNICEF, UN Women, UNESCO, UNFPA, WHO, WFP and other UN agencies and UNCTs (through the UNRC Offices).
Total Approved Budget	**$ 2,673,000 USD**
Donors	Development Account
Division/SRO/Section	ECA: Poverty, Inequality and Social Protection Division ECE: Statistical Division, Sustainable Development and Gender Unit ECLAC: Gender Affairs Division ESCAP: Social Development Division ESCWA/Cluster 2 on Gender Justice, Population and Inclusive Development/Social Protection Team/Poverty Team/ Care Economy Team UNCTAD: International Trade and Commodities Division (DITC)/Competition and Consumer Policies Branch
Programme/Project Manager	ECA – Chief, Social Policy Section
Type of evaluation:	Final
Time period covered by the evaluation:	June 2020– 30 June 2022

Geographical coverage of the evaluation:	**Social Protection Workstream: Led by ESCWA** All ESCWA member countries with focus on specific areas for Egypt, Jordan, and Sudan; All ESCAP member States with focus on Cambodia and Mongolia; All ECLAC Member States with focus on Chile, Ethiopia, Namibia, Paraguay and Peru **Poverty Measurement Workstream: Led by ECE** Azerbaijan, Armenia, Belarus, Bolivia, Chile, Costa Rica, Cote d'Ivoire, Ecuador, Egypt, El Salvador, Georgia, Iraq, Kazakhstan, Kenya, Kyrgyzstan, Republic of Moldova, State of Palestine, South Africa, Tajikistan, Tanzania, Ukraine, Uzbekistan, Zambia, and Zimbabwe **Care Economy Workstream: Led by ECLAC** Argentina, Cambodia, Colombia, Kingdom of Saudi Arabia, Kyrgyzstan, Lebanon, Mexico, Moldova, Morocco, Oman, Philippines, Serbia, Egypt, Kenya, and South Africa

B. INTRODUCTION

The Strengthening Social Protection for Pandemic Response, *Identifying the Vulnerable, Aiding Recovery and Building Resilience project* (the Project) was implemented from June 2020 to December 2021, with a nocost extension to June 2022, with a total budget of US $2,673,000 funded under the United Nations Development Account (DA).

The DA is a mechanism to fund capacity development projects of the 10 economic and social entities of the United Nations Secretariat, namely: the Department of Economic and Social Affairs (DESA), the Economic Commission for Africa (ECA), the Economic Commission for Europe (ECE), the Economic and Social Commission for Asia and the Pacific (ESCAP), the Economic and Social Commission for Western Asia (ESCWA), the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Conference on Trade and Development (UNCTAD), the United Nations Environment Project (UNEP), the United Nations Human Settlements Project (UN-Habitat) and the United Nations Office on Drugs and Crime (UNODC).

This Project was jointly implemented in 41 countries across five (5) regions by six (6) implementing entities namely, ECA, ECE, ESCAP, ECLAC, ESCWA, and UNCTAD.

In line with the Development Account (DA) project Evaluation Framework, a terminal evaluation is required for projects with a budget of USD 1 million or more. The evaluation is being conducted to review the project performance and enhance learning within the IEs, the DA,

stakeholders, and other Development Partners. Findings and recommendations of the evaluation will also provide valuable inputs to strengthening the management capacity of IEs and the DA, as well as inform future project design and delivery.

The evaluation will be conducted as an independent evaluation, where the evaluation is managed by the Evaluation Section of ECA and conducted by independent external consultants, selected through a competitive process in consultation with the Project Coordination Team and evaluation focal points of all IEs.

Key stakeholders, member States and in particular, beneficiary countries and other Development Partners will be consulted throughout the evaluation process.

The evaluation is planned for the period June – October 2023, with the final report expected to be completed by 30th October 2023.

C. BACKGROUND AND CONTEXT

With more than 20 million confirmed cases and almost three quarters of a million deaths in more than 200 countries, COVID-19 posed a challenge like no other in living memory. Coming at a time when worldwide economic growth was already at its slowest since the global financial crisis of 2008/2009, the spread of the pandemic had a debilitating and increasingly recessionary impact on the economies across regions. With severe disruption to global supply chains, manufacturing, transport, logistics and retail sectors declined, leading to high levels of unemployment and a negative impact on the financial markets and consumer welfare. As a result, incomes declined, jobs lost, and mean consumption levels fell below critical thresholds. There are also indications that these impacts affected men and women unequally, exacerbating existing gender inequalities.

Even prior to the pandemic, progress towards the Sustainable Development Goals (SDGs) was mixed, with an increased recognition that 'business as usual' would not be enough, and that the window of time within which to act was closing fast. Vulnerable populations – those in countries in special situations, in conflict and post-conflict settings, migrants, women, older persons, youth, persons with disabilities, and indigenous persons, among others – continued to be at risk of being left behind.

Responses to COVID-19 commonly focused on mandated restrictions of activity or physical movement – policies which appear to have helped to prevent even greater loss of life but have commonly resulted in loss of livelihoods and incomes, absence from classrooms, foregone vaccinations against other infectious diseases, stresses on mental health, and, for women in particular, a disproportionate increase in the burden of care work as well as greater risk of domestic violence.

Thus, COVID-19 had a three-fold impact whereby a severe health shock led to domestic containment measures with serious economic and social impacts. These local economic impacts, combined with a resultant slowdown in the global economy are having significant social consequences that are, in turn, becoming increasingly likely to be felt for years, and generations

to come. Such impacts cut across all regions – Africa, Asia and the Pacific, Europe, Latin America and Caribbean, and Western Asia.

Initial assessments indicated some of the likely outcomes, at least in the short term. By some estimates, as many as 400 million people may fall into extreme poverty, reversing a declining trend that lasted over two decades. Some 1.6 billion working in the informal sector could see their livelihoods at risk, and many lack access to any form of social protection. Numbers such as these are indicative of the immense risks of not acting swiftly, coherently, and in a coordinated manner. At the same time, they indicate the imperative to "build back better," to forestall similar risks in future.

The coronavirus disease (COVID-19) pandemic stretched the capacity limits of Member States whilst providing opportunities to reflect on how social protection systems can be more appropriately designed and expanded to ensure that the poorest and most vulnerable meet the minimum standards of living. As COVID19's health, economic and social impacts continued to manifest, governments required to strengthen capacities to adapt quickly, efficiently, and adequately to identify affected populations and respond innovatively with appropriate social protection measures that go beyond the normal boundaries of traditional recipients and methods.

The project responded to the needs of member States across the five Regional Commissions (RCs) – ECA, ECE, ESCAP, ECLAC and ESCWA – to strengthen national capacities to design and implement social protection policies with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, against future exogenous shocks.

D. PROJECT INTERVENTION LOGIC[72]

The Project strategy was based on a three-pronged approach implemented in distinct workstreams to address emerging capacity gaps in the planning, design, and implementation of rights-based and gendersensitive social protection systems to mitigate the impact of COVID-19: 1) enhanced capacity for social protection, 2) strengthened care economy policies for recovery, and 3) improved poverty measurement.

It was implemented in three phases which built upon and complemented one another: 1.) phase I was the project start-up and focused gathering and analysing contextual information relating to COVID-19 response across the regions and provided a baseline for the next phases, 2.) phase II constituted the implementation of in-country interventions in response to the identified needs and demands of the target Member States, and 3.) phase III further elaborated on the interventions from the phase II.

The project **development objective** was to strengthen national capacities to design and implement social protection policies, with a gender perspective, for rapid recovery from COVID-

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[72] Detailed Results framework available on request

19 and increase resilience, especially of the most vulnerable populations, to the negative impacts of future exogenous shocks.

The Project aimed to achieve the following outcomes:

> **Outcome 1:** Improved institutional capacity among core stakeholders to implement and deliver social protection and expand coverage
> **Outcome 2:** Innovative capacities and cooperation mechanisms developed to integrate the care economy into social protection and other public policies of COVID-19 recovery
> **Outcome 3:** Improved national capacity for producing timely and disaggregated poverty measures following internationally agreed guidance.

The Project placed strong emphasis on gender equality and the enhancement of human rights, particularly on "leaving no one behind" by developing methods for identification and targeting of new vulnerable groups and better integrating the care economy into social protection and other recovery policies.

The Project was implemented in the following target countries in five regions: Ethiopia, Namibia, Kenya, Egypt, South Africa; Tanzania, Zambia, Zimbabwe and Cote d'Ivoire (ECA); Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Serbia, Tajikistan, Ukraine and Uzbekistan (ECE); Argentina, Colombia, Costa Rica, Chile, Ecuador, El Salvador, Mexico, Paraguay and Peru (ECLAC); Cambodia, Mongolia and Philippines (ESCAP) Algeria, Comoros, Egypt, Iraq, Jordan, Kingdom of Saudi Arabia, Lebanon, Mauritania, Morocco, Oman, Palestine, Philippines, Sudan, Syria, Yemen, and Tunisia (ESCWA), Niger and Philippines (UNCTAD).

E. PROJECT MANAGEMENT ARRANGEMENTS

The Project was coordinated and managed by ECA and implemented jointly with ECE, ECLAC, ESCAP, ESCWA and UNCTAD. Each workstream of the project, care economy, social protection and poverty measurement was led by a Workstream Lead, who coordinated activities across all IEs.

A Project Coordination Team comprising of focal persons from all five Regional Commissions (ECA, ECE, ECLAC, ESCAP, ESCWA and UNCTAD) coordinated activities and provided substantive technical contribution to project interventions. In-country activities were delivered in partnership with the UN Resident Coordinator Offices and Country Teams.

A Steering Committee comprising of Directors from the IEs provided overall project oversight and direction.

F. PURPOSE AND SCOPE OF THE EVALUATION

The final evaluation will serve **three main purposes**: accountability, learning, and provision of credible evidence for strategic decision-making. From a **learning** perspective, the evaluation will provide lessons and evidence of what worked, what did not work, and why, to inform

future interventions of a similar nature, and the design and implementation of future projects within the framework of DA projects. From an **accountability** perspective, the evaluation will assess overall progress towards intended outcomes, and, where possible, seek indications of possible effects on beneficiaries as well as indicative analysis of the IEs added value in the streams of work of the project. The evaluation will aim to provide **credible and reliable evidence** to the IEs, member States and other stakeholders for strategic decision-making to contribute towards improving developmental outcomes.

The scope of the evaluation will cover the full duration of the project implementation period from August 2020 to June 2022, the full geographic coverage in the five regions and should look both into outcome and output level results as key indicators of overall project performance. The scope of in-depth analyses i.e., though case studies will be agreed with the Evaluation Reference Group during the inception phase, following the Evaluation Team's assessment of the project information.

The evaluation will integrate UN cross-cutting priorities of human rights, gender equality, disability inclusion and other non-discrimination issues as cross-cutting concerns throughout its methodology, analysis, and all deliverables, including the final report.

Gender should be addressed, and all data collected should be sex-disaggregated as well as the different needs of women and men and of marginalized groups targeted by the project considered throughout the evaluation process.

Project beneficiaries' capacity development should also be considered throughout the evaluation.

G. CLIENTS OF THE EVALUATION

The primary end users of the evaluation are the project coordination team, respective Subprogrammes and Subregional offices, Management, and staff of the six IEs, the DA-PMT, the beneficiary countries, other member States, and strategic development partners.

H. SPECIFIC OBJECTIVES OF THE EVALUATION

The overall objective of the evaluation is to assess as objectively and systematically as possible the performance of the project vis-à-vis its overall objective as defined in the project document. In addition, it will identify intended and unintended project results and progress made towards results in the three project outcome areas and address the following specific objectives:

i.   Assess the performance of the project in terms of its relevance, coherence, effectiveness, efficiency, sustainability, impact and mainstreaming of gender, human rights, and disability inclusion considering its goal and objectives.

ii. Identify and document lessons learned, good practices and provide recommendations for improvement to inform the design and delivery of future IEs' interventions and DA projects of a similar nature.

iii. Identify areas of opportunity for future project development.

I. EVALUATION CRITERIA AND QUESTIONS

The evaluation will adhere to international standards and best practices articulated in the OECD/DAC principles and conducted according to the United Nations Evaluation Group (UNEG) Norms and Standards and Code of Conduct and Ethical Guidelines for Evaluation. It should follow the Glossary of key terms in evaluation as well as utilise the Organisation for Economic Co-operation and Development Assistance Committee (OECD DAC) evaluation criteria as outlined below:

i. **Relevance** – the extent to which the objectives and design of the project respond to beneficiaries', country, global, partners' and donors' needs, policies, strategies, and priorities and continue to do so.

ii. **Coherence** – the extent to which the project's design, logic, strategy, and elements are/remain valid and coherent vis-a vis the problems and needs.

iii. **Effectiveness** - the extent to which the project's immediate objectives were achieved or are expected to be achieved, taking into account their relative importance.

iv. **Efficiency** - the extent to which the project's outputs delivered are derived from efficient use of financial, material, and human resources.

v. **Impact orientation** – the extent to which the project has generated or are expected to generate positive and negative changes and effects at the Sub-Regional and National levels, i.e., the impact with Social Partners and various implementing partner organisations; and

vi. **Sustainability** – the extent to which the net results (including financial, economic, social, environmental, and institutional capacities of the systems needed to sustain them over time) are likely to be maintained beyond the completion of the project.

In line with the Results-Based management approach applied by the UN, the evaluation should focus on identifying and analysing results by addressing key questions related to evaluation concerns and the achievement of the outcomes of the project using the logical framework indicators.

The evaluation will examine the project based on the questions listed below and against the standard evaluation criteria mentioned above. The Evaluation Team will start from these proposed set of questions and develop a more detailed analytical structure of questions and sub-questions, considering gender equality concerns. It is expected that the evaluation addresses all the questions detailed below to the extent possible.

The Evaluation Team may adapt the evaluation criteria and questions, but any fundamental changes should be agreed upon with the Evaluation Manager.

The evaluation will respond to the following research questions:

Relevance	1. To what extent was the project designed to target the new SP needs and priorities of participating countries as a result of COVID-19?
Relevance	2. To what extent was the project aligned with the COVID-19 socio-economic responses of the participating countries?
Effectiveness	3. To what extent has the project contributed to the expected outcomes as defined in the project document?
Effectiveness	4. How did the response contribute to the participating country Governments' responses to COVID-19?
Effectiveness	5. What innovative approach or tool, if any, did the response use, and what were the outcomes and lessons learned from its application?
Effectiveness	6. To what extent did the governance and management arrangements enable, or hinder project delivery and achievement of results?
Efficiency	7. To what extent did the project leverage other related interventions to maximize impact? How well coordinated was the response among the entities implementing the joint project?
Efficiency	8. How did the three-phase budgeting and programming approaches impact project delivery?
Sustainability	9. What measures were adopted to ensure that outcomes of the response would continue after the project ended? To what extent have national stakeholders acquired capacities to sustain the results?
Coherence	10. To what extent did the project (outcomes, outputs and activities) and their underlining theory of change remain logical and coherent?
Coherence	11. To what extent has the project been coordinated with, and complementary to, the response of other UN entities (Secretariat and non-Secretariat) to COVID-19 in delivering socio-economic support to Member States?
Gender & human rights and disability	12. To what extent was gender, human rights and disability integrated in the design and implementation of the project? What results can be identified from these actions?

J. EVALUATION APPROACH AND METHODOLOGY

A methodology is suggested, which may be adjusted by the Evaluation Team, if necessary, in accordance with the scope and purpose of the evaluation, and in consultation with the Evaluation Manager. The Evaluation Team will elaborate a suitable evaluation design and methodology for addressing evaluation questions to be included in the inception report.

The evaluation methodology should allow for an assessment of outcomes and of the likelihood of their impact and sustainability by combining quantitative data with qualitative assessments that demonstrate and visualize outcomes with adequate triangulation to arrive at credible, reliable, and unbiased findings.

This evaluation will have a theory-based evaluation designed and apply a mixed-methods approach, considering both primary and secondary data sources, to ensure adequate triangulation.

More specifically, in addition to assessing the mainstreaming of gender and human rights perspectives in the design, implementation and monitoring of the project, the evaluation will integrate these perspectives in the management of the evaluation, data collection and analysis, as well as the development the final evaluation report.

The evaluation will be conducted in an inclusive manner: key stakeholders will be involved in all phases of the evaluation, including the planning, inception, fact-finding, reporting and dissemination phases. The key stakeholders whose views should be taken into consideration during the evaluation include beneficiaries, target country line ministries and institutions, IEs and other project implementation partners.

A combination of sound quantitative and qualitative research methods should be developed for each evaluation question and detailed in the evaluation matrix, which will form a basis for the development of data collection instruments. The evaluation will collect data from different sources by different methods for those questions, so that the findings can be triangulated to draw valid and reliable conclusions. Due care and attention will be paid to ensure gender and human rights issues are properly addressed.

Data collected and analyzed during the evaluation should be disaggregated by gender to the extent possible and whenever appropriate, and the evaluation findings, conclusions and recommendations to be presented in the final evaluation reports will reflect a gender analysis.

To the extent made possible by available data, the findings of the evaluation will also be analyzed by region and by special developing country grouping (e.g., SIDS, LDCs, LLDCs).

Travel for the Evaluation Team may take place in support of elaborating the analyses for case studies with the objective of meeting project beneficiaries in the target countries. The selection of potential countries requiring travel to support the elaboration of analyses for case studies (if any) and travel requirements should be developed as part of the inception report.

The evaluation methodology may be adapted to the situation arising from the implications of COVID-19, taking into account guidance provided by ECA Evaluation Section.

A tentative methodology for the evaluation is presented below:

i)   *Inception Phase*

A kick-off meeting will be organized at the beginning of the inception phase to be attended by the Evaluation Reference Group (ERG)[73] and the Stream Leads. The meeting will serve to align on

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[73] Constitutes evaluation focal points from all Implementing Entities

expectations on the standards of performance, process and management of the evaluation and to align on the working modalities throughout the evaluation process.

The Evaluation Team will review the project document, work plans, budget utilization reports, monitoring plans, progress reports, study tour and assessments, Research publications and reports, communications and multimedia materials, government documents, meeting minutes, reports and documents used for seminars, workshops, trainings, participant feedback data from activities, trainings policy frameworks, advisory services request documents, relevant documents relating to other development partners working in the same field and other relevant documents that were produced through the project or by relevant stakeholders etc.

In addition, the Evaluation Team will conduct initial electronic, telephone or virtual interviews with key project informants (project stream leads and coordination team in all IEs) to have an overview on the project status across streams and Entities.

An inception meeting will be held digitally with the Evaluation Manager, the ERG, and the Stream Leads, with the objective of reaching a common understanding on the status of the project, any methodological refinements if any and any additional information required.

Based on the scope and purpose of the evaluation, document review, briefings and initial interviews, the Evaluation Team will prepare an inception report[74] which will include the finalized methodology, a clearly elaborated evaluation matrix which will form a basis for the development of the data collection instruments, including information on data sources and collection, sampling, key indicators, stakeholder mapping, selection of case studies, survey design, and the evaluation timeline.

The inception phase may suggest preliminary findings that the Evaluation Team may use in reviewing or refining the evaluation questions in consultation with the Evaluation Manager.

ii)   Data Collection Phase

The evaluation will use various data collection techniques (e.g., document analysis, interviews, surveys, case studies, focus groups etc) to ensure the validity and reliability of the findings and use participatory approaches involving key stakeholders such as beneficiaries, beneficiary line ministries and institutions in the target countries, IEs staff, strategic and development partners.

The Evaluation Team will first complete relevant consultations with internal project stakeholders such as the Project Stream Leads and the Project Coordination Team, sub-regional offices, other project technical backstopping experts and those in the list of key stakeholders. The Evaluation Team will thereafter deploy various methods with other project stakeholders to get their views and feedback on the Project using appropriate channels taking into consideration COVID-19 measures. This will include more than one method of data collection per stakeholder group with member State representatives, Implementing and other development partners.

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[74] The inception report should clearly demonstrate the Evaluation Team's understanding of the project, the purpose of the evaluation and how the objectives of the evaluation will be met. It should not be a duplication of the ToR.

The tentative methodology is presented in the table below:

- **A desk review of Project documents**, including documents/data related to:

  o Project-level planning, implementation and results achievement, including but not limited to:

  - Concept note and project document (approved version, and any revisions thereof if any)
    - A annual progress reports (both financial and narrative reports)
  - Final project report
  - TORs for Project Coordination Team members, Steering Committee and any other coordination/implementation roles/mechanisms put in place (e.g., stream leads)
  - Project reports to the Steering Committee
  - Steering Committee meeting minutes
  - Results of surveys of project training and/or workshop participants
  - Documentation related to project extensions and revisions (including COVID-19 related adjustments)
  - Beneficiary/user feedback collected, including, but not limited to, workshop survey results, user feedback on publications, advisory services, guidelines, methodology documents, etc.
  - Requests for assistance/services received
  - List of Stream activities completed and details about each activity, including but not limited to:
    - Agenda, participant list (name, title, division/unit, organization, country, gender, email address), report and any outcomes document, for each workshop/meeting
    - Description of each advisory service, beneficiaries (including contact details of the contact persons) and any outputs/deliverables produced
    - List of guidelines/methodology documents/classifications developed, details on how each product was disseminated and/or used, list of recipients/users of the product (e.g., dissemination lists)
    - Description of each research project/study, beneficiaries (including contact details of the contact persons) and any outputs/deliverables produced
  - Documentation related to broader programmes or projects of the IEs of which the Programme or its stream(s) has constituted an integral part

  - Documentation on other projects/activities undertaken by the IEs, which are linked to and/or build upon/succeed the work undertaken as part of the Project ▪ Relevant capacity development work conducted

- **A review of documents and literature related to the Project context**, including but not related to information sources concerning:
 	
   o Global, regional and country-level statistical capacities to design and implement social protection policies, with a gender perspective, for sustained recovery from the COVID-19 impact and increasing resilience, especially of the most vulnerable populations
   o Relevant work undertaken by the IEs and other key actors i.e., under partnership agreements

- **Questionnaire to line ministries and institutions of countries participating in the project (beneficiaries)**, which would involve:
 	
   o Development of a standard questionnaire in MS Word in English and translated in the relevant languages (French, Arabic and Spanish) by the Evaluation Consultant(s), designed to measure the indicators of achievement included in the logical framework for Stream 1
   o Administration of the questionnaire to key informants and other relevant stakeholders in the applicable language
   o Analysis by the Lead Evaluation Consultant and Subject Matter Experts Evaluation Consultants
       Preparation of a single document in English compiling data by the Project Coordination Team o

- **Online surveys of key internal stakeholders**, including but not limited to: o Stream Leads and Project Coordination Teams o Focal points at IEs for Project streams o Analysis by the Lead Evaluation Consultant and Subject Matter Experts Evaluation Consultants

- **Telephone or virtual interviews with key stakeholders**, including but not limited to:
 	
   o Project stakeholders
   o Project Steering Committee members o Project Coordination Team
   o DA-PMT (responsible for overseeing and supporting DA project design, monitoring and implementation)
   o DA focal points in IEs
   o Other partners (World Bank, the League of Arab States, Lebanese American University, Institute of Development Studies (UK), ASEAN Committee on Women and Oxfam Philippines)
   o Other UN system partners (IPC-IG, Inter-secretariat Working Group on Household Surveys, UN Women, ILO and RC)-Namibia) o Select country-level stakeholders (e.g., UN Resident Coordinators)

> - **Case Study/ies, which may include an analysis of a particular intervention, or of project activities at a global, regional or national level** o Representative of the project scope both in terms of thematic and geographical focus

The Evaluation team will work together with the Project Coordination Team to ensure that the participants who can provide information to answer the questions are invited to the interviews or, if availability does not allow, that separate interviews are organized. Based on these interviews and the document review, the Evaluation Team will build an initial set of conclusions and possible recommendations.

At the end of data collection phase, a de-briefing meeting will be organised with Stream Leads, Project Coordination Team and the ERG to: (ii) present preliminary evaluation findings and (ii) receive feedback and comments. The meeting date and time will be determined by the Evaluation Manager in consultation with the Project Stream Leads. The meeting will be designed to achieve the dual objectives of validating the data and adjusting the initial findings whilst also serving as a final data collection step. The DA may attend the workshop should they elect to do so.

The Evaluation Team should note that in the absence of field missions, data collection may entail a longer iterative process of primary data collection to enhance data quality. Additionally, longer data collection time will provide maximum accommodation to help reduce the burden on key stakeholders and enhance the reach.   The Evaluation Team should detail such approaches in the inception report.

iii) Report Writing Phase

Based on the inputs from the desk review, stakeholder interviews and in-depth analyses, the Evaluation Team will then draft the evaluation report. The draft evaluation report will be sent to the Evaluation Manager, who will coordinate comments from the ERG and all relevant stakeholders. The Evaluation Manager will consolidate all comments including methodological comments and will share them with the Team Leader for consideration in finalizing the report.

Following the submission of the draft evaluation report, the Evaluation Team will prepare a PowerPoint presentation on the draft report to be made to project stakeholders virtually. The presentation will outline the purpose and methodology of the evaluation, the main findings across all criteria, lessons learnt, good practices and recommendations.

The Evaluation Team will finalize the evaluation report, taking into consideration stakeholder comments and submit one complete clean and final version of the evaluation report, carefully edited, and formatted. Photos, if appropriate should be included, inserted using lower resolution to keep overall file size low.

The Evaluation Team will also provide a separate evaluation report version indicating how comments on the draft report have been addressed or an explanation of why comments have not been addressed.

The Team Leader will prepare an Evaluation summary of no more than five (5) pages to be submitted along with the final evaluation report in the template as provided to the Evaluation Team in checklist 2[75].

K. EVALUATOR RESPONSIBILITIES AND DELIVERABLES

Three Evaluators are anticipated to undertake this evaluation; one Team Leader supported by two team members with subject matter expertise. The Evaluation Team should demonstrate behavioural independence, impartiality, credibility, honesty, integrity, and accountability in conducting the evaluation to avoid bias in the findings. The Evaluation Team must also address in the design and conduct of the evaluation procedures to safeguard the rights and confidentiality of information providers. Under the general guidance of the Chief of Evaluation, the Evaluation Team will be responsible for:

i) Designing, planning and implementing the evaluation in accordance with the ToR.
ii) Drafting the evaluation report, using an approach agreed with the Evaluation Manager, and delivered in accordance with ECA's specifications and timeline.
iii) Consulting and liaising as required, with IEs, stakeholders, and partners to ensure satisfactory delivery of all deliverables, and
iv) Making themselves available, if required, to take part in briefings and discussions, online or, if judged necessary, at respective IEs Office or other venue, on dates to be agreed, in line with the work outlined in these ToRs and to be agreed in the inception phase.

The Team Leader will be responsible for the overall evaluation process and outputs including and not limited to the following specific responsibilities:

v) Lead the evaluation by providing overall technical and methodological leadership.
vi) Lead the analysis of key findings to arrive at an overall assessment of the performance of the project, conclusions, and recommendations, identification of lessons learned and best practices leading to the preparation of the final report.
vii) Lead and coordinate the preparation of the evaluation report, using the DA evaluation report template as provided by ECA, and delivered in accordance with ECA quality standards, specifications, and timeline.
viii) Lead the preparation and presentation of the draft report to be made to project stakeholders. v) Lead the finalization of the evaluation report, including all annexes.

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[75] Checklist 2: Evaluation Summary

vi) Supervise the Evaluation Team Members, ensuring high-quality outputs are delivered timely.

The Evaluation Team Members will undertake the work as outlined in this ToR in close coordination with the Team Leader, including and not limited to the following specific responsibilities:

ix) Assist the Team Leader in refining the evaluation methodology as necessary.

x) Provide subject matter expertise to elaborate the evaluation matrix in a manner that will allow the evaluation to answer the evaluation questions and meet the evaluation objectives.

xi) Lead the data collection in the respective specialist area and provide technical back-stopping support to the Team Leader in conducting the data analysis.

xii) Prepare and submit to the Team Leader, a synthesis report on the evidence collected through each data collection method by evaluation criteria and related question.

xiii) Contribute to the evaluation by providing subject matter expertise and knowledge on assigned area of work, including outcome level analysis of key findings, conclusions, recommendations, identification of lessons learned and good practices, cross-cutting issues e.g., human rights, gender, disability inclusion, partnerships etc to ensure technically sound findings, conclusions and recommendations leading to the preparation of the main evaluation report, and delivered in accordance with ECA quality standards, specifications, and timeline.

xiv) Assist the Team Leader to prepare the presentation on the draft evaluation report. vii) Contribute to the finalization of the evaluation report, including all annexes.

The evaluation will have the following deliverables:

i) *Deliverable 1: Inception report with methodology*

This constitutes the operational plan of the evaluation and should be aligned to the ToR. It should demonstrate the Evaluation Team's understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of proposed methods, proposed sources of data, and data collection procedures[76]. The inception report should also include an evaluation matrix showing clearly how each question will be answered both at the global and stream level, proposed schedule of tasks, activities, and deliverables, outline of the evaluation report and detailed list of documents reviewed, preliminary interviews conducted and data collection instruments. The evaluation methodology should include a description of an

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[76] The inception report should not be a duplication of the ToR but demonstrate clearly how the Evaluation Team's understanding of the project, its status and how they intend to deliver on this assignment [6] DA Evaluation Framework

analytical approach to assessing the project across the project streams and geographical coverage.

ii)   *Deliverable 2: Post-data Collection De-brief Meeting*

At the end of the data collection phase, the Evaluation Team will de-brief the ERG, the Project Stream Leads and Project Coordination Team on the preliminary findings from the data collection. The feedback from of the de-brief meeting will be used to provide additional insights into the findings to be incorporated in the evaluation report.

iii) Deliverable 3: Draft Evaluation Report and Presentation of report

The Evaluation Team will prepare the draft evaluation report to be submitted to the Evaluation Manager using the DA project evaluation report template. A presentation outlining the purpose and methodology of the evaluation, the main findings across all criteria, lessons learnt, good practices and recommendations, giving due attention to the similarities, dispersions and learning across countries and project streams, should be prepared, and presented to key stakeholders. Feedback on the draft report, including from the presentation should inform the subsequent finalisation of the evaluation report.

iv) Deliverable 4: Final Evaluation Report and Evaluation Summary

The final evaluation report will be submitted to the Evaluation Manager as per the proposed structure, carefully edited and formatted. The report should also, as appropriate, include specific and detailed timebound recommendations based on the analysis of information obtained. All recommendations should be specifically addressed to the relevant stakeholder responsible for implementing them. The report should also include a specific section on lessons learned and good practices. The quality of the evaluation report will be determined based on quality standards defined by the DA Evaluation Framework[6].
 A standalone summary of the evaluation in the template provided by the ECA Evaluation Section for wider dissemination should be submitted alongside the evaluation report.

L. COMPLETION CRITERIA

Acceptance of deliverable will be acknowledged only when the deliverable(s) concerned is judged to be in accordance with the requirements set out in the contract, to reflect agreements reached and plans submitted during the contracting process and incorporate or reflect consideration of amendments proposed by the Evaluation Manager.
Completion and acceptance of the final report will be based on the criteria set out by the ECA Evaluation Section.
Deliverables shall be submitted electronically via email and regarded as delivered when acceptance is confirmed by the Evaluation Manager.

M. PROPOSED WORKPLAN AND TIMEFRAME

The evaluation is foreseen to be undertaken over the period, June - November 2023 with the aim to submitting the final evaluation report to the DA-PMT no later than **31st October 2023**.

Phase	Activity	Responsible	Time Frame	# of work days
Preparatory Phase	**Development of TORs**	Evaluation Manager		
	Consultants' recruitment process	Evaluation Manager	Apr – May 2023	
Inception Phase	**Desk Review:** Initial briefing with Evaluation Manager, ERG and Stream Leads, internal briefings with the Project Team Drafting of inception report	Evaluation Team	Jun 2023	12 days
	Submission of inception report	Evaluation Team	Jun 2023	
	Review and clearance of inception report - Review draft	ERG	Jun 2023	
	Final Inception report and evaluation plan - Revise draft - Submit final	Evaluation Team	Jun 2023	3 days
Data Collection	Desk Review, interviews with stakeholders, elaboration of case studies, data analysis, data validation	Evaluation Team	Jun – Jul 2023	30 days
Report Writing	**Draft evaluation report** based on desk review and consultations with stakeholders, data analysis and interpretation	Evaluation Team	Aug 2023	10 days
	Review and clearance of draft report - Review draft Report - Revision by Evaluation Team	Evaluation Manager Evaluation Team	Aug - Sept 2023	
	Circulation of draft report for stakeholder comment	Evaluation Manager	Sept 2023	

	Presentation of draft report to stakeholders: findings, conclusions, recommendations, lessons learned and best practices	Evaluation Team	Oct 2023	1 day
	Finalize report incorporating stakeholder comments including explanations on comments not included	Evaluation Team	Oct 2023	4 days
	Approval of final evaluation report Validation of the final draft	Chief of Evaluation	Oct 2023	
	Final Report submitted to DA-PMT	Evaluation Manager	**31st Oct 2023**	

N. MANAGEMENT AND QUALITY ASSURANCE OF THE EVALUATION PROCESS

The final project evaluation will be managed by the Monitoring, Reporting and Evaluation Section (MRES) of ECA. The Evaluation Manager will be responsible for ensuring that the Evaluation Team conducts the work assignments without any undue interference, to ensure a credible evaluation process and outcome.

An Evaluation Reference Group consisting of the Evaluation Manager and representatives from each IE (e.g., DA or evaluation officer) will provide the quality assurance on the process and deliverables of this evaluation.

The roles and responsibilities of different actors in the evaluation process are described below:

i) *Evaluation Manager (ECA)*

- Draft and finalise the evaluation TOR.
- Recruit and manage the Evaluation Team and the evaluation process.
- Provide the norms, tools, and templates for the different stages of the evaluation process, advise on evaluation matters, and ensure quality of deliverables.
- Review the evaluation questions with the Evaluation Team and liaise with the ERG as necessary.
- Monitor the implementation of the evaluation methodology, as appropriate and in such a way as to minimize bias in the evaluation findings.
- Review the evaluation deliverables and provide initial comments.
- Circulate deliverables, collect and consolidate comments from the ERG and stakeholders and submit to the Evaluation Team.
- Liaise with the ERG and Stream Leads, and Project Coordination Team whenever their engagement is needed to fulfil the requirements of the evaluation.
- Approve the final evaluation report.

ii)   The Evaluation Reference Group

- Review and make substantive inputs to deliverables of this evaluation such as the ToR, inception report, preliminary data findings, and the evaluation report.
- Provide quality assurance on the evaluation process and deliverables.
- Facilitate access from their respective Entities to relevant project documentation and stakeholders as necessary.
- Participate in the post-data collection de-brief meeting and the presentation of the draft evaluation report.
- Facilitate the clearance of the evaluation deliverables.
- Play a key role in disseminating the findings of the evaluation and implementation of the management response.

iii)   DA Evaluation Officer

- Provide quality assurance to the evaluation process and deliverables.
- Participate in the post-data collection de-brief meeting and the presentation of the draft evaluation report.

iv)   Project Stream Leads

- Ensure availability of all requested and necessary project information, documents, and stakeholder contact lists.
- Facilitate all administrative support for the smooth execution of the evaluation process.
- Ensure requests to the project coordination team are timeously addressed.
- Participate in the post-data collection de-brief and provide inputs as necessary.
- Review and make substantive inputs to deliverables of this evaluation such as the ToR, inception report, preliminary data findings, and the evaluation report.
- Ensure timely preparation of the management response to the evaluation report, including an implementation plan.

v)   Project Coordination Team

   - Provide all necessary information, documents, and stakeholder contact lists.
   - Provide all administrative support for the smooth execution of the evaluation process.

- Assist with the scheduling of meetings with key informants and other stakeholders internally and externally, including provision of letters of introductions to the Evaluation for ease of access to evaluation informants.
- Participate in the post-data collection de-brief and provide inputs as necessary.
- Review and make substantive inputs to deliverables of this evaluation such as the ToR, inception report, preliminary data findings, and the evaluation report.
- Prepare the management response to the evaluation report, including an implementation plan.

O. REPORTING

The Evaluation Team will report to the Evaluation Manager on all aspects of the evaluation.

P. COMMUNICATIONS AND DISSEMINATION PLAN

The evaluation report including recommendations, emerging best practices, and lessons learned, will be made publicly available and accessible on the IEs websites and the DA as appropriate and shared widely with partners, stakeholders, and member States. The following modes of communication could be used:

i) A workshop with all relevant project stakeholders to present the key findings, recommendations, emerging best practices, and lessons learned. The draft evaluation report will be presented at a workshop attended by IEs, the DA and other relevant stakeholders for discussion and validation. The IEs will be given the opportunity to present their management response, including an implementation plan for the recommendations.

ii) A separate virtual meeting will be organized by the DA-PMT with the DA focal points to discuss the key lessons from the evaluation as well as from other COVID-19 joint project evaluations and how to incorporate them in future programming, implementation, monitoring and evaluation of DA-funded projects.

iii) The key findings from the evaluation report will also form a key input to the programme-level evaluation of the DA's response to COVID-19 to be conducted by the CDPMO/DESA. Other communication briefs and products will be produced as appropriate.

Q. PAYMENT MODALITIES

Total lump sum fees for the evaluation will be payable against deliverables, through Electronic Financial Transfer (EFT), according to the following schedule:

i. 20% on approval of deliverable 1, inception report.
ii. 20% on completion of deliverable 2, post-data collection de-brief meeting.

iii.   30% on approval of deliverable 3, draft evaluation report. iv. 30 % on approval of deliverable 4, final report and evaluation summary.

Cost of air tickets will be covered by ECA, and travel will be through the most economical route in economy class. Daily Subsistence Allowance (DSA) will be paid as per UN rules and regulations if applicable.

R. ETHICAL CONSIDERATIONS AND CONFIDENTIALITY

The evaluation will observe utmost confidentiality related to sensitive information and feedback elicited during the individual and group interviews. The Evaluation Team will follow the standard Code of Conduct which should be carefully read and signed at the time of contract issuance.

S. EVALUATION CONSULTANT PROFILE

A team of independent international consultants is required to undertake the evaluation, having experience linked to evaluation with knowledge of social protection, poverty measurement, care economy, Gender, equality and human rights, rights-based and gender sensitive social protection systems.

The minimum requirements of the **Team Leader** are:

- Advanced University Degree (Master's degree or equivalent) in Economics, Demography, Development studies, or other related social sciences fields is required. A first level university degree with a relevant combination of academic qualifications and Two years' additional experience may be accepted in lieu of an advanced university degree.
- At least 10 years of experience evaluating international development interventions is required.
- Proven experience designing and leading Theory-based evaluations of development interventions is required.
- Experience evaluating social protection, poverty measurement, care economy, Gender, equality and human rights, rights-based and gender sensitive social protection systems projects will be an added advantage.
- Experience working in one or more of the regions covered by the project will be an asset.
- Experience conducting evaluations of UN programmes and projects will be an asset.
- English and French are the working languages of the United Nations. For this assignment, fluency in English is required and working knowledge of French will be a distinct

advantage. Knowledge of one or more local languages spoken in the target countries will be an asset.

The minimum requirements for two (2) **Team Members** are:

- ▪ Advanced University Degree (Master's degree or equivalent) in relevant discipline i.e., Economics, Development studies, or another related social sciences field is required. A first level university degree with a relevant combination of academic qualifications and three years' additional experience may be accepted in lieu of an advanced university degree.
- ▪ Experience evaluating international development interventions is required.
- ▪ At least 7 years of professional experience in one of the respective fields of specialization i.e., poverty measurement, care economy, Gender, equality and human rights, rights-based and gender sensitive social protection systems is required.
- ▪ Sound knowledge of Theory-based evaluations of development interventions is an asset.
- ▪ Experience working in one or more of the regions covered by the project will be an added advantage.
- ▪ Experience conducting evaluations of UN programmes and projects will be an asset.
- ▪ English and French are the official languages of the United Nations. For this assignment, fluency in English is required and working knowledge of French will be a distinct advantage. Working knowledge of one or more local languages spoken in the target countries (i.e., Spanish, or Arabic) is considered an asset.

Interested candidates are required to register and develop their profiles in INSPIRA UN recruitment portal.[77] and should also submit two samples of completed evaluations of a similar nature as part of their application process via email eca-evaluation@un.org.

Note: Applications will not be considered if not submitted and having a complete profile in INSPIRA.

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[77] For details on how to access, register and develop profiles, kindly visit https://inspira.un.org. In case of issues and require support, kindly contact INSPIRA helpdesk by filling in the form available at https://careers.un.org/support/inspira/default.aspx?lang=en-US.

Results framework for Phase 1

Results	Results expected	Main deliverables
Overall objective: *to strengthen national capacities to design and implement social protection policies, with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, to the negative impacts of future exogenous shocks.*		
Outcome 1: Detailed project document outlining deliverables and implementation strategy for Phase 2 developed by June 2020		
Outcome 2: By the end of 2020, policy tools and evidence base developed to inform technical assistance and capacity building to strengthen and scale-up social protection measures		
	Information exchange and documentation of best practices	A global observatory on social protection and COVID19
	Recovery and Resilience Framework operationalized and aligned to regional specific social protection frameworks	Region-specific recovery and resilience frameworks

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	Coordinated COVID-19 and social protection response in a.) Asia Pacific region b) West Asia c) Africa d) Latin America and the Caribbean e) Europe	Project document for phase 2 (Social protection workstream)
		Mapping of policy initiatives across the regions to tackle gender dimensions of the COVID-19 pandemic response in particular those related to care and domestic work.
		Regional assessments on challenges to implement gender-sensitive policies to mitigate the impact of economic crises and recessions on women's lives.
		Project document for phase 2 (Care economy stream)
	Enhanced information on methodologies for poverty and vulnerability measurement Coordinated response	Stock-taking of "nowcasting" methodologies for poverty and vulnerability
		Stock-taking of emerging practice in measuring COVID-19 impact on poverty and vulnerability

		Compendium of methodologies to produce timely poverty and vulnerability estimates
		Project document for phase 2 (Poverty measurement workstream)

Results framework for Phase II / III

Results Phase II	Results Phase III	Indicators	IAs
<td colspan="4"><u>**Objective**</u>: to strengthen national capacities to design and implement social protection policies, with a gender perspective, for rapid recovery from COVID-19 and increase resilience, especially of the most vulnerable populations, to the negative impacts of future exogenous shocks.</td>			
Outcome OC 1 **Enhanced capacity for social protection** Improved institutional capacity among core stakeholders to implement and deliver social protection and expand coverage.		IA 1.1 At least 4 countries have adopted recommendations to develop or adapt social protection policies or programmes that improve coverage above pre-COVID-19 levels.	
		IA 1.2 At least 80% of benefitting institutions consider that their capacities and knowledge are	

		increased as a result of capacity assistance received.	
Output 1.1: OP1.1 Toolkits and training programmes, including a vulnerability index, developed and delivered to enhance stakeholder capacity to design and implement inclusive social protection policies, programmes, and tools.	**Output 1.1** OP1.1 Toolkits and training programmes, including a vulnerability index, developed and delivered to enhance stakeholder capacity to design and implement inclusive social protection policies, programmes, and tools.	n/a	
Output 1.2: OP1.2. Good practices in the design, implementation and monitoring of social protection services are shared across and between regions, including through a global observatory of social protection, regional studies and policy dialogues	**Output 1.2** OP1.2. Good practices in the design, implementation and monitoring of social protection services are shared across and between regions, including through a global observatory of social protection, regional studies and policy dialogues	n/a	
Outcome OC2 **Strengthened care economy policies for the recovery**		**IA 2.1** At least 10 countries (2 per region) design and develop response and recovery policies that integrate aspects of the care economy into recovery efforts.	

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Innovative capacities and cooperation mechanisms developed to integrate the care economy into social protection and other public policies of COVID-19 recovery.	**IA 2.2** Policy makers and other stakeholders in at least 10 countries (2 per region) possess increased knowledge and capacities to design policies that address the care economy as part of COVID-19 response and recovery.		
Output 2.1 OP2.1 Consolidated observatories /trackers and/or other information materials established to monitor gender equality and care economy initiatives in national social protection and other policies and programmes.	**Output 2.1** OP2.1 Technical support and capacity building on demand of Member States to build capacities for design of recovery policies based on the care economy.	n/a	
Output 2.2 OP2.2 At least five studies (one per region) produced on incorporating gender-sensitive design into COVID-19 social protection response and recovery.	**Output 2.2** OP2.2 Guidelines on design of response policies that place the care economy as central to recovery efforts.	n/a	
Output 2.3 OP2.3 At least five targeted policy guidelines or tools (one per region) produced, to identify and overcome key	**Output 2.3** OP2.3 Regional and Interregional workshops to present guidelines and exchange lessons learned	n/a	

challenges facing the care economy as part of COVID-19 recovery.			
Output 2.4 OP2.4 Technical support and capacity building provided to at least five Member States (one per region) to design and implement initiatives that place the care economy at the centre of social policy responses to COVID-19.	**Output 2.4** OP2.4 A global study on the care impact of COVID-19 on women, based on national studies and lessons learned	n/a	
Output 2.5 OP2.5 Channels established and operational for dialogue between countries and regions, to cooperate and share challenges and recommendations to not leave women behind in the process of recovery.	**Output 2.5** n/a	n/a	
Outcome OC 3 **Improved poverty measurement** Improved national capacity for producing timely and disaggregated poverty measures following internationally agreed guidance.		**IA 3.1** At least 8 countries develop and endorse strategies to improve the resilience or frequency of household surveys or the disaggregation of national poverty measures.	

		IA 3.2 90% of online meeting participants from at least 8 countries confirm improved knowledge and skills to produce disaggregated poverty measures.	
Output 3.1 OP3.1 Platform established and operational for exchange of knowledge, learning and solutions between national statistical offices and other national agencies at regional and global levels.	**Output 3.1** OP3.1 Platform established and operational for exchange of knowledge, learning and solutions between national statistical offices and other national agencies at regional level	**n/a**	
Output 3.2 OP3.2 Adapted survey tools developed, including questionnaires and technical guidance for enhanced data-collection under the COVID-19 limitations.	**Output 3.2** OP3.4 Guidance to apply nowcast methodology to produce timely estimations of poverty	**n/a**	
Output 3.3 OP3.3 Methodologies developed to produce forecasts of disaggregated poverty rates and simulate the impact of the crisis on poverty (monetary and multidimensional).	**Output 3.3** OP3.5 Simulation tools for measuring the impact of growth and distribution on monetary and/or multidimensional poverty and vulnerability	**n/a**	