

UNICEF BULGARIA COUNTRY OFFICE
TERMS OF REFERENCE
FOR
INTERNATIONAL CONSULTANT FOR CONDUCTING AN
EVALUATION OF THE SERVICES CHILD ADVOCACY AND SUPPORT
CENTERS “Zona ZaKrila” SUPPORTED BY UNICEF BULGARIA CO

Start date of consultancy: October 2019

End date of consultancy: May 2020

Total number of days: up to 55 days

1. CONTEXT AND BACKGROUND

Over the past decades recognition of violence against children (VAC) has grown and Bulgaria has been addressing the issue of VAC at multiple levels to ensure prevention, identification, reporting, response and redress through stakeholders at multiple levels of government, judiciary, civil society, academia, and professionals.

Since the adoption of the Child Protection Act in 2000 Bulgaria has been building a nation-wide child protection system, which also addresses issues related to prevention, identification and response to violence against children. Progress has been made with regard to knowledge generation; development and implementation of prevention programmes and services; raising sensitivity and awareness; coordination and referral mechanisms; support to children victims of violence and abuse; monitoring and inspection system.

In terms of legislative and policy framework to protect children from violence, the main acts¹ establish obligations that are generally aligned with article 19 of the UN Convention on the Rights of the Child.

Amongst the administrative measures that have been put in place, the legal framework provides for measures and mechanisms to identify, report, refer and investigate cases of violence against children as well as coordination and cross-sectorial mechanisms at different administrative levels. However, among the gaps is the lack of mechanisms for prevention and response services to promote the physical and psychological recovery and social integration of child victims of violence (as per article 39 of the Convention on the Rights of the Child).²

Detailed information on the available services for identification and protection against violence include community-based and alternative care services could be found in the chapter on the UNICEF Situation analysis of children and women in Bulgaria³

¹ Child Protection Act, Family Code, Social Assistance Act, Pre-school and school education act, etc

² Analysis of the child protection system in Bulgaria, Final man report, Fresno, the Right Link and PMG Analytics, July 2019

³ <https://www.unicef.org/bulgaria/en/reports/situation-analysis-children-and-women-bulgaria>

Gaps in coordination are preventing multidisciplinary teams at the local level from functioning properly. The UN Committee for the Rights of children expresses in its last concluding observations to Bulgaria concerns that there are insufficient services for children who have experienced violence. It is further concerned at prevailing societal attitudes that consider domestic abuse to be a private matter⁴.

It should be also noted, that human rights and particularly child rights have been challenged in the past couple of years in Bulgaria. This led to the non-ratification of the Council of Europe's Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention) and the blocking of the draft Strategy for the Child 2019-2030 and is a serious challenge to the advancement of reforms related to child rights.

UNICEF role.

In 2014, during the second year of implementation of the CPD for the period 2012 – 2017 UNICEF Bulgaria focused considerable efforts on the issues related to violence against children in the country. A determinant analysis of the issue of VAC and the capacity of the country to address it was carried out by a consultant. Based on the analysis, UNICEF, with the support of the consultant, developed a Theory of Change, defining the building blocks and pathways required to bring positive change in the area of VAC. The Theory of Change described the types of interventions that could lead to positive outcomes and impact on VAC in Bulgaria. Based on the determinant analysis and the ToC were developed a programme intervention in the area of VAC, namely for development and piloting of integrated service for children victims and witnesses of violence.

UNICEF went through a process of consultation and identification of partners to develop a methodology for an integrated service for children victims and witnesses of violence and crime, following the suggested best practice model of the Child and Youth Advocacy Centres in Canada and pilot the model. Programme Cooperation Agreements were signed with two NGO partners and 3 pilot services were opened in three regions of the country: Montana (September 2015), Sofia (October 2015) and Shumen (January 2016).

In July-September 2016, a review and assessment of the work of the Child Advocacy Centres was carried out which resulted in a report with observations and recommendations towards partners.

During the current partnership between UNICEF and the Government of Bulgaria for the period 2018 – 2022 which places a significant attention to strengthening the national capacities to prevent, identify and respond to violence against children, UNICEF continues the support for the Child Advocacy Centres.

Determinants Analysis and Theory of Change on Addressing Violence against Children in Bulgaria, Documents on the "Best Practice Model of Child and Youth Advocacy Centres, CPD 2018 – 2022 and Mission Report for Violence Against Children Consultancy for UNICEF Child

⁴https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBGR%2fCO%2f3-5&Lang=en

Protection Unit, Bulgaria assessing the work of the Child Advocacy Centres (2016), as well as other reports, analysis and any pertinent data and UNICEF and partners documentation will be provided to the successful applicant.

Full description of the structure, functions and activities of the CACs is provided in Appendix 1 and a ToC for the services is Appendix 2, part of the current ToR.

II. PURPOSE OF THE EVALUATION

The purpose of the evaluation of the model service Child Advocacy Centers “Zona ZaKmila” is to lead to improvement of the structure, functioning and quality of the services, and eventually to ensure their national scale up and sustainability through their legal and administrative institutionalisation and state budgeting.

The main audience of the evaluation will be UNICEF CO, service providers (both the NGOs providing the three services and other service providers – NGOs and Municipalities), the key state authorities at national and local level, Parliamentarians and civil society.

It is planned the evaluation to be supported by a Reference Group, consisting of representatives of Ministry of Labour and Social Policy, Agency for Social Assistance, State Agency of Child Protection, Ministry of Interior, Prosecutor’s Office, local authorities in Sofia, Shumen and Montana and service providers. The group will support and oversee the evaluation process, as well as will review the findings and recommendations.

III. EVALUATION OBJECTIVES

To conduct an independent evaluation of the model and services provided by the Child Advocacy Centers (CACs) Zona ZaKmila for children victims of violence and their families, established with UNICEF support in Sofia, Shumen and Montana regions.

The evaluation is both formative and summative in nature - the overall evaluation should bring an understanding and improvement of the process and also on whether the model works.

The specific objectives will be:

- Assess and evaluate the model, its implementation relevance, efficiency, effectiveness and sustainability and, to the extent possible, its impact on children and parents;
- Assess the CACs equity and child rights perspective both in terms of the capacities to reach out to and deliver prevention and support services to victims of violence.
- Identify and document lessons learnt, including in terms of service design, scope of support provided, resourcing, implementation, reach, involvement of state partners (police, child protection system, educational system and health system), for meeting the complex needs of children and parents.
- Identify the enablers and challenges for institutionalising and upscaling the service nationally.
- To assess the situation with VAC in a municipality without comparable services.
- To examine the relationships and integration of the services into the local systems of services for children and parents in Sofia, Shumen and Montana regions.
- Provide recommendations for the process of institutionalizing and scaling up of the CaC model and services nationally and for actions to ensure their quality and sustainable implementation in the future.

The provisions of the UN Convention on the Rights of the Child, including the Concluding observations to Bulgaria, and the other key human rights documents should guide the process of the evaluation, together with design of the methodology, implementation and analysis. The evaluation should also be designed and carried out to assess the equity dimensions of the interventions, as well as gender equality.

IV. EVALUATION SCOPE

The evaluation will focus on the three CACs, established with UNICEF support and will cover the period April 2015 – present.

Geographical coverage of the evaluation includes the regions of Sofia, Shumen and Montana. Additional region or municipality without comparable service should be also be included to serve as a landmark of CACs` impact. The evaluation shall include the perspective and views of all relevant stakeholders: children, parents, who benefited from the services, children and parents who did not benefit from services but fall within the target groups, local providers of social and health services (general practitioners/paediatricians, hospital staff, social service providers), representatives of the regional police authorities, child protection service, education sphere, judicial system. Additional meetings with key stakeholders at national level such as MLSP, ASA, SACP, MoI, MoJ, MoH, MoE, Prosecutor`s Office etc. should be also covered.

The Human Rights Based Approach (HRBA), equity and gender equality and mainstreaming approaches also need to be assessed. Particular attention should be paid to exploring equity dimensions of the intervention. For UNICEF equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias or favoritism. Equity-based evaluation provides assessments of what works and what does not work to reduce inequity, and it highlights intended and unintended results for the most vulnerable groups as well as the inequalities in the outcomes for vulnerable children and families. To the extent possible access to quality support and outcomes for different subgroups of vulnerable children and families should be explored in the evaluation (based on ethnicity, residence, setting – institutional/family, gender, disability, etc.) and the groups least reached identified.

V. EVALUATION FRAMEWORK AND QUESTIONS

The evaluation will assess the CACs in terms of the following criteria: relevance to the child rights and equity agenda, effectiveness, efficiency, relevance to national priorities/context and needs, sustainability, and impact (as defined by OECD/DAC).

Below are given indicative questions to guide the evaluation but the Consultant may further expand and refine them during the inception phase in consultation with UNICEF and implementing partners and the Reference Group. The need of assessment of relevant human rights, equity and gender equality aspects should be considered while formulating the questions. Regional dimension (with respect to the three regions of implementation) should be explored as well.

<p>Relevance: <i>the extent to which the objectives of the service address the real problems and the needs of the target groups and country priorities.</i></p>	<p><i>Questions to be explored include:</i></p> <ul style="list-style-type: none"> • To what extent the CACs (objectives, strategies, activities, etc.) are aligned with the government policy priorities/policies/reforms agendas in the areas of prevention and response to VaC? • To what extent the CACs and approaches to delivery of support are evidence-based, correspond and address actual needs of children, families and communities in the three regions and nationally? • To what extent the services are important for and relevant to the needs of the most vulnerable children and families? • Is the design of the model services and the activities appropriate for achieving the intended results and outcomes? • Has the model service design and implementation been aligned with the CRC principles (non-discrimination, best interest of the child, the right to life, participation), gender mainstreaming and Human Rights Based Approach (HRBA) to programming? Did it contribute towards gender mainstreaming and HRBA?
<p>Effectiveness <i>The positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended.</i></p>	<ul style="list-style-type: none"> • Have the services achieved/or are likely to achieve the planned objectives? To what extent the objectives are realistic? • To what extent the target groups have been reached? Have the services been able to reach out to the most vulnerable groups of children and pregnant women? • What are the key benefits for children and families who received support from the services? Are different groups (based on ethnicity, socio-economic profile, urban-rural residence, children with special needs, etc.) benefitting to the same extent of the services? • What factors affected the effectiveness of the services and their impact on families and children? What factors affected the effectiveness in relation to the most vulnerable groups? • What factors (e.g. political, social, gender and cultural, social norms, systemic, or related to the service design and implementation, professional practices) were crucial for the achievement or failure to achieve the service objectives in the three regions so far? • Have services provided any additional (unintended) significant contribution to or effect on families and children, including on vulnerable families and children? • How effective were the capacity building activities targeting the staff of the demonstration services? • What is the level of satisfaction of the Children, young people and parents who benefited from the services? What are their views for improving the service?
<p>Efficiency: <i>a measure of how economically</i></p>	<ul style="list-style-type: none"> • To what extent have UNICEF and the implementing partners used the available human, financial and technical resources in the most efficient manner? • Would there have been a more cost-effective way to achieve the expected results?

<p><i>resources/ inputs (funds, expertise, time, etc.) are converted to results.</i></p>	<ul style="list-style-type: none"> • How well the establishment and implementation of the services was planned and managed? • Were the services coordinated with other similar programme interventions, including of UNICEF (for example Family Consultative centres established in Shumen and Montana with UNICEF support, others) to encourage synergies and avoid overlap? Was there any overlap of efforts? • To what extent the data collection and monitoring activities performed by UNICEF informed and contributed to improving the implementation of project activities and achievement of results?
<p><i>Sustainability: The continuation of the benefits after the end of the intervention. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time</i></p>	<ul style="list-style-type: none"> • To what extent has UNICEF been able to support its partners in developing capacities and establishing mechanisms to ensure ownership of the service, both on national and subnational level? • Are legal, institutional and financial mechanisms established to ensure sustainability of the Child Advocacy and Support Centers. Are conditions established to ensure quality of the services (service standards, training, supervision mechanisms, etc.)? • What are the key factors that can positively or negatively influence the institutionalisation and long-term financial sustainability of the services? • What specific recommendations could be given that would contribute to the sustainability of the services – financial and institutional? • How sustainable are the results achieved for children? • What conditions need to be put in place to ensure the provision of quality specialised prevention and response to VaC services and results for children and parents, in terms of resources (human, financial, material), human resource development, institutional linkages within the child protection system and with other sectors, etc.)?
<p><i>Impact: The positive and negative, primary and secondary long-term effects produced directly or indirectly, intended or unintended.</i></p>	<ul style="list-style-type: none"> • To what extent did the services contribute to long-term positive changes in wellbeing of children and their parents? Are there any differences in terms of the impact on the most vulnerable children and families? • To what extent did the services contribute to increasing parent and community demand for such service, including of the most vulnerable groups? Are there any differences in the impact in the three regions? • To what extent and in which areas the services had significant impact? Are there any sub-group differences? • What factors favourably or adversely affected the impact of the services on children and parents, including on the most vulnerable? • To what extent the services are recognised by the target group and the population in general in the three regions? • What worked and what did not work to reduce inequities (in child outcomes, access to and utilisation of essential service, etc.)? What are the reasons for this?

Partnerships and cooperation:	<ul style="list-style-type: none"> • To what extent have partnerships been sought and established and synergies created to support the work of the services? • Were efficient cooperation arrangements established between UNICEF and partners (NGOs, governmental institutions, municipal institutions, professionals, other partners)? • Have any new partners emerged that were not initially identified? • To what extent the services were integrated in the existing local systems of services (health, social, and educational) for children and parents and how well they coordinated efforts for meeting the complex needs of children and parents?
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Issues related to the Human Rights-Based Approach to Programming, Equity, Results-Based Management and Gender Equality will be addressed across the evaluation questions or, if required, developed as specific points as per United Nations Evaluation Group (UNEG) Guidance on Integrating human-rights and gender equality in evaluation (see link below) and complies with the organization's commitment to gender mainstreaming as expressed in the Policy on Gender Equality and the Empowerment of Girls⁵.

VI. METHODOLOGY AND PHASES

The evaluation will follow internationally agreed evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability.

Mixed method approach will be applied in the evaluation combining qualitative and quantitative components to ensure complementary strengths and non-overlapping weaknesses. The analysis is expected to build on information collected from variety of sources through different methods including review of administrative data, primary data collection from government representatives, representatives of local authorities and service providers, judiciary, community members, staff and managers of the CACs, case studies and others. It should critically examine the information gathered and synthesize it in an objective manner. If contradictory information is obtained from different stakeholders, an effort should be made to understand the reasons for such information, including any gender-based differences.

The evaluation should be participatory involving service users, representatives of the target groups (who have not used the service) and members of the communities. Methods, data collection tools and analysis should build on a human rights and child rights approach and should be gender and culturally sensitive.

The evaluation results will be validated with national partners and key stakeholders.

Inception Phase: The first step of the evaluation process will be the inception phase during which the Consultant will develop an evaluation framework, methodology, sources of information (including stakeholders to be involved) and data collection tools based on the TOR. For each of the questions and sub-questions, the Consultant will develop indicators to inform the responses and identify the corresponding means of verification. In addition, the Consultant

⁵ http://www.uneval.org/documentdownload?doc_id=980&file_id=1294

will assess potential limitations to the evaluation work and the availability and reliability of data. During the inception phase the Consultant will also examine any ethical issues that may arise and propose appropriate mitigation strategies.

A Desk Review of relevant available reports and if necessary laws, policies and strategies, official and administrative information, service documentation (methodology, progress and statistical reports, training and supervision reports, monitoring electronic database, other). The necessary documentation related to the demonstration services will be provided by UNICEF and the respective local partners in English. Administrative data or other available data sources will be verified and analysed to confirm system level results and impact.

Primary data collection: Primary data will be collected at regional level – in the regions of Sofia, Shumen and Montana, through in-depth, semi-structured interviews, individual face to face interviews/questionnaires, focus group discussions and case studies. The international consultant should ensure that the methodology allows for exploring the views of representatives of different stakeholders: representatives of the Child protection departments, Police, Prosecutors and Judges, teachers, child protection services, health and social service providers, staff of the CACs services, service users, representatives of the target group and community members. In addition, evaluation data on and from service users/community members with different socio-economic, ethnic and residence (urban/rural) profile should be collected as well to assess equity dimensions of the interventions. The methodology and data collection tools should also consider language difficulties experienced by some ethnic groups whose mother tongue is not Bulgarian (Turkish and Roma).

The possibility to use electronically administered questionnaires should be considered if applicable.

At national level, data will be collected from relevant national stakeholders from the Ministry of Labor and Social Policy, Agency for Social Assistance, State Agency for Child Protection, Ministry of Interior, Ministry of Justice, Judiciary, others.

Data analysis and report writing: the process will start at the inception phase when the Consultant will propose a detailed methodology and the structure of the final report. Data analysis will progress simultaneously with the desk review and the in-country data collection. Draft final report will be reviewed by UNICEF CO and national stakeholders as well as an external quality review company. Consultant will incorporate the received comments and submit the final report to UNICEF Bulgaria.

General considerations: The methodology of the evaluation should be in line with the United Nations Evaluation Group (UNEG) Norms and Standards. UNEG Norms and Standards and UN Evaluation Policy (attached).

Data/information sources:

Official state institutions and UNICEF are the main sources of data and information for the purposes of the evaluation and are therefore considered reliable and of sufficient quality. Disaggregated data (based on ethnicity, socio-economic status, gender, disability, etc.) may not always be available through the official sources and the Monitoring system of the demonstration services.

Available documentation:

- Service documentation – initial and updated project descriptions and plans, statistical data on service implementation, supervision and training reports; service methodology and service database;
- MoUs and other agreements related to the demonstration services;
- National strategic and policy documents in the area of child protection and Violence prevention and response;
- Statistical data of the National Statistical Institute, Agency for Social Assistance, State Agency for Child Protection, e Ministry of Interior, Prosecutor’s Office, etc.;
- Situational Analysis of Children in Bulgaria, UNICEF, 2018;
- Any other studies, assessments and relevant documents available or that may be provided by the partners;
- Determinants Analysis and Theory of Change on Addressing Violence against Children in Bulgaria;
- CPD 2018 – 2022;
- Mission Report for Violence Against Children Consultancy for UNICEF Child Protection Unit, Bulgaria.

All needed documents in English, together with a contact list of key stakeholders whose views should be taken into consideration, will be provided to the Consultant once a contractual agreement has been made.

Limitations of the evaluation

An evaluability assessment with all the partners hasn’t been conducted. However, despite some data gaps there is available information to conduct a formative evaluation. Data sources being different from country to country, trends analysis will be preferred over comparison.

The limitations consist of lack of sufficient quantitative data on VAC in Bulgaria, as well as standardised tools for collecting such data on population level may constrain the analysis of the impact of the services on child outcomes. This can be mitigated by collecting information from CACs staff and through analysis of case studies.

The level of disaggregation of available data and the quality of data provided by the monitoring system of the demonstration services may not be sufficient to assess equity dimension. This limitation can be addressed by ensuring the participation of the most vulnerable families in the evaluation process through appropriate data collection methods and tools.

VII. TENTATIVE WORK PLAN AND EVALUATION MANAGEMENT

The evaluation will take place over the period **October 2019 – May 2020** and will include the following activities, for a total 55 consultancy days:

Activities	Responsible	Expected Timeline
INCEPTION PHASE (16 days)		
<i>Desk review of reference material and mapping of relevant stakeholders</i> UNICEF team will support the compilation of the most important background material, documents, and reports related to the object of evaluation. Documents will be provided in English.	International consultant (5 days-remote).	11 of November 2019
<i>Development of the inception report</i>	International consultant (7 days - remote)	9 of December 2019
<i>Review and feedback on the draft inception report</i>	UNICEF and the Reference group	10 of January 2020
<i>Submission of the final inception report</i>	International consultant (3 days - remote)	15 of January 2020
<i>Presentation of the evaluation methodology to the Reference group</i>	International consultant (1 day – in country)	January 2020
EVALUATION – IMPLEMENTATION (15 days)		
<i>Orientation/training of the national consultants to support the evaluation</i>	International consultant (1 day – in country)	January 2020
<i>Data collection</i> <ul style="list-style-type: none"> Collection of evaluation data (primary and secondary) is expected to be carried out through different techniques, including desk-reviews, in-depth and semi-structured interviews, questioner (survey) and focus group discussions. Protocols/transcripts of interviews, focus groups and data/ collection (survey) results. 	International consultant (7 days – in country) National consultants	January 2020
<i>Provision of methodological support and supervision to the national consultants</i>	International consultant (2 days, remote)	January 2020
<i>Data analysis</i>	International consultant (5 days) National consultants	February 2020

EVALUATION REPORTING (20 days)		
<i>Development of the 1st draft evaluation report</i>	International consultant (15 days - remote) with inputs from the national consultants	February 2020
<i>Review and feedback from UNICEF</i>	UNICEF team	March 2020
<i>Development of the 2nd draft of the evaluation report</i>	International consultant (3 days - remote)	March 2020
<i>Review and feedback from UNICEF and the Reference group</i>	UNICEF CO and RO team Reference group	March 2020
<i>Submission of the Final Evaluation Report, including a summary</i>	International consultant (2 days - remote)	March 2020
DISSEMINATION (1 day)		
<i>Presentation of key findings</i> <ul style="list-style-type: none"> • Presentation of key findings of the evaluation to the Reference group and UNICEF • Discussions with stakeholders 	International consultant – 1 day in country National consultants	April 2020
<i>Dissemination</i> Dissemination of evaluation report/key report findings (to key stakeholders and partners, Regional Office, etc.).	UNICEF team	April 2020
<i>Follow-up</i> Management response	UNICEF management	April/ May 2020

Two country visits are expected for the purposes of evaluation:

- January 2019 (for data collection);
- April 2020 – for presentation of the findings of the evaluation.

All dates are tentative and may be further discussed with UNICEF office.

The international consultant is expected to provide the following deliverables:

The following deliverables are expected to be produced:

1. **First draft of the Inception report**, max. 40 pages without annexes – by December 2019.

The inception report should include methodological approach and rationale for choosing specific research methods (sampling approach, data collection tools, data analysis and reporting); mechanisms for quality control; limitations of the methodology, along with mitigation strategies; proposed work plan; annotated outline of the study; outline of the

potential ethical issues and mitigation strategies; data storage and data handling – procedures for ensuring data confidentiality, how, where and for what period data will be stored and accessed, procedures for release of data; data collection tools to be used in the study (as Annex); Informed consent sample (as Annex).

2. **Final Inception report** – by January 2020.
3. **First draft evaluation report** (draft findings, conclusions and recommendations) – February 2020
4. **Second draft evaluation report** – March 2020;
5. **Final evaluation report, max. 50 pages without annexes** – March 2020.
6. **Evaluation summary** – March 2020.
7. **Two ppt presentations**: one with the methodology of the study and one summarising key findings and recommendations to be used for dissemination and advocacy
8. **Concept note for additional communication materials presenting the evaluation results** – March 2020.

All deliverables should be submitted in English.

The evaluation report must be compliant with the UNICEF Evaluation report standards⁶ and to the GEROs Quality Assessment System⁷. The consultant is required to clearly identify any potential ethical issues and approaches as well as the processes for ethical reviews and will ensure that the evaluation process is ethical, in line with UNEG Ethical Guidelines, UNEG Norms and Standards.

The consultant must conform the final report to the recommendations of the CO and the external quality review board.

Proposed structure for the inception and evaluation report (to be agreed with the Consultant):

Structure of the Evaluation Report (Tentative)

- Title Page
- Table of content
- List of Acronyms
- Executive Summary
- Acknowledgements
- Background and Context of project implementation
- Evaluation Purpose, Objectives and Scope
- Evaluation Methodology
- Findings
- Conclusions and Lessons Learned
- Recommendations
- Case Studies
- Annex

The structure of the final report will be further discussed with the International consultant (during the Inception Phase). The approximate size of the main body of the report should be not more than 50 pages.

⁶ http://www.unicef.org/evaldatabase/files/UNICEF_Eval_Report_Standards.pdf

⁷ http://www.unicef.org/evaluation/files/GEROS_Methodology_v7.pdf

Requirements for effective evaluation recommendations:

- The International consultant should highlight key strategic recommendations, suggesting an appropriate sequencing in the implementation of recommendations whenever possible;
- Recommendations should be firmly based on evidence and analysis;
- Recommendations should clearly identify the specific operational units/offices/divisions responsible for its implementation.

The necessary format of the communication materials presenting the results of the evaluation will be agreed during the discussions of the draft of the final report.

Evaluation team composition:

The international consultant will be assisted by one or more national experts. The national expert(s) will be approved and contracted by UNICEF CO separately, based on a proposal for scope of engagement and responsibilities made by the international expert.

The competencies required from the international consultant are the following:

- Advanced degree in social sciences, law, medicine, psychology, public health policy or related fields;
- Extensive experience in conducting evaluations, assessments and analyses, with a focus on VAC prevention and response;
- Proven knowledge on child rights;
- Ability to work in an international environment;
- Previous experience of working in CEE & CIS countries is an asset;
- Excellent analytical and report writing skills;
- Familiarity with UNICEF's mission and mandate is an asset;
- Familiarity with UNICEF Global evaluation report oversight system⁸ is an asset;
- Knowledge of the country context is an asset;
- Expertise on gender equality and human rights will be considered an asset;
- Excellent knowledge of English.

Roles and responsibilities of the team members:

The **international consultant** will be responsible for the following:

- Design of the evaluation, including evaluation framework, sampling, data collection methods and selection or/and development of data collection tools (questioners for collecting quantitative information, scripts for focus group discussions, semi-structured interview questionnaires, etc.), analytical methods.
- Development of the inception report;
- Training of the national consultant/consultants on the evaluation framework and methodology, data collection tools, ethical considerations, procedures for confidential data handling, etc.;
- Provision of guidance and support to the national consultants in the process of primary data collection;
- Conducting interviews with key informants and other relevant stakeholders;

⁸ https://www.unicef.org/evaluation/files/GEROS_Handbook_FINAL_full_document.pdf

- Data processing and analysis;
- Preparation of the evaluation report;
- Based on the feedback and comments provided by with representatives of the Reference group development of a final report with incorporated changes, comments and recommendations received.
- Delivery of two presentations to the national stakeholders – on the methodology of the study and on the key findings.

Task of the national consultants:

- Provision of additional information, data, documentation, etc. to support the evaluation as requested by the international consultant, including data on key indicators related to child wellbeing, etc.;
- Testing of data collection tools;
- Provision of input to the draft evaluation report;
- Collection of primary data – liaise with partners, respondents and other stakeholders with a view of identifying respondents, organize focus group discussions and individual interviews as agreed with the International consultant, etc., monitor for any issues that may hinder the process of data collection and address them in consultation with the international consultant,
- Transcribe and code discussions in the focus groups.
- Provide support for data analysis as needed.

Ethical considerations:

The evaluation should be carried out in accordance with the ethical standards set in the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (Attached as Annex). The Consultant is required to clearly identify in her/his proposal any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process. The inception report should further elaborate on them including appropriate mitigation strategies to address any potential ethical issues. Participation in the research should be voluntary and the identity of the respondents should be protected. The inception report should also describe procedures for obtaining informed consent and preserving privacy and confidentiality of the respondents.

The evaluation methodology will go through an ethical review by an internal Ethical Board set up at UNICEF CO in Bulgaria.

Data sharing requirements and procedures: The consultant is responsible for ensuring that all data collected is stored and protected appropriately. Consultant needs to set up a system to ensure that personal data is accessible only to the members of the team involved in the research and is transferred securely between research team members, as well as with UNICEF. If cloud-based storage is used, limited sharing rights should be established. It should be also ensured that data cannot be moved from secure systems.

XII. ROLES AND RESPONSIBILITIES

The Evaluation will be led by the UNICEF Country Office in Bulgaria. The evaluation will be supported by a Reference group, including representatives of the Ministry of Labour and Social Policy, Agency for Social Assistance, SACP, Ministry of Interior, local authorities in Sofia,

Shumen and Montana, and others. The group will review assessment methodology, support data collection, review, provide comments on and approve the report.

The selected international consultant, as well as the national consultant(s) will work under the direct supervision of UNICEF Child Rights Monitoring Specialist and in close cooperation with UNICEF Child Protection Specialist, VAC consultant and Access to Justice Officer. The implementation process will be jointly monitored by UNICEF and the Reference Group, including the approval of final deliverables.

UNICEF Country Office together with national partners will be responsible for providing all available documents, organizing the field visits, meetings, focal groups, consultations and interviews, for providing access to the government counterparts, donors and partners, and for coordinating the work at country level with other stakeholders.

The evaluation findings will be shared with all relevant national and local stakeholders, as well as internally within UNICEF including the UNICEF Regional Office for Europe and Central Asia.

XIII. PAYMENT

The Consultant should present a detailed financial proposal in accordance with the Terms of Reference, including 1) professional fee (daily consultancy rate), 2) travel related expenses (per diem, local and international travel, accommodation), 3) other relevant cost. The price must include all costs to be borne by the applicant for undertaking the assignment. The Consultant is responsible for assuming costs for obtaining visas and travel insurance. The lump sum for travel should be 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). The Consultant will be provided with office space at the UNICEF office. Laptops or computers will not be provided.

Payment shall be made as follows:

- 40% will be paid upon submission and approval of the Inception report;
- 60% will be paid upon submission and approval of the final report.

The UNICEF CO will provide interpretation during the in-county visits and meetings. The evaluator will be provided with office space, transportation for site visits and official meetings, logistical support for meetings, translation during meetings, and, if necessary, visa arrangements.

XIV. REMARKS AND RESERVATIONS

UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/deliverables are incomplete, not delivered or for failure to meet deadlines.

All material developed will remain the copyright of UNICEF and according to UNICEF guidance on external academic publishing (January 2017). Evaluators are responsible for their performance and products. UNICEF reserves the copyrights and the products cannot be published or disseminated without prior permission of UNICEF.

Candidates interested in the consultancy should submit a proposal, all-inclusive fees (including lump sum travel and subsistence costs), timeline, resume/CV and a brief (max. to 7 pages) concept note on the evaluation framework (suggested methodology, sampling approach, etc.).

APPENDIX 1

CHILD ADVOCACY CENTRES “ZONA ZAKRILA”

Child Advocacy and Support Centers are established following the multi-disciplinary approach to provide an integrated service - a 'one stop shop' where a child victim of violence and crime can receive consultation, support, legal aid, psychological and social support, assistance for medical examination, child-sensitive forensic interview or hearing, advocacy for their best interests. The Centres work to provide coordinated case management in close cooperation and coordination with the child protection departments, police, prosecutor's offices and courts. This aims at improving the inter-sectoral communication and cooperation, reduction of inefficiencies, duplications and omissions in service provision for children and young people and overall improvement of links to community providers of therapeutic services to guarantee that children victims of violence and crime receive protection, support and gain redress.

At present, there are three Child Advocacy Centres in the territory of the country. The first Zona ZaKmila was opened in Montana, in the month of September 2015. The Second Child Advocacy Centre is established in Sofia and was opened in the month of October 2015. The third Zona ZaKmila was established in the month of January 2016 in Shumen. The Child Advocacy Centres were licensed by the Agency for Social Assistance in October 2016. Since the establishment of the services they are fully financed by UNICEF Bulgaria. All three Child Advocacy Centres have 24/7 response, to cases of violence against children. Zona ZaKmila in Montana and Shumen cover the entire area of their respective regions. Zona ZaKmila in Sofia, covers the metropolitan, however all three Child Advocacy Centres have responded to notifications, outside of area. All three CACs have the so called “Blue room”, facility specially equipped for evidential video interviewing of children, victims and witnesses of violence, and participants in legal proceedings.

Zona ZaKmila in Montana and Shumen are managed by Social Activities and Practices Institute (SAPI) and the one in Sofia is managed by Foundation Association Animus. These are two of the largest, most experienced NGOs in the country, with over 20 years of experience in working with violence, and trauma.

For the implementation of Zona ZaKmila the two NGOs cooperate greatly with one another and were able to exchange methodologies, good practices and documentation/reports, in order to equip the staff of the CACs with knowledge and appropriate paperwork, for case management, risk assessment, case monitoring and review of progress, as well as final evaluation of the needs of the child/family, before the work is completed.

Types of cases:

The Child Advocacy Centres work with children victims of violence and their families. The Centres engage with children who have been subjected to violence recently, as well as with cases of violence that happened in the past. The Centres work on cases of sexual and physical abuse against children and children exposed to domestic violence, cases of violence at school.

Services:

The services offered by the Child Advocacy Centres are based on the individual assessment of the needs of each child victim of violence and their parents. Where a child has been a victim of violence and an interview is needed in order to establish the extent of the harm, the Child Advocacy Centres use a facility for hearing/interviewing children in a child-sensitive manner consisting of two parts (rooms) separated by a “Venetian glass” – a one-way mirror. The only exception is the CAC in Sofia where the two rooms are situated on different floors of the facility and the hearing is supported by video conference system. The room where the child and professional leading the interview/hearing are situated is a cozy and inviting room, painted in warm, unobtrusive colors. The atmosphere is friendly, there are no external stimuli and the interior setting is arranged so that the child can remain calm and

feel safe to freely express his/her thoughts and tell about the incident. The room is equipped with video and sound recording system that allows making video and audio recording to be used later in the proceedings if there is a need, so that in most cases numerous interviews that further traumatize the child are not needed. The second room is the room for all other participants in the hearing procedure.

Depending on whether the hearing/interview refers to a stage of criminal proceedings or has a civil or administrative nature, the participants that gather in the second room could be: judge, prosecutor, investigating police officer, investigator, defendant and his lawyer, the child's parents/guardians or other participants. They are all able to see and hear the child, but at the same time the child has no visual contact with them and cannot hear them. They can ask questions when possible and permitted in view of the particular proceedings through the professional leading the hearing / interview who hears the question in the headphone and ask (interprets /adapts it to) the child based on his/her age and evolving capacities. The whole process is video-taped to guarantee that the rules of the proceedings were observed and ensure that the hearing/interview could be used as evidence in later stages.

Based on the disclosure made by the child and the evidence gathered by the Police in the process of investigation, the Child Advocacy Centre offer legal advice to the parents and legal representation to the child victim when needed.

The staff of the Child Advocacy Centre accompanies the child victim and the parents to forensic medical examinations, or to a specialist's medical appointment for the child's medical needs to be established and support to be identified.

Psychologists from the Child Advocacy Centre provide crises intervention for the child victim and the parents and engage in long-term therapeutic work with the child in order to assist their emotional recovery.

The team from the Child Advocacy Centres works with the parents, providing psychological and parenting advice in order to support them to be able to continue to care and assist the child victim in their recovery. The team from the Child Advocacy Centres works with both non-abusive and parents who have been violent towards the child, and where possible aims for the family unit to remain intact after the interventions are completed.

In cases of sexual and domestic violence, the Child Advocacy Centres work with the non-abusive parent in order to develop their protective capacity and ability to recognize risk, in order to support the child remaining/returning in the care of their family.

The Centres provide support to the child victim of violence and his or her family, based on child centered approach, where the child's safety and welfare is of paramount consideration. One of the main goals is to assist the parents to continue to care for the child within their home environment, and in the cases where this is not possible - to lead the abusive parent out of the family home, in order to minimize the stress and the trauma for the child victim of violence. CACs also provide programme for abusive parents and professionals work with them when possible and appropriate.

The Child Advocacy Centres are supported by lawyers working under civil contracts to advise the child and the family on their rights as participating in legal proceedings and ensure that the rights of the child and the procedural guarantees are adhered to at all times and by all professionals. In difficult cases and when free legal aid under the Legal Aid Act is not available, the lawyer represents the child in the proceedings.

In 2017 all three Centres were inspected by SACP. The inspections were thematic and planned and had as its main goal to examine the efficiency of work of the licensed suppliers of the different types of social services with children who committed crimes or juvenile delinquency; children with deviant or risky behavior, the work with their families, the efficiency of the measures taken and the service

provided. Inspections examined the interactions with the local child protection authority – the Social Assistance Department, as well as the other stakeholders – the police authorities, the municipal administration, the local committee for combatting juvenile crime, the educational institutions. Based on the findings, the overall conclusion from the inspections carried out at the CACs are that the rights of the child stipulated in Article 3, Article 18 and Article 39 of the United Nations Convention on the Rights of the Child, as well as the children's right to protection provided for in Article 10, Para. 1 of the Child Protection Act are guaranteed.

Detailed methodology and information on the project implementation will be provided to the successful applicant.

Team

The Child Advocacy and Support Centres is staffed, following a multi-disciplinary approach and includes: 1) experienced/specifically trained social workers working directly with the child victim of violence and his or her parents, who also coordinates the assessment process of the needs of support in every individual case; 2) psychologists who work with the child victim of violence and the parents on their immediate and long-term recovery; 3) lawyers under civil contracts who provide legal consultation and legal aid;

The Centres work in close cooperation with the Police, the Prosecutor's Office, the Child Protection Department and in particular with:

- the investigative officer (police officer) who in charge of the particular case of violence when it constitutes a crime under the criminal law;
- the social worker from Child Protection Department that leads the process in respect of protective measures to be initiated to ensure the safety of the child;
- the prosecutor in charge of the criminal case who leads the process of investigation and conduct all pre-trial procedures, including the forensic interviews in a child-sensitive manner.

Zona ZaKrila Montana

The team in Montana was recruited for the needs of the Child Advocacy and Support Centre. They were all qualified social workers and psychologists, however with little or no experience in child protection. The manager of the Center was an inexperienced manager and needed a lot of support, in order to branch out to partnered agencies and to be able to assert the concept of the service as best practice with children victims of violence and their families. The team is constantly trained and supported by SAPI (the managing NGO).

Zona ZaKrila Sofia

Zona ZaKrila Sofia are managed by Association Foundation Animus. They are the most experienced NGO in Bulgaria, providing therapeutic input and trauma informed psychotherapy. The team of Zona ZaKriala are very experienced psychologists, which have been in Animus for many years. Most of them worked at the other services provided by Animus for more than 20 years.

The Manager of the Center is a psychologist with longstanding career in the organization, including management of the Crisis Centre operated by Animus.

The CAC Sofia managed to develop strictly therapeutic model of practice and to employ social work led approach to children and families, victims of violence. The legal aid provided by the Centre relies on experienced lawyers and is of high quality.

Zona ZaKrila Shumen

Similarly to Sofia, the staff of Zona ZaKmila in Shumen have many years of direct work experience with clients, both in therapeutic and social work setting. They are the most experienced team in evidentially interviewing children, victims of violence.

The Manager of Zona ZaKmila in Shumen is a well-known and well established practitioner, which assists with the advocacy of the model on local level. The whole team is appreciated on a local level by other stakeholders and professionals.

Cooperation with partners

The Child Advocacy and Support Centres are envisaged as joint effort between UNICEF, the NGO partners Social Activities and Practices Institute and ANIMUS Foundation, as well as the Agency for Social Assistance, the State Agency for Child Protection, the Ministry of Interior. The NGO partners are recognized as leading organizations in the area of consultative and support services for children and women victims of violence and crime and advocates for legal and institutional reforms aimed at ensuring the rights of vulnerable victims in the area of social protection, justice and healthcare.

Detailed information on the MoUs will be provided to the successful applicant.

Training of the staff

The staff of the Child Advocacy Centres receive regular training focused on strengthening the professional capacity related to identification and work with victims of violence, multi-disciplinary work and cooperation with institutions, child-centered and child-sensitive practices, forensic interviewing, individual assessment in line with Directive 2012/29/EU (of the European Parliament and the Council establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA), risk-assessment and management of risk, work with trauma, therapeutic interventions and support, etc.

Results

At present, all three Child Advocacy Centers use the same integrated assessment form in evaluating the needs of their clients. The therapeutic programmes offered by Zona ZaKmila are also very robust across the three Centers and include:

- Programme for children victims of violence and their families
- Psychological support for parents of children, who have suffered violence
- Therapeutic work with non-abusive parents
- Therapeutic work with children victims of bullying, within school environment
- Violence prevention programme
- Programme for children victims of trafficking and sexual exploitation
- Programme for perpetrators of domestic violence
- Programme for preparation of children victims of violence to participate in legal proceedings and to testify in a “blue room”

Since the beginning of their work in 2015 until the end of March 2019 the three Child Advocacy Centres “Zona ZaKmila” in Sofia, Shumen and Montana have provided support in 720 cases of children victims of violence and abuse.

The successful candidate will receive detailed desegregated data about the workload for each CAC.

APPENDIX 2

VIOLENCE AGAINST CHILDREN THEORY OF CHANGE FOR THE CHILD ADVOCACY CENTERS

PROBLEM	Children victims of violence do not have access to specialized services targeting VAC and suffer from the lack of effective cooperation between the systems – child protection, police, justice, healthcare, educational system.
STRATEGIES	<ul style="list-style-type: none"> - Advocating for legal reform - Fostering an enabling legal and policy framework for prevention, identification and response to VAC cases. - Building awareness among the public, children, parents and professionals on VAC - Educating and mobilizing parents, families, teachers and community members to change attitudes and behaviours towards VAC - Strengthening child protection and justice systems - Strengthening the capacity of the professionals to improve coordination in VAC cases - Developing, piloting and promoting integrated services to support children victims and witnesses and their parents
OUTPUTS	<ul style="list-style-type: none"> - National communication and fundraising campaign has raised the awareness on adverse effects of VAC in general public, children, parents and professionals and funds for pilot intervention; - Children, adolescents, their parents and families in three pilot regions are aware of different types and forms of VAC and where to seek professional help. - Local authorities in three pilot regions identify and refer children victims of violence to pilot services. - Cross-sectoral cooperation and coordination in three pilot regions is strengthened. - CP system in three pilot regions is better equipped to respond to VAC. - In three piloting regions, child sensitive investigation and hearing/ forensic interviewing is implemented in VAC cases. - Children victims of violence benefit from professional legal aid.
OUTCOMES	<ul style="list-style-type: none"> - By 2020, children victims of violence in three pilot regions receive multidisciplinary support in integrated services.

	<ul style="list-style-type: none"> - By 2020, pilot services in three regions to influence legislation and policies on national level. - By 2020, relevant sectoral systems engaged in prevention and response to VAC deliver prompt and effective services.
RESULTS	<ul style="list-style-type: none"> - Raised awareness on adverse effects of VAC; - Developed methodology for integrated service for children victims of violence - Piloted integrated services for children victims of violence in three regions in the country - Children and families are better informed, recognize and report cases of VAC - Professionals (teachers, social workers, police officers, prosecutors, judges) cooperate and coordinate actions following the best interests of children victims of violence
IMPACT	To create a model of integrated service applicable to all regions in Bulgaria to meet the complex needs of children suffering and witnessing violence and eliminate its consequences.
VISION	Children victims of violence benefit from efficient child protection and judicial systems and have access to integrated services providing psycho-social support, legal aid and therapy recover and gain redress.