**TERMS OF REFERENCE (TOR) FOR INSTITUTIONAL CONTRACTORS**

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| **PART I** | | |
| Purpose of Assignment | **Mental Health & Psychosocial Wellbeing real time monitoring by using Big Data source of information** | |
| Location of Assignment | Ukraine | |
| Duration of contract | 3 months | |
| Start date | From: 1 Oct 2021 | To: 31 Dec 2021 |
| Reporting to: | Anton Tovchenko, M&E Officer | |

**Background**

Generic information:

1. As of 20 August, there are a total of 2,275,171 confirmed COVID-19 cases (children make up 5% out of them), 53,474 deaths confirmed by the State authorities[[1]](#footnote-1).
2. On August 1, 2020, the government introduced adaptive quarantines measures depending on the level of the epidemiological situation dividing regions into several zones: green, yellow, orange, and red according to the level of epidemic risk of COVID-19 spread. Early September 2020, all schools reopened following strict sanitary protocol, however with regions shifting to red, schools were forced to close again. As of today, quarantine measures in Ukraine are extended till October, 1st 2021[[2]](#footnote-2).
3. As a result of the COVID-19 outbreak, the Ministry of Education and Science issued on March 12, 2020   
   a decree to close all the schools, leaving around 4.5 million children out of school.

With the closure of the schools, more 42,000 children, including children with disabilities, were sent back home from boarding schools. This was done without prior verification of the family conditions that the children returned to. Many children returned to homes where they are at risk of abuse and neglect and/or difficult economic conditions. Data provided by UNICEF partners indicates that one third of calls reported to national hotline for children, supported by UNICEF, relate to mental health and the psychosocial well-being of children. About 21 per cent of calls relate to violence against children. Without additional efforts to provide ongoing support to the vulnerable families, including IDPs, and to ensure access to social services and protection, it can be anticipated that there will be an increasing demand for institutionalization of children.

Globally school and college closures have conﬁned children and young people to their homes which has led to their growing uncertainty and anxiety[[3]](#footnote-3).

1. The psychosocial burden of COVID-19 has become increasingly evident in the last year as the effects of physical distancing, loneliness, grief, and job losses manifest. At a global level, 1 in 3 people are suffering from stress, anxiety, and or depression during the pandemic[[4]](#footnote-4). The pandemic has disrupted the delivery of mental health service globally. In 130 countries, about 60% of service providers reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%)[[5]](#footnote-5).
2. In Ukraine, mental disorders are the country’s second leading cause of disability burden in terms of disability adjusted life years and estimated to affect 30% of the population[[6]](#footnote-6). The prevalence of mental disorders in Ukraine is high, with one in three Ukrainians experiencing at least one mental health disorder in their lifetime. The pandemic has exacerbated mental health even more among youth and adolescents.

Rational:

1. During the COVID time it became challenging to use classical methods for Research, Study and Evaluation. Physical access for the data collection as well as the timeframe for developing methodology, collect, process and analyze data became major barriers. Moreover, the situation is evolving and changing on a daily basis. Thus, some information collected by classic method might be irrelevant.
2. Social media nowadays derives its meaning more from public insights than from just a means of communication. Since being initially developed for connecting people, social media has evolved into a completely new entity.
3. The overflow of posts, comments, likes and dislikes, followings and followers that appear from social media sources, like top 3 leaders - Facebook, YouTube, Instagram, vividly demonstrates the deployment of big data strategies. According to Statista, with 2.89 billion monthly active users in Q2 2021, Facebook is not going to lose ground and once again proves the effectiveness of big data analytical methods.
4. There is the pivotal necessity to operate these loads of information born every single moment. At present, government, humanitarian communities do care about what beneficiaries say, because feedback can help prove some of the decisions taken are going in the right direction or help to adjust/change.
5. Since mental health is a stigmatized topic, gathering information can be difﬁcult and sufﬁcient data on support and services is still missing. Despite available evidence and ongoing studies, the extent of the problem is still to be defined.
6. In light of growing awareness around mental health care and the pandemic - it is critical to reach adolescents at a wide-scale and cost-effective manner. The Internet is a powerful tool with the potential to reach adolescents where they are increasingly seeking entertainment, information, and support. The scope of research and interventions can further be replicated in other countries and for various topics that are relevant to adolescents’ needs.
7. It’s crucial to understand what mental health discourse, stigma and services look like among adolescents at a country- and local-level. By understanding their digital footprint, a larger strategy can be developed to inform interventions and policies around mental health care for adolescents
8. Public sector analytics can benefit from big data in terms of future predictions of beneficiaries behaviour and needs, particularly when possibilities of collecting data is limited and when circumstances are volatile, frequently changing.

**Objectives, Purpose & Expected Results**

The real time monitoring should inform interventions that reach adolescents in need. More speciﬁcally it will address the following problem gaps in evidence as outlined by UNICEF Ukraine:

1. **Insufﬁcient child and adolescent data on MHPSS data**. This monitoring should aim to ﬁrst understand adolescents’ attitudes and perception on mental health. This should inform a strategy and development of a cost-effective tool for monitoring mental health data that can help shape programs and policies.

This monitoring will strengthen and enrich the data being collected via the classical researches as SCORE[[7]](#footnote-7), Health Behavior In School-Aged Children[[8]](#footnote-8) [[9]](#footnote-9)

1. **Limited and constrained access to MHPSS**. Adolescents are increasingly turning to the Internet for education, entertainment, and information. The Internet provides unlimited potential to reach adolescents at their ﬁngertips - and in a large-scale intervention, adjust the provided materials and use the best channels for outreach.

This scope of this project aims to develop a cost-effective tool and process that collects, and analyses data related to:

1. **Understanding adolescents’ mental health causes and needs**. The digital ecosystem analysis should look at discourse around mental health (e.g. stigma, services), causes for mental health issues (e.g. unemployment, exams), most discussed mental health issues, and what people are searching for regarding services.
2. **Caregivers’ attitudes and perceptions towards mental health.** How caregivers are talking on social media about mental health needs and services for adolescents and their searches for information and support for adolescents is to be examined.
3. **Assess service providers’ engagement and best practices.** Together with UNICEF Ukraine analysis of up to 5 organizations and 3 campaigns in each country that work on mental health issues is to be done. Their outreach (e.g. social media engagement) and messaging to understand best practices and how to improve on services so it meets youth’s needs should be studied.
4. **Triangulate digital insights with other mental health data.** The digital insights should complement and validate data collected from other UNICEF sources, speciﬁcally its hotline, e-platform, and weekly surveys. This should strengthen solutions and help deliver them at scale.

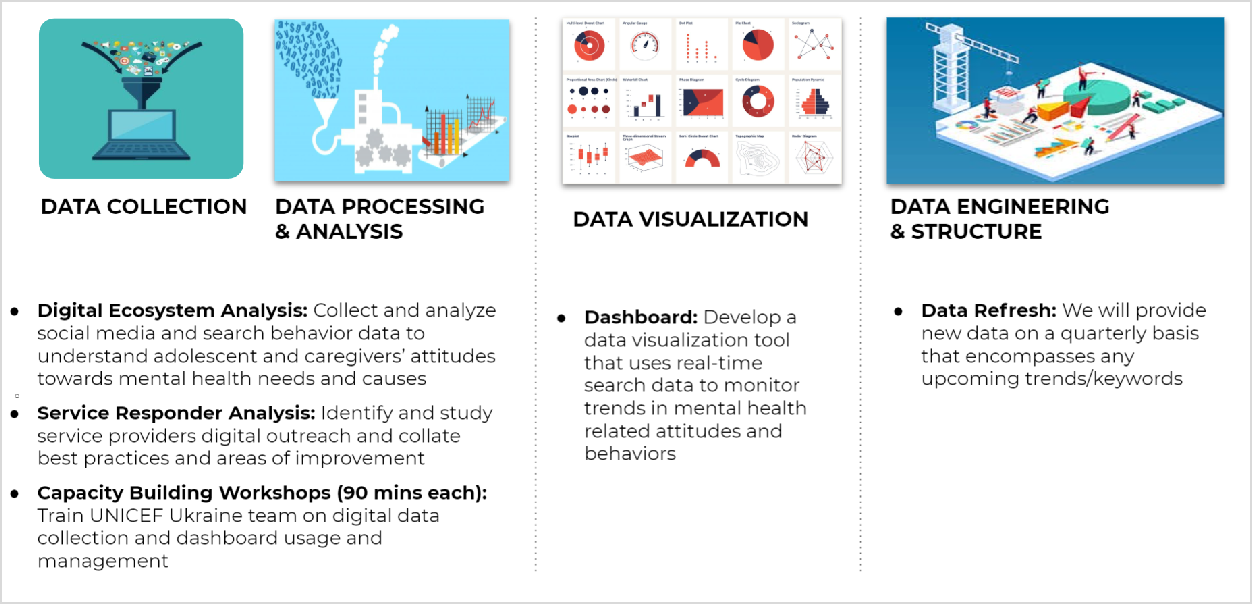
This data should inform meaningful, safe, and evidence-informed, low-cost solutions that increase access to mental health services. The digital insights and interventions will focus on addressing stigma, preventing mental health issues, and promoting positive mental health.

**Geography Scope: primary** the study will focus on one country with potential coverage of 2 more countries: Ukraine as a primary and potentially Kazakhstan and Tajikistan. This research should provide a framework that can be applied to other countries and programme topics. Countries will participate as observants and readiness plan, and will move ahead based on Ukraine experience

**Description of the Assignment**

The approach should ﬁrst gauge the digital footprint of adolescents through a digital ecosystem analysis and identify service provision.

This should inform a dashboard and capacity building workshops to equip the UNICEF Ukraine team, so data collection and analysis is sustained beyond the scope of this project.



1. **Digital Ecosystem Analysis**

The ecosystem analysis should set a digital baseline to compliment information on the 13 areas of risk[[10]](#footnote-10). This includes using terms from the 13 areas of risk as keywords (e.g. ‘coping with trauma’) when analyzing search behavior and social media. This will provide a comprehensive look at adolescents’ and caregivers’ digital footprint.

The research team should collect and denoise data from a cross-section of social media platforms (Facebook, YouTube, Instagram, Tik Tok, Twitter, Vkontakte, and Yandex), news, blogs and discussion forums and search behaviour reﬂecting the real information individuals are looking for. The machines should ingest and denoise millions of data points, giving qualitative, culturally backed insights at scale.

1. **Data Collection:** The research team should create a list of keywords/concepts/hashtags related to mental health that will help analyze individuals’ search behavior and the type of information they are seeking. The keywords will also include terms in the local language(s). It will then collect data from relevant digital platforms. This is usually categorised into three online behaviors: a) search, b) stated, and c) consumed . For search, the team should look at:

* Google, Bing, Yandex etc. to understand the real information individuals are looking for.

For stated and consumed behavior, the team should look at:

* Facebook, YouTube, Instagram, Tik Tok, Twitte etc. Finally, online news, blogs and discussion forums will also be covered to gain insights on what information online users ingest and publicly state about a topic.

1. **Data Processing and Analysis:** The collected data should be classiﬁed using proprietary machine learning models. The machines should analyse and denoise millions data points, giving qualitative, culturally backed insights at quantitative scale. Texts, images and video data points should be analysed by machines to help to identify the key concepts, ideas and values that circulate in their world regarding a particular topic. This also provides insight on what engages a certain audience and what they talk about.
2. **Sizing and Categories:** After collecting the stated, unstated and consumed data, then classifying it into text, image and video, machines together with research team, should look at the cultural context (the why), demographic analysis (age, gender, socio-economic background and location) and semiotic decoding (the how). Using the examples above, the team should be able to gain insights by:
3. The size of conversations around speciﬁc mental health illnesses (e.g. depression, anxiety) and any underlying causes that are discussed.
4. How adolescents express themselves across platforms in relation to mental health. For example, how they engage with discourse on Twitter versus post about on Instagram.
5. Categories in mental health (e.g. help-seeking) that may have grown or declined during the pandemic and speciﬁc keywords that have the highest search volume and rate of change.

Deliverable #1:

* *A Digital Ecosystem Analysis Report*:
* Size and demographic breakdown of conversations around mental health in each geography.
* Discourse across platforms and how each platform is used.
* How the media communicates about mental health.

1. **Service Responder Analysis**

In partnership with UNICEF Ukraine, the research team should identify several service organizations that address mental health. It should be examined how effective they are in engaging with audiences and compile best practices/recommendations.

1. **Identify organizations.** With UNICEF Ukraine, there should be identified up to 5 service organizations and 3 campaigns per country that address mental health issues.
2. **Analysis.** The research team should download images and tweets from the organizations’ social media handles and websites. The images and tweets should be run through the Emotion, Object, and Language AI. The analysis should provide an overview of how organizations are projecting themselves online and their tonality.
3. **Measure engagement.** The research team should rank service providers on the effectiveness of their communication through online engagement. Engagement will be measured by metrics such as follower count and average post interactions (likes and retweets). Based on the AI’s results and engagement - we will assess which organizations are receiving high and low engagement based on their online presence/proﬁles.

The Deliverable #2:

* *A service provider analysis report that:*
* Identiﬁes the gap between the demand for mental health services pre- and during- pandemic (based on search behaviour).
* Response of service providers online to the search demand.
* A list of recommendations based on effective service providers outreach and how others can improve.
* User journey - i.e. how do people ﬁnd these organizations.
* Analysis of website content.

1. **Dashboard and Data Refresh**

**Data Visualization.** The dashboard should ingest millions of search and social media data points. It should visualize in charts and word clouds, three different types objectives:

1. Through search and social media, it will depict the ongoing discourse around mental health. For example, what illnesses are most discussed and people’s perceptions of them.
2. The volume of searches for various mental health related services such as ‘therapist’ or ‘hotline’ that will help understand the demand and gap. It will identify keywords with the highest volume and those that are emerging.
3. For social media data, the dashboard will provide a snapshot of demographics around the mental health discourse. In particular it will provide an age, gender, and rural-urban skew.

The Deliverable #3

* *A dashboard* that provides monitoring data every quarter (for two quarters as a minimum). The dashboard should include social and search data that breaks down demographic skews and overall discourse and trends around mental health. The dashboard should include the digital ecosystem analysis for one country as a minimum with potential expand to 2 more countries.

1. **Capacity Building Workshops**

The research team should partner with UNICEF Ukraine and other regional ofﬁces to deﬁne the capacity building workshop agendas. These workshops can aim to cover the following:

1. Equip UNICEF Ukraine team with capacity abilities to use the dashboard and problem solve any technical issues.
2. Deep dive into how digital insights are important and leveraging them for programs and campaigns
3. Oversight on qualitative analysis of online data from an anthropological lens.
4. Using digital insights to identify audience segments based on their behaviour and attitudes towards mental health (e.g. proﬁle of those against mental health services or proﬁle of people who are advocates).
5. How to develop nudge messaging that can target each audience segment and shift behaviours.

The Deliverable #4

* Two capacity building workshops that ensure UNICEF Ukraine is equipped to leverage digital data for programs and policies. The workshops should provide training for using the dashboard and its refreshed data.

Geographical disaggregation of information: Where possible the data should be disaggregated by geographical locations as detailed as possible with acceptable data accuracy.

**Ethical considerations**

1. Potential contractors will need to agree to meet the standards set in the [UNICEF Procedure on Ethical Standard in Research, Evaluation, Data Collection and Analysis](https://www.unicef.org/media/54796/file) and Ukrainian Ethical consideration.
2. Potential contractors need to supply evidence of having undertaken ethics training or commit to undertake ethics training if capacity development is a priority and researchers with ethics training are unavailable.
3. Monitoring can identify relevant potential ethical issues and mitigation strategies relating to potential harms and benefits, informed consent, privacy and confidentiality and payment and compensation. If applicable, include specific considerations for research related to children and/or sensitive issues (such as violence against women and girls) and reference appropriate additional sources of guidelines and standards (e.g. UNICEF's guidance on children in research, WHO's guidance on violence research).
4. Ethical review will be undertaken if necessary.
5. It’s preferable that a contractor has a third party agreements with online platforms (Google, YouTube, Facebook, Instagram etc) which secures the digital data usage.

**Challenges and risks:**

1. Depending on the data source, country legislation and data collection methods there might be UNCEF ethical restrictions.
2. Information on the marginalized groups of population that are not using electronic devices with social media applications might be limited.
3. Information on sensitive topics (I.e. violence, abuse etc) that are not open/widely discuss in social networks might be limited.
4. Some bias on the provided information might be considered due to more representativeness of some groups of population depending on the data source
5. Big data science challenges facing humanitarian organizations <https://www.unhcr.org/innovation/10-big-data-science-challenges-facing-humanitarian-organizations/>
6. Depending on the data source the detailed disaggregation (by demographic, geographical dimensions etc.) might be limited.

**Deliverables, timelines and payment schedule**

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| --- | --- | --- |
| **Deliverables** | **Timeline** | **Schedule of Payment** |
| Detailed Inception Report (IR) in English | Estimated two weeks after contract signing | **30%** |
| Draft of Study Report in English *(compiled Digital Ecosystem Report and Service Responder Report)* | Estimated seven weeks after contract signing | **30%** |
| Online platform *(Dashboard + Capacity building workshops) and Final report* | Estimated twelve weeks after contract signing | **40%** |

The Contractor should propose a timeline to submit the deliverables in their implementation plan (in proposals).

**Reporting Requirements**

Contractor should submit the following reports:

* Inception Report
* Progress updates and Minutes of Meetings
* Draft and Final Report
* Training material
* Presentation material (ppt)
* Short Workshop report (upon the completion of the workshops)

All documentation should be submitted electronically, in English, to Anton Tovchenko, M&E Officer, [atovchenko@unicef.org](mailto:atovchenko@unicef.org)

**Location and Duration**

Tentative starting date for the assignment: 1 Oct 2021

Tentative finishing period for the assignment: 31 Dec 2021

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| **Activity** | **Duration** |  |
| 1. Producing a detailed Inception Report (IR) in English | two weeks |  |
| 1. Quality assurance (QA) review process of Inception Report; ethical review process | one week |  |
| 1. Digital Ecosystem Analysis +Report | five weeks |  |
| 1. Service Responder Analysis Report | four weeks |  |
| 1. Dashboard Development + Launch | six weeks |  |
| 1. Capacity Building Workshop #1. Preparation and delivery. | one week |  |
| 1. Capacity Building Workshop #2. Preparation and delivery. | one week |  |
| 1. Submission of the finalized report in English | one week |  |
| 1. Presentation of the monitoring study outcomes to UNICEF | one day |  |
| TOTAL\* | Twenty-one week\* |  |

\**Total number of weeks should not be treated as a cumulative figure and doesn’t equal the overall duration of  
the project. The project duration should make up approximately three months. It is foreseen that several activities are to be implemented in parallel.*

The timeframes are negotiable. Contractor should reflect the proposed timeframe in the workplan as a part of the application. Once contract is signed deliverables schedule may be shifted upon mutual decision between UNICEF and Contractor prior its occurrence but should stay withing the overall duration of the project.

**Qualification Requirements**

UNICEF is seeking to hire the Contractor, fulfilling the following requirements:

* Proven experience in conducting big data monitoring (not less than two years).
* Potential contractors shall provide evidences of their capacity in terms of the above.
* The Contractor shall provide CVs of a minimum leadership team: Team Leader, Key Experts.
* The proposed team must correspond to the minimum criteria – team composition and minimum experience of the proposed staff

*Leadership Team:*

* Master’s or equivalent degree in Management, Mathematic, Behavioural Science, Social Science, Communications or other relevant education.
* At least 2 years of experience in project management (for Team Lead).
* At least 2 years of experience in data science (for Experts).
* Fluent English languages (for Team Lead).

In case of deviation, the offers may be considered technically not compliant.

Potential contractors must provide the next information:

1. Basic details

|  |  |
| --- | --- |
| The full name of organization |  |
| Date of foundation |  |
| Address |  |
| Area of interest. |  |
| The total number of staff |  |
| The number of involved personnel (positions), including interviewers |  |
| Description and composition of the field team |  |

1. CVs of team members, who will be leading the project.
2. The list of company’s implemented projects (surveys, studies) relevant to the topic. The list should include the name of clients; the names of projects; the duration of projects; links to reports if they are publicly available.
3. A list of three contacts for references from different projects for the last three years.
4. Brief technical approach and methodology according to ToR, (5 pages maximum) including risk mitigation measures. Methodological brief should outline technical possibility to answer on key monitoring questions: What and How much?; Who?; Why and What?
5. Workplan.

**Evaluation process and methods**

*First, the Technical Proposals will be evaluated. The Technical Proposal was allocated a total possible score of 100 points (pt) using following criteria. Technical Proposals receiving 70 points or higher, will be considered technically responsive and the Price Proposal will be opened. Proposals which are considered not technically compliant and non-responsive, will not be given further consideration.*

|  |  |  |
| --- | --- | --- |
| **ITEM** | **TECHNICAL EVALUATION CRITERIA** | **MAX OBTAINABLE POINTS** |
| **1**  **1.1**  **1.2** | **Organization’s experience in relevant studies, surveys, assessments**   * *The number of studies, surveys, assessments* * *Relevance of studies, surveys or assessments to the ToR* | **20**  5  15 |
| **2**  **2.1**  **2.2** | **Appropriate methodology and plan of actions according to the ToR:**   * *Brief technical approach and methodology, including quality assurance (3 pages)* * *Detailed workplan* | **60**  50  10 |
| **3**  **3.1**  **3.2** | **Experience of staff that will work on the project**   * *Relevance of education* * *Experience in the relevant studies, assessments* | **20**  10  10 |
| **TOTAL TECHNICAL SCORE** |  | **100** |
| **TOTAL FINANCIAL SCORE** |  | **100** |
| **SUMMARY OF TECHNICAL & FINANCIAL SCORE** |  | **200** |

**Minimum technical score:70 points**

**FINANCIAL EVALUATION (100 points)**

*Only those financial proposals from bidders, who submitted technically acceptable technical offers according to the above criteria will be opened. The Financial proposal will be weighted based on the clarity and appropriateness.*

*The price should be broken down for each component of the proposed work. The total amount of points allocated for the price component is* ***100.*** *The maximum number of points will be allotted to the lowest price proposal that is opened and compared among those invited firms/institutions which obtain the threshold points in the evaluation of the technical component. All other price proposals will receive points in inverse proportion to the lowest price; e.g.:*

***Max. Score for price proposal \* Price of lowest priced proposal***

***Score for price proposal X = ---------------------------------------------------------------------------***

***Price of proposal X***

*The Contract shall be awarded to a bidder obtaining the highest combined technical and financial scores.*

*The ratio between the technical and the commercial criteria established in the RFPS is 70/30 (technical/commercial). Proposals not complying with the terms and conditions contained in this ToR, including the provision of all required information, may result in the Proposal being deemed non-responsive and therefore not considered further.*

**Administrative issues**

Price proposal budget

All interested institutions are requested to include in their submission detailed costs including:

1. Lumpsum for consultancy services based on this TOR and the consultant’s methodology and plan of actions according to the ToR with detailed breakdown to demonstrate:

* Daily rate of each team member including hours per day.
* Expenses (external and internal travel, data collection (field works), accommodation, interpretation and translation etc. Please include all relevant costs that are required for this exercise) to be agreed prior to commencing project. The consultant should note that in case data collection (field work) will be revised jointly with UNICEF in course of project implementation, the quoted rates will be applicable during the revision process. In case the travel plan will have to be revised during the project implementation due to possible unpredictable travel restrictions caused by covid-19 developments – the travel expenses is a subject for revision with UNICEF and deduction from the lumpsum cost of the activity or reorganizations of expenses that should be justified and agreed with UNICEF before they are incurred.
* Any additional requirements needed to complete project or that might have an impact on cost or delivery of products.

1. The consultants would be required to use their own computers, printers, photocopier etc.
2. A subset budget for a pilot topic (mental health) is required to be provided.

It is suggested to submit budget proposal in the following structure that should include more detailed cost disaggregation, as described above:

|  |  |
| --- | --- |
| **Component** | **Estimated Cost** |
|  |  |
|  |  |
| … |  |

Travels

All travel costs should be planned properly in the technical proposal and included in the financial proposal. Please note that if selected, the Contractor will arrange (if necessary) all visa formalities. UNICEF will be unable to secure travel visas.

It is essential that:

* travel cost shall be calculated based on economy class travel, regardless of the length of travel;
* costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC);
* travels and other incidental expenses that were not known ex ante or any additional costs with regards to the travel expenses submitted in the proposal should be justified by the Consultant and accepted by UNICEF before they are incurred. Such expenses may be paid as reimbursable against actual cost incurred, in these cases, necessary documentation shall be submitted with the invoice for reimbursement (e.g. proof of airline ticket purchased).

**Project Management**

M&E section of the UNICEF Ukraine CO will be responsible for the project management.

Focal point – Anton Tovchenko, M&E Officer,

UNICEF as commissioner takes the accountability of the study.

**The UNICEF M&E team will have the following responsibilities:**

* to review TOR and make recommendations.
* to ensure that study process meets the standards of quality and apply the procedures outlined in the SOPs for Quality Assurance and Ethical Standards in UNICEF-supported RSEs towards results for children in the CEE/CIS Region, like Procedure for Quality Assurance in UNICEF Research, UNICEF Evaluation and Research policies and other relevant guiding documents.
* to review inception report, final report and online platform to ensure they meet UNICEF’s quality assurance and ethical standards.
* to provide technical advice and support to the study process.

**The Research Manager will have the following responsibilities:**

* Lead the management of the study process throughout the study (design, implementation and dissemination and coordination of its follow up).
* Facilitate the participation of those involved in the study design.
* Coordinate the selection of the Contractors.
* Provide the Contractor with overall guidance as well as with administrative support; Oversee progress and conduct of the study, the quality of the process and the products.
* Approve the deliverables and evaluate the Contractor’s work in consultation with RSE Steering Committee.

**The Contractor** will report to Research Manager and conduct the study by fulfilling the contractual arrangements in line with the TOR, RSE norms and standards and Ethical Guidelines; this includes developing of a study (implementation) plan as part of the inception report, drafting and finalizing the final report and other deliverables, and briefing the commissioner on the progress and key findings and recommendations, as needed.

**The Contractor** should also adhere to UNICEF’s RSE Policy, to UNEG’s ethical guidelines for UN evaluations and to UNICEF Reporting Standards. Contractor members will sign a no conflict of interest attestation.

**The Contractor** must demonstrate personal and professional integrity during the whole process of the study. Contractor must respect the right of institutions and individuals to provide information in confidence and ensure that sensitive data cannot be traced to its source. Furthermore, the Contractor and its members must take care that those involved in the study have an opportunity to examine the statements attributed to them. The study process must be sensitive to beliefs, manners, and customs of the social and cultural environment in which they will work. Especially, the Contractor must be sensitive to and address issues of protection, discrimination, and gender inequality. Furthermore, the Contractor members are not expected to assess the personal performance of individuals and must balance an assessment of management functions with due consideration of this principle. Finally, if the Contractor uncover evidence of wrongdoing, such cases must be reported discreetly to the appropriate investigative body.

The study should follow UN Research and Study Norms and Standards – including ensuring that the planned study fully addresses any ethical issues.

**Communication and dissemination**

The monitoring result will be disseminated by UNICEF to the Regional Office (RO) and Country Office (CO) senior management. The findings will be discussed at the management team meetings. The plan for dissemination and advocacy of the monitoring result will be cleared by the M&E team. This exercise will feed into the Real-time Assessment ECARO Evaluation Team is conducting.

**Any other Information**

**Annex 1.** Criteria for Ethical Review Checklist

**Criteria for Ethical Review Checklist**

Does this evidence generation project/programme need to go through an ethical review process?

|  |  |  |
| --- | --- | --- |
| Does the project/programme Involve: | Yes | No |
| Children as participants, researchers and data collectors? |  | No |
| Specifically targeting persons with an illness, disability, mental health issue or persons in institutions? |  | No |
| Targeting and involving a group that may be perceived as vulnerable within the local context (e.g. women, minority groups, persons with HIV/AIDS, the economically and educationally disadvantaged, persons in institutions, trafficked persons, persons who have or are experiencing violence? | Yes |  |
| Primary research within humanitarian contexts (that is not routine monitoring/administrative data)? | Yes |  |
| Specifically exploring issues related to violence, abuse or trauma? | Yes |  |
| Health-based assessments, diagnoses and treatments as part of the evidence generation programme? |  | No |
| Data analysis of restricted access or non-anonymised data of individuals? |  | No |
| Secondary data analysis where the findings may be sensitive? | Yes |  |
| Merging of databases that will result in personal information becoming identifiable? |  | No |
| The measurement and collection of health-related data, including assessments, diagnoses and the collection of biological samples? |  | No |
| Primary data collection that involves questions on Violence, Abuse, Prostitution, Female Genital Mutilation, Political views, HIV/AIDS, Reproductive, sexual, reproductive and mental health? |  | No |
| Primary data collection that involves questions that may be considered private or sensitive in the local context? |  | No |
| Eliciting opinions for which fear may exist of public disclosure resulting in limitations to future freedoms and access to services? |  | No |
| Randomised Control Trials involving the provision of cash transfers, or other goods and services, to one group and not to another group? |  | No |
| The implementation of MICS within your country? |  | No |

**Annex 2.** List of secondary data

1. UNICEF Strategic Plan

<https://www.unicef.org/media/48126/file/UNICEF_Strategic_Plan_2018-2021-ENG.pdf>

1. UNICEF Ukraine Country Office Country Programme <https://sites.unicef.org/about/execboard/files/2017-PL9-Ukraine-CPD-ODS-EN.pdf>
2. UNCIEF COVID-19 Global response appeal [2021-HAC-COVID19-Chapeau.pdf (unicef.org)](https://www.unicef.org/media/94461/file/2021-HAC-COVID19-Chapeau.pdf)
3. UNICEF COVID-19 Regional response appeal [2021-HAC-ECA.pdf (unicef.org)](https://www.unicef.org/media/88026/file/2021-HAC-ECA.pdf)
4. UNICEF Ukraine Conflict SitReps <https://www.unicef.org/appeals/ukraine/situation-reports>
5. UNICEF Ukraine COVID-19 SitReps <https://www.unicef.org/appeals/eca/situation-reports>

**Annex 3.** Background. Additional.

1. As a result of the COVID-19 outbreak, the Ministry of Education and Science issued on March 12th 2020 a decree to close all the schools, leaving around 4.5 million children out of school. While the Government launched – with UNICEF support - television lessons for Grades 1-11 to ensure the continuity of education, distance education options remain challenging for children with disabilities, as well as for those living in frontline communities in eastern Ukraine and/or remote communities with limited connectivity and informational technology equipment. On May 25th 2020, following a decision of the Cabinet of Ministers, preschools re-opened based on a phased approach in line with both national and local epidemiological situations.
2. The restrictions on travel between the government and non-government-controlled areas during the peak of the outbreak have had major implications for people in need of essential services. Particularly, the health and education services that people living in NGCA usually seek in the GCA locations. The quality of the health and education services are better in GCA, therefore many people rely on these services and cross the line of contact. The movement restrictions also meant that hundreds of high-school graduates living in NGCA did not have the chance to attend the university entrance exam in Ukraine and impeded thousands of people to access their pension and other social benefits that they receive in GCA locations, which further increase disparities and poverty. On June 10th the contact line from the GCA has reopened, however the situation at the Entry-Exit Checkpoints (EECPs) remains uncertain, with large crowds gathering in anticipation of crossing, without proper social distancing[[11]](#footnote-11). From June 28th, the de facto authorities in Donetsk suspended the opening of the EECPs into Donetsk, leaving only checkpoint - the pedestrian checkpoint in Staniska Luhanska into Luhansk NGCA open at this stage.
3. On the economic front, the COVID-19 outbreak hit Ukraine half-way in its reform efforts with modestly growing economy and an ongoing conflict in the Eastern part of the country. As Ukraine enters the third month since the first quarantine measures were imposed, the economic and social situation has increasingly deteriorated, with the greatest impact on women, youth, low-wage workers and vulnerable groups who were already at risk, as well as on small and medium-sized enterprises (SMEs) and the informal sector.
4. According to a macroeconomic forecast by the Cabinet Ministers of Ukraine and UNICEF projections, the poverty rate in Ukraine is expected to increase significantly in 2020 due to the economic downturn caused by the COVID-19 pandemic, with 6.3 million more people falling into the poverty, of whom 1.4 million will be children. The analysis indicates that absolute poverty is likely to increase from 27 per cent to 44 per cent. The impact on child poverty is estimated to be even larger: the expected rise is from 33 per cent to 51 per cent be children[[12]](#footnote-12).The economic repercussions of COVID-19-related measures on the conflict-affected areas of eastern Ukraine have impacted households in many ways: most families along the contact line were impacted by higher prices of food and hygiene items, almost one-third of businesses in eastern Ukraine (GCA) have not been able to re-open since the easing of COVID-19-related restrictions and unemployment rates are reported as considerably higher than the same period in 2019.

1. <https://phc.org.ua/kontrol-zakhvoryuvan/inshi-infekciyni-zakhvoryuvannya/koronavirusna-infekciya-covid-19> [↑](#footnote-ref-1)
2. <https://covid19.gov.ua/karantynni-zakhody> [↑](#footnote-ref-2)
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7444649/> [↑](#footnote-ref-3)
4. <https://reliefweb.int/report/world/how-can-we-tackle-growing-covid-19-caused-mental-health-crisis> [↑](#footnote-ref-4)
5. <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey> [↑](#footnote-ref-5)
6. <https://documents1.worldbank.org/curated/en/310711509516280173/pdf/120767-WP-Revised-WBGUkraineMentalHealthFINALwebvpdfnov.pdf> [↑](#footnote-ref-6)
7. <https://scoreforpeace.org/en/ukraine/publications> [↑](#footnote-ref-7)
8. [Український Iнститут Соцiальних Дослiджень :: HBSC (uisr.org.ua)](http://www.uisr.org.ua/hbsc) [↑](#footnote-ref-8)
9. [HBSC](http://www.hbsc.org/) [↑](#footnote-ref-9)
10. Areas of risk includes: Individual Area (exposure to severe distress/trauma, Daily stressors and post-conﬂict hardships, Resilience; Family/Caregivers Area (Caregiver mental health & compounded stress, Alcohol and substance-use within household, Parent-child relationships , Caring for caregivers); Education Area (Access to safe and supportive schools); Community Area (Stigma, Social support); Multiple levels Area (Violence against children and GBV, Children’s participation, multi-layered approaches). [↑](#footnote-ref-10)
11. UNHCR, Flash COVID-19 update n.9 , 11 June 2020, <https://reporting.unhcr.org/sites/default/files/UNHCR_Flash_COVID19_Update_Situation_Ukraine_n9_FINAL.pdf> [↑](#footnote-ref-11)
12. Child poverty analysis, March 2020 [↑](#footnote-ref-12)