**Evaluability Assessment of National child care reform initiatives with a strong focus on de-institutionalization (DI), including in particular for children with disabilities**

# **Object of Evaluation Assessment:**

Nearly all UNICEF country offices (COs) together with the governments in the ECAR are working on the issue of deinstitutionalization and child care reform, addressing drivers of unnecessary child-family separation and putting in place a comprehensive gatekeeping system, including family support and alternative family and community based care services, developing early childhood development and intervention services and inclusive education, facilitating cross-sectorial collaboration to achieve results for children in out-of-home care, including children with disabilities. From 2005 onwards there has been an intensification and refinement of UNICEF’s support offered to the governments to plan, implement, monitor ad evaluate deinstitutionalization and child care reforms. The UNICEF’s priority became increasingly focused on developing and putting in place an integrated approach to child care and protection based on a systems-framework seeking to ensure that good practices could be shared, learnt from and, crucially, replicated and scaled up. Emphasis was placed on the need to reconfigure the child acre and protection system and instead of one-response system (mainly residential care) to support national and local authorities to put in place  a comprehensive continuum of child care services including early intervention (in the life of the problem and in the life of the child), targeted family support and reintegration /family reunification services, alternative family and community based care, closing down/scaling down/transforming residential/institutional care services, underpinned by individual case management and integrated child and family service provision.

UNICEF evidence indicates that ECAR still had a high rate of children growing up in formal alternative care in 2018. An estimated 1.1 million children were reported by countries of the TransMonEE network ([www.transmonee.org](http://www.transmonee.org)) to be in formal alternative care at the end of 2018 of whom an estimated 368,000 children were in residential care – the type of care that international UN standards urge only to be used when deemed to be more appropriate, necessary and constructive for the child concerned than any other alternative care setting. Of these children, an estimated 295,000 children had disabilities, and an estimated total of 16,000 children were in infant homes.

Whilst deinstitutionalization was still one-reform priority, the emphasis shifted, subtly but importantly, towards the transformation of child care and protection systems and most importantly towards linking the child care reforms with reforms in social protection, health, education, and justice. The reform of child care systems in some ECAR countries (e.g. in Bulgaria, Croatia, Georgia, Moldova, Montenegro, Romania and Serbia) shows significant progress in creating a comprehensive legal framework aimed to contribute to the improvement of the quality of family support and alternative care services. Important steps have been taken in the process of decentralization of decision-making processes and service delivery and measures were adopted by the governments in order to reduce the role of the state and to increase the responsibility of the family and civil society in the providing of care. There has been a notable progress (e.g. in Bulgaria, Croatia, Moldova Montenegro, Serbia and Turkey) in transforming, downscaling and closing down residential institutions, as well as in decentralization/delegation of power and functions in child care service provision, which have contributed significantly to changes in the way the child care system is structured and operates. In some cases, this has included also transfer of human and financial resources from closing down institutions to family and community-based services. In other countries of the region (e.g. in Azerbaijan, Georgia, North Macedonia, and Belarus) child care reforms were taking place in a less decentralized context as mandates and funds for child care are still to a large extent concentrated at central levels of government.

In addition, there are several development partners, in particular the EU, involved in supporting government and civil society organizations efforts in deinstitutionalization and child care reforms. The RO has been engaged in relevant platforms in Brussels to further strengthen the EU’s commitment to de-institutionalization both within the EU and in their development programming. The RO has also made investments in strengthening the ability of governments to monitor their alternative care system, which has produced important results. In particular, RO efforts in revisioning TransMonee and positioning it as the data center on the most disadvantaged children in the region, and fully aligning it with the UN CRC and child-related SDG indicators, must be mentioned here, as well as its work with partners across the region to strengthen national data systems to improve the quality and comparability of data available in TransMonEE. The advocacy work of the RO and partners has further led to increasing attention to the importance of statistics on the most disadvantaged children. The Task Force on Statistics on Children, Adolescents, and Youth (<https://unece.org/statistics/networks-of-experts/task-force-statistics-children-adolescents-and-youth>) established by the Bureau of the Conference of European Statisticians (CES) in 2020, is one example. Another is the joint Eurochild/UNICEF DataCare Project (<https://www.eurochild.org/initiative/datacare/>) that is mapping data and data systems on children in alternative care across the EU to inform EU efforts to agree comparable benchmarks and indicators to monitor progress in child protection reforms across Europe.

DI requires a systemic transformation of the system. Therefore, a necessary coordinated, cross-government approach, which ensures reforms, budget and attitude and behaviors on all levels and sectors of government, including local authorities was required in the region including quality (re)training of staff and service providers, new methods and organizational structures; participation of civil society, a strong coalition in favor of DI from all stakeholders; involvement of user groups, a commitment to users’ rights and service user empowerment, and a coordination of activities; good monitoring and routing processes based on evaluations and research to inform policy and practice; new ways of planning, organizing and funding the new service provision for the service user, to receive the required support in a regular, ordinary environment.

Aspects of DI and child care reform for children with disabilities undertaken in the region that form the object of the assessment may include, but are not limited to:

* early identification of and response to risks of family separation
* strengthening of family support (and reintegration) services for families and children
* enhancement of the gate-keeping system (decision-making in the best interest of the child)
* development of a range of alternative family- and community-based care
* promoting case management, including multidisciplinary response to child’s needs
* creating and strengthening the social service workforce capacity to work for the prevention of separation and for family and community-based care for children
* closure or transformation of the large-scale institutions with reallocation of resources towards family and community-based services and more specialized, family-based care services in the protection response.

Links with other reforms:

* Education sector: development of inclusive education as a key, linked component to a national or sub-national de-institutionalization agenda
* Health sector: early detection & intervention in cases of disability, as a key factor to enable early intervention, and provision of specialized services and additional refer to family support services, rather than a rehabilitative, institutional approach to family support.
* Social Protection: increasing the coverage of children with cash transfers: universal and targeted services, especially for children with disabilities; reforming disability assessment towards social and human rights-based approach to disability inclusion.

# **Evaluability assessment context:**

There is a wide recognition of the adverse impacts of institutionalization on developmental outcomes and children’s well-being. This has led many countries to undertake efforts to reduce the numbers of children living in institutional care and, whenever possible, to prevent institutionalization in the first place, or to reunite children with their families in line with their obligations under the UNCRC and the UN Guidelines for the Alternative Care of Children[[1]](%22%20%5Cl%20%22_ftn1%22%20%5Co%20%22). The Guidelines, welcomed by the UN General Assembly in 2009, encourage efforts to maintain children with their families, where possible.

Family and foster care have repeatedly been shown to be much better options for a child’s growth and development and the realization of their rights[[2]](%22%20%5Cl%20%22_ftn2%22%20%5Co%20%22). UNICEF ECAR focuses on children with disabilities across all Regional Result Areas: Thriving, Learning, Protecting and Participating and has supported the enabling environment in all respective sectors. One of ECAR’s flagship programmes aims to achieve deinstitutionalisation of all children. In this regard, many of the countries in ECARO have already made remarkable progress.

Advocacy efforts for signing and ratification of the Convention on the Rights of Persons with Disabilities (CRPD) were led by UNICEF in a number of countries in the region. The widespread ratification of the CRPD by all governments[[3]](%22%20%5Cl%20%22_ftn3%22%20%5Co%20%22) and the increased knowledge and understanding on the situation of children with disabilities in ECAR countries was followed by accelerated support to deinstitutionalization and inclusive education and expanding support in areas, such as Early Childhood Development (ECD), Communication for development (C4D), data collection, and social assistance.  As negative attitudes and behaviours are one of the most significant barriers faced by children with disabilities, especially in realizing the right to family environment and education, countries are increasingly engaging in addressing this barrier. This includes measuring stigma and discrimination, and follow-up C4D initiatives. Countries in the region have conducted KAP studies to measure stigma and discrimination, and supported follow-up C4D initiatives to address the negative attitudes and behaviours towards Children with disabilities.  Some COs invest in capacity building of social workers and/or home visitors, who are critically important for the identification and inclusion of children with disabilities.

Thanks to the reforms, some countries have eliminated children in institutional care; and some have only a few   institutions that remain open; others are further behind. The number of children growing up in institutions has fallen over recent decades across the region, with marked falls in 11 countries in Europe and Central Asia between 2005 and 2012 (more than 50 per cent in Moldova; more than 40 per cent in Bulgaria)[[4]](#_ftn1). However, closing institutions is only one of many measures that are required to achieve an effective child care reform. Despite significant progress achieved by the countries, ECAR has the highest number of children in institutional care in the world – 666 per 100,000 population vs. the global average of 120 per 100,000 population[[5]](#_ftn2). Among those, 80 percent of children and adolescents in institutional care have one or more living parents and they are in institutional care for mixed reasons, some are there due to protection risks, but many are also there because of a perceived lack of family capacity to care for them[[6]](#_ftn3).

The recent trends of migration and the increasing number and a lack of family support services available to address the underlying causes of refugee/migrant children brought an additional burden to national child care systems in countries in ECAR resulting in family separation[[7]](%22%20%5Cl%20%22_ftn4%22%20%5Co%20%22).  Most unaccompanied migrant and refugee children are hosted in sub-standard reception facilities and do not get the appropriate care they need. In some countries, figures of institutionalized children have remained unchanged, for while in others some regression was noted and taking different forms[[8]](%22%20%5Cl%20%22_ftn5%22%20%5Co%20%22) and this is especially true for children with disabilities [[9]](%22%20%5Cl%20%22_ftn6%22%20%5Co%20%22) whose needs are undetected and often not addressed. Children with disabilities continue to be over-represented in institutional care, as high as 50% of the total in many countries[[10]](%22%20%5Cl%20%22_ftn7%22%20%5Co%20%22). In many contexts, state provision of non-family residential treatment has a long history, notably for children with disabilities, that is currently at odds with national and international policies regarding child well-being. While family support services, and prevention of family separation is critical, it should also be highlighted that children with disabilities are disproportionately affected by violence.

To summarise the main trends in the region:

* A number of children growing up in large institutions has fallen, but children with disabilities and from marginalized groups, are over-represented in the remaining institutions and in small scale residential care or small group homes  -  this, despite an increased focus on addressing the inclusion of children with disabilities in mainstream services, following the adoption of the CRPD
* A shift towards small scale residential care and foster care as well as prevention (gatekeeping and family support services), however with a worrying trend of children with disabilities being ‘trans-institutionalized’ into small scale residential care
* Children affected by violence or exploitation, including adolescents and children on the move, require specialized services which are often missing, contributing to their over-representation in institutional settings
* Governments are often unwilling or unable to ensure family care for all children and, as a result, opportunities are missed to accelerate comprehensive reforms
* Unregulated growth of small sale residential care facilities in some countries of the region
* Small scale residential care was used as a temporary and pragmatic ‘quick fix’ solution to large institutions, especially for children with disabilities and other groups of children who require inclusive or specialized services.
* A large part of the state budget in some countries is being spent on building and maintaining small scale residential care facilities
* In many countries boarding special schools for children with disabilities have been excluded from national DI efforts, leaving many children behind.

# **RATIONALE, PURPOSE AND USE OF EVALUABILITY ASSESSMENT**

*Purpose:* The EA aims to:

* **a**) Explore the extent to which national child care reforms and UNICEF’s support in this area have followed-up on the country specific CRC and CRPD recommendations, as well as findings and recommendations of the previous multi-country evaluation on children in child care reforms, especially with regards to the most vulnerable groups – i.e. children with disabilities (EA would take into account the last multi-country evaluation on childcare reform, completed in 2013, and build strategically from those findings and recommendations to assess the design of DI initiatives)
* **b**) Define a set(s) of countries where such learning (EA) can take place in a joined up way, and where Government leadership and buy in can be secured; **c**)  Ensure that interventions undertaken by the Government/UNICEF and other international organizations/civil society organizations and their results on deinstitutionalization and child care system reform, especially with regards to children with disabilities are likely to be visible and/or traceable in the respective national strategies/programmes/plans and are evaluable. **d**) Explore whether a future joined-up effort with the EU, USAID and other donors would be feasible in line with commitment to transition to family and community-based care for children in the region. In doing so the EA will undertake a stakeholder analysis, identify entry points and opportunities at the regional level and in a number of selected countries.
* **Key activities of the EA** will be to refine and/or reaffirm the programme Theory of Change (ToC), sharpen the results framework, and to ascertain that a shared understanding exists among implementers and key stakeholders of the objectives, results, implementation strategy, to confirm information requirements and data sources, and to articulate and/or refine indicators of success. EA processes will also strengthen coherence by facilitating a review of the implementation/ management structure, assessing capacities for monitoring and evaluation, and facilitating reflection and learning among key stakeholders.
* *Rationale:* As such an evaluability assessment is a suitable tool to bring  a range of stakeholders together,  to examine and further interrogate the progress that has been made, but also to look specifically at key common bottlenecks, and explore where effective solutions to those bottlenecks have been implemented and can be evaluated. Consequently, conducting EA in 2021 is important so that there can be an evaluation of a set of government supported reform efforts in 2022. In particular, there is a need to look at the key accelerators to ensure particularly children with disabilities are appropriately included in de-institutionalization efforts and that meet their needs in families and communities.  EA will prepare the ground for the system-level evaluation that will take place in 2022. It still remains a high priority for UNICEF to identify the progress, gaps, and windows for opportunity to work with governments and other partners to ensure that HR recommendations are fulfilled and are according to international standards. Recommendations of the EA will guide the evaluation process ahead which in turn result in stronger partnerships with other stakeholders that work in this area, vis a vis their value added.
* *Use and users:* The findings and lessons of the EA should be applicable across all COs teams that work on child care reform (DI) and social service reforms, as well as stakeholders from education, health and social protection responsible for inclusive reforms in their respective sectors. Hence all COs will, to varying degrees, be an audience for the EA. National governments and their implementing partners constitute a primary audience. The EU will be an important high-level secondary audience as the EU agenda and related agreements are the key national priorities.  UNICEF HQ Child Protection team, Evaluation team, will be a secondary audience for the EA. The ECARO Child Protection (CP) team together with the ECAR Evaluation Team will be the focal point for the EA; the CP team as well as Regional Disability Focal Point will lead the efforts to utilize the insights, findings and recommendations of the EA. The EA is expected to fully prepare the programme under scrutiny for the prospective evaluation in 2022.

# **Evaluability Assessment and use of relevant conceptual frameworks**

For the purposes of this EA, deinstitutionalization for children with disabilities is recognized as ‘…a complex, multifactorial process and a systemic model…’[[12]](#_ftn1) which requires a relevant conceptual framework for the success of this assignment. The idea is that deinstitutionalization is accompanied with the different elements of the systems and services surrounding children with disabilities and an understanding of how they should work together to deliver the changes necessary to support complex reform. Therefore, it is recommended that EA process and its tools are informed by a life cycle model and a systematic approach (see the UNICEF guidance 2019 for more details).

In particular, the use of Bronfenbrenner’s eco-systemic model which provides the link between individual development and the systems in the child’s environment that development is a highly interactive process and the early years remain an extremely critical window for development, is helpful for all the EA dimensions. The EA consultant is asked to consider how this and similar frameworks from the UNICEF guidance document can be used for EA in a meaningful way – or propose alternatives.

# **Evaluability Assessments Questions**

The EA will answer the following list of tentative questions in the three dimensions of EA.





# **Evaluability Assessment Approach and Methodology**

The EA for the purposes of this assignment will follow the approach suggested by the DFID Working Paper[[13]](#_ftn1) on Evaluability Assessment that identified these dimensions of evaluability (corresponds to Table 1):

* Evaluability “in principle”, given the nature of the project theory of change
* Evaluability “in practice”, given the availability of relevant data and the capacity of management systems able to provide it.
* The utility and practicality of an evaluation, given the views and availability of relevant stakeholders

To be further refined during the inception phase the methodology of the EA will include: (**a**) sampling of documents for review, programme activities/interventions as well as respondents and an exhaustive review of national governments’ and key planning and programme development documents from UNICEF, the EU, and other relevant intergovernmental platforms and efforts, as well as examination of the state-of-the-knowledge on deinstitutionalisation for children with disabilities and other complex needs (**b**) instrument development and validation; (**c**) assessment of existing Theories of Change and their revisions (**d**) data collection which will include data harvesting and content analysis of documents, interviews with key informants and/or groups of informants, where necessary, and (**e**) round tables/workshops among key DI/child care reform partners. A robust data analysis and validation of the findings will also be executed guided by the relevant conceptual frameworks highlighted and discussed in the UNICEF ECARO guidance on deinstitutionalization for children with disabilities. Each of these tasks will have the following details:

1. *Sampling strategy/criteria*: there should be developed a sampling strategy for programme documents and primary data sources (both government and UNICEF and other key partners such as the EU) due to the huge volume of such sources. A sampling strategy will be also required to select study countries, programme activities, as well as respondents. Relevant conceptual frameworks should be helpful, as well as close consultations with UNICEF ECARO CP team for arriving at suitable sampling strategies. For example, for choosing diverse country context, EA can make use of the Hexagon model to identify countries at the early exploration stage and Outcomes-based Accountability model (OBA) for more advanced countries[[14]](#_ftn2).

Based on criteria to be determined, the following units will be sampled;

* + Government, UNICEF and other partners’ programme documents
	+ activities/interventions on which assessments of ‘evaluability’ will be based
	+ study country
	+ respondents
		- Governments and their implementing partners
		- UNICEF staff (RO and COs)
		- Other regional/global implementing partners, including the EU
1. *Instrument development and validation*: A conceptual/measurement matrix (or a checklist) for the EA will be developed, as well as draft data collection and data analysis instruments. These will be reviewed and approved, as part of the inception phase. The EA consultant will propose an approach to pilot and validate instruments in order to mitigate any conceptual and/or measurement error and submit an updated version of the data collection instruments in the early days of the execution phase.
2. *Review and revision of ToCs*: As part of the inception stage, RO ToC and COs ToCs will be reviewed and revised for both programmatic and evaluation purpose. For the latter, it will be required to develop a set of causal pathways and identify evidence gaps.
3. Four distinct *data analysis components* are proposed for the EA: (i) stakeholder analysis; (ii) desk-based review of planning documents, processes, and activities, and analysis of programming tools; and, (iii) analysis of key interventions/activities at the regional, and country-level, (iv) analysis of monitoring indicators and data:
	* *Stakeholder analysis.* Key stakeholders will be identified including UNICEF and targeted non-UNICEF partners. Their roles and inputs will be assessed through a stakeholder analysis. It could also be helpful to use the Ladder of Participation framework from ECARO guidelines[[15]](#_ftn1) in order to understand a likelihood of the reforms in promoting ‘prevention of entry’ in certain countries through promoting a multi-disciplinary and multisectoral approach to deinstitutionalization and creative partnerships across government ministries, services and professionals to generate a shared commitment to goals and objectives.
	* *Desk-based review and analysis of national DI documents (policies, law, legislations, etc.):* The EA consultant will conduct broad background reading of government and UNICEF planning documents, key documents produced by the UNICEF , key non-UNICEF reference documents, culminating into refining the EA approach, and submission of an inception report which will stipulate the assessment frames and assessment instruments. The EA consultant is welcome to use previous evaluation of care reforms in ECARO conducted in 2013. The second part of the desk-based review will be a more in-depth analysis of relevant documents and results framework, and a synthesis of knowledge on deinstitutionalisation and child care reform. UNICEF ECARO Flagship Results (2018-2021), ECARO’s guidance on deinstitutionalization for children with disabilities, and the White Paper on Small Scale Residential Care are useful reference documents. There can be other documentation available at COs.
	* *Analysis of key national, including UNICEF programme activities/interventions and from other relevant partners:* The EA consultant will review both the technical and management aspects of the child care reform initiatives at the regional and country level. The analysis will cover countries that are different stages of preparing and designing their interventions. A mapping of all relevant DI interventions/activities will be conducted for each study country.
	* *Analysis of national and UNICEF monitoring and evaluation systems and data:* A particular focus will be on capacities for monitoring and evaluation, the relevance and evaluability of the results framework at the national level, and outcome and output indicators. The EA consultant will carefully review the sources and reliability of information, determine what gaps there may be in the information required, and suggest activities needed to fill the gaps. It is suggested to make use of the Hexagon model, OBA and the Nexus model to identify the KPIs, monitor the alignment of partners and identify where changes need to be made in the light of developments as the interventions develop.

e. *Conducting round tables/workshops*: A series of events will be conducted with key DI implementing partners to understand their views, perceptions, understanding of DI to explore the extent to which there is a common understanding of the DI among the key partners. These events will also aim at raising awareness, expanding the knowledge of DI as a systematic model and increasing ‘…political will, passion and vision for the development of a child care system to address the range of needs of children, stimulating preventive work to reduce overall numbers placed away from home, and promoting family-based alternatives for the majority of children in the care system’ (p.5)[[16]](#_ftn2).

# **Special Conditions And Limitation**

The special condition is around the COVID-19 restrictions. Considering the current travel restrictions.

Limitations include

* Lack of systematic documentation of the design and implementation of some interventions may limit the evaluation.
* Not all key informants might be available or reachable at the time of EA.
* EA should be conducted without travelling to any of the country, which will have certain challenges associated with it

# **Ethical Considerations**

Considering UNICEF’s strategic agenda to harness innovation and deepen and widen the evidence base to drive and sustain global progress towards the realization of children’s rights, ensuring ethical conduct in evidence generation is imperative. This is necessary both in its own right and as a significant contributor to ensuring quality and accountability in the evidence generation process, especially when it involves children. The EA should be conducted in strict adherence with United Nations Evaluation Group (UNEG) ethical guidelines and code of conduct.

EA consultant should identify any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process in their proposal. At this stage, it is not anticipated that EA will engage children under 18 and other vulnerable groups of the population in data collection. However, should bidders propose otherwise, all EA deliverables will be subject to ethical approvals through the regional Long-Term Agreement holder.

[[1]](%22%20%5Cl%20%22_ftnref1%22%20%5Co%20%22) [Children in alternative care - UNICEF DATA](https://data.unicef.org/topic/child-protection/children-alternative-care/)

[[2]](%22%20%5Cl%20%22_ftnref2%22%20%5Co%20%22) Sahar Hegazi (2020) **‘**0 CHILD INSTITUTIONALIZED by 2021: Social and behavior change option interventions for accelerating social change. UNICEF ECARO

[[3]](%22%20%5Cl%20%22_ftnref3%22%20%5Co%20%22) Only Tajikistan has not ratified the CRPD

[[4]](#_ftnref1) UNICEF ECARO note ‘protecting regional Headline’ Final draft

[[5]](#_ftnref2) TransMonEE, 2014

[[6]](#_ftnref3) Sahar Hegazi (2020) **‘**0 CHILD INSTITUTIONALIZED by 2021: Social and behavior change option interventions for accelerating social change. UNICEF ECARO

[[7]](%22%20%5Cl%20%22_ftnref4%22%20%5Co%20%22) Sahar Hegazi (2020) **‘**0 CHILD INSTITUTIONALIZED by 2021: Social and behavior change option interventions for accelerating social change. UNICEF ECARO

[[8]](%22%20%5Cl%20%22_ftnref5%22%20%5Co%20%22) Original ECAR ToR on CwD 2020

[[9]](%22%20%5Cl%20%22_ftnref6%22%20%5Co%20%22) Helen Jones (2019) Deinstitutionalization for children with disabilities: technical guidance for UNICEF’s engagement in national reform efforts. UNICEF ECARO

[[10]](%22%20%5Cl%20%22_ftnref7%22%20%5Co%20%22) TransMonEE, 2014

[[12]](#_ftnref1) Ibid.

[[13]](#_ftnref1) Davies R (2013). *Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations*. DFID Working Paper 40. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/248656/wp40-planning-eval-assessments.pdf>

[[14]](#_ftnref2) Helen Jones (2019) Deinstitutionalization for children with disabilities: technical guidance for UNICEF’s engagement in national reform efforts. UNICEF ECARO

[[15]](#_ftnref1) Figure 6 on page 26 in Helen Jones (2019) Deinstitutionalization for children with disabilities: technical guidance for UNICEF’s engagement in national reform efforts. UNICEF ECARO

[[16]](#_ftnref2) Helen Jones (2019) Deinstitutionalization for children with disabilities: technical guidance for UNICEF’s engagement in national reform efforts. UNICEF ECARO