

Final evaluation: Transformation of care institutions
and prevention of family separation, Bosnia and
Herzegovina (2016-2018)

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Acronyms

BiH	Bosnia and Herzegovina
CCR	Child Care Reform programme, a commonly used shorthand for the 'Transformation of care institutions and prevention of family separation programme.'
CSW	Centres for Social Welfare
ECD	Early Childhood Development
ECI	Early Childhood Intervention
EU	European Union
KAP	Knowledge Attitudes and Practice
NGO	Non-governmental Organisation
UN	United Nations
UNICEF	United Nations Children's Fund

Glossary of key terms

The following definitions, largely derived from the Guidelines for the Alternative Care of Children,¹ are used in this report:

Term	Definition
Alternative care	The formal and informal care of children outside of parental care. Children outside of parental care are children not in the overnight care of at least one of their parents. ² The Guidelines for the Alternative care of Children ³ outline several different forms of alternative care including kinship care, residential care, and foster care. It is recognised that various different definitions of children without parental care are used with BiH, which differ in certain respects from the definition included in the Guidelines developed by the UN. ⁴
Informal care	A private arrangement in a family environment where the child is looked after on an indefinite basis by relatives or friends at the initiative of his/ her parents without the involvement of courts or social workers. ⁵ This is not defined under Bosnian law. ⁶
Formal care and guardianship	<p>Formal care is defined in the Guidelines for the Alternative Care of Children as:</p> <p>All forms of residential care, and other forms of alternative care (including kinship care or fostering) which have been ordered by an 'administrative or judicial authority or duly accredited body'.⁷</p> <p>In BiH, children in formal care are placed by Centres for Social Welfare (CSW) and/or the courts under the 'Guardianship' of an institution, or a relative or non-relative foster carer. Guardianship is defined as a form of protection for children deprived of parental care.⁸</p>

¹ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

² Ibid.

³ Ibid.

⁴ The family laws of the Federation of BiH, Republika Srpska and Brcko District variously refer to children without parental care as: Children for whom: parents died, are missing or unknown or the parents' place of residence has been unknown for more than one year; parents have been deprived of their parental rights or working (legal) capacity, that is, parents have not acquired the legal capacity yet or it is limited; the parents have been neglecting the child's care and upbringing for a long period of time; parents are absent and therefore unable to take regular care of their child(ren) but have not entrusted their child(ren) for care and education to a person the guardian body finds to be meeting the requirements for being a guardian. From: UNICEF (2016) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* BiH: UNICEF

⁵ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

⁶ UNICEF (2016) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* BiH: UNICEF

⁷ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

⁸ UNICEF (2016) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* BiH: UNICEF

Residential care	<p>Care provided in any non-family-based group setting.⁹ A distinction is often made between different forms of residential care:¹⁰</p> <ul style="list-style-type: none"> • <i>Institutional care</i>: large scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities. • <i>Small group homes</i>: Children cared for in small groups, usually with one or two consistent carers, in especially designed and designated facilities. • <i>Children’s villages</i>: usually comprising several small group homes within a walled complex. <p>The ‘children’s homes’ is often used in BiH to refer to institutional care, and this term is used in this report. As there is clear difference in terms of impacts on child wellbeing between institutional care and smaller facilities,¹¹ efforts will be made in this evaluation to distinguish between these different forms of residential care.</p>
Kinship care	<p>Family based care within the child’s own extended family or with close friends of the family known to the child.¹² In BiH, children can be formally placed in relative foster care (with relatives acknowledged as the legal guardians of the child), or can be placed by parents or other family members through more informal arrangements.</p>
Foster care	<p>Children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the child’s own that has been selected, qualified and approved for providing such care.¹³ In BiH children can be placed in foster care with the consent of parents, or without consent if parents have been deprived of their parental rights.¹⁴</p>
Adoption	<p>A social and legal protective measure for children – a process whereby a child who cannot be brought up by his / her own parents becomes a member of a new family.¹⁵ Importantly, a child who has been adopted is considered to be in parental care as opposed to alternative care as they have become fully part of a new family.</p>
Case management	<p>A collaborative process which: assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individuals health, social care, educational and employment needs, using</p>

⁹ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

¹⁰ EveryChild, *Scaling down. Reducing, reshaping and resizing residential care*, London: EveryChild, 2011

¹¹ Ibid.

¹² UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

¹³ Ibid.

¹⁴ UNICEF (2016) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* BiH: UNICEF

¹⁵ ISS/IRC (2004) *Rights of the Child in internal and inter-country adoption: Ethics and principles for practice*, Geneva: ISS

	communication and available resources to promote quality cost effective outcomes. ¹⁶
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¹⁶ <https://www.cmsuk.org/case-management/what-is-case-management>

Executive summary

Background to the programme

This independent evaluation assesses the ‘Transformation of care institutions and prevention of family separation’ programme, commonly known as the Child Care Reform (CCR) programme. The CCR programme started in January 2016, with most programme activities ending in December 2018. The total budget was 1.347.408 Euros, including 1 million Euros from the EU.

The overall programme objective was:

To ensure that children without parental care, children at risk of separation from their families and children and adults with disabilities enjoy equal rights and status with other children in Bosnia and Herzegovina (BiH).

The specific objective of the programme was:

To make institutional improvements for the social inclusion of children without parental care and persons with disabilities in BiH.

This objective was to be achieved through four strategies:

1. A situation analysis of children without parental care
2. Efforts to enhance prevention services, with a focus on services for children with disabilities and their families
3. The strengthening of the alternative care system, with a particular focus on foster care.
4. Support to the transition of four institutions to centres of service delivery for at risk children and families

Bosnia and Herzegovina consists of two separate political entities (the Republika Srpska and the Federation of Bosnia and Herzegovina - FBiH) and one autonomous district (District Brcko). The programme took place in seven sites, two in the Republika Srpska, and five in the Federation of Bosnia and Herzegovina (FBiH), with some activities at the entity level.

Purpose and scope of the evaluation

This evaluation used the United Nations (UN) Evaluation Group Norms and Standards for Evaluation.¹⁷ The evaluation aimed to examine the programme: design and relevance, efficiency, effectiveness, impact, partnerships and cooperation, and sustainability, and to identify key lessons learnt. The evaluation focused on the strategic level, and will be used to help UNICEF, the government, the EU, and other partners to determine next steps in relation to child care reform.

¹⁷ United Nations Evaluation Group (2016) *Norms and Standards for Evaluation*. New York: UNEG.

Evaluation methods

The evaluation used a combination of a literature review, in-depth interviews and focus groups. It involved gaining the perspectives of a range of stakeholders in the programme, including government officials, social workers, care home staff, a journalist, foster carers, children and parents/ caregivers. The total sample for the evaluation was 172 participants.

Evaluation findings

Key achievements of the programme

1. **Relevance and design:** The CCR programme addresses an issue of key importance to children's wellbeing in BiH by helping to ensure that children grow up safe and protected in families and not have their rights violated through harmful institutional care. This reflects UN, EU and government policy priorities.
2. **Programme efficiency:** As institutional care is substantially more expensive than family-based care, a strategy of de-institutionalisation is cost-effective. The efficiency of the programme has been further enhanced through the selection of expert partners and coordination between partners, and the scrutiny of transformation plan budgets. The programme was designed to offer a coherent approach to children's care, simultaneously addressing a number of aspects of the child care system.
3. **Programme effectiveness:** Many programme activities have been carried out effectively:
 - The situation analysis is comprehensive and offers useful insights into the lives of children without parental care.
 - The programme has helped to prevent family separation:
 - Of the actions designed to prevent family separation, the introduction of case management is likely to have the most wide-reaching impact, with the potential to improve social work capacity to work with families across the country, and help ensure consistently in the quality of support and greater coordination of response.
 - Training on ECI/ECD has been well received and, if applied, will help to address developmental delays and support the caregivers of children with disabilities, potentially reducing placements in institutional care.
 - Several much needed services for children with disabilities have also been established, again with the potential to reduce institutionalisation.
 - The programme has been effective in improving foster care provision in BiH, supporting the implementation of new legislation and training, and promoting foster care across the country. The PRIDE training model is especially appreciated.

- The programme has led to the development of action plans for transforming four institutions and are highly regarded by stakeholders, with a strong degree of local ownership. Aspects of these plans have been implemented in two programme sites, and the commitment and capacity of care home staff to work towards transformation has been enhanced.

All of these actions have contributed to achieving overall programme objectives of ensuring that children at risk of separation achieve equal rights to other children in BiH through institutional improvements for their social inclusion. Overall, the programme has been most successful when it has sought to instigate systematic reform, such as the changes to foster care and case management instigated through the programme.

4. **Programme impact:** There is some evidence to suggest positive impacts on children's lives, including small reductions in the use of institutional care and an increase in the use of foster care.
5. **Partnership and cooperation:** The programme has built strong partnerships and coordination mechanisms. The programme showed that even in a politically and administratively complex context such as Bosnia and Herzegovina it is possible to bring actors together towards a common goal of reform. This process of coalition building takes time, but this investment yields results.
6. **Programme sustainability:** Strong partnerships, combined with changes to the law, enhanced capacity of frontline workers, and commitment from some decision makers, suggests a degree of sustainability of programme results. Programme successes in convening partnerships are especially impressive in the complex political and administrative context of Bosnia and Herzegovina.

Overall, the CCR programme has helped achieve substantial progress in child care reform in BiH, building solid foundations for on-going work in this area in the future.

Limitations of the programme

There were several limitations associated with the **design** of the programme:

1. Rather than the situation analysis being part of the programme, the programme would have ideally have been preceded by a thorough analysis of the care system and/ or more space been included in the programme to act on findings from the analysis. This would have allowed more considered decision-making around which aspects of that system to focus on.
2. The decision to focus a substantial proportion of programme resources on the transformation of four facilities has proven to be challenging. On the one hand, this approach may be necessary in a decentralised system where decisions about the future of institutions are made a local level. On the other hand, the process is slow, requires a lot of resources, and could ultimately lead to uneven service provision.

3. The programme did not allow enough time for building relationships and buy-in, leading to delays. The short duration of the programme has meant that it has not been possible to properly document and share learning from these examples of promising practice, thereby spreading learning across the country.
4. The programme would have benefited from a more thorough examination of the root causes of separation, and a more coherent approach to prevention. There should have been a stronger rationale for the focus on disability and for not focusing on other causes of family separation to the same degree.
5. The programme should have more carefully considered the particular vulnerabilities of Roma children, and the different needs of girls and boys.

The other major limitation of the programme relates to its **sustainability** as there is a lack of firm government commitment to take forward the services initiated through the transformation plans.

Findings relating to the wider childcare system

In addition to findings about the CCR programme, the evaluation also found several findings relating to the wider child care system in Bosnia and Herzegovina. These findings are included here as they are relevant to recommendations and next steps. It should be noted that the on-going problems in relation to the wider child care system do not represent a short-comings of the CCR programme; a programme of the size and duration of the CCR programme could not be expected to address these issues.

1. There is a greater preoccupation with alternative care provision than prevention amongst some key stakeholders. Prevention is a priority for child care reform, and must be appropriately balanced against the provision of alternative care. In relation to prevention, it is particularly important to work across sectors.
2. As well as the training carried out by the CCR programme, social workers in Bosnia and Herzegovina also need better supervision, manageable case loads, and systems of mutual support in order to support reform. Changes to the way that social workers are expected to work should be implemented carefully and supportively, recognising existing workloads. Social workers work most effectively in partnership with foster carers, care home staff, and others concerned with children's wellbeing.
3. As well as the training and changes to legislation supported by the CCR programme, a strong foster care system also needs: adequate financial and case management support; self-help groups, and support to ensure safe contact with birth families and reintegration from foster care. Different forms of foster care are necessary to meet varying needs. Support should be adapted to reflect the needs of kinship and non-kinship foster carers, and foster carers providing emergency, short term, short breaks and long term foster care.

4. In addition to improvements in foster care, a number of steps need to be taken to ensure that children have a range of quality care choices open to them. The use of small group homes needs to be carefully considered, and standards in this care monitored. Kinship carers are a resource that should be utilised. Supervised independent living and others forms of support are important for care leavers who are highly vulnerable. Support for this group should not just involve preparation to leave care, but on-going support once in the community.

Recommendations

Recommendations can be split into two phases. Phase one recommendations are for Immediate actions to follow-on from the CCR programme that should be carried out in the next year, with support and technical guidance from UNICEF, in collaboration with the government and other partners:

1. UNICEF should agree goals for care reform with government in both entities and District Brcko, and other partners, and develop a road map using the recommendations in this evaluation as a starting point.
2. UNICEF and NGO programme partners should work with government to support social workers through the introduction of case management systems (including monitoring this process and providing them with mentoring and supervision in its introduction)
3. UNICEF (with support from implementing agencies) should fully document/ evaluate the prevention services offered through the CCR programme and share learning.
4. UNICEF (in collaboration with government) should carry out research on the causes of separation and barriers to reintegration. This should consider the particular vulnerabilities of Roma children and children with disabilities, and the varying pathways into care for girls and boys.
5. UNICEF should work with the government in both entities and District Brcko to map existing family strengthening and prevention services that address root causes of separation identified in the research. This may include services which address: poverty; stigma and discrimination; lack of access to services; violence, abuse and exploitation; disability; and drug and alcohol abuse.
6. UNICEF should work with the government in FBiH to monitor the introduction of the new law on foster care.
7. UNICEF should work with government agencies in the two entities and District Brcko to agree priority support needs for foster care, including to ensure that foster carers can care for diverse groups of children, and to support to a range of different forms of foster care. This is likely to include: help managing contact with birth families; adequate and timely payment to cover costs; supervision, and systems of mutual support, such as foster carer associations.

8. UNICEF should work with government in both entities and District Brcko to identify necessary packages of support for care leavers whilst in care homes or foster care and once living independently in the community. Here it is important to consider the different needs of male and female care leavers, and of care leavers with disabilities and Roma children.
9. As considerable momentum and political buy-in has been generated around the transformation of the four care homes through the CCR programme, this process should continue. Government at the entity and municipal level should commit funds to supporting the transformation of the four care homes supported through the CCR programme.
10. UNICEF should provide on-going technical support to the transformation process in the four facilities. If sufficient progress is made in the transformation process over the next year, efforts should be made to document and share learning.
11. UNICEF and the government of FBiH should map the remaining care homes in terms of their locations, size, facilities and staffing.

Phase two recommendations are for longer care reform processes. They are largely the responsibility of the government; UNICEF and other partners may provide technical inputs, and advocate for these changes, but cannot be held responsible for achieving these recommendations. It is anticipated that this reform will take at least five years:

1. UNICEF should convene government and other partners to regularly review progress and learning against agreed goals for reform and agree necessary adjustments to the care reform process. UNICEF should also advocate for the changes included in these recommendations.
2. The government in both entities and District Brcko should examine the financing of care to ensure that systems of financing encourage deinstitutionalisation and that adequate budget is devoted to reform.
3. UNICEF should work with the government in both entities and District Brcko to develop benchmarks for increasing the size of the workforce and reducing case-loads to a manageable level.
4. The government in both entities and District Brcko should gradually increase the scale of the workforce according to the benchmarks developed.
5. The government in both entities and District Brcko should incorporate curricula on case management, foster care, family strengthening and ECD into social work training programmes, including in tertiary education before social workers are qualified.

6. The government in both entities and District Brcko should develop a comprehensive strategy for supervision and support of the social services workforce and other professionals responsible for children's protection.
7. The government in both entities and District Brcko should ensure changes to legislation to support social workforce strengthening.
8. The government in both entities and District Brcko (with technical support from UNICEF) should identify priorities and develop strategies for family strengthening and prevention services. These strategies should consider the role that care homes could play in delivering prevention services. They should draw on the learning and research from phase 1. The strategies are likely to involve close collaboration with other sectors, including health, education and social protection. In FBiH, strategies may have to be developed at the cantonal level, but should be guided by common frameworks and understanding of priority areas for prevention services.
9. The government in both entities and District Brcko should implement strategies for family strengthening.
10. The government in the two entities and District Brcko (with technical support from UNICEF) should ensure that priority support needs for foster care as identified in phase 1 are met, and that different forms of foster care are developed. The role of CSWs is likely to be important here.
11. The government in both entities and District Brcko (with support from UNICEF and/or NGO partners as needed) should ensure on-going support to the training of foster carers and social workers introduced through the CCR programme. All newly qualified social workers and newly recruited foster carers should continue to receive this training.
12. The government in both entities and District Brcko (with technical support from UNICEF and NGO partners if needed) should provide full packages of support for care leavers.
13. UNICEF and partner NGOs should continue to lobby and raise awareness around the harm caused by institutional care and the need to develop family-based alternative care. This should be targeted at both the general public, and at politicians and other decision-makers at the entity, cantonal and municipal levels.
14. Government in the two entities and District Brcko (with technical support from UNICEF) should develop standards on the appropriate use of and quality of care in small group homes, and establish mechanisms for effectively monitoring this care.
15. Government (with technical support from UNICEF) in both entities and District Brcko should consider the optimal number and purpose of small group homes and

their location (dependent on children's needs, rather than the existing location of large scale care homes).

16. Government in FBiH (with technical support from UNICEF) should work to transform or close all remaining large scale institutions. It is recognised that decision making around transformation or closure will ultimately take place at the municipal and canton levels. However, to help ensure a more systematic approach and even spread of services across the country, transformation or closure should be informed by: mapping of care homes; research and strategic plans on prevention; identified priority support needs in relation to foster care; identified needs of care leavers, and guidance on the use of small groups. Clear benchmarks for progress of transformation should be put in place, and efforts made to avoid a slow care home by care home approach.

1. Introduction and background

1.1 Introduction

This independent evaluation assesses the ‘Transformation of care institutions and prevention of family separation’ programme, commonly known as the Child Care Reform (CCR) programme. The evaluation was commissioned by UNICEF Bosnia and Herzegovina (BiH) and carried out by Child Frontiers. The CCR programme, funded by the European Union (EU), combines interventions to:

- Transform four child care homes to reduce the number of institutionalised children, provide small group and day care, and support care leavers and families.
- Enhance foster care through awareness raising, training and legislative reform.
- Provide services and case management to prevent unnecessary family separation.

The CCR programme started in January 2016 and programme activities ended in December 2018. The programme is part of broader child care reform efforts promoted by the Government of BiH which aim to strengthen families, reduce the number of children in institutional care, and increase the use of foster care. This child care reform is supported by policies in both political entities in the country, and reflects global and international guidance on children’s care.¹⁸

This evaluation uses the United Nations (UN) Evaluation Group Norms and Standards for Evaluation¹⁹ and examines the programme: design and relevance, efficiency, effectiveness, impact, partnerships and cooperation, and sustainability.

1.2 Context to the evaluation

1.2.1 The political and administrative structures within BiH

Bosnia and Herzegovina consists of two separate political entities (the Republika Srpska and the Federation of Bosnia and Herzegovina - FBiH) and one autonomous district (District Brcko). The CCR programme focused on the two entities, and there were no substantive activities in District Brcko. Policies on children’s protection and care are made at the entity level. While the Republika Srpska has a centralised political structure, FBiH is decentralised with ten cantons that make many decisions about budget allocations and strategy regarding care and protection. In FBiH, financial decisions are also commonly made at the municipal level with, for example, mayors

¹⁸ Ministry of Health and Social Welfare of Republika Srpska (2015) *Strategy for improving the social protection of children without parental care 2015-2020*, Banja Luka: Ministry of Health and Social Welfare of Republika Srpska;

Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina (2006) *Document of the Policy of Protection of Children Without Parental Care and Families at Risk of Separation in FBiH 2006-2016* Sarajevo: Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina

European Expert Group on the Transition from Institutional to Community-based Care (2012) *Common European Guidelines on the transition from institutional to community-based care* Brussels: European Expert Group on the Transition from Institutional to Community-based Care

UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

¹⁹ United Nations Evaluation Group (2016) *Norms and Standards for Evaluation*. New York: UNEG.

determining expenditure on social services. Achieving reform in this complex administrative and political structure is challenging, and requires the engagement of a large number of decision makers.

1.2.2 The care system in BiH

Laws and policies

In both FBiH²⁰ and Republika Srpska²¹ there are comprehensive strategies on care reform stating that:

- Children should not be separated from their families unless it is in their best interests.
- Family support services will be developed to avoid unnecessary separation, and promote reintegration from institutional care.
- The use of large scale institutional care, or children's homes/ care homes as they are widely known, will be reduced.
- Processes will be put in place to identify and meet individual children's care needs.
- Foster care and adoption will be promoted.
- The quality of all forms of care will be monitored and enhanced.
- Children leaving care will be supported.

These policies recognise that children with disabilities need particular support, and that there must be cooperation and coordination to promote care reform.

FBiH has recently introduced the 'Law on Foster Care,' which has been supported by the CCR programme.²² This law requires the Federal Ministry of Labour and Social Policy to develop and adopt a curriculum and training programme for a cadre of core trainers. Republika Srpska has a rulebook on foster care.²³ Both of these policies promote the wider use of foster care, and offer guidance on areas such as criteria for becoming a foster carer, the monitoring and regulation of foster care, and levels of financial support that foster carers can expect to receive from the state.

The situation of children without parental care

A situation analysis carried out at the start of the CCR programme in 2016 suggests that 0.24-0.35 per cent of the child population were without parental care.²⁴ Government statistics from the end of 2017 show that there are 1,313 children in alternative care across the country, of which 56 per cent (or 735 children) are

²⁰ Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina (2006) *Document of the Policy of Protection of Children Without Parental Care and Families at Risk of Separation in FBiH 2006-2016* Sarajevo: Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina

²¹ Ministry and Health and Social Welfare of Republika Srpska (2015) *Strategy for improving the social protection of children without parental care 2015-2020*, Banja Luka: Ministry of Health and Social Welfare of Srpska

²² Add title of the law on foster care in FBiH – introduced in 2017

²³ The rulebook on foster care – published in "Службени гласник РС", бр. 36/2008 од 8.4.2008.

²⁴ UNICEF (2016a) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia an Herzegovina* Sarajevo: UNICEF

institutionalised in care homes, and 44 per cent (or 578 children) are in foster care.²⁵ According to the UN Guidelines for the Alternative Care of Children,²⁶ foster care describes situations where children are placed by a competent authority in a family environment that has been selected, qualified and approved for providing such care.²⁷ Foster care in BiH includes both kinship foster care, where children are placed by authorities in the care of the extended family, and non-kinship foster care, where children are placed by authorities with non-relatives.

Most children in alternative care have at least one living parent.²⁸ According to official records, the most common reasons cited for placement are neglect and abandonment, followed by poverty, and the death of both parents.²⁹ Social workers surveyed for the situation analysis highlight a range of factors that place children at risk of separation including: poverty and unemployment; parental ill-health; abuse and neglect; poor parenting; alcohol and drug abuse; housing issues; and child behavioural difficulties.³⁰

Children with disabilities and Roma children are disproportionately represented in institutional care.³¹ A separate situation analysis of children with disabilities reveals them to be amongst the most marginalised in society, with limited access to services, including schooling, and high levels of stigma and discrimination.³²

The social work system

Centres for Social Welfare (CSW) are responsible for coordinating support for alternative care and family strengthening across the country. There are 139 CSW, generally staffed by social workers, psychologists and lawyers. A review of 107 CSW carried out as part of the situation analysis in 2016 found that many staff lacked training in: prevention of family separation and family strengthening; foster care, and adoption, and that centres often lacked basic equipment needed for professionals to carry out their work.³³ There were also inconsistent processes for identifying and supporting vulnerable children, and poor record keeping.³⁴ Levels of job satisfaction were low.³⁵ Social workers who took part in the situation analysis reported that they were able to support some families where children are at risk of separation. However, despite the

²⁵ UNICEF (2018) *Donor report for the delegation for the European Union in BiH. Support for the Transformation of care institutions. Progress report No.2 January 2016-December 2017* Sarajevo: UNICEF. Please note that these statistics are not fully comprehensive. For example, there is no comprehensive data on children in specialized institutions for persons with disabilities, or children in private institutions.

²⁶ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

²⁷ Ibid.

²⁸ UNICEF (2016a) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* Sarajevo: UNICEF

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

³² UNICEF (2017a) *Situation analysis of children with disabilities in Bosnia and Herzegovina* Sarajevo: UNICEF

³³ UNICEF (2016a) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* Sarajevo: UNICEF

³⁴ Ibid.

³⁵ Ibid.

complex array of causes of separation, they were usually only able to provide material benefits, and often these were insufficient in both amount and regularity.³⁶

1.2.3 Child care reform in BiH in regional and international context

The Government of BiH has ratified the Convention on the Rights of the Child, and seeks to adhere to global and regional guidance on alternative care. The Convention on the Rights of the Child³⁷ recognises the importance of children growing up safe and protected within families. The Committee on the Rights of the Child, which oversees the implementation of the convention, has called for the development of family based care in the country. The Guidelines for the Alternative Care of Children, welcomed by the UN in 2009, builds on the Convention on the Rights of the Child. The Guidelines state that:³⁸

- Efforts to prevent family separation and promote reintegration should be prioritised.
- If children cannot be with their parents, kinship care (with extended family, neighbours or friends) should be explored as an option.
- There should be a range of care choices open to children, which may include: kinship care, foster care, small group residential care and supervised independent living.
- Alternatives should be sought to the use of large scale institutional care, and no child under three should be placed in any form of residential care.
- Decisions about children's care should be made on a case by case basis, and guided by the best interests of the child.
- Efforts should be made to enhance the quality of all forms of care to ensure that children's needs are met and their rights respected.
- Children should be supported to leave care.

The EU also recognises the importance of de-institutionalisation of children and has issued guidance to support the transition from institutional to community based care. This guidance covers children, persons with disabilities, and persons with mental health problems, and is designed to inform the use of European Commission structural funds.³⁹ Initiating a process of de-institutionalisation is a pre-requisite to accession into the European Union.⁴⁰ In June 2011 UNICEF launched a call for action in South East Europe for no child under the age of three to be placed in any form of residential care. The call to action came as the result of research demonstrating the harmful effects of institutional care on children, particularly those aged under three years.⁴¹

1.3 The CCR programme

³⁶ Ibid.

³⁷ United Nations (1989) *Convention on the rights of the child* New York: UN

³⁸ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

³⁹ European Expert Group on the Transition from Institutional to Community-based Care (2012) *Common European Guidelines on the transition from institutional to community-based care* Brussels: European Expert Group on the Transition from Institutional to Community-based Care

⁴⁰ For further details, see: <https://ec.europa.eu/neighbourhood-enlargement/sites/near/files/20180417-bosnia-and-herzegovina-report.pdf>

⁴¹ https://www.unicef.org/tajikistan/End_placing_children_in_institutions_ENG.pdf

1.3.1 Budget and duration of the programme

The programme started in January 2016 and with most programme activities ending in December 2018, though recently a three month no cost extension has been added at the request of UNICEF to allow time to present the findings and evaluation recommendations. The total budget was 1.347.408 Euros, including 1 million Euros from the EU.

1.3.2 Overall objectives and results chain

While there was no Theory of Change for the CCR programme, there was a programme logframe which outlined the key results and actions (see Annex 1). The logframe states that the overall programme objective was:

To ensure that children without parental care, children at risk of separation from their families and children and adults with disabilities enjoy equal rights and status with other children in BiH.

The specific objective of the programme was:

To make institutional improvements for the social inclusion of children without parental care and persons with disabilities in BiH.

This objective was to be achieved through four strategies:

1. To conduct a comprehensive situation analysis of children without parental care who reside in institutions as well as in alternative, community-based models of formal care.
2. To improve existing services and mechanisms aimed at identifying and providing preventative services to families at risk of separation as well as services for children with disabilities and other at-risk groups of children.
3. To strengthen existing models and capacities of the system of alternative care in BiH.
4. To support the transition of selected institutions to service delivery centres for children and families at risk of separation.

1.3.3 Programme sites and beneficiaries

The programme took place in four 'transformation' sites:

- Banja Luka in Republika Srpska
- Mostar, Sarajevo and Tuzla in FBiH

And in three further 'prevention' sites:

- Kozarska Dubica in Republika Srpska
- Ljubuski and Gorazde in FBiH

Some of the activities also took place at the entity level.

Programme beneficiaries were:

- Primary: children without parental care and children at risk of separation from their families, including children with disabilities.
- Secondary: service providers at community level; professionals working within child protection system, families at risk; foster families and potential foster families.

1.3.4 Details of programme components

Situation analysis

A situation analysis was carried out in 2016 to provide an overview of the care system. The situation analysis was used to select the four care homes for transformation.

Prevention of separation

Efforts to prevent family separation through the CCR centred on:

- **Early Childhood Identification and Early Childhood Development (ECI and ECD):** Training was provided across the country on how to identify developmental delays and disabilities in early childhood, and provide follow-up support to the parents and caregivers of young children.
- **Social protection services for children with disabilities and their families:** Services were provided in Mostar, Banja Luka and the three prevention sites. Services included day care, counselling, physical therapy and self-help groups. It was hoped that this support, and ECI and ECD component of the programme, would contribute to the prevention of the institutionalisation of children with disabilities.
- **The introduction of case management:** Case management guidelines were developed, and around 115 professionals were trained in the use of these guidelines. Case management is a process used by social workers to systematically assess children's needs, and develop and monitor strategies to meet these needs. It was hoped that improvements in case management would lead to better support to families and the prevention of unnecessary separation.

Services provided through the four transformed institutions also included a strong prevention focus (see below).

Strengthen models of alternative care

Efforts to strengthen models of alternative care focused on improving the foster care system in BiH through:

- Developing and delivering training on foster care for the two entities, including training for the social service workforce in both entities. In FBiH, this involved establishing a cadre of 23 core trainers, who adapted the PRIDE model of practice to the FBiH context, and trained and mentored the social service workforce in foster care. In Republika Srpska, Dutch NGO "Knowledge

- Factory”, in close cooperation with the Ministry of Health and Social Welfare, developed and delivered training for professionals from all CSW in the entity.
- Advocacy for the adoption of the Law of Foster Care in the FBiH. This law includes recognition of foster care as a service that deserves remuneration.
 - Establishing a working group composed of representatives of Cantonal Ministries responsible for social welfare, SOS Kinderdorf, Hopes and Homes for Children and UNICEF in the FBiH, mandated to guide and monitor the implementation of the Law on Foster Care.
 - Developing separate guidelines on foster care for each entity.
 - A national awareness raising campaign on foster care and adoption.
 - Community-based promotion events aimed at informing the public on foster care and recruiting foster families. These were led by Ministries responsible for social welfare, Associations of Social Workers and/or CSW. This included the development of information brochures.
 - Introducing supervision to CSW in Republika Srpska and training on preventing burnout in FBiH as part of the PRIDE training.

Transform care homes

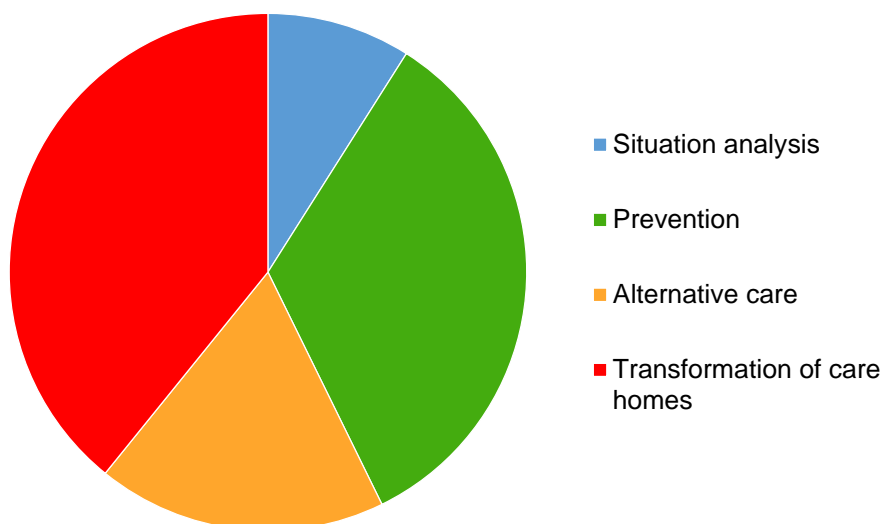
Following the initial situation analysis, four child care homes were selected in Banja Luka, Mostar, Sarajevo and Tuzla for ‘transformation.’ Transformation plans aimed to reduce the number of children in institutional care and use care home facilities and staff to provide: small group residential care; day care for children with disabilities; support to foster carers, and support to vulnerable families in the community. While transformation in Tuzla and Sarajevo has been on-going throughout the programme, transformation in Mostar and Banja Luka has only started recently.

Budget allocations in the programme

The proportion of budget allocated to each of the components at the start of the programme is included in diagram 1 below.⁴² It is important to note that the transformation of care homes involved some prevention activities as part of the transformation process.

Diagram 1: Proportion of budget devoted to each component of the programme

⁴² This is based on a projection of spend and not the actual spend in the programme as these figures were not yet available at time of writing.



1.3.5 Partners involved in the implementation of the CCR programme

- **Government:** State and entity level officials sat on the programme coordination board and supported the implementation of activities. In FBiH the Ministry of Labour and Social Policy developed the law on foster care. In FBiH, Canton and municipal level officials helped to develop the transformation plans and supported the implementation of these plans. In Republika Srpska, these activities were carried out by government centrally. The key government ministries involved in this programme were:
 - State level: The Ministry of Civil Affairs,
 - FBiH: The Ministry of Labour and Social Policy
 - Republika Srpska: The Ministry of Health and Social Welfare

In FBiH, the Ministry of Health also contributed to the programme through inputs to the Programme Coordination Board.

- **UNICEF:** UNICEF provided programme oversight and management and technical expertise, lobbied government for policy reform, and implemented the campaign “Every Child needs a Family”.
- **EU:** The EU funded the programme and lobbied government for policy reform.
- **CSWs:** Social workers and managers from the CSWs supported the transformation of children’s home and the development of new services. They participated in training on foster care, case management, ECD/ ECI and helped to deliver and roll out training on foster care. In line with their role and functions, CSWs also recruited, supported, mentored and supervised foster carers. They directly delivered some of the prevention services for children with disabilities.
- **Children’s home management and staff:** Children’s home management supported the development of the transformation plan for the four children’s

homes. Management and staff were responsible for the delivery of new services under these plans. Staff also took part in training on foster care, case management and ECD/ ECI.

- **NGO partners:**
 - **Association of social workers** supported the transformation of the care home in Mostar.
 - **EDUS** developed and delivered training on ECI and ECD.
 - **Hope and Homes for Children** supported the transformation of care homes in Sarajevo and Banja Luka and the roll-out of foster care training and education, including related campaigning in the FBiH.
 - **Infohouse** supported the awareness raising component of the programme.
 - **SOS Children's Villages** provided administrative and technical support to the roll-out of the foster care training in FBiH and the process of developing case management guidelines and delivering training on case management in the two entities.

The programme was overseen by the Programme Coordination Board which consisted of representatives of the entity and state level ministries listed above and UNICEF. The board met twice a year to monitor progress, give recommendations for improving the programme, and suggest linkages to other programmes.

2. Purpose, objectives and scope of the evaluation

2.1 Scope and objectives of the evaluation

This evaluation was conducted at the end of the CCR programme, but before the start of the short no-cost extension. The evaluation was carried out in accordance with the grant agreement with the EU. It covered all aspects of the programme. At the request of UNICEF, the evaluation focuses on the strategic level, and is designed to help UNICEF, the government, the EU, and other partners to determine next steps in relation to child care reform. This requires a greater emphasis on outcome and outputs than on details of the programme activities. Significant emphasis is also placed on understanding and locating the programme within the context of the wider system of alternative care and family strengthening in BiH.

The objectives of the evaluation were to:

1. Assess programme results against planned activities, examining:
 - **Relevance and design:** The extent to which the programme is relevant to the needs of the target group, and to donor and government policies and priorities.
 - **Programme efficiency:** The extent to which the programme operated in a cost-efficient manner.
 - **Programme effectiveness:** The extent to which programme objectives have been achieved.

- **Programme impact:** The positive and negative, intended and unintended changes as a result of the programme.
- **Programme sustainability:** The likelihood of programme benefits continuing into the long term.
- **Partnership and cooperation:** The level and quality of cooperation and partnership.

2. Identify key lessons learned.

3. Make strategic recommendations for further reform to the child care system to improve the care and wellbeing of children in Bosnia and Herzegovina, helping to secure the rights of all children in the country, regardless of gender, disability, ethnicity or any other status. This may include the replication or scale-up of models developed by the programme, and/or new interventions not currently included in the programme.

The evaluation will be used by programme staff, members of the Programme Coordination Board, implementing partners (including government, UNICEF and NGOs) and donors. It will help to determine the future direction of child care reform efforts in BiH. As deinstitutionalisation is an important criterion for EU accession, the evaluation also has the potential to promote broader social and political change in the country.

The TOR for this evaluation is included in Annex 2. No significant changes were made to the scope or methods from the TOR, though changes were made to the timeline.

2.2 Evaluation questions

The table in Annex 3 provides a list of the key questions explored during the evaluation, alongside a list of the methods used to explore these questions, and the stakeholders targeted for discussions on each topic.

3. Evaluation methodology

3.1 Overall approach

This evaluation used a combination of a literature review, in-depth interviews and focus groups.

The literature review was included to provide contextual information on the child care system in BiH, and regional and international principles of good practice in relation to alternative care. It also provided survey data on the components of the programme that reached the largest number of stakeholders (the ECI/ECD programme, the foster care training, and the awareness raising) and government statistics on broader changes to the numbers of children in institutional care and foster care.

The qualitative tools were designed to explore the CCR programme in-depth with a range of stakeholders. The combination of focus groups and interviews was important. Focus groups were included to generate debate and reflection and allowed a large number of stakeholders to be consulted in a relatively short period of time. Interviews were included so that senior managers in CSWs and care homes could be spoken to separately, allowing them to give their unique perspective as a leader, and enabling staff to speak more freely outside of their presence. Interviews also meant that the team could dig more deeply into individual experiences and interventions within the CCR programme.

The evaluation was guided by a rights-based approach. This meant that:

- Evaluation questions aimed to explore the achievement of children's rights, as articulated by the UN Convention on the Rights of the Child, and the Guidelines for the Alternative Care of Children.⁴³
- Efforts were made to ensure the appropriate participation of children in data collection.
- Children's best interests and rights were considered in the development of ethical protocols.
- Issues of gender, diversity and non-discrimination were included in:
 - The development of evaluation questions, such as exploring issues relating to gender, disability and the Roma community.
 - Examining literature on excluded groups as part of the literature review.
 - The evaluation sample, through efforts to try and ensure gender balance in the sample and to speak with children with disabilities and Roma children.
 - Analysis of data, attempting to explore differences in perspectives and experiences by gender and other status.

⁴³ UN (1989) *United Nations Convention on the Rights of the Child* New York: United Nations

Challenges gaining a sufficient sample of children and parents/ caregivers meant that it was not possible to achieve a sufficient gender balance in this part of the sample, or to identify sufficient numbers of Roma children and children with disabilities.

3.2 Evaluation process

The evaluation involved five steps:

- 1 **Inception:** Child Frontiers carried out a literature review and held provisional discussions with UNICEF to develop an inception report. This provided details of the evaluation questions, methods, implementation plan and ethical protocols. UNICEF commented on this report and all comments were incorporated before data collection began.
- 2 **Ethical Approval:** The inception report included details of the ethical protocol and consent and assent forms and team codes of conduct. This was shared with UNICEF's internal Ethics Review Board for ethical approval. Some changes were made to the report to accommodate comments from this Board, and ethical approval was granted.
- 3 **Data collection:** Data was collected over a three week period in October and November 2018 by an international and national consultant with support from a translator. Two-day visits were made to each of the five sites selected for the evaluation during this period (10 days in total), and three days were spent collecting data at the BiH level.
- 4 **Presentation of preliminary findings:** Weekly field reports were shared with UNICEF during the period of data collection. After the first two weeks of data collection, and once the bulk of data had been collected, presentations were made to UNICEF and the EU to share provisional findings and discuss the implications of these findings for next steps in relation to care reform in BiH. This enabled a more in-depth understanding of the reform process in BiH.
- 5 **Data analysis and write up:** Data was analysed and draft one of the report was written and shared internally in Child Frontiers for comments. The first draft of the report was then shared for comments by UNICEF and the second draft for comment by UNICEF the EU, Government and other programme stakeholders. The report was translated to ease this process. Comments were incorporated.

The quality of the evaluation was assured through:

- Inputs from two UNICEF assessors from outside of BiH (focusing on the evaluation process and ethics).
- The sharing of regular field reports during data collection.
- The sharing of three draft versions of the report prior to finalisation.
- Additional oversight from the Programme Coordination Board and UNICEF's Study and Evaluation Steering Committee.

The evaluation began in October 2018 and ended in March 2019.

3.3 Methods and tools

The evaluation used the following methods:

Literature review: A comprehensive review of the literature was conducted covering:

- Programme documentation, records and monitoring and evaluation reports
- Relevant policies and guidance
- Research reports on alternative care and related areas in BiH.

A full list of the documents consulted is provided in Annex 4.

In-depth interviews/ small group discussions: In some cases, these were one to one discussions, and in other instances they involved 2-4 participants from the same agency. These in-depth interviews were guided by a series of question checklists (see Annex 5).

Focus group discussions: The focus groups used a range of activities and exercises involving drawing and diagramming in order to engage participants and enable them to express their views freely (see Annex 6).

3.4 Site selection and sample

3.4.1 Site selection

As noted above, there were seven programme sites for the CCR programme. During the evaluation, all four of the 'transformation' sites were visited as these covered the bulk of programme activities. In the time available, it was only possible to visit one 'prevention' site, though the team were able to explore prevention activities that took place in the 'transformation' sites. Ljubuski was selected as the prevention site as it offered contrasting prevention interventions to those carried out in the transformation sites.

3.4.2 Sample

The evaluation involved gaining the perspectives of a range of stakeholders in the programme, including government officials, social workers, care home staff, a journalist, foster carers, children and parents/ caregivers. The total sample for the evaluation was 172 participants. Table 1 below provides details of the sample, and Table 2 further disaggregates this sample by gender.

Table 1: Evaluation sample

	BiH level	Transformation sites				Prevention site	Total
		Banja Luka	Mostar	Sarajevo	Tuzla		
Government official	2	1	2	0	0	0	5
CSW social workers and managers	0	9	8	17	9	5	48
Children's home staff and management	0	8	13	9	9	0	39
NGO partners	7	0	2	1	1	0	11
Government ECD/ prevention partners		1				4	5
UNICEF staff total	6						6
Journalist	1						1
Parents/ caregivers	0	8	5	6	7	7	33
Children/ young adults	0	12	0	7	5	0	24
Total	16	39	30	40	31	16	172

Table 2: Sample disaggregated by gender

	Male	Female	Total
Government officials	2	3	5
CSW social workers	8	40	48
Children's home staff	17	22	39
NGO partners	2	9	11
ECD/ prevention partners	1	4	5
UNICEF staff	0	6	6
Journalist	0	1	1
Parents and caregivers	12	21	33
Children and young adults	9	15	24
Total	51	121	172

3.4.3 Sampling procedures

In most cases, all of the relevant stakeholders from each category were selected to take part in the evaluation. In a few cases, random sampling was used. Annex 7 provides details of the sampling procedures used.

As shown in table 2 above, 70 per cent of the selected participants were female and 30 per cent male. This largely reflected a child welfare workforce that is predominantly

female. In relation to parents and caregivers, and children and young adults, this reflected the availability of participants at the time of data collection.⁴⁴

3.5 Ethical considerations

The evaluation team consulted UNICEF programme staff and considered the specific risks that children and adults involved in this evaluation may face. Annex 8 provides details of these risks and the ethical protocol that was used by the team to mitigate these risks. The consent and assent forms used as part of the informed consent process are included in Annex 9.⁴⁵ As shown in these annexes, efforts were made to ensure that the best interests of the child were considered at all times throughout the evaluation. Referral mechanisms were in place to support any children who became upset during the evaluation, or revealed situations of on-going abuse. Informed consent was sought from all participants, and efforts made to ensure the confidentiality and anonymity of findings. The team sought to ensure that methods used were culturally appropriate and child-friendly. The team were trained in child safe-guarding, and adhered to the UN Evaluation Group's Code of Conduct.⁴⁶

3.6 Approach to data analysis

A grounded theory approach was used to analyse the qualitative data included in this evaluation. This involved identifying themes as they emerged from the data, coding these themes and establishing links between them. The analysis then established explanatory relationships across themes and categories. Efforts were made to explore differences in perception and experiences according to gender, and for children, according to age. However, sample sizes were too small to identify discernible differences. Efforts were also made to triangulate data from a range of sources to ensure that validity of the evidence.

3.7 Evaluation limitations

Although the methods and sample included in the evaluation allowed a thorough assessment of the CCR programme, there were some limits to the evaluation:

- It was not possible to speak with as many children and parents/ caregivers as anticipated, and there is only limited evidence from the perspective of these groups. The reasons for this limitation are outlined in annex 7. This meant that it was not possible to properly assess programme impacts.

⁴⁴ Following discussions with UNICEF, a decision was reached to use mixed gender groups for group discussions with adults as this is not felt to inhibit discussion, and was feasible given the sample sizes and time for data collection in each site. Children were generally spoken to individually. In the small number of cases where children were spoken to in groups, mixed gender groups were also. Discussions with children themselves and with caregivers indicated that having boys and girls together would not inhibit discussion. This was also the most feasible option given the timeframe available for data collection in each site.

⁴⁵ Here, efforts were made to follow the UN Evaluation Group's Code of Conduct and the ethical protocol was guided by the UNICEF's standards for ethical research with children.

https://www.unicef.org/evaluation/files/Evaluation_Principles_UNEG_Code_of_Conduct.pdf

<https://www.unicef-irc.org/publications/pdf/eric-compendium-approved-digital-web.pdf>

⁴⁶ https://www.unicef.org/evaluation/files/Evaluation_Principles_UNEG_Code_of_Conduct.pdf

- The CCR programme covers a diverse range of activities across seven different programme sites. It was not possible to explore the quality of all activities in-depth in all programme sites given the time limits of the evaluation.
- There was an election during the evaluation and some of the key posts changed. This meant that government officials previously heavily involved in the programme had moved onto new roles, and also created uncertainty regarding political commitment to reform and the likely sustainability of the programme.
- The case management training component of the programme took place right at the end of the programme and after field visits to collect data for this report. As a result, it was not possible to speak with training participants.

4. Findings

4.1 Relevance and design

4.1.1 Relevance to the needs of vulnerable children

Globally, there is widespread evidence of the harm caused by institutional care. Caring for children in large groups, with staff working in shifts, prevents children from forming a bond or attachment with a caregiver. Combined with poor quality care and a lack of stimulation, this level of care has an impact on a child's brain development, physical development, language, intelligence, and ability to form relationships with others.⁴⁷ Children in institutional care are also at greater risk of abuse and neglect.⁴⁸ Children have a right to remain in their families providing it is in their best interest. Global and regional guidance, as well as domestic legislation, promote approaches that support parents and families to care for children. This guidance recognises the problems caused by institutional care and the value of foster care (see section 1.2.2 and 1.2.3).

As shown in section 1.2.2, there are substantial numbers of children in institutional care in BiH, with disproportionate numbers of children disabilities and Roma children in this form of care. Care reform has the potential to significantly benefit these particularly vulnerable groups.⁴⁹ The programme's focus on family strengthening, the development of foster care systems, and deinstitutionalisation is clearly relevant to the needs of vulnerable children in BiH.

The programme's relevance has been enhanced by efforts to consult vulnerable children and their parents/ caregivers in the development of prevention services (see section 4.2.2).

4.1.2 Relevance to wider government, UNICEF and EU policies

The programme supports the implementation of government policies relating to children's care and is relevant to achieving the regional priorities of UNICEF and the EU (see section 1.2.3).

The programme is also relevant to UNICEF BiH's programme priorities. UNICEF's strategic plan focuses on family strengthening through: reform of the social protection system; introduction of parenting education; and capacity building of the CSWs to support families.⁵⁰ The strategic plan places a strong emphasis on the rights of children with disabilities and early childhood development. All of these issues are addressed through the CCR programme.

⁴⁷ EveryChild (2011) *Scaling down. Reducing, reshaping and resizing residential care*, London: EveryChild

⁴⁸ Ibid.

⁴⁹ UNICEF (2016a) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* Sarajevo: UNICEF

⁵⁰ UNICEF (2017c) *Annual report Bosnia and Herzegovina* Sarajevo: UNICEF

4.1.3 Involvement of key stakeholders in programme design

Almost all NGOs and senior government officials interviewed for this evaluation stated that they were consulted in the programme design. The programme grant agreement proposed one set of case management guidance and a single curriculum for training foster carers for the whole country. Early on in the programme, both entities requested separate guidance and training tailored to their particular contexts and policies. UNICEF responded appropriately by establishing dual processes. Unfortunately, this created significant programme delays and, with hindsight, government should have been facilitated to raise these concerns at design phase.

4.1.4 The timing of the situation analysis

The situation analysis provided useful insights into children's care in BiH and provided much needed information for planning that was not previously available. However, with the exception of the selection of the four institutions for transformation, programme design did not allow for these insights to shape subsequent activities. Ideally, it would have been good to conduct the situation analysis prior to programme design, though stakeholders reported that there was not sufficient demand or resources for this to have happened outside of a donor funded programme. It would have still been helpful for programme design to have a greater degree of flexibility to respond to the findings from the analysis. This would have also ensured that the views of children and parents/caregivers more strongly shaped programme design.

4.1.5 The logic and coherence of programme design

The logic of programme design

The logic of CCR programme design, as articulated by the log frame, made sense – with the programme actions having the potential to contribute to the specific objective, and this objective having the potential to contribute to the overall objective.

The coherence of the approach to child care reform

A child care system is recognised in global guidance as having a number of elements:⁵¹

- Family strengthening and prevention services.
- Effective mechanisms for decision making around entry into care, appropriate forms of alternative care, and support needs.
- Alternative care provision, including reducing reliance on large scale institutions and creating a range of suitable care choices for children (which may include small group homes, formal and informal kinship care, foster care, and supervised independent living).
- Support to help children reintegrate back into families and communities from care.

⁵¹ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

- Support to older children leaving care to live independently (referred to as care leavers).
- A child welfare workforce with the capacity to support reform.
- Supportive community structures, norms and values.
- Appropriate legislation and policies.

The CCR programme sought to provide a coherent approach to child care reform by contributing to multiple aspects of the child care system, and it achieved much in relation to system wide reform by focusing on most of the element listed above. Owing to budget constraints the programme could not include extensive support to care leavers, or provide comprehensive support to a wide range of forms of alternative care. The programme largely focused on one form of alternative care, foster care, though it did provide some support to small group homes through the transformation of the four institutions and provision of emergency shelters.

The decision to focus on foster care was driven by two factors. First, there was strong government willingness in both entities to support foster care reform. Second, owing to the political and administrative structures in BiH, it was possible to instigate entity wide change in relation to foster care through legislative reform and training. The programme management team felt that this would not have been possible in relation to the provision of prevention services. The development of foster care was therefore seen to be the quickest way to remove children from institutional care across the country in the short term.

Whilst this focus on foster care may have made sense at the time of programme design, if a follow up programme to the CCR is developed, it will be important to consider if this focus on foster care continues to be appropriate. In particular, it will be valuable to reflect on global guidance. This guidance recommends that more resources be devoted to prevention than alternative care provision to ensure that where possible children can grow up in their own families. It also suggests that children be provided with a range of care choices.⁵²

The focus on transforming four institutions

Much of the programme budget and activities were devoted to transforming four care homes. The decision to design the programme in this way was based on the premise that learning from this transformation process could be replicated across the country. It was also based on the decentralised nature of government in FBiH where decisions about resource allocations to care homes are made at the canton or municipal level. This approach to reform has been found to be challenging for two main reasons.

First, the transformation has taken a long time, with the care homes in Tuzla still not fully transformed seven years after the process began. Transformation is a complex process, requiring retraining of staff, changes to infrastructure and complex case management processes with children and their families. Completing the process in

⁵² UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

Tuzla and the other three transformation sites, evaluating the process, and then replicating it across the other 26 care homes⁵³ in the country will be a lengthy process.

Second, a process of reform centred on transforming care homes may lead to uneven provision across the country. This is because care homes are only located in some parts of the country, typically in urban centres. The programme management team sought to partially resolve this issue by adding 'prevention' sites in smaller communities in the early stages of the programme.

The decision to focus so many resources on care home transformation appears to be, at least in part, motivated by a desire to protect staff and utilise the physical infrastructure of existing care homes. This was a preoccupation of evaluation interviewees, many of whom repeatedly stressed the need to keep care home staff on board during the care reform process. At times, it appeared that the concern about staff welfare was greater than concerns about the harm to children of keeping them in institutional care. Whilst it is of course important to treat staff fairly and recognise their expertise and years of dedicated service, this is not sufficient justification for a slow approach to reform that places children at continued risk. The CCR programme could have supported staff in other ways, such as carrying out a skills audit and developing a strategy for retraining and redeployment.

It should be noted that the care home by care home approach to care reform is perhaps slightly less problematic in Republika Srpska than in FBiH as there is only one care home in Republika Srpska which is included in the CCR programme. Transforming this one care home would therefore lead to the rapid de-institutionalisation of all children in this entity, though it may still be possible for children from Republika Srpska to be placed in FBiH homes. Problems with uneven service provision may still remain as the care home is located in the Western part of the entity meaning that children from the Eastern part of the entity may struggle to benefit from the new services provided through the home.

Moving ahead, it will be important to critically reflect on the care home by care home approach to determine if it is the only feasible way to promote care reform in a decentralised system, or if a more systematic approach, such as investments in CSW or the foster care system, that enables more even spread across the country would be a better use of resources. If a care home by care home model is used, it will be important to ensure that the transformation of each home is contextualised within an understanding of the wider system. This should help transformed care homes to contribute services and support where they are needed the most.

An inconsistent approach to prevention

⁵³ UNICEF (2017a) *Situation analysis of children with disabilities in Bosnia and Herzegovina* Sarajevo: UNICEF

The situation analysis highlights a range of prominent causes of family separation, including disability, poverty and abuse and neglect.⁵⁴ The CCR programme actions⁵⁵ focus on only one of these root causes (disability), although other causes of separation are addressed through family outreach services provided by the transformed care homes and through case management systems. While a rationale was given for the disability focus in programme design, no explanation was given in the programme proposal for why other root causes did not receive the same attention. Programme partners also seemed not to fully understand the approach taken to prevention; for example, interviewees did not make the connection between ECD/ECI programmes and care reform.

The programme emphasis on case management was a commendable effort to strengthen prevention work with families across the entire child care system in both entities. Efforts to transform prevention service provision were necessarily less systematic. As noted above, budget allocations for such services are made at the entity level in the case of Republika Srpska, or at the canton and municipal level in FBiH. As a result of this, and of the relatively small scale of the programme, the programme could not promote country or entity wide prevention service provision, and was instead restricted to piloting prevention services in a few key locations. These services could have still been used to instigate more systematic change by providing models to be replicated across the country. However, the programme lacked a clear strategy to document these services, measure their effectiveness, share lessons learnt, and promote effective models.⁵⁶ This was linked to the duration of the programme which did not allow sufficient time for this documentation and sharing (see below). UNICEF staff report that despite the lack of evaluation and documentation, learning from the pilot programme has fed into wider work on policy development and workforce strengthening.

Poor consideration of gender in programme design

In the programme proposal, two strategies for ensuring gender equity are proposed. First, that equal numbers of men and women be involved in capacity building and policy dialogue. Second, that NGO expertise on gender be utilised to ensure that gender specific needs are met in care reform. This strategy for ensuring that the programme promotes gender equity is weak. For example, equity of representation in training and policy dialogues is not the same as equality in participation, and changes would also need to be made in facilitation strategies to ensure that men and woman had a voice. Given that there are likely to be more female than male social workers, having equal numbers of men and women in training may not be a fair or realistic strategy. Simply stating that NGOs will guide a process of gender equity is vague and does not suggest that this issue was clearly thought through or monitored in implementation. As discussed in Section 4.3.5 below, the programme management team did not follow

⁵⁴ UNICEF (2017a) *Situation analysis of children with disabilities in Bosnia and Herzegovina* Sarajevo: UNICEF

⁵⁵ UNICEF and EU (2015) *Support to transformation of care institutions. Grant agreement.* Sarajevo: UNICEF/EU

⁵⁶ It is acknowledged that measuring the effectiveness of prevention services can be challenging, but some proof of the value of this provision is vital for stimulating the wider provision of these services.

this approach in programme implementation and instead implemented alternative strategies.

An incoherent approach to responding to the needs of vulnerable groups

The CCR programme grant agreement highlights Roma children and children with disabilities as vulnerable to placement in alternative care. However, it does not include a strong strategy for identifying or responding to the particular needs of Roma children. The needs of children with disabilities are acknowledged in the prevention services that have been established, and recognised in foster care training. The approach taken to Roma children and children with disabilities is discussed in further detail in section 4.3.5.

4.1.6 The duration and budget of the programme

The programme management team, government and NGO stakeholders working at the BiH level, social workers and care home staff all stated that the programme timeframe of three years was too short to plan for and fully start to implement care home transformation. These stakeholders cited examples of similar care reform processes in neighbouring countries that had taken far longer to be effective. Within BiH, documentation of the Tuzla care home transformation process suggests that the three year time period of the programme was too short to expect substantive change.⁵⁷

There were also numerous delays during the programme which stemmed from the need to allow more time to shift mind-sets, develop strong partnerships for reform and ensure the introduction of appropriate legislative reform (see section 4.2.2). The extra time needed for awareness raising, building partnerships and legislative reform indicates that a longer timeframe should have been envisaged for the programme.

A relatively short programme such as this would have benefitted from clearer communications around next steps. At the time of data collection, two months before the end of the programme, some partners, particularly less senior NGO or government employees, feared that UNICEF commitment to the reform process would stop with the end of the programme, and were not aware of UNICEF or EU commitment to provide some form of on-going support to children's care.

4.1.7 Theory of change and indicators

The programme design did not include a theory of change. Indicators were largely at activity or output level, and lacked targets.⁵⁸ Articulating the process of change and desired outcomes at the start of the programme may have helped resolve some of the design challenges outlined above.

⁵⁷ Hope and Homes for Children (2018) *Transformation of the institution for children without parental care in Tuzla into a range of new services to support children growing up within a family (internal evaluation)* Sarajevo: Hope and Homes

⁵⁸ This issues was also raised by previous programme evaluators: European Union (2017) *ROM report - Support to the Transformation of Care Institutions* Brussels: European Union

4.2 Programme efficiency

4.2.1 Efforts to improve the cost-effectiveness of the programme

The evaluation found that significant efforts were made to improve programme cost effectiveness.

First, reducing the number of children in institutions is cost effective. Research from elsewhere in the region suggests that institutions are three to five times more expensive than foster care and eight times more expensive than providing social services support to vulnerable families.⁵⁹ A social worker in Tuzla interviewed for this evaluation reported that the government pays foster carers an allowance of 400 BAM (200 Euro/ 230 USD) per month, whereas it costs 1,130 BAM (580 Euro/ 660 USD) per month to keep a child in institutional care.

Second, efforts were made to select programme partners with solid expertise who could carry out activities effectively and efficiently. Various structures were also established at the local and state levels to ensure coordination, share learning, and avoid duplication of efforts. These partnerships are discussed in section 4.5 below.

Third, transformation plans were properly budgeted and scrutinised by the programme management to ensure value for money.

4.2.2 Programme delays

There were numerous delays in the programme delivery as outlined in Table 3 below:

⁵⁹ EveryChild (2011) *Scaling down. Reducing, reshaping and resizing residential care* London: EveryChild

Table 3: Details of programme delays⁶⁰

Activity	Length of delay	Reasons given for delay
Finalising the situation analysis	6 months	Problems with the quality of the report produced by a local consultancy firm and issues around government approval for report structure.
Developing the case management guidance and delivering the case management training	Training was due to start in January 2017 and although some initial training took place in March 2017, the bulk of the training was carried out in November and December 2018.	A decision was made by government to develop two sets of case management guidance for the two different entities rather than one set. Delays were also caused by the need to first introduce legislation in both entities.
Delivering the foster care training in FBiH	6 months	At the request of the ministry due to the introduction of the new law in foster care
Assessment of current standards for monitoring care	This was assessed as part of the situation analysis but the development of tools will not be completed.	The need to first develop a better common understanding of alternative care through the case management design process and other programme activities. This activity is ideally led by the task group responsible for case management and this group have been busy with developing case management guidance.
Finalising the transformation plans for the four care homes and starting the implementation of these plans	12-18 months depending on location. Plans were already in place at the start of the project in Tuzla and Sarajevo, and just required review and update. Delays mainly relate to Banja Luka and Mostar.	Finalising the plans was a longer than anticipated process due to the need to involve a range of stakeholders.

These delays were mainly related to the need to build partnerships and ensure the buy-in of key stakeholders, necessary for programme sustainability. As noted above,

⁶⁰ The information provided in this table was gathered from interviews with NGO partners and the programme management team, from NGO interviews and donor reports, and from: European Union (2017) *ROM report - Support to the Transformation of Care Institutions* Brussels: European Union. UNICEF (2017b) *Donor report for the delegation of the European Union in Bosnia and Herzegovina. Support to the transformation of care institutions. Progress Report No. 1. January -*

the delays in part reflect a fault in programme design which set an over-ambitious timeframe for completing many activities amidst the political complexities in BiH.

4.3 Programme effectiveness

The effectiveness of the programme is examined in relation to each of the four programme components. At the start of each section, a table lists anticipated results and indicators of success from the programme log frame (see Annex 1).

4.3.1 Situation analysis

Result: To conduct a comprehensive situation analysis of children without parental care who reside in institutions as well as in alternative, community-based models of formal care.	
Indicator	Status
<ul style="list-style-type: none"> ▪ Comprehensive analysis of the formal care system (including its functioning and bottlenecks) in BiH completed 	<ul style="list-style-type: none"> ▪ Situation analysis carried out.⁶¹
<ul style="list-style-type: none"> ▪ The situation of children without parental care placed in institutions and alternative formal care completed 	<ul style="list-style-type: none"> ▪ Situation analysis carried out.⁶²
<ul style="list-style-type: none"> ▪ Baseline for selection of institutions to be involved in the process of transformation completed 	<ul style="list-style-type: none"> ▪ Situation analysis carried out.⁶³

The situation analysis was carried out at the start of the CCR programme and involved:

- A survey of the CSWs.
- Focus groups (124 participants – CSW staff, child care institutions staff, foster carers, children in institutional care, children at risk of losing parental care, and parents at risk of losing custody of children).
- Key informant interviews (22 participants – representatives of the health and social protection ministries and service providers).
- Case studies of children in foster care.

Although there were delays in the finalisation of the situation analysis (due to concerns about the quality of the report), state level stakeholders reported being pleased with the final version. The delays did not prevent the report from being used for selecting

December 2016 Sarajevo: UNICEF

UNICEF (2018) *Donor report for the delegation for the European Union in BiH. Support for the Transformation of care institutions. Progress report No.2 January 2016-December 2017* Sarajevo: UNICEF

⁶¹ UNICEF (2016a) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* Sarajevo: UNICEF

⁶² Ibid.

⁶³ Ibid.

the four care homes. The report is comprehensive, well-presented and contains a useful set of recommendations.

4.3.2 Prevention services

Result: Strengthened models (in selected locations) and capacities (country-wide) for prevention of family separation	
Indicator	Status
<ul style="list-style-type: none"> Training modules and materials for ECI developed. 	<ul style="list-style-type: none"> Modules and materials developed by EDUS.
<ul style="list-style-type: none"> Number of professionals from health, education and social protection sectors who gained knowledge of ECD and ECI. 	<ul style="list-style-type: none"> 50 professionals trained through basic training and 26 through advanced training.⁶⁴
<ul style="list-style-type: none"> Number of children with disabilities and their families benefitting from new services in selected municipalities. 	<ul style="list-style-type: none"> 312 children with disabilities. 552 parents of children with disabilities.
<ul style="list-style-type: none"> Training plan and programme on case management developed. 	<ul style="list-style-type: none"> Two sets of case management guidelines developed for Republika Srpska and FBiH.⁶⁵ 30 professionals trained in principles of case management in March 2017.⁶⁶ 115 professionals trained in new case management guidance in November 2018.⁶⁷

ECI/ECD training

A total of 76 professionals were trained in ECI/ECD by the NGO EDUS. This training was well received, and professional evaluation participants who took part in the training reported that the model for assessing and supporting children was clear and easy to use and that the training was practical and helpful.

“Really good training, really practical and not too much theory which is what we need. Great challenge to enter the classroom and work with children immediately. We can gain much from this.” (Social worker, Mostar)

⁶⁴ Interviews with UNICEF and EDUS staff.

⁶⁵ Ministry of Health and Social Welfare of Republika Srpska (2018) Manual. Managing case work with children and families Banja Luka: Ministry of Health and Social of Republika Srpska; Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina (2018) *Manual: Case management in centres for social work in the Federation of Bosnia and Herzegovina*.

⁶⁶ From interviews with UNICEF.

⁶⁷ From interviews with UNICEF.

“Three people of the team were trained through the EDUS program. They came back from the workshops with new motivation and ideas. All the skills and knowledge is already being used with children.” (Rehabilitation center manager, Ljubuski)

The capacity building provided through the CCR programme was part of a broader training programme managed by EDUS. Post-training, the NGO conducted an assessment of the work carried out by professionals with children and families.⁶⁸ It was found that, as a result of the EDUS model, children with developmental delays had enhanced capacity in a number of areas including: speech and communication; motor and cognitive development; and social and emotional skills.

As outlined in section 3.7, it was not possible to determine if this early identification and treatment has impacted on the number of children being placed in institutional care through this evaluation. In the future, the impact of the EDUS model could be evaluated further, and this model mainstreamed into other training programmes, particularly for social workers, doctors, nurses and teachers. EDUS report very limited understanding of ECI/ECD amongst these groups, including paediatricians.

Prevention services for children with disabilities and their families

Prevention services available to children with disabilities through the CCR programme were designed by local level Social Protection and Inclusion Commissions, which have been supported by UNICEF for a number of years and consist of government officials, social workers and other service providers. Decisions were based on consultations with children and their parents as well as an analysis of existing services for children with disabilities. This is significant because it helped to ensure that services are based on the real needs of beneficiaries. In addition, it has created a degree of local ownership that will hopefully secure longer term funding of services.

Five services for children with disabilities were developed through the CCR programme, reaching 312 children and their families. These services included varying combinations of: counselling, day care, physical therapy, speech therapy, self-help groups, and referral for children with disabilities. The programme management team report that in four out of the five locations, local authorities have committed to continue funding services beyond the duration of the project.

The evaluation examined only one of these services in depth in Ljubuski. Here, following pressure from the parents of children with disabilities, a rehabilitation centre was established. It offers ECI/ ECD, physical and speech therapy to 65 children and adults. The CCR programme has provided equipment and start-up costs and UNICEF’s support has added legitimacy to the work of the centre. The centre manager and parents report that, as a result of this recognition, the municipal government has now agreed to continue to fund running costs. Interviewees from Ljubuski reported the following benefits from the centre:

⁶⁸ EDUS and UNICEF (undated) *Early intervention in Bosnia and Herzegovina. Pilot study of the efficacy of ECD centers across BiH* Sarajevo: EDUS and UNICEF

- Parents are able to access essential therapy that was previously unavailable to them locally. Their children are able to receive support all in one place.
- The parents of children with disabilities are now more open about their children's disability and willing to seek help. Staff report that parents are now doing more work with children at home. Staff are noticing visible improvements in children's development.

"I am working with families where it took them long time to go for diagnosis of the disability and to accept the fact that they have a child with disabilities. The child's disability was neglected by parents for years. They are making some progress now and parents are satisfied." (Staff member, rehabilitation center Ljubuski)

- Therapy benefits children and gives parents a break.

"As a single parent, now I have place to leave my child for few hours in safe hands. I don't have to wait around and can use this time for me, to do things around house, in the city or simple to grab a coffee on my own. It means a lot to me because I have been taking care of child for years 24/7." (Parent of a child with disability)

- The centre reaches out to the community more widely and staff and parents report a reduction in stigma and discrimination.

"We have organised visits from local kindergartens to the centre and the local karate club uses the centre. This way we learn from each other and make space to open up to others and give them the chance to understand, accept and include." (Centre director)

- The centre has freed up the time of the CSW to do other work as they have support in their work with children with disabilities and their families.

Most of the parents interviewed for this evaluation had never contemplated placing their children in institutional care. However, one parent said that before the centre was established, they had placed their child in an institution for two years as they had struggled to cope at home. The CSW stated that before the centre was established they used to place a small number of children in a special residential school in Mostar, but this was no longer necessary with the introduction of the centre.

Case management

Case management guidelines⁶⁹ have been developed and approved by ministries in both entities. 115 professionals have been trained in the use of these guidelines. This

⁶⁹ Ministry of Health and Social Welfare of Republika Srpska (2018) Manual. Managing case work with children and families Banja Luka: Ministry Health and Social Welfare of Republika Srpska Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina (2018) *Manual: Case management in centres for social work in the Federation of Bosnia and Herzegovina*

is the first time that case management has been used systematically within the government social work system and represents a major step forward in social service provision. Working groups were established in each entity to develop the guidelines. These groups consisted of representatives from line ministries, CSWs, NGOs and academia. The process was facilitated by an NGO, SOS Children's Villages.

The guidelines cover:

- An explanation of the theory and principles of case management.
- Key actors in case management.
- The stages of case management.
- Formats for assessing children and families and planning support.

Very few interviewees were aware of the guidelines because the training had not been completed at the time of data collection. Senior officials at the entity level and NGO staff involved in the development of the guidelines expressed satisfaction with guidelines content. These stakeholders identified potential benefits arising from the introduction of case management processes. For example, it:

- Ensures that social workers work with both the child and his/ her family, and promotes the development of new services to support families.
- Encourages an individual approach to working with children and families, which involves assessing a child's needs and developing an individual, tailored care plan.
- Outlines roles and responsibilities of different service providers responsible for children's care and protection, and promotes clearer communication between them.
- Supports consistency in response, review, reflection and learning around how best to support children and their families.

“Case management is based on the real needs of beneficiaries. It enables a kind of inter-sectoral/ inter-expert approach to every case - people in CSW are directed to take an individual approach. What is really important is that we are not looking at the child only, but also the child's family. It also serves as a mechanism to develop a set of services that can be used both for children and to strengthen families.” (Entity level government official, FBiH)

“Case management makes a difference because it is a more complete approach to each case, involving the entire team. It has more details and its more precise about how to respond.” (Entity level government official, Republika Srpska)

Of course, the guidance will only benefit children and families if it is operationalised. In Republika Srpska, case management processes based upon the guideline will become mandatory. In FBiH, use of the guidelines will, at least initially, be recommended only. It is too early to tell if the case management guidance will be used and this in any case was not a goal of the CCR programme. Some of the stakeholders interviewed did express opinions on the likely use of the guidance and barriers to this use, and these are included in section 4.7.

The low overall prioritisation of prevention?

During the interviews and focus groups with professionals and policy makers, open-ended questions were asked about the most important achievements of the CCR programme, and the challenges and lessons learnt from this programme. It was noticeable that all categories of interviewee were more keen to discuss foster care than the programme's prevention initiatives. This suggests an overall low prioritisation of prevention in the minds of decision makers. This is contrary to global guidance on children's care - which calls for prioritisation of family support, thereby ensuring that children are not separated from parents unless it is in their best interests.⁷⁰ It should be noted that whilst some practitioners and policy makers may not always highlight prevention efforts, the CCR programme itself does include prevention intervention through case management, prevention service provision and some of the community outreach services provided by transformed institutions.

4.3.3 Strengthening the alternative care system

Result: Strengthened system of alternative care in Bosnia and Herzegovina	
Indicator	Status
<ul style="list-style-type: none"> Training modules and materials for ECI developed. 	<ul style="list-style-type: none"> Modules and materials developed by EDUS.
<ul style="list-style-type: none"> Training plan and program on capacity building of social workers' professional skills in foster care and specialised foster care developed. 	<ul style="list-style-type: none"> Training programmes developed in both contexts.⁷¹
<ul style="list-style-type: none"> Number of social workers trained in foster care and specialised foster care. 	<ul style="list-style-type: none"> In FBiH, 23 individuals have been trained to become accredited trainers. They have then trained 130 professionals (introduction into the PRIDE model) and educated 90 foster carers as part of the roll-out of the training programme.⁷² In Republika Srpska, 79 professionals from all 49 CSWs have been trained in foster care. These professionals are in the process of training all foster carers in the entity (precise numbers trained so far not provided).⁷³
<ul style="list-style-type: none"> Assessment of the current monitoring of the formal care system conducted. 	<ul style="list-style-type: none"> Assessment of the current monitoring of formal care carried out through the

⁷⁰ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

⁷¹ Interviews with UNICEF, NGOs, and government representatives and review of the training materials.

⁷² SOS (2018) *CSO programme progress report August 2017* Sarajevo: SOS Children's Villages

⁷³ From interviews with government officials and UNICEF.

	situation analysis, but monitoring of the formal care system not completed.
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Support to laws and guidance on foster care

A rulebook on foster care existed before the CCR programme in Republika Srpska, and was already being extensively implemented prior to the start of the programme.

In FBiH, a new law on foster care was developed and introduced during the period of the programme. UNICEF and other programme partners were able to input to the development and implementation of the law. For example, through: lobbying for the inclusion of some specific details of the law; supporting cantonal working groups on implementation, and supporting training around the law (see next section). Professionals who took part in focus groups and interviews argued that the law represents a huge step forward for the expansion and improvement of foster care as it clearly demonstrates government support for foster care. The law was also considered beneficial because it provides mechanisms for monitoring and assuring the quality of foster care. There were also some concerns about the likely impact of the law. The foster care law is further discussed in section 4.7.2.

In both Republika Srpska and FBiH the CCR programme also supported the development of guidance on foster care which was reported to be widely used.

Foster care training

In FBiH, training on foster care under the CCR programme was led by the Federal Ministry of the Labour and Social Policy with the support of UNICEF, SOS Children's Villages and Hope and Homes for Children. The training uses the PRIDE model which is an internationally franchised programme on foster care and adoption.⁷⁴ So far 22 social workers and one foster carer have been trained to deliver PRIDE training, leading to a total of 23 core trainers. It has subsequently been used in the recruitment and training of 90 foster carers.⁷⁵ SOS Children's Villages reported that the Federal Ministry of Labour and Social Policy has asked for their continued support in rolling out the PRIDE programme after the end of the CCR programme, at least until all foster carers have been trained. The 23 trainers have also held round table discussions with 130 professionals to introduce PRIDE and raise awareness about its importance. This 'mini-PRIDE' training has covered social workers from all of the CSWs in FBiH. The social workers included in this evaluation who had taken part in this PRIDE introduction valued it highly.

⁷⁴ PRIDE (undated) *About the Pride model* PRIDE:USA. PRIDE is based on building five key competencies: protecting and nurturing children; meeting children's developmental needs and addressing developmental delays; supporting relationships between children and their families; connecting children to safe, nurturing relationships intended to last a lifetime, and working as a member of a professional team.

⁷⁵ This represents a significant proportion of foster carers in the country. Latest statistics provided by the government indicate that there are 285 foster families in FBiH, though these statistics do not indicate how many of these families are dual and single parent households.

In Republika Srpska, the Ministry of Health and Social Welfare introduced a training model that was developed with the support of a Dutch consultant. This model covered topics such as: family strengthening, determining the best interests of the child, different forms of foster care, family group conferencing and trauma healing. This training has been rolled out to every CSW in the entity and the CSWs are already in the process of training all foster carers.

In both entities, training has been adapted to context and materials provided in local languages. Training is followed by a certification ceremony for newly accredited foster carers. This provides an opportunity to generate media interest and further publicise foster care.

Foster carers and social workers who had participated in the PRIDE programme provided overwhelmingly positive feedback:

- The training helped participants to understand the needs of children in foster care, and the trauma that children had experienced. It taught them to be less judgmental and provided practical guidance on how to best support these girls and boys.
- The training helped foster carers understand how to deal with common problems that they face and how to manage relationships with children's biological parents.
- The training provided a chance to meet and share experiences with other foster carers.
- The training was very participatory and non-judgmental. It was practical and explored real cases and experiences.
- Certification made foster carers feel recognised and proud of their role.
- The training helped foster carers and social workers better understand the law and the entitlements of foster carers under the law.

“Very useful. It helps you understand things if you are a beginner and you get the point of fostering. Additionally it is moment where you meet other foster parents.”
(Foster carer who had participated in PRIDE training, Tuzla)

“We learned how to behave with children, to rethink if we can really be foster carers, what is most important, when not to improvise and when and where to ask for support and help.” (Foster carer who had participated in PRIDE training, Sarajevo)

“I now have a better understanding of the needs of the child and people in general. All of the trainers agree this has awakened in them a feeling that makes them less critical and judgmental of others. It got us back on the road in which team work is essential to foster care and where the foster carers are a member of that team.” (NGO social worker who had participated in the PRIDE training of trainers programme, Tuzla)

The international PRIDE trainers asked participants to complete post training questionnaires to evaluate the process. These showed high scores in relation to

content, organisation and atmosphere of the training, the skills of trainers, and overall experience.⁷⁶

There was very little negative feedback about the PRIDE model. Most complaints related to the slow process of rolling out the training and the small number of accredited trainers. Experienced foster carers in Tuzla complained that the training was too basic. A foster carer in Mostar said that it focused too much on fostering young children and fostering to adopt, and that they would have liked more guidance and encouragement relating to the fostering of older children.

In Republika Srpska, the evaluation team only visited one site (Banja Luka). The feedback from social workers and foster carers suggested that the training helped them to appreciate how important foster care is and enhanced their skills in working with children, including children with disabilities.

“It was very useful to me. Not just for foster care but for caring for my own children. Very early I lost my own parents so I needed this.” (Foster carer, Banja Luka)

There were also some complaints about this training, with both social workers and more experienced foster carers stating that the training was too ‘basic’ and did not teach them anything new.

“It didn’t help me at all. The most important for me as a foster carer was that I have had a family myself and I have children that are successful at their jobs - I wasn’t pleased at all with the training. I have education. I have done lots of serious things in my life and I felt ridiculous to come here and learn about how to cross the street with a child.” (Foster carer, Banja Luka)

“The training should be intended for young couples before they are about to have children. I feel that if you have two children already, you don’t need training in simple things, things like that the child should eat and take a shower, this is ridiculous.” (Foster carer, Banja Luka)

These views on the training in Republika Srpska were based on a very small sample of trainees, and it is recommended that a further assessment be conducted before firm conclusions are drawn.

Public awareness raising campaign on foster care and adoption

The awareness raising campaign on foster care and adoption aimed to increase the number of foster carers, and ensure greater government support for foster care. The campaign began with a Knowledge, Attitudes and Practice (KAP) survey with 1,500 respondents which clearly demonstrated the need for this awareness raising:⁷⁷

⁷⁶ PRIDE (2017) *Pride Programme - Training for Trainers in BiH 2017. Processing data from evaluation sheets*

⁷⁷ IPOS Public Affairs (2013) *Draft report: Research on knowledge, attitudes and experiences relating to deinstitutionalization of children without parental care & Violence Against Children Sarajevo: IPOS Public Affairs*

- Less than a third of respondents had heard of foster care.
- Half of all respondents reported knowing nothing or very little about adoption.
- Respondents did not know the difference between foster care and adoption.
- Most were not interested in becoming foster carers, and there was a particular reticence about fostering Roma children and children with behavioural difficulties.

Activities carried out to develop and deliver the campaign were supported by the NGO Infohouse⁷⁸ and by Pricha Marketing and Public Relations.⁷⁹ Key activities included:

- An inception workshop involving 32 adult participants from government, CSW and children's homes.
- Six workshops were held during 2018 involving 91 participants on "How to promote foster parenting in a way that is of interest to the media and the public" in Tuzla, Mostar, Sarajevo, Banja Luka and Trebinje involving 91 people (staff from the CSW, NGOs and line ministries). According to programme staff, 80 per cent of workshop participants expressed satisfaction with the quality and content of training in workshop evaluation forms.
- Four TV dialogue shows were instigated during the programme involving interviews and announcements related to the programme. A documentary was developed involving 18 interviews with foster carers, children in foster care, social workers and government officials. A thirty second animated video on foster care was also produced.⁸⁰
- Efforts were made to increase media coverage through press releases, press conferences and social media. Overall, this led to 463 announcements related to the programme from October 2017 to November 2018. Examinations of reactions on social media platforms such as Facebook and Twitter shows that these were 84 per cent positive.⁸¹

The end of programme KAP survey for the campaign suggests that it has been successful. Full results were not complete at the time of writing this report. Provisional findings indicate that the percentage of those that would describe themselves as being either somewhat or very interested in being a foster parent has doubled since the start of the programme. Now, 12.5 per cent of survey respondents have expressed an interest in foster care.

Some of those interviewed stated that the campaign had led to a difference in the way foster care was reported and perceived, and four of the foster carers interviewed said that they had been directly motivated to become foster carers by media coverage.

"I've seen in the last few years de-institutionalization issues such as foster care and prevention work spoken about, you see short movies, there is more media coverage of this area, and I can see differences amongst professionals in terms of their mindset." (NGO worker, Sarajevo)

⁷⁸ Infohouse (2018) *Every Child Needs a Family – child care reform programme* Sarajevo: Infohouse

⁷⁹ Pricha Marketing and Public Relations (2018) *Campaign Every Child Needs a Family – Final report for UNICEF BiH* Sarajevo: Pricha Marketing and Public Relations

⁸⁰ Ibid.

⁸¹ Ibid.

“Before the campaign foster care was presented in media but like on the surface. It was more about conditions of living in children’s home than actual needs for love, care and acceptance for these kids.” (Journalist, Sarajevo)

“I saw a TV ad on fostering. We are a small family and we can help others so we went to CSW to ask how we can help.” (Foster carer, Sarajevo)

Others felt campaign had had less of an impact:

“People still don’t understand the difference between foster care and adoption, though promotions were of high quality and clear. Maybe the campaign should have been more aggressive. Usually, when billboards come up they get taken down very soon.” (Social worker, Sarajevo)

Infohouse and the journalist interviewed both stated that the timeframe for the campaign was too short because attitudes towards institutional care are ingrained in society and hard to shift.

“Public and media need constant and continues education on foster care and children’s care. New foster carers will only happen if we make more media stories on good foster care” (Journalist, Sarajevo)

Monitoring the quality of care

The CCR programme was supposed to include a component on assessing the monitoring of alternative care and establishing strategies for improvement. The assessment of monitoring systems took place as part of the situation analysis. The establishment of strategies for improvement did not take place as it was agreed to first develop the case management guidelines, and then to use the same team to develop these monitoring systems.

Other issues relating to foster care

Discussions with foster carers and social workers revealed a number of other challenges with the foster care system in BiH. The issues include:

- The limited availability of foster care, particularly for certain groups such as children with disabilities and Roma children.
- Resistance from biological parents to foster care.
- A lack of support for foster carers.

The CCR programme team reflected on these challenges and sought to address these issues through including training on foster care for children with disabilities and working to develop a strong focus on mentoring and support for foster carers. Within the timeframe and budget of the CCR programme further work to address these issues would not have been realistic. However, the persistence of these problems suggests that more work is needed in this area in the future to strengthen the foster care system. Details of the challenges of the foster care system are included in section 4.7.2 which examines findings related to the broader child care system.

4.3.4 Transformation of residential care facilities

Result: Process of transformation of institutions initiated/ continued in selected locations	
Indicator	Status
<ul style="list-style-type: none"> Plans for transformation for four institutions developed. 	<ul style="list-style-type: none"> Plans developed for all four institutions.⁸²
<ul style="list-style-type: none"> Detailed analysis of targeted institutions for children without parental care (financial, material and human). 	<ul style="list-style-type: none"> Analysis included as part of the plans developed.⁸³
<ul style="list-style-type: none"> Number of professionals trained to work in the new services established within targeted institutions. 	<ul style="list-style-type: none"> 101 professionals trained in Sarajevo, Mostar and Tuzla.⁸⁴
<ul style="list-style-type: none"> Number of local awareness raising events and promotional activities implemented. 	<ul style="list-style-type: none"> Four round table discussions involving 143 professionals and potential and actual foster cares across the four 'transformation' sites. Three local promotional campaigns involving a total of 161 children from Sarajevo, Tuzla and Mostar developing messages about the value of growing up within a family.⁸⁵ A localised campaign to raise awareness about foster care in CSW, and the involvement of the 23 core trainers in FBiH involved in the PRIDE training in promoting foster care in the four sites.⁸⁶

⁸² Care home transformation working group (2017) *Transformation plan of the public institution of children – Mostar*

Care home transformation working group (2018) *Transformation plan - Home for children and youth without parental care "Rada Vranjesevic" Banja Luka*

Care home transformation working group (supported by Hope and Homes for Children) (2016a) *Transformation plan of the Youth Center for Children without Parental Care in a series of new services that will support the growth of children in families – Tuzla* Tuzla: Hope and Homes for Children

Care home transformation working group (supported by Hope and Homes for Children) (2016b) *Transformation of KJU Home for children without parental care Sarajevo in a series of new services that will support growing up children in families (second phase)* Sarajevo: Hope and Homes for Children

⁸³ Ibid.

⁸⁴ Figures provided by programme management staff and verified through reports provided by Hope and Homes for Children (ibid). No specific training has been organized for staff in the home in Banja Luka through the CCR programme related to the care home transformation. However, in Republika Srpska, staff have participated in supervision sessions and training on foster care.

⁸⁵ Infohouse (2018) *Every Child Needs a Family – child care reform programme* Sarajevo: Infohouse – In this report it is stated that 83 children took part in this campaign. UNICEF programme management team report that a further 78 children took part in second series of workshops.

⁸⁶ Reports from the programme management team.

	(Entity wide campaigning on foster care as part of the Every Child Needs a Family Campaign also took place in the four transformation sites – see details in section 4.3.3 above)
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The selection of the four care homes for transformation

The four care homes were selected for transformation on the basis of the information provided in the situation analysis, and in full cooperation with the government at entity level in Republika Srpska and FBiH. Care homes were selected at different stages of the transformation process and involving different forms of partnership in this process, thus providing useful learning from a range of experiences.

The development of action plans

An action plan has been developed for each of the care homes.⁸⁷ These action plans were produced by small committees involving representatives from the line ministries/ municipality, care home, and CSWs. In some cases, local NGOs and other service providers were also involved. Action planning included an assessment of every child to determine if they could return to their families or might be suitable for foster care placements. Action planning also involved mapping existing services in the wider community, and study visits to Croatia or Serbia. The development of the action plans took longer than anticipated to allow time for strong stakeholder involvement and buy-in. The content of the action plans was generally viewed positively.

“We [care home staff] took part in the drafting of the plan and we have no complaints about it. it is of high quality and the services being planned are needed for the local community.” (Children’s home staff, Banja Luka)

“It was our first time to take part in such a working group. This is really good way of working because we come from different organisations and everyone has their own perspective. This method of working worked really well. We all shared responsibilities.” (NGO staff, Mostar)

“I think the plan is really good. I would like to see this implemented fully - we have a lot of workshops and meetings and somehow all of us are thrilled to see that this is definitely going to help us.” (Social work manager, Sarajevo)

⁸⁷ Care home transformation working group (2017) *Transformation plan of the public institution of children – Mostar*

Care home transformation working group (2018) *Transformation plan - Home for children and youth without parental care “Rada Vranjesevic” Banja Luka*

Care home transformation working group (supported by Hope and Homes for Children) (2016a) *Transformation plan of the Youth Center for Children without Parental Care in a series of new services that will support the growth of children in families – Tuzla* Tuzla: Hope and Homes for Children

Care home transformation working group (supported by Hope and Homes for Children) (2016b) *Transformation of KJU Home for children without parental care Sarajevo in a series of new services that will support growing up children in families (second phase)* Sarajevo: Hope and Homes for Children

While children's home staff in Sarajevo were happy with the content of the plan, they did not feel that they had been fully consulted and involved in its development. In Mostar, staff in the children's home reported that they did not know the content of the plan and felt excluded from this process.

"People who are in charge of transformation should do transformation with us, with the staff. We have been working here for 20 years and we know what to do. We want them to include us in the process, not just through questions from time to time."
(Children's home staff, Mostar)

The length of time needed to develop the action plans varied. In Sarajevo and Tuzla, the process was relatively quick as the plans developed through the CCR programme built on existing plans already developed with the support of Hope and Homes for Children. In Mostar, the planning process took a year, in Banja Luka two years. Across all of the sites, the director of the care home has been very influential in the finalisation of the plans. Stakeholders involved in transformation planning in Mostar felt that the involvement of a local NGO in the process was particularly advantageous as it enabled the plan to be locally owned, and this dynamic enhanced the commitment of the government and CSWs to the transformation process.

The content of action plans

The action plans vary slightly, but generally include a combination of the following services:

- Day care for groups of children at risk of separation, including children with disabilities and young children from vulnerable families. This care is designed to support parents and caregivers, reducing the likelihood that they will place their children in institutional care. Day care also provides an opportunity to assess and monitor children and provide support where developmental delays are observed.
- Small group homes for the longer term care of children who cannot be reintegrated with families. These homes usually accommodate approximately 12 older children who have spent a significant proportion of their lives in care and have minimal contact with their families. Facilities can be located in the care home buildings, or managed by the care home but located in the community.
- A youth house designed to prepare 8-12 young people for leaving care. These homes are usually for children aged 16 upwards and young adults still in full time education. Children and young people in these facilities are taught basic life skills and prepared for employment and independent living.
- An emergency shelter for street connected children or children who have to be urgently removed from the family home due to abuse or neglect or because their parents/ caregivers have been taken ill or died. Children are expected to stay only three months in these shelters before they return to their families or are placed in other forms of longer term care, including foster care or other residential care facilities.

- A mobile team to work with families in the community, including work to support reintegration and promote positive parenting.
- A mother and baby unit working with young and vulnerable mothers to avoid child abandonment.
- Support to foster care, including providing advice and guidance to foster carers and campaigns to promote foster care.
- Changes to gatekeeping procedures to reduce the number of children entering care homes.

The Mostar plan includes work with the health and education sectors, and an 'education centre' for children in contact with the law is envisioned. The Banja Luka plan includes respite care for children with disabilities as well as a 'parents corner', a space where the parents of children in care can visit and enjoy time with their children in a relaxed atmosphere. The Sarajevo plan includes a 'family centre' which provides counselling and is the location for day care provision.

Approval of action plans by government and commitment to implement these plans

Although entity level government, and cantonal and municipal authorities in FBiH have signalled commitment to the action plans, government has yet to make changes to legislation or budget allocations to guarantee that the plans can be implemented. In Republika Srpska, the government has adopted the transformation plan, but not yet allocated budget for its implementation.

The CCR programme has modeled two different approaches to ensure government approval and budgeting of plans. In Tuzla and Sarajevo, a decision was made to go ahead with service delivery without full cantonal level government commitment to budget these services. This decision has enabled the transformation to proceed to a degree but means that services are in the precarious position of being approved and funded on an annual basis as pilot projects. Government has also not funded all of the services of the plan and the small group home is yet to be operational. In Mostar, the approach has been to focus on building strong cantonal government commitment and local buy-in, and ensuring that all services are approved and incorporated into legislation before the transformation begins. This has the disadvantage of delaying the start of service delivery, but the major advantage of creating stronger and more sustainable commitments from government and the potential for a more cohesive programme of support.

Interviewees at the entity level in FBiH and Republika Srpska and at the canton level in FBiH, expressed concern that government commitment has not been stronger and suggested that there remains a risk that the plans will only exist on paper. The CCR programme management team reflected that it would be useful to include clearer milestones within the action plans on, for example, the number of children leaving care. These milestones would provide a mechanism for measuring and encouraging commitment.

The implementation of the action plans

The CCR programme logframe (see Annex 1) commits to supporting both the development and implementation of the action plans, though not to actually completing the implementation of the action plans within the programme timeframe. The children's homes in Mostar and Banja Luka have carried out only very minor activities to implement the action plans. In Mostar, they are still awaiting government approval of the new services.⁸⁸ Staff in the care home have received training through 11 workshops supported by an NGO, the Association of Social Workers. There has been no reduction in the number of children in the care home since the start of the CCR programme and there are currently 30 children in the home. In Banja Luka the transformation plan was officially recognised by the entity level assembly and the government of Republika Srpska. Some research has been conducted on learning approaches for the new kindergarten. An MOU has been signed for the new mother and baby unit, although this is not fully functioning. Since the start of the CCR programme, there has been a fall in the number of children in the home from 100 to 78. However, this can largely be attributed to an unusually high number of older children in the home during this period who have reached 18 years of age and left care, rather than to activities funded under the CCR programme. The relatively limited implementation of the action plans in Mostar and Banja Luka can in part be attributed to slower than anticipated process of action plan development. This was to ensure the full buy-in of government stakeholders.

More extensive work to implement the new services has taken place in Tuzla and Sarajevo. In Tuzla, Hope and Homes for Children have supported the transformation process since 2011 when there were 109 children in the care home. At the start of the CCR programme in 2016 there were 35 children in the home. There are now 13 children, a reduction of 22 children over the course of the CCR programme. Children have left because they have reached 18 years or have been placed in foster care or reintegrated with family. All but one of the services included in the transformation plan have been initiated. The emergency shelter and mother and baby units were established in 2014, and the CCR programme has enabled these services to expand. The CCR programme has also supported the development of the mobile team, support to foster carers and day care services. The small group home for young care leavers is the only service included in the action plan yet to be initiated.⁸⁹

In Sarajevo, Hope and Homes for Children has supported transformation since 2014. At that time there were 178 children in the home. At the start of the CCR programme there were 94 children in the home and there are now 71, a reduction over the period of the programme of 23 children. Children have left through a combination of reaching 18 years and leaving care, foster care and reintegration and there have also been less referrals to the home by the CSWs. The CCR programme has supported the opening of an emergency shelter. A family support centre has been officially opened, but is not yet fully functional. The youth house was opened prior to the start of the programme, and there has been some further capacity building and advocacy as part of the

⁸⁸ In Mostar the cantonal Minister of Health and Social Welfare submitted the request for approval of the new services to the cantonal assembly. They are still waiting for official approval in that regard as the assembly has not discussed this yet.

⁸⁹ From interviews and focus groups and: Hope and Homes for Children (2018) *CSO donor report – Tuzla Sarajevo: Hope and Homes for Children*

programme. A mobile team that supports families in the community has also been established. Day care services and five small group homes are included in the plan but not yet operational due to a lack of government funding.

The CCR programme provides technical support, capacity building for the new services and some equipment and supplies, including furniture for the new services. In Sarajevo and Tuzla, Hope and Homes for Children has paid for some changes to infra-structure. The government covers daily running costs.

Building the capacity of staff and managers to develop and implement the action plans

The CCR programme has enhanced the willingness and/ or capacity of staff to support the implementation plans, with this capacity building strongest in Sarajevo and Tuzla where the transformation process is more advanced. With the exception of Mostar,⁹⁰ the CCR programme led to a change in attitudes amongst staff in the care homes, vital to their subsequent support for the transformation plans. In the other three sites, the staff interviewed for this report were supportive of the transformation process, despite fears that they could eventually lose their jobs.

“I’m glad we came through this prejudice about transformation and now we are entering a new phase. The most important thing is that children here don’t stay here altogether and we have small family homes instead.” (Children’s home staff, Sarajevo)

The CCR programme has sponsored three study tours, two to Croatia and one to Serbia. These study visits were highly valued and frequently mentioned by the officials and managers who took part in them as a key benefit of the programme.

“When you go somewhere where it’s well executed, especially Croatia where it’s a similar context, you can see how there has been a reduction in numbers in institutional care and an increase in foster care. We were able to see how they did it despite initial resistance.” (Canton official, Mostar)

“This study visit was very useful. It showed us how it looks in practice. We were thrilled with some of the services and could see we could develop them here.” (Entity level official, Republika Srpska)

Staff in Mostar, Sarajevo, and Tuzla have received training.⁹¹ In Bankja Luka, training

⁹⁰ This could be related to the small number of professionals acting as caregivers with limited academic backgrounds.

⁹¹ In Tuzla, Hope and Homes for Children report that through the CCR programme: 12 staff have received training in the operations of the mobile team, mother and baby unit and emergency reception center, and 20 staff have received training in the operations of the day care centre, counseling services and small group home (from Hope and Homes for Children (2018b) *CSO donor report – Tuzla* Sarajevo: Hope and Homes for Children). In Sarajevo, Hope and Homes report that through the CCR programme: 11 staff have been trained in the operation of the emergency reception centre, and 12 staff have been trained on the operation of the mobile team (Hope and Homes for Children (2018c) *CSO donor report – Sarajevo* Sarajevo: Hope and Homes for Children). The programme management team reports that further training has taken place since these programme reports and also in Mostar, bringing the total

has not yet been organized for staff, though the psychologist has participated in supervision sessions organized for professionals and staff have taken part in wider foster care and ECI/ECD training. All staff interviewed feel they need more skills, particularly in relation to working with families and with street connected children in the emergency shelters.

Supporting care leavers

Support in the CCR programme to children and young people leaving care to live independently is largely in the form of youth houses, which are small group homes where children and young people can prepare for life outside of care. The youth house in Sarajevo was instigated prior to the start of the programme and subsequently supported through capacity building. Youth houses are planned in the other sites but not yet initiated. Interviews and group discussions with children and young people either preparing to leave care or who have already left suggest that this support is much needed and that any future reform efforts should invest in this area. Further details of the support needs of care leavers is included in section 4.7.4.

4.3.5 Cross cutting issues that affect programme effectiveness

Working with vulnerable groups and addressing gender differences

The CCR programme has tried to ensure that the most vulnerable groups benefit from the programme, particularly children with disabilities. The programme seems to have contributed significantly to the wellbeing of children with disabilities in the 'prevention' sites, and efforts have been made to introduced specialised foster care for this group. The scale of the problems facing children with disabilities and their families in BiH⁹² are too substantial to be fully addressed by a programme of this duration and size. Following on from the CCR programme further work is required to develop effective support to prevent institutionalisation of this group. Professionals who participated in this evaluation consistently reported that there is still a very long way to go before children with disabilities can have equitable access to foster care. Across the country there is a lack of specialised foster carers willing and able to care for children with disabilities. In Tuzla, where foster care was first established in FBiH, there is still only one foster family who will care for children with disabilities.

As noted above, although the CCR programme proposal notes that Roma children are disproportionately represented in alternative care, the programme did not include tailored interventions for this group. Further discussion on the challenges faced by Roma children is included in section 4.7.5.

Although gender differences were addressed poorly in programme design (see 4.1.5) some efforts were made to address gender in programme implementation. For

staff trained in the three sites to 101.

⁹² UNICEF (2017a) *Situation analysis of children with disabilities in Bosnia and Herzegovina* Sarajevo: UNICEF

example, foster care training included efforts to encourage carers and social workers to consider the different needs of girls and boys. However, the evaluation suggests that more could have been done in this area. The four transformation plans did not include a strong consideration of gender. Discussions with NGO and programme partners for this evaluation show a limited understanding of gender, and many struggled to articulate the different needs of girls and boys and how these had been met through the programme.

Capacity of frontline workers

The effectiveness of CCR programme interventions was at times hindered by the capacity of frontline workers. Social workers and care home staff repeatedly stated that they lacked the skills, resources and time to properly implement activities. The programme sought to contribute to addressing the skill deficit through training in case management, ECD/EI and foster care, and the retraining of care home staff. As noted above, the programme was successful in delivering training and developing these skill areas. Some efforts were also made to increase supervision and reduce burn out. In FBiH strategies to reduce burnout are included in the PRIDE training programme. In Republika Srpska, supervision sessions were organised for 79 social workers from 49 CSWs. The programme did not attempt to address other capacity gaps of frontline workers, and it would be unreasonable to expect a programme of this size and duration to do so. Interviews and group discussions with social workers and care home staff suggest that, in the future, a more complete approach to capacity development will be necessary. These frontline staff would like to see:

- A larger workforce and reduced caseloads and working hours.
- Even more supervision and greater efforts to reduce burnout.
- Greater specialisation of social work roles.
- Higher salaries and benefits.
- Less administrative burden to free time to work directly with children and families.

As noted above, the introduction of case management processes with its new procedures makes it all the more important to address these capacity issues as an immediate priority.

4.4 Programme impact

Anticipated results for this programme as per the project design/results framework focus almost entirely on the delivery of training, services and awareness raising. Unfortunately, programme plans do not articulate expected changes to children's lives. As noted above in section 3.7, it was not possible to properly assess programme impact. Nevertheless, some likely changes in children's lives can be noted:

- Over the period of the programme, there has been a small reduction in the number of children in institutional care in two of the four transformation sites (Tuzla and Sarajevo) that can be attributed to the programme (see section 4.3.4). Within the scope of this evaluation, it was not possible to assess the

quality of services offered to children leaving these facilities, and outcomes for affected children.

- Since the programme began, there has been a slight decline in the number of children in institutions by five per cent, and a rise in the use of foster care by 38 per cent. On the one hand this represents a welcome shift away from institutional to family based care. On the other hand, this suggests that although the number of children in institutional care may be falling, the number in alternative care and separated from parents may be rising. The figures are from 2017 and do not have consistent definitions of terms and measurement techniques across the country. This makes meaningful comparisons problematic.⁹³ It is also hard to determine the extent to which these changes can be attributed to the programme, although, as the programme has largely been responsible for major care reform efforts over this period, it is likely that at least some of the change can be attributed to the programme.
- Training through the CCR programme led to improvements in the capacity of frontline workers and foster carers. This is likely to have impacted their capacity to support vulnerable children, though social workers may not have been able to implement their new found knowledge due to heavy case loads and other capacity issues (see section 4.3.5).

The evaluation also identified some factors that could limit the future beneficial impacts of the initiatives established by the programme. This is not a short-coming of the CCR programme and rather these are factors that need to be addressed in the future to maximise benefits for children. For example, the implementation of the foster care law needs to be carefully monitored to assess if it is leading to a reduction in the pool of available foster carers, and to address any impact this may have on rates of de-institutionalisation. Case management should ideally be accompanied by efforts to increase the capacity and supervision of social workers to ensure that they have the time and resources to implement the guidelines.

4.5 Partnership and cooperation

Each of the partners in the programme contributed to the successes of the programme. Partners roles are explained in section 1.3.5. In addition, focus groups and interview participants highlighted the valuable contributions of the programme management team:

“The CCR has meant we are able to do things much faster because UNICEF has greater influence in government.” (NGO partner, Tuzla)

“They are always approachable. I can always count on them.” (NGO partner, Tuzla)

“We are really thankful to UNICEF and other international organisations because without them the social sector would be at the margin of society and no one would be

⁹³ UNICEF (2018) *Donor report for the delegation for the European Union in BiH. Support for the Transformation of care institutions. Progress report No. 2 January 2016-December 2017* Sarajevo: UNICEF

investing in the training of experts. No one else is doing any investment in this.” (Social worker, Mostar)

Participants also spoke of the political influence of the EU:

“If it’s clear to the politicians that this is something that the EU want from us, then they will do it. But if it’s just kids who don’t vote and don’t have families who will vote for them, they don’t care.” (Children’s home staff, Mostar)

Participants praised government agencies with a child protection remit and generally felt that these partners were genuinely committed to reform. However, it was stated that other government decision makers, such as politicians or Mayors with authority over budgetary decisions or legislation, often failed to support or actively blocked reform efforts.

The CCR programme established a number of structures for cooperation and coordination, including the programme coordination board, the working groups for care home transformation, and the task groups for developing case management guidance. In FBiH, the CCR programme also led to the establishment of the Federal Working Group tasked with guiding and monitoring the implementation of the Law on Foster Care. Individuals involved with these bodies reported that cooperation and collaboration was good, that these bodies had strengthened relationships between stakeholders, and that they would like similar partnerships to continue after the end of the programme. The ability of the programme to convene a range of stakeholders to work together on care reform is impressive, especially given the political and administrative complexities of BiH.

Some effort was made to share learning between the programme sites during the programme, mostly through exchange visits. Tuzla and Sarajevo worked most closely together as transformation was managed by the same international NGO. Elsewhere exchange was more limited. Partners in Mostar said that they did not find exchanges within the country to be as helpful as visits to Croatia where the care reform process was more advanced. Partners in Tuzla said that they would have liked more opportunities for exchange.

“People from Banja Luka came to tell us something about the emergency shelter service and we also went there to see how this functioned and this was something that was really good. We would have liked more of this.” (NGO staff, Tuzla)

4.6 Programme sustainability

There is good reasons for optimism in terms of the likelihood of programme benefits continuing after the end of the programme:

- The programme has increased skills in foster care, ECD/ECI and case management.

- The programme has contributed to the effective implementation of new laws on foster care and led to new systems of case management that will have impacts beyond the end of the programme.
- The programme has built relationships and partnerships with lasting benefits.
- In four out of the five locations where prevention activities are being supported, local authorities have committed to continue funding services beyond the duration of the project.
- There are high levels of ownership of and commitment to transformation plans.

The major cause for concern in relation to the sustainability of the programme is that there is yet to be sufficient commitment from government to secure the transformation of the care homes in any of the four locations. This is despite extensive efforts from the CCR programme management team and partners. Legislation mandating the new services, approved budgetary allocation, and endorsement by newly appointed ministers are still needed. Participants were unsure and concerned whether approval would be forthcoming, not least because decision-makers do not yet understand the importance of reform.

“They don’t clearly see the damage that institutions are doing to children. It does not matter how often or how consistently you explain this, it is not clear to them.” (NGO staff, Tuzla)

The programme also developed a number of models of promising practice. Some of these models were documented and shared to stimulate learning across the country, including the transformation of the Tuzla home. However, this was not done across all aspects of the programme. This was linked to the short time frame for the programme, which meant that models were not sufficiently established for this evaluation and documentation by the end of the programme.

4.7 Findings relating to the wider child care system

In addition to findings about the CCR programme, the evaluation also found several findings relating to the wider child care system in Bosnia and Herzegovina. These findings are included here as they are relevant to recommendations and next steps. It should be noted that the on-going problems in relation to the wider child care system do not represent a short-comings of the CCR programme; a programme of the size and duration of the CCR programme could not be expected to address these issues.

4.7.1 The likely use of the case management system

As noted above, huge progress has been made in the development of a case management system in FBiH, which, once implemented, will enhance prevention and reintegration activities, helping to reduce the number of children in residential care. Entity levels officials in FBiH stated that the extensive use of the case management guidelines developed through the CCR programme is contingent upon its incorporation in new legislation. Resistance is expected from politicians who may not recognise the importance of case management, or child protection more broadly, and who have other reform priorities.

Stakeholders in both Republika Srpska and FBiH felt that there would be resistance from social workers to the use of case management processes. Experienced professionals do not always embrace change and, importantly, all social workers have large caseloads to deal with and are already feeling overwhelmed:

“I assume we will have certain resistance from the CSW - we can even say that this resistance would be justified because they are claiming that they don't have capacity to do this. But also there is some unjustified resistance, especially when it comes to the older generation who don't want to change how they have been doing things for years.” (Entity level official, FBiH)

Interviews and group discussions with social workers in CSWs across the four transformation sites confirmed challenges in relation to social work capacity, and as discussed above in section 4.3.5. Although case management processes are seen as valuable, it was suggested that it be introduced extremely carefully to avoid overwhelming already stressed and over-stretched social workers. In the future, case management should be part of a wider system of support that addresses these capacity issues.

4.7.2 Issues with the foster care system

The CCR programme has also made significant progress in improving foster care provision in BiH. Discussions with social workers, policy makers and foster carers in both Republika Srpska and FBiH indicate several wider problems with the foster care system that would need to be addressed in future reform efforts. These include:

1. The availability of foster care generally and of different forms of foster care:
 - There is still a shortage of foster carers, particularly in some parts of the country (such as the eastern part of Republika Srpska).
 - Many foster carers are reluctant to take children with disabilities, Roma and older children. In some areas, few foster carers are willing to take babies, and in other areas foster carers only want babies.

“When we do have foster families they choose children and if the child has any problems they immediately say no, or if s/he is a Roma child they immediately say no.” (Social worker Sarajevo)

Social workers were frustrated with foster carers' unwillingness to support certain groups, but also felt that for the child's wellbeing such decisions needed to be respected:

“They will say, I only want that child, that age, that gender. We should respect these decisions - fact they cannot take a child because they are working, or because lack the capacity to take care of a child with behavioral disorders, these people are conscious and aware of their limitations and this should be

respected. So let's not make judgments here. If we do this I'm not sure how we will motivate people to take children." (Social worker, Sarajevo)

- There is no database of available foster carers or children in need of foster care in either entity, though the Ministry of Labour and Social Policy in FBiH is currently developing a data base with the support of the CCR programme.
- Foster care is typically long term and there are very limited places for children who need immediate, emergency care because, for example, they have been brought in from the streets or a parent has taken ill or died. Many foster carers do not want to look after children in the short term whilst efforts are made to reunite children with families. Some consider foster care as an alternative to or step towards adoption. There is very little respite foster care, especially designed to give parents or other caregivers a break in caring for children with disabilities or with behavioural problems.

2. Resistance from biological parents and other primary caregivers:

- Children's biological parents are fearful of foster care and what this means for their relationship with the child.

"When there is a need to take child from parents, they are very interested to place their child in children's home rather than in fostering. They don't trust foster parents and system that they will get their children back." (Social worker, Ljubuski)

3. A lack of support for foster carers:

- Limited consideration has been given to the different needs of kinship and non-kinship foster carers. Kinship foster carers receive less payment and, correctly, feel that they do not get as much financial and social services support.
- Foster carers would like more support from CSWs in helping children adapt from institutional care, in managing contact with birth families and in dealing with behavioural issues. Social workers have caseloads that are too large to provide this support.

"In the two years since the child is with us I only got two visits [from the CSW]. I think it is not enough. These kind of conversation should happen more often so we learn and share." (Foster carer, Sarajevo)

"I don't like social workers. They need to help my foster mum, but they don't come." (Child in foster care, Sarajevo)

"I'm happy to get a good foster carer, and when the child functions well. I have no time to give her a call and ask her what is going well, though I should do regular visits and offer the support envisaged in the law." (Social worker in Sarajevo)

- Foster carers would like to receive more background information about children before they come into their care so that they can understand any behavioural difficulties or health problems better.

“Foster carers are avoiding teenagers because if they are very long in institutions then the children have lost the human connection. They are lacking emotional connection to people and with them there is more problems. If foster carers could get more support for these children they would do it, but it is hard to do battles on your own. I know cases where children are violent in institutions and if CSW and children home is not able to solve this long time, they find foster family but don’t tell them this. This is not good at all.” (Foster carer, Sarajevo)

- There needs to be greater liaison with schools and kindergartens so that they understand the problems children in foster care have faced. This will enable teachers to better understand and respond to their learning needs and behaviour and ensure that the children are not stigmatised by teachers or other children.
- Foster carers appreciate opportunities for exchange with other foster carers and mutual support.
- Foster carers complain that they are not paid on time and struggle with bureaucracy.

There is concern that social workers who are under pressure to reduce the number of children in institutional care may place children in unsuitable families and/ or lack the time to properly monitor children in foster care.

“My concern about foster families are around who is going to follow these families in the future. My concern is - Are we going to take anyone just because we don’t have enough foster carers?” (Children’s home staff, Mostar)

There was widespread support for the new foster care law in FBiH, with most participants viewing this law as a significant and positive step forward. However, some participants also highlighted concerns about the application of the law:

- The law states that foster carers must have certain standards of housing, levels of taxable income, and levels of education. These stipulations were seen by social workers and foster carers in Mostar, Sarajevo and Tuzla to be too stringent, leading to experienced foster carers no longer being eligible to care for children. This includes some kinship foster carers. Social workers were deeply concerned that this could result in children being re-institutionalised.

“A [low] level of education does not mean that they can’t be good parents.” (Social worker, Sarajevo)

“We do not have enough families now and the criteria to be a foster family is so high. There are very strict rules. For example, the child has to have their own room, but who has those?” (Children’s home manager, Mostar)

- Under the law, all foster carers have to go through the PRIDE training. Although most participants were extremely positive about this training, experienced foster carers resented having to be trained. Social workers reported that the training is being rolled out too slowly, and that this will reduce the pool of available foster carers.
- Foster carers reported that the income they receive as stipulated by the law is not enough to cover the costs of caring for children in their care. This is especially the case if the child has a disability and/or complex health care needs, or if the foster carer has had to give up work to care for a baby, small child or child with severe disabilities.

“You get the child, you get some support and many obligations but nobody is giving you the same rights as biological parents. CSW and the law expects for you to take care of the child but not giving you chance to take rest, to have maternity leave and such things. I had to give up my job for one child I was fostering.” (Foster carer, Sarajevo)

“I am a foster parent because I want to help. I don’t want to adopt and I don’t want the money. But CSW staff sometime treats me as if I came to take a credit in a bank. They are demanding, by law, but if I do this for a better society why is the law is not supporting CSW to do some work for foster parents too? When we take children we need to have general health check every 6 months. For two foster parents it is about 300 BAM. We have to pay that. That is not ok. I just wonder if caregivers in children’s homes also do this every 6 months on their own expense?” (Foster carer, Sarajevo)

Some of those interviewed stated that the law does not go far enough and should include a ruling that any child under the age of three years be placed directly with foster carers rather than institutional care. This reflects global and regional guidance which highlights the harm caused by institutional care for young children.⁹⁴ In Tuzla, Hope and Homes for Children and other stakeholders are lobbying for a requirement that every CSW document the options they have tried before placing a young child into institutional care. This is to encourage social workers to only use institutional care as a last resort for this group. The law is yet to be fully implemented and social work managers, canton and entity level officials stressed that there is likely to be some degree of flexibility in its application.

Both foster carers and social workers in both entities fear that the problems outlined above may lead to placement failures and children returning to institutional care, an experience that would be deeply traumatic for children. As the child care reform process proceeds in the country, it will be important to not stop at training and

⁹⁴ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

legislation, and to also consider and address these wider concerns about the foster care system. In FBiH, it will be important to monitor the law closely, and ensure that efforts are made to maximise its benefits and minimise any problems caused by the law.

4.7.3 The need for other forms of alternative care

The evaluation highlighted the importance of children having a range of care choices available to them in addition to foster care. It found that some children who cannot live with their parents do not want to be placed in foster care. Similarly social workers and care home staff feel that foster care is not always the best option for children. This is particularly the case for older children who have become accustomed to life in institutional care and have only a short period of time left before they leave the care system. This may also be the case with children who have had bad experiences in foster care or in their own families, who struggle in a family environment, and who may need time to recover and adjust.

“Some kids are just not for family, they spent too much time away, their trauma is too big.” (Children’s home staff, Mostar)

The need for other care options for these groups is well documented in global research⁹⁵ and guidance.⁹⁶ The care reform process would benefit from a deeper consideration of how small group homes might fit within the alternative care system. This should include a consideration of the purpose of small group homes, and efforts to ensure that their introduction is not simply used to substitute institutional care, resulting in no overall reduction in the numbers of children in alternative care.⁹⁷

Global guidance⁹⁸ recognises other forms of alternative care, including informal arrangements made between family members and supervised independent living, which involves older children living alone or in groups under the supervision of an adult. Such supervised living arrangements can also be used for young adults who have left care. It would be useful to consider if greater investment in these forms of care would be worthwhile in BiH. Social workers and policy makers noted that extended family members looking after children who are not registered as kinship foster carers often get limited support. Decisions will need to be made about the degree to which financial and other forms of support is needed, and whether it should be contingent on care arrangements being formalised.

4.7.4 Support needs for care leavers

The evaluation found that care leavers require extensive support to adjust to life outside of institutions, and that currently this support is not universally available.

⁹⁵ EveryChild (2011) *Scaling down. Reducing, reshaping and resizing residential care* London: EveryChild

⁹⁶ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

⁹⁷ In Sarajevo, the transformation plan includes five small group homes, an emergency shelter and mother and baby unit. Combined, the number of children in these forms of residential care could be greater than the number currently in the existing care home.

⁹⁸ UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

Support needs identified by children and young people who have left or are preparing to leave care include:

- Counselling to help them adjust to the prospect of leaving the care home. For these young people, the institutions have been their home and being forced to leave can be deeply traumatic.

“I just wanted to say that everyone in this children’s home has problems. I had all kinds of problems in my childhood. My parents are divorced and I was always alone. When I came here I made friends, I learnt a lot. I was given what I didn’t have at home.. Since I am used to living here, I would rather stay here indefinitely.” (Care leaver, Banja Luka)

“Children need a longer time to prepare, and we have to give an explanation to the child and give them an opportunity to accept. We need to involve experts to prepare the child for something like this.” (Children’s home staff, Banja Luka)

- Practical support, learning how to cook, wash their own clothes, manage money and access health care.

“The worse thing is that they did everything for us, so when you leave you have no idea what to do, when you go to the doctors office you have no idea what to do, how to go there. When you need some papers you don’t know. They do all of that for us.” (Care leaver, Tuzla)

- Help reconnecting to family members who may be able to support them as adults.
- Help finding work, further education and accommodation.

“I need somewhere to live – like an apartment - some kind of back up. I just need a little to start and then it’s easy. I don’t have a place to go. You leave this place and you are basically alone in the field.” (Care leaver Banja Luka)

“Generally they gain these skills for independent living but the question is whether the child is prepared independently, protected for a long period of time and everything is provided. Maybe they are also afraid of whether they will stay on that road. Their strength and willingness to stay on this road is very important.” (Children’s home staff, Banja Luka)

Discussions with young care leavers suggests that they continue to require support once in the community: it is not enough to only prepare them for leaving care. Such on-going support could be provided through the CSW, by foster carers, or by other community members who could be trained and monitored to supervise and support young people as they learn to live independently.

4.7.5 The care needs of Roma children

Social workers across the country revealed that they often find genuine problems in Roma families that necessitate separation. These include high levels of child begging, early marriage, violence in the home and child abandonment. Many Roma children have been placed in the emergency shelters established through the CCR programme. Usually, these children are not reunited with their families and are instead moved on to longer term residential care. One social worker argued that the system is prejudiced against Roma children and that social workers do not work hard enough to support their families to care for children.

Interviews showed a widespread unwillingness to foster Roma:

“When we have a child we can offer to foster carers, the first question they ask is whether the child is Roma, and then whether the child is healthy etc. We have had situations where they have wanted to check if the child is that much Roma, how dark is the skin colour. You remain speechless, but you don’t know what to say to them. When you ask them why it’s so, they say they want to avoid the problems with that community and that environment. They say ‘I don’t want a gypsy knocking at my door dealing drugs.’” (Social worker, Sarajevo)

Problems placing Roma children in foster care are exacerbated by large size of families, which can mean 4-5 siblings being placed into care at the same time. Efforts are made to keep siblings together and it is hard to find foster families willing or able to take on such large sibling groups. Social workers in Tuzla said that Roma children should ideally be fostered by Roma families, as this respects their cultural heritage and way of living. However, it is hard to recruit Roma foster carers as they often have low incomes and levels of education and are not eligible to become foster carers under the new law. Those responsible for foster care recruitment may also discriminate against Roma. In Tuzla, only one suitable Roma family has been identified as foster carers.

Other challenges working with the Roma community include: threats against social workers and care home staff from criminals who exploit Roma children through begging, and a lack of documentation and suspicion of government authorities which can make it hard to trace families. There is a clear need for more research on Roma communities to understand the barriers they face in obtaining equitable access to care and support.

4.7.6 Financing reform

Care home staff in Banja Luka stated that the current system of financing of children’s homes discourages transformation as they receive funds per child in the facility. If children leave, then their budget and number of staff reduces, even if they are continuing to provide support to children in the community through their mobile team. Staff in Mostar said they struggled to obtain enough funds to pay for food or furniture and that this situation left them too exhausted to contemplate transformation.

“All of the energy we invest in just staying open we could invest in development - we feel burnt out by concerns about milk and where salaries will come from.” (Care home staff, Mostar)

Globally, evidence suggests that child care reform often requires an initial increase in expenditure whilst care homes are being transformed and services for children and families in the community are established. Over time, costs diminish as the number of children in expensive children’s homes reduces.⁹⁹

The evidence suggests that it will be important to carefully budget and consider the financing models for reform. UNICEF is rightly reluctant to invest in the running costs of services as this is unsustainable. The governments in BiH will also need to consider how they finance the care homes and avoid models that discourage reform.

⁹⁹ EveryChild (2011) *Scaling down. Reducing, reshaping and resizing residential care* London: EveryChild

5 Conclusion and lessons learned

5.3 Key achievements of the programme

1. The CCR programme addresses an issue of key importance to children's wellbeing in BiH by helping to ensure that children grow up safe and protected in families and not have their rights violated through harmful institutional care. This reflects UN, EU and government policy priorities.
2. As institutional care is substantially more expensive than family-based care, a strategy of de-institutionalisation is also cost-effective. The efficiency of the programme has been further enhanced through the selection of expert partners and coordination between partners, and the scrutiny of transformation plan budgets.
3. The programme was designed to offer a coherent approach to children's care, simultaneously addressing a number of aspects of the child care system. The programme has been most successful when it has sought to instigate systematic reform.
4. Many programme activities have been carried out effectively:
 - The situation analysis is comprehensive and offers useful insights into the lives of children without parental care.
 - The programme has helped to prevent family separation:
 - Of the actions designed to prevent family separation, the introduction of case management is likely to have the most wide-reaching impact, with the potential to improve social work capacity to work with families across the country, and help ensure consistently in the quality of support and greater coordination of response.
 - Training on ECI/ECD has been well received and, if applied, will help to address developmental delays and support the caregivers of children with disabilities, potentially reducing placements in institutional care.
 - Several much needed services for children with disabilities have also been established, again with the potential to reduce institutionalisation.
 - The programme has been effective in improving foster care provision in BiH, supporting the implementation of new legislation and training, and promoting foster care across the country. The PRIDE training model is especially appreciated.
 - The programme has led to the development of action plans for transforming four institutions and are highly regarded by stakeholders, with a strong degree of local ownership. Aspects of these plans have been implemented in two programme sites, and the commitment and capacity of care home staff to work towards transformation has been enhanced.

5. All of these actions have contributed to achieving overall programme objectives of ensuring that children at risk of separation achieve equal rights to other children in BiH through institutional improvements for their social inclusion.
6. There is also some evidence to suggest positive impacts on children's lives, including small reductions in the use of institutional care and an increase in the use of foster care.
7. The programme has built strong partnerships and coordination mechanisms. These, combined with changes to the law, enhanced capacity of frontline workers, and strong commitment from some decision makers, suggests a degree of sustainability of programme results. Programme successes in convening partnerships are especially impressive in the complex political and administrative context of Bosnia and Herzegovina.

Overall, the CCR programme has helped achieve substantial progress in child care reform in BiH, building solid foundations for on-going work in this area in the future.

5.4 Limitations of the programme

There were several limitations associated with the design of the programme:

1. Rather than the situation analysis being part of the programme, the programme would have ideally have been preceded by a thorough analysis of the care system and/ or more space been included in the programme to act on findings from the analysis. This would have allowed more considered decision-making around which aspects of that system to focus on.
2. The decision to focus a substantial proportion of programme resources on the transformation of four facilities has proven to be challenging. This is time consuming and may lead to uneven provision across the country.
3. The programme did not allow enough time for building relationships and buy-in, leading to delays. The short duration of the programme has meant that it has not been possible to properly document and share learning from these examples of promising practice, thereby spreading learning across the country.
4. The programme would have benefited from a more thorough examination of the root causes of separation, and a more coherent approach to prevention. There should have been a stronger rationale for the focus on disability and for not focusing on other causes of family separation to the same degree.
5. The programme should have more carefully considered the particular vulnerabilities of Roma children, and the different needs of girls and boys.

The other major limitation of the programme is the lack of firm government commitment to take forward the services initiated through the transformation plans.

5.5 Lessons learned

The following lessons have been learned from the CCR programme through this evaluation:

1. Greatest impact can be achieved through systematic approaches to child care reform, such as the changes to foster care and case management instigated through the programme. Systematic care reform relies on improved social work capacity.
2. Foster care can be substantially strengthened through changes to legislation and training programmes. As well as foster care, children need other care choices, including emergency shelters and youth houses that were supported through the programme.
3. It is essential to work in partnership to transform children's care. Care reform should be led by government, though others, such as UN agencies, the EU and NGOs also play important roles. The programme showed that even in a politically and administratively complex context such as Bosnia and Herzegovina it is possible to bring actors together towards a common goal of reform. This process of coalition building takes time, but this investment yields results.
4. It is important and possible to end the use of large-scale institutional care, but a care home by care home model of reform can be problematic. On the one hand, this approach may be necessary in a decentralised system where decisions about the future of institutions are made a local level. On the other hand, the process is slow, requires a lot of resources, and could ultimately lead to uneven service provision. If this approach is to be taken, it must be contextualised within an understanding of the needs of the wider child care system. The CCR programme has shown that decisions about transforming care homes must be primarily driven by children's best interests, rather than a desire to protect staff. Learning from the programme suggest that if such models are used, they should be carefully documented and evaluated to share learning, and closely monitored to ensure that reductions in the number of children in care in one facility do not simply lead to increases in another. A model utilising local capacity and resources, based on a strong sense of local ownership, is likely to be more sustainable than models that are perceived as externally imposed.
5. It is important to consider disability in the care reform process, and to reflect on other aspects of diversity, including gender and minority status.

The following lessons have been learnt about the wider child care system in Bosnia and Herzegovina through information gained during the evaluation:

5. Prevention is a priority for child care reform, and must be appropriately balanced against the provision of alternative care. In relation to prevention, it is particularly important to work across sectors.

6. As well as the training carried out by the CCR programme, social workers in Bosnia and Herzegovina also need better supervision, manageable case loads, and systems of mutual support in order to support reform. Changes to the way that social workers are expected to work should be implemented carefully and supportively, recognising existing workloads. Social workers work most effectively in partnership with foster carers, care home staff, and others concerned with children's wellbeing.
7. As well as the training and changes to legislation supported by the CCR programme, a strong foster care system also needs: adequate financial and case management support; self-help groups, and support to ensure safe contact with birth families and reintegration from foster care. Different forms of foster care are necessary to meet varying needs. Support should be adapted to reflect the needs of kinship and non-kinship foster carers, and foster carers providing emergency, short term, short breaks and long term foster care.
8. In addition to improvements in foster care, a number of steps need to be taken to ensure that children have a range of quality care choices open to them. The use of small group homes needs to be carefully considered, and standards in this care monitored. Kinship carers are a resource that should be utilised. Supervised independent living and others forms of support are important for care leavers who are highly vulnerable. Support for this group should not just involve preparation to leave care, but on-going support once in the community.

6 Recommendations

The recommendations were developed in line with findings discussed with the Programme Coordination Board and UNICEF staff. To move forward, there is a need for ambitious, properly funded care reform in Bosnia and Herzegovina. This reform should be:

- Systematic and not piecemeal – with consideration given to all elements of the system articulated below.
- Sustainable. Government must commit to funding long term service provision, and agree to benchmarks to assess progress.
- Orientated towards ensuring that children can grow-up safe and protected in their own families, with a stronger emphasis on prevention, reintegration and kinship care than foster care.
- Based on an understanding of the diverse needs of children, including differences by gender, age, disability, and the particular needs of Roma children who are overrepresented in the care system.

Recommendations can be divided into two phases:

1. Phase 1: Immediate actions to follow-on from the CCR programme. These actions are designed to ensure that the momentum from the programme is not lost and to immediately build on learning. These activities should be carried out in the next year, with support and technical guidance from UNICEF, in collaboration with the government and other partners.
2. Phase 2: These activities are for longer term care reform processes. They are largely the responsibility of the government; UNICEF and other partners may provide technical inputs, and advocate for these changes, but cannot be held responsible for achieving these recommendations. It is anticipated that this reform will take at least five years.

Within each phase, recommendations can be organised into six categories:

- Overarching strategy
- Build the capacity of the social services workforce
- Enhance family strengthening
- Strengthen foster care
- Strengthen services for care leavers
- Transform large scale institutions and support the appropriate use of small group homes

Recommendations are listed according to phase and category in the table below.

	Phase 1: Year 1	Phase 2: Year 2-6
Overarching strategy	<ol style="list-style-type: none"> UNICEF should agree goals for care reform with government in both entities and District Brcko, and other partners, and develop a road map using the recommendations in this evaluation as a starting point. 	<ol style="list-style-type: none"> UNICEF should convene government and other partners to regularly review progress and learning against agreed goals for reform and agree necessary adjustments to the care reform process. UNICEF should also advocate for the changes included in these recommendations. The government in both entities and District Brcko should examine the financing of care to ensure that systems of financing encourage deinstitutionalisation and that adequate budget is devoted to reform.
Build the capacity of the social services workforce	<ol style="list-style-type: none"> UNICEF and NGO programme partners should work with government to support social workers through the introduction of case management systems (including monitoring this process and providing them with mentoring and supervision in its introduction) 	<ol style="list-style-type: none"> UNICEF should work with the government in both entities and District Brcko to develop benchmarks for increasing the size of the workforce and reducing case-loads to a manageable level. The government in both entities and District Brcko should gradually increase the scale of the workforce according to the benchmarks developed. The government in both entities and District Brcko should incorporate curricula on case management, foster care, family strengthening and ECD into social work training programmes, including in tertiary education before social workers are qualified. The government in both entities and District Brcko should develop a comprehensive strategy for supervision and support of the social services workforce and other professionals responsible for children's protection.

		7. The government in both entities and District Brcko should ensure changes to legislation to support social workforce strengthening.
Enhance family strengthening	<p>3. UNICEF (with support from implementing agencies) should fully document/ evaluate the prevention services offered through the CCR programme and share learning.</p> <p>4. UNICEF (in collaboration with government) should carry out research on the causes of separation and barriers to reintegration. This should consider the particular vulnerabilities of Roma children and children with disabilities, and the varying pathways into care for girls and boys.</p> <p>5. UNICEF should work with the government in both entities and District Brcko to map existing family strengthening and prevention services that address root causes of separation identified in the research. This may include services which address: poverty; stigma and discrimination; lack of access to services; violence, abuse and exploitation; disability; and drug and alcohol abuse.</p>	<p>8. The government in both entities and District Brcko (with technical support from UNICEF) should identify priorities and develop strategies for family strengthening and prevention services. These strategies should consider the role that care homes could play in delivering prevention services. They should draw on the learning and research from phase 1. The strategies are likely to involve close collaboration with other sectors, including health, education and social protection. In FBiH, strategies may have to be developed at the cantonal level, but should be guided by common frameworks and understanding of priority areas for prevention services.</p> <p>9. The government in both entities and District Brcko should implement strategies for family strengthening.</p>
Strengthen foster care	<p>6. UNICEF should work with the government in FBiH to monitor the introduction of the new law on foster care.</p> <p>7. UNICEF should work with government agencies in the two entities and District Brcko to agree priority support needs for foster care, including to ensure that foster carers can care for diverse groups of children, and to support to a range of different forms of foster care. This is likely to include: help managing contact with birth families; adequate and timely payment to cover costs; supervision, and systems of mutual support, such as foster carer associations.</p>	<p>10. The government in the two entities and District Brcko (with technical support from UNICEF) should ensure that priority support needs for foster care as identified in phase 1 are met, and that different forms of foster care are developed. The role is CSWs is likely to be important here.</p> <p>11. The government in both entities and District Brcko (with support from UNICEF and/ or NGO partners as needed) should ensure on-going support to the training of foster carers and social works introduced through the CCR programme. All newly qualified social workers and newly recruited foster carers should continue to receive this training.</p>

Strengthen services for care leavers	<p>8. UNICEF should work with government in both entities and District Brcko to identify necessary packages of support for care leavers whilst in care homes or foster care and once living independently in the community. Here it is important to consider the different needs of male and female care leavers, and of care leavers with disabilities and Roma children.</p>	<p>12. The government in both entities and District Brcko (with technical support from UNICEF and NGO partners if needed) should provide full packages of support for care leavers.</p>
Transform large scale institutions and support the appropriate use of small group homes	<p>9. As considerable momentum and political buy-in has been generated around the transformation of the four care homes through the CCR programme, this process should continue. Government at the entity and municipal level should commit funds to supporting the transformation of the four care homes supported through the CCR programme.</p> <p>10. UNICEF should provide on-going technical support to the transformation process in the four facilities. If sufficient progress is made in the transformation process over the next year, efforts should be made to document and share learning.</p> <p>11. UNICEF and the government of FBiH should map the remaining care homes in terms of their locations, size, facilities and staffing.</p>	<p>13. UNICEF and partner NGOs should continue to lobby and raise awareness around the harm caused by institutional care and the need to develop family-based alternative care. This should be targeted at both the general public, and at politicians and other decision-makers at the entity, cantonal and municipal levels.</p> <p>14. Government in the two entities and District Brcko (with technical support from UNICEF) should develop standards on the appropriate use of and quality of care in small group homes, and establish mechanisms for effectively monitoring this care.</p> <p>15. Government (with technical support from UNICEF) in both entities and District Brcko should consider the optimal number and purpose of small group homes and their location (dependent on children's needs, rather than the existing location of large scale care homes).</p> <p>16. Government in FBiH (with technical support from UNICEF) should work to transform or close all remaining large scale institutions. It is recognised that decision making around transformation or closure will ultimately take place at the municipal and canton levels. However, to help ensure a more systematic approach and even spread of services across the country, transformation or closure should be informed by: mapping of care homes; research and strategic plans on prevention; identified priority support needs in relation to foster</p>

		care; identified needs of care leavers, and guidance on the use of small groups. Clear benchmarks for progress of transformation should be put in place, and efforts made to avoid a slow care home by care home approach.
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Annex 1: Logical Framework

Child Care Reform in BiH			
Description	Indicators	Means of Verification	Assumptions
Overall Objective			
The overall goal of the Action is to ensure that children without parental care, children at risk of separation from their families and children with disabilities enjoy equal rights and status with other children in Bosnia and Herzegovina.	<ul style="list-style-type: none"> Overall assessment of the situation of children without parental care in BiH 	<ul style="list-style-type: none"> EC Progress Reports Final Project Report Monitoring and Evaluation Reports 	<ul style="list-style-type: none"> Legal and policy framework on foster care (foster care law in FBiH; Strategy in RS) adopted Relevant ministries continue to be engaged and support the child care reform Selected municipalities show continued interest and commitment for the process of transformation of institutions Relevant government institutions continue to raise awareness on the importance of child care reform Relevant government institutions commit to providing funding for future interventions in the child care reform Political instability and competing priorities do not jeopardize efforts to ensure continuous coordination of project activities at all levels
<p>Specific Objective</p> <p>To make institutional improvements for social inclusion of children without parental care and persons with disabilities in Bosnia and Herzegovina.</p>	<ul style="list-style-type: none"> Level of functional institutional capacities and models (with increased number of facilities) for improved social inclusion of children without parental care and persons with disabilities in Bosnia and Herzegovina. 	<ul style="list-style-type: none"> EC Bosnia and Herzegovina Progress reports Competent institutions' reports Action final report 	<ul style="list-style-type: none"> Developed capacities and models for social inclusion proved to be benefitting for children without parental care and persons with disabilities in Bosnia and Herzegovina

Results			
<p>Result related to Action 1</p> <p>Established baseline and situation of children residing in institutions for children without parental care and alternative models of formal care</p>	<ul style="list-style-type: none"> Comprehensive analysis of the formal care system (including its functioning and bottlenecks) in BiH completed The situation of children without parental care placed in institutions and alternative formal care completed Baseline for selection of institutions to be involved in the process of transformation completed 	<ul style="list-style-type: none"> Program narrative report Meeting minutes with relevant stakeholders Relevant documents Final report/analysis 	<ul style="list-style-type: none"> Relevant institutions are fully committed to and willing to participate in the situation analysis and developing criteria for selection of institutions to be involved in the process of transformation
<p>Results related to Action 2</p> <p>Strengthened models (in selected locations) and capacities (country-wide) for prevention of family separation</p>	<ul style="list-style-type: none"> Training modules and materials for ECI developed Number of professionals from health, education and social protection sectors, who gained knowledge in ECD and ECI Number of Children with disabilities and their families benefiting from new services in selected municipalities Training plan and program on case management developed 	<ul style="list-style-type: none"> Training modules and accompanying materials Monitoring reports Project Evaluation reports Feedback from beneficiaries Trainings evaluation Workshops attendance, agenda, feedback 	<ul style="list-style-type: none"> Relevant institutions are fully committed and willing to develop strategic documents Selected CSWs and municipalities maintain willingness to work on development and adoption of training plans and modules on prevention of separation of families Municipalities show continued interest and commitment in applying newly gained knowledge and skills on prevention of family separation Municipalities, health, education and social care institutions show interest and commitment for the provision of ECD/ECI services, including home visiting
<p>Result related to Action 3</p> <p>Strengthened system of alternative care in Bosnia and Herzegovina</p>	<ul style="list-style-type: none"> Training plan and program on capacity building of social workers' professional skills in foster care and specialized foster care developed # of social workers trained in foster care and specialized foster care Assessment of the current monitoring of formal care system conducted 	<ul style="list-style-type: none"> Monitoring reports Project Evaluation reports Trainings evaluation 	<ul style="list-style-type: none"> Municipalities and CSWs show continued interest and commitment in advancing the system of foster care Media campaign "Every child needs a family" well perceived and accepted by the public

<p>Result related to Action 4</p> <p>Process of transformation of institutions initiated/continued in selected locations</p>	<ul style="list-style-type: none"> Plans for transformation of 4 institutions developed Detailed analysis of targeted institutions for children without parental care conducted (financial, material and human) Number of professionals trained to work in new services established within targeted institutions Number of local awareness events and promotional activities implemented 	<ul style="list-style-type: none"> Trainings attendance, agenda; trainings evaluation Monitoring reports Project Evaluation reports Feedback from beneficiaries PR materials Press clippings and press coverage 	<ul style="list-style-type: none"> Targeted institutions and their staff show continued interest and willingness to plan and participate in the process of transformation of institutions Government, relevant institutions and NGOs/CSOs appoint competent representatives and professionals to participate in the project activities Prevention measures reduce the number of separation
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Activities		Inputs	Means of Verification	Assumptions
Activities related to the result 1				
1.1	Assessment of the institutions for children without parental care and the existing alternative, community-based models of formal care	Project Manager, Child Protection Specialist, Child Protection Officer, Communications Officers, Project Assistants, Drivers, Consultants	<ul style="list-style-type: none"> Progress reports Reports from relevant institutions 	<ul style="list-style-type: none"> Relevant institutions willing to participate and provide relevant information for the situation analysis
1.2	Presentation of the main findings of the assessment			
Activities related to the result 2				
2.1.	Supporting provision of quality ECD and ECI services to prevent family separation and placement of children in institutions in selected locations and capacity building of professionals/service providers across the country	Project Manager, Child Protection Specialist, Child Protection Officer, SPI Specialist, Health/ECD Specialist, Health/ECD Officer, Communications Officers, Project Assistants, Drivers, Consultants	<ul style="list-style-type: none"> Training modules and accompanying materials Training evaluation Monthly monitoring reports from selected communities where ECD and ECI services are provided Project Reports by engaged NGOs Reports by relevant institutions 	<ul style="list-style-type: none"> Relevant institutions are fully committed and willing to develop strategic documents All stakeholders in selected municipalities keen and allocate funds to further develop services for prevention of separation of children from their families Municipalities show interest and commitment for the provision of new services
2.2	The establishment and/or strengthening of services for children with disabilities and their families in selected locations			
2.3	Strengthening capacity of social workers in case management			
2.4	Development of tools for the identification of families at risk of separation			
Activities related to the result 3				

Activities		Inputs	Means of Verification	Assumptions
3.1	Enhancing the capacities of Centers for Social Work in developing a sound system of foster care in the country, with a special focus on increasing the number of foster families qualified for specialized foster care for children with disabilities	Project Manager, Child Protection Specialist, Child Protection Officer, SPI Specialist, Health/ECD Specialist, Communications Officers, Project Assistants, Drivers, Consultants	<ul style="list-style-type: none"> Progress reports Assessment report 	<ul style="list-style-type: none"> There is general interest of the public in foster care and child rights and issues
3.2	Development of monitoring plans and mechanisms (or improvement/revision of the existing ones) for all forms of formal care	Project Manager, Child Protection Specialist, Child Protection Officer	<ul style="list-style-type: none"> Progress reports Reports by relevant institutions 	<ul style="list-style-type: none"> All stakeholders in selected municipalities keen to start and further advance the process of transformation of institutions
3.3	“Every Child Needs a Family” media and social mobilization campaign	C4D Officer, Communication Officer, CP Specialist, Project Manager	<ul style="list-style-type: none"> KAP report Press slipping Media reports 	<ul style="list-style-type: none"> Media campaign “Every child needs a family” well perceived and accepted by the public
Activities related to the result 4				
4.1	Development of plans of transformation for selected institutions	Project Manager, Child Protection Specialist, Child Protection Officer, SPI Specialist, Health/ECD Specialist, Communications Officers, Project Assistants, Drivers, Consultants	<ul style="list-style-type: none"> Progress reports Reports by relevant institutions 	<ul style="list-style-type: none"> All stakeholders in selected municipalities keen to start and further advance the process of transformation of institutions Prevention measures reduce the number of separation
4.2	Support to the implementation of the transformation plans in selected institutions	Project Manager, Child Protection Specialist, Child Protection Officer, NGO	<ul style="list-style-type: none"> Progress reports NGO reports Reports from relevant institutions 	<ul style="list-style-type: none"> All stakeholders in selected municipalities keen to start and further advance the process of transformation of institutions
4.3	Strengthening professional competencies of staff employed in selected institutions	Project Manager, Child Protection Specialist, Child Protection Officer, NGO	<ul style="list-style-type: none"> Progress reports Training attendance records 	<ul style="list-style-type: none"> Existing staff interested in transforming their professional skills to be used in other services for children and their families
4.4	Raising awareness on alternatives to institutions in selected locations	C4D Officer, Communication Officer, CP Specialist, CP Officer, Project Manager	<ul style="list-style-type: none"> Media Report Monitoring reports 	<ul style="list-style-type: none"> Local public and authorities respond to local campaign strategy in a positive manner

Activities	Inputs	Means of Verification	Assumptions
4.5	Organization of a study visit to a country in the region that has already gone through the process of child care reform	CP Specialist, Project Manager	<ul style="list-style-type: none"> • Proof of travel • Stakeholders show interest in participating
4.6	Documentation of the transformation process in Tuzla municipality	Project Manager, Child Protection Specialist, Child Protection Officer	<ul style="list-style-type: none"> • Progress reports • Final report • Stakeholders are willing to cooperate in the documentation process

Annex 2: Evaluation TOR

TERMS OF REFERENCE FOR: Final Evaluation of Programme “Transformation of Care Institutions and Prevention of Family Separation”

Type of contract: International Institutional Consultancy

Duration: 01 August 2018 – 19 December 2018 (55 working days in total)

Requested by: UNICEF BiH

Consultancy Mode: International

1. Background and Evaluation Context.

The Convention on the Rights of the Child (CRC) recognizes that the “family, as the fundamental group of society and the natural environment for the growth and wellbeing of [...] children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community” and highlights the key role played by growing up in a family environment for children’s development. In 2009, the United Nations General Assembly adopted the United Nations Guidelines for the Alternative Care of Children providing guidance to governments in building child protection systems that effectively protect children in a family environment. In June 2011 UNICEF launched a call for action in South East Europe for no child under the age of 3 to be placed in any form of residential care. The call to action came as the result of a report which gathered empirical evidence on severe negative consequences that growing up in institutions has on children, and especially on children under the age of 3. Furthermore, recommendations of the Committee on the Rights of the Child for Bosnia and Herzegovina (BiH) from 2005 and 2012 include the development of family-based forms of care, especially for children aged 0-3, the use of residential care only in exceptional cases, and the de-institutionalization and transformation of large institutions.

It is important to emphasize that the key objectives of the proposed child care reform (later described in the Description of the Action) are linked to the broader policy environment of the EU accession process and thereby contribute to the sustainability of the reform process in BiH. Child care system reform, transformation of institutions and transition to community-based care have been among the key EU policy priorities for the potential candidate countries for the EU enlargement and the IPA funds have supported the reforms in this area as well. The EU and UNICEF have partnered in similar programmes in other candidate countries (e.g. Serbia and Montenegro).

2. Project overview

The “Transformation of Care Institutions and Prevention of Separation of Families” Programme (2016-2018), hereafter referred to as “Child Care Reform (CCR) Programme” is funded by the European Union. The programme’s general objective is to ensure that children without parental care, children at risk of separation from their families and children with disabilities enjoy equal rights and status with other children in BiH. The specific objective is to make institutional improvements for social inclusion of children without parental care and persons with disabilities in BiH. The programme has the following four expected results:

Expected result 1: Established baseline and situation of children residing in institutions for children without parental care and alternative models of formal care.

Expected result 2: Strengthened models (in selected locations) and capacities (country-wide) for prevention of family separation

Expected result 3: Strengthened system of alternative care in Bosnia and Herzegovina.

Expected result 4: Process of transformation of institutions initiated/continued in selected locations.

3. Key Stakeholders

The key stakeholders for this project are: Bosnia and Herzegovina (BiH) Ministry of Civil Affairs, Ministry of Health and Social Welfare Republika Srpska (RS), Ministry of Labour and Social Policy of the Federation of Bosnia and Herzegovina (FBiH), Cantonal Ministries in the areas of social welfare and protection (in FBiH), municipal departments in the areas of social and child protection, municipal and cantonal Centres for Social Welfare, residential care facilities for children without parental care, local communities, non-governmental organisations with expertise in child protection and protection of children without parental care.

4. Purpose and objectives of the final evaluation

As per the Project document, UNICEF and the European Union agreed to conduct a final evaluation of the Programme. The evaluation should encompass all aspects of the Programme, including planning and implementation. The main purpose of the final evaluation is to review and assess the relevance, efficiency, effectiveness, sustainability and impact of the Programme, and make strategic recommendations for future decision-making in the area of child care reform, both for UNICEF and local stakeholders. The evaluation will assess progress against the Programme results throughout Bosnia and Herzegovina and in all Project locations, including service locations Banjaluka, Sarajevo, Mostar and Tuzla and locations for preventative interventions: Kozarska Dubica, Ljubuski and Gorazde (Bosnia- Podrinje Canton). The intended users of the evaluation will be primarily UNICEF and the Programme staff, the Programme Coordination Board, implementing partners, and donors. As well, the results of the evaluation will be shared with further relevant stakeholders in the child care reform, in particular cantonal ministries and municipal institutions responsible for social protection and welfare and management of child care institutions. The evaluation process will be informed by the United Nations' Norms and Standards for Evaluation.¹⁰⁰

The selected evaluators will take a broad overview of the programme area by gathering perceptions, aspirations, feedback and data from relevant partners, stakeholders and beneficiaries for objective analysis and conduct of the evaluation. The evaluation will look to underline the key factors that have either facilitated or impeded project implementation. The evaluation will examine the overall performance and impact of the programme.

The objectives of the final evaluation are to:

- 1) assess the programme results against the planned activities, through the lens of relevance, effectiveness, efficiency, sustainability and impact, and identify if there were any unintended programme results;
- 2) identify lessons learned; and
- 3) make strategic and forward-looking recommendations for the further reform of the child care system, including for replication /scale-up of models and interventions put in place

¹⁰⁰ United Nations Evaluation Group, (2016). *Norms and Standards for Evaluation*. New York: UNEG.

and for interventions not tackled under this programme but considered necessary to further advance the reform

5. Key evaluation questions

A fair knowledge and understanding of the Programme's context and operating environment will be required. In keeping with UNICEF priorities, a human-rights based approach and gender should be taken into consideration across all evaluation criteria. The evaluation will assess a number of elements to determine the Programme's achievements and constraints, performance, results, impact, relevance and sustainability. The core evaluation question are:

5.1. Relevance and design: The extent to which the objectives address the real problems and the needs of its target groups, country priorities, associated national policies and donor priorities. Questions to be explored include:

- To what extent are the Programme's objectives still valid?
- To what extent have the BiH/entity/cantonal/municipal stakeholders been taken into consideration, participated, or been involved in the development and implementation?
- Does the Programme respond to the needs of the identified target groups and beneficiaries? Were the unique needs of girls and boys taken into consideration / to what extent was gender equality respected and mainstreamed within the programme implementation?
- Are the Programme's objectives and outcomes consistent and supportive of governmental policies, sectoral policies, and EU accession agenda?
- Was the design of the Programme appropriate for reaching its results and outcomes?
- Have any changes been made to the Programme's design during the implementation? If yes, did they lead to significant design improvements?
- Were coordination, management and financing arrangements clearly defined and did they support institutional strengthening and local ownership?

5.2. Programme Efficiency (processes): Were inputs utilised or transformed into outputs in the most optimal or cost efficient way? Could the same results be produced by utilising fewer resources? Questions to be explored include:

- To what extent has support to governments and NGOs as implementing partners been an efficient implementation modality?
- To what extent have the target population and participants taken an active role in implementing the Programme? What modes of participation have taken place?
- How efficient are NGOs in supporting the implementation?
- To what extent were activities implemented as scheduled and with the planned financial resources?
- Are there any duplication of efforts?

5.3. Programme Effectiveness (results): Extent to which the objectives of the development intervention have been achieved or are expected to be achieved, bearing in mind their relative importance. How well programme's results contribute to the achievement of programme's objectives?

- To what extent have the Programme outputs and outcomes been achieved? Are they on track to be achieved as planned during the Programme?
- What factors contributed to progress or delay in the achievement of products and results?
- What good practices or successful experiences or transferable examples have been identified?
- What is the quality of interventions and results achieved on local/municipality/Cantonal/Entity/BiH level?
- Have any changes in the overall context in BiH affected Programme implementation and overall results?

5.4. Programme Impact: The effect of the programme on its environment - the positive and negative changes produced by the Programme (directly or indirectly, intended or un-intended).

- In which areas did the Programme have a significant impact (if identifiable at this stage)?
- How is the Programme contributing to the overall reform process within the child protection system in BiH?
- Which target groups and institutions benefit from the Programme?
- How have cross-cutting issues, such as gender, disability, and reaching the most vulnerable children, been effectively taken up?
- How have children protection standards been advanced through the Programme activities?
- What factors favourably or adversely affected the Programme delivery and approach? Was the Programme successful in overcoming any external negative factors?
- Were there positive spill-over effects?

5.5. Programme Sustainability: Probability of the benefits of the programme continuing in the long term.

- Has the Programme created conditions to ensure that benefits continue beyond the Programme?
- How well is the Programme embedded in the institutional structures (state, entity and local) that will survive beyond the life of the Programme?

- How has the Programme institutionalised training and overall capacity development efforts so far?
- Has an approach/model been developed that can be further disseminated throughout BiH?
- Is the duration of the current Programme sufficient to ensure sustainability of the interventions?
- How has the Programme strengthened the capacity of municipal, cantonal, entity and BiH governmental stakeholders to recognise and respond to children's needs within the child protection and care sector?
- Which recommendations can be made to inform future strategies and programming?

5.6. Partnerships and cooperation: Measure of the level and quality of UNICEF cooperation with partners and implementing partners (e.g. donors, NGOs, Governments, other UN agencies etc.)

- To what extent have partnerships been sought and established and synergies created in the delivery of assistance?
- Were efficient and mutually satisfactory cooperation arrangements established between UNICEF and NGO partners? Other UN agencies? Governmental institutions? Other partners?
- Were partners' inputs of quality provided in a timely manner? Have partners fully and effectively discharged their responsibilities?
- Does the Programme contribute to the overall UN Country Strategy?
- Have any new partners emerged that were not initially identified?

6. Scope of the evaluation and limitations

The project duration is from 1 Jan 2016 – 31 Dec 2018. The evaluation will aim to cover the period of project implementation from 1 Jan 2016 till the date of evaluation start. All project locations: services locations Banjaluka, Sarajevo, Mostar and Tuzla and locations for preventative interventions: Kozarska Dubica, Ljubuski and Gorazde (Bosnia- Podrinje Canton).

Should this be assessed as not feasible for well justified reasons, mitigations strategies will be put in place: locations would be selected using the following criteria: geographic distribution, level of maturity of project in given location, logistical circumstances.

The evaluation will not cover the full period of project limitation, hence data on some results to be achieved in the final part of the programme may not be available at the time of undertaking evaluation. As a mitigation measure, the Programme Team will provide preliminary update on the key expected results.

Evaluation will be conducted close to the BiH general election, which may have some influence on availability of government representatives. This should be mitigated by a detailed plan and timely scheduling of the meetings/interviews.

7. Methodology

In this evaluation, both qualitative and quantitative research methods will be applied. The analysis will build on information collected from a variety of stakeholders, available data, as well as a desk review. The methodology should incorporate the following elements:

- Desk research, including review of all relevant programme documents: annual work plans, indicator monitoring table, monitoring reports, transformation plans developed, training material developed, decisions on formation of Working Groups, Municipal Working Group Action Plans, NGO implementing partner reports, Programme Coordination Board minutes, etc.
- Individual meetings and semi-structured interviews with UNICEF Programme staff, governmental stakeholders, NGO implementing partners.

Individual interviews and focus group discussions with beneficiaries, both professionals as well children and families, including all key stakeholders, with a strong focus on residential care institutions management and professionals in service provision. It is critical that the views of children and families regarding the processes in the project implementation and impact are gathered and that this is done in an appropriate manner. Child-friendly focus group discussions should be specially tailored, and a method of drawing or story telling should be considered as a child-friendly tool. Views of children and families need to be gathered about their involvement in the project design, implementation and monitoring of activities.

A methodology is expected to be developed by the evaluation team within the inception phase, and shared with UNICEF, the EUD, and the Programme Coordination Board for approval.

Sampling:

The evaluation activities, including interviews and focus group discussions will be conducted in below listed project locations.

- Programme locations for transformation of residential care facilities for children: Banjaluka, Sarajevo, Mostar and Tuzla.
- Programme locations for preventative interventions: Kozarska Dubica, Ljubuski and Gorazde (Bosnia- Podrinje Canton)
- Target groups of evaluation in each above location: Residential care facilities staff/management, community leaders, staff/leadership of Ministries of Health and Social Protection where available; professionals employed in CSWs, children and their families that benefitted from services established and/or strengthened within the programme, beneficiaries of residential care facilities, guardians of beneficiaries of residential care facilities, and NGOs, where applicable.

8. Key deliverables and time frame

	Task	Deliverable and short description of deliverable	Deadline	Number of total working days (Evaluators will agree how to share the working days)
1	Desk review and developing evaluation methodology	Draft inception report to include work plan, methodology with sampling strategy, research instruments, interview protocols, consent forms, chapter on integrating ethical considerations in evaluation process. Inception report length to be maximum 10 pages.	10 Aug 2018	5
2	Review of above by UNICEF, Project Board and EUD	UNICEF's comments	24 Aug 2018	N/a
3	Desk review and developing evaluation methodology	Final inception report to include work plan, methodology with sampling strategy, research instruments, interview protocols, consent forms, chapter on integrating ethical considerations in evaluation process. Inception report length to be maximum 10 pages.	29 Aug	2
4	Review of above by UNICEF, Programme Coordination Board and EUD.	UNICEF's final comments/approval	7 Sep 2018	
5	Field work/data collection: meetings, interviews, focus discussion groups.	Field work reports (FWR), presenting concisely the key obstacles and successes in the field and indicating mitigating measures. Each FR report to be maximum 2 pages long.	FWR1: 06 Sep FWR 2: 13 Sep FWR 3: 20 Sep FWR 4: 27 Sep	30
6	Data analysis and report writing	1st draft evaluation report to include findings, conclusions and recommendations from all data sources used in the evaluation. Draft evaluation report to be maximum 50 pages long.	31 Oct	15
7	Presentation of draft report to UNICEF, Programme Coordination Board, and the EUD	Power Point Presentation summarizing key findings and recommendations	1st week of Nov	2 (including 1 day in-country_
8	Review of draft report by UNICEF, Programme Coordination Board and EUD	comments/approval	23 Nov 2018	N/a
8	Updating 1 st draft evaluation report.	2 nd draft evaluation report to include findings, conclusions and recommendations from all data	30 Nov 2018	2

		sources used in the evaluation. Draft evaluation report to be maximum 50 pages long.		
9	Review of above by UNICEF, Programme Coordination Board and EUD	Final comments/approval	14 Dec 2018	N/a
10	Finalising evaluation report.	Final evaluation report to include findings, conclusions and recommendations from all data sources used in the evaluation. Draft evaluation report to be maximum 50 pages long.	19 Dec 2018	2

Please note that work plan and methodology, draft reports and final evaluation report shall be submitted in English while an evaluation summary document and a Power Point Presentation shall be submitted both, in English and in Bosnian/Croatian/Serbian. Evaluators are responsible for translation of the materials that are not available in English language.

Dissemination of the evaluation results, with particular focus on the key findings and key recommendations will be planned after the Project's closure. The dissemination event will include the following participants: all the key stakeholders, donor representatives and UNICEF. Recommendations in the evaluation report must be limited in number (to agree with UNICEF) and actionable. Based on them, UNICEF will be preparing Evaluation Management Response, and plan for advocating and implementing for the issues outline in the evaluation report.

9. Ethical considerations:

UNICEF's ethical guidelines will be followed in all phases of the Evaluation. Bidders should indicate as part of their technical proposal how they intend to incorporate ethical standards in the survey planning, implementation and reports writing. Bidders need to consider the following aspects of ethics in research:

The evaluation will employ the principle of the 'best interests of the child', in which the welfare and best interests of the participants will be the primary consideration in methodology design and data collection. All evaluation will be guided by the UN Convention on the Rights of the Child, in particular Article 3.1 which states: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts or legislative bodies, the best interests of the child shall be a primary consideration."

Both evaluators must have proof that they have undertaken a course in ethics in research with children and adults.

Informed consent must be requested in writing from all participants of the evaluation. Participants must be informed before giving consent that in case a specific breach of human right is raised during the interviews (for example: violence against children or adults), that this will need to be shared with relevant authorities, in accordance with UNICEF's standards and existing legislation in BiH. After this notification, participants can decide if they will participate in the evaluation. All other information given during the FGDs and interviews will be kept confidential.

Bidders need to indicate that they can secure venues for FGDs/interviews, which are in line with the rules of privacy protection and respectful, comfortable setting, where participants cannot be overheard.

Particular care will be taken to ensure that questions are asked sensitively and in a child-friendly, manner that is appropriate to the age, gender, ethnicity and social background of the participants. Evaluators will speak with participants in their local language. Clear language will be used which avoids victimisation, blame and judgement. Where it is clear that the interview is having a negative effect on a participant, the interview will be stopped.

Culture of all participants will be respected. Bidders need to indicate how they will ensure cultural understanding of the context and how they will ensure to respect it while researching.

Physical safety and well-being of researchers and participants must be ensured at all times. Bidders need to indicate how this will be ensured.

All data will be securely stored during the research. One month after the research all data will be erased from computers/laptops and hard copies destroyed. Proof of having IT skills to do this needs to be indicated by the company when submitting the proposal.

The contractor is require to clearly identify and address any ethical issues and approaches.

UNICEF will provide oversight of the ethical components of the evaluation process and report through an ethical review by UNICEF's Internal Review Board for the: Inception Report, First Draft Evaluation Report and Final Evaluation Report. This will be done based on UNICEF's Criteria for Ethical Review Checklist.

10. Evaluation team

The evaluation will be conducted by an international institution which needs to engage a team of two evaluators, one international as the evaluation leader and one national from Bosnia and Herzegovina, as it would be important that one member of the team speaks and writes Bosnian/Croatian/Serbian fluently.

UNICEF shall approve all members of the team upon receipt of individual CVs, references, and work samples.

Key expected tasks for evaluation team members

The international evaluation leader will work in close cooperation with UNICEF Bosnia and Herzegovina UNICEF's Monitoring and Evaluation and Child Protection Sections and will report to the UNICEF Monitoring and Evaluation Specialist. The evaluation leader will lead the evaluation process at all stages and coordinate cooperation with UNICEF and other stakeholders involved. The evaluation leader will be responsible for all components of the evaluation and responsible for provision of deliverables listed previously on time and of acceptable quality. More specifically, key tasks of the team leader will be to:

- Supervise and national evaluator.
- Be responsible for quality of deliverables and timeliness:
 - Inception Report

- Draft Reports
- Final Report
- Agree on the plan for all aspects of the survey with the supervisor, in collaboration with the UN Agencies.
- Take into consideration UNICEF's recommendations at all stages of the evaluation.
- Be responsible for ensuring the adherence to UNICEF Ethical Research Guidelines involving children) Prepare all the deliverables English language.
- Ensure that the Evaluation Report produces evidence and analysis to the highest possible standards.
- Flag any limitations/constraints to UNICEF at the earliest opportunity, so that, as far as possible, they can be addressed, with any outstanding limitations noted in the evaluation report.
- Propose and conduct the evaluation, including participating in field work, with appropriate methodologies.
- Ensure that confidentiality is maintained and that the surveys does not increase physical or reputational risks for any of the stakeholders.
- Take responsibility for delivering the evaluation in accordance with the Terms of Reference, ensuring the quality of all products.

The evaluation team should act with integrity and respect for all stakeholders according to UNEG Ethical Guidelines for Evaluation.¹⁰¹

The national evaluator will:

- Assist the team leader with drafting all the deliverables:
 - Inception report
 - Draft report
 - Final report
- Participate in the field work.
- Provide field work reports for the team leader/ international consultant.

Other support staff that the company may require:

Translator

The company will need to recruit a translator/interpreter as the company assesses for translation of documents which may be available in local language only and for interpreting at meetings. UNICEF will provide all the key documents in English, and those that it has available in local language. All the other needs for the translations (documents, field-work, meetings etc.) have to be organised and paid for by the Company. UNICEF will provide the names of qualified translators

¹⁰¹file:///D:/UNICEF%20BIH/J4C%20Implementation/Evaluation/Other%20Evaluation%20ToRs/UNEG_FN_ETH_2008_EthicalGuidelines.pdf

from the UN Roster of Translators.

Statistician

The company may benefit from using services of a statistician. The company will pay for these services.

Required competences for evaluators:

The international evaluation leader is required to possess following competencies:

- Advanced university degree in social science, child protection, social protection, human rights (certificates in evaluation studies is an asset);
- Expertise in child protection with focus on alternative care/ child care reform;
- Extensive experience in designing and conducting evaluations and surveys, quantitative and qualitative analysis and data analysis (minimum of 6 years);
- Excellent knowledge of monitoring and evaluation methodologies; sound judgment and ability to objectively evaluate programmes in terms of processes, as well as results achieved (evidenced through previously conducted evaluations and references);
- Experience in conducting evaluations related to child protection;
- Proven knowledge of child care reforms, preferably in the CEE/CIS (ECAR) region;
- Proven knowledge on child rights, human rights, gender equality and social inclusion;
- Very good written and spoken English required if the team leader is an international expert, while excellent written and spoken Bosnian/Croatian/Serbian and English is required if the team leader is a national expert;
- Excellent communication and presentation skills;
- Excellent skills in working with people and organising team work;
- Excellent analytical report writing skills;
- Excellent conceptual skills;
- Ability to keep with strict deadlines;
- Knowledge of the country context related to child protection system is an asset;
- Familiarity with UNICEF's mission and mandate is an asset.

The national member of the evaluation team is required to possess the following competencies:

- Advanced university degree in social science;
- Expertise in child protection, with focus on alternative care/child care reform;
- Minimum 3 years of expertise in the area of evaluation and experience in programmes related child protection, including child protection;
- Proven knowledge on child rights, human rights, gender equality and social inclusion;
- Proven knowledge of the child protection protection system in Bosnia and Herzegovina;
- Demonstrated ability to prepare interview/focus groups protocols and other evaluation instruments;
- Excellent communication and presentation skills in English for international team members; excellent communication and presentation skills in Bosnian/Croatian/Serbian and English for national team members;
- Excellent analytical and report writing skills;
- Familiarity with UNICEF's mission and mandate is an asset.

The consultants must not have any relation to the programme, or UNICEF, or would personally benefit from the result of the evaluation.

The company may require expertise from other support staff: evaluation assistant, translator/interpreter, experts on health, education and social protection.

11. Duty station and official travel involved

All of the field work will take place in Bosnia and Herzegovina; all official travel will be scheduled, agreed and approved by UNICEF during the inception phase.

12. Duration

Expected duration of the contract is from 01 Aug 2018 to 15 Dec 2018, with a total of 55 working days.

13. Estimated cost

All financial costs need to be proposed by the applicant and itemized accordingly.

The evaluation team/company/agency/institution will be paid upon successful completion of assignments and submission of the deliverables in accordance with the following suggested payment schedule:

Percentage of payment

20% Upon approval of final inception report

20% Upon approval of first draft evaluation report

60 % Upon approval of final evaluation report

14. Proposal evaluation criteria and overall evaluation grid

The established evaluation process and steps for finalizing this procurement/service are:

- **Each proposal will be evaluated against a weight allocation of 65% for the technical proposal and 35% for the commercial (financial) proposal. The total maximum obtainable points is 100.**

Proposal technical evaluation:

The minimum percentage of points for technical proposal is 60%. Only proposals with 39 or more points for technical part will be considered to have passed for further review of financial proposal. Below is table with number of points assigned to each criteria for technical part of proposal only.

Technical Evaluation Criteria	Max. points
Quality of the technical proposal including a clear outline of the scope of work and a plan for implementation including logistical arrangements of all key deliverables	25
Qualifications of the Team Leader (as per the requirements)	15
Qualifications of Researcher(s) (as per the requirements)	15

High quality samples (reports) of previous evaluations conducted by the team leader and team members	10
TOTAL TECHNICAL SCORE	65

Proposal Financial evaluation:

All proposals that passed technical evaluation with 39 points and more are subject to financial evaluation. After opening of envelopes with financial proposals, proposal with the lowest price will be awarded the highest financial score (35 points).

Final review and calculation:

The best proposal is calculated based on above mentioned weighted ratio/combination of 65 % for technical & 35 % for financial part of the offer.

The joint UN assessment team will select the Proposal which is of the highest quality, clear and meets the stated requirements and offers the best combination of technical and financial score.

Note: the decision on going ahead with conducting the end-line survey will be conditioned upon satisfactory performance by the institution in conducting the baseline survey.

15. Support provided by UNICEF:

To achieve the above mentioned objectives, UNICEF will share available project documentation, project reports, available analytical documents and other available data it may have, contact lists of implementing partners and project board members. UNICEF will prepare an introductory letter to introduce evaluation and evaluation team to partner institutions. If evaluators face obstacles in the field, this will be discussed with UNICEF and solution agreed. Contact supervisor will act as the Focal Point.

16. UNICEF recourse in case of unsatisfactory performance

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

UNICEF reserves the right to cancel the contract and not accept the services of the Company for the End-line Survey, in case the Report of the Baseline Survey is not considered as highly satisfactory.

17. Eligibility for applications:

International companies, research institutes and universities (registered outside of Bosnia and Herzegovina)

Annex 3: Evaluation questions

The table below provides a list of the key questions to be used in the evaluation, alongside a list of the methods that will be used to explore these questions, and the stakeholders that will participate in discussions.

Element	Questions	Method	Participants
<p>Relevance and design:</p> <p>The extent to which the programme is relevant to the needs of the target group, and to donor and government policies and priorities</p>	<ul style="list-style-type: none"> Did programme design reflect the findings and recommendations of the situation analysis? 	<p>Interviews/ small group discussion</p> <p>Literature review (situation analysis)</p>	<ul style="list-style-type: none"> Programme management team/ coordination committee
	<ul style="list-style-type: none"> Was the programme design logical – e.g. were the proposed activities appropriate for achieving the programme objectives and results? Was there a clear rationale for the activities selected? Did the programme strike the right balance between preventing family separation, improving alternative care provision and promoting family reintegration? Did the programme focus on the most appropriate aspects of care reform Was the budget sufficient to achieve activities and objectives? 	<p>Literature review (proposal and log-frame)</p> <p>Interviews/ small group discussion</p>	<ul style="list-style-type: none"> Government (state) Programme management team
	<ul style="list-style-type: none"> Were key stakeholders at the state level, and at the entity level in Republika Srpska and Federation Bosnia and Herzegovina, appropriately involved in programme design? 	<p>Interview/ small group discussion</p>	<ul style="list-style-type: none"> Programme management team/ coordination committee Government (state, entity/ district and canton levels) NGO partners Social workers/ CSW
	<ul style="list-style-type: none"> Did the programme respond to the priority needs of vulnerable children in BiH? Did programme design consider the different needs of girls and 	<p>Literature review (situation analysis/ project proposal/</p>	

	<p>boys and of children with disabilities? Are objectives still valid from this perspective?</p> <ul style="list-style-type: none"> Did the programme reflect government policy priorities (in relation to care and protection, and more broadly, including in relation to the EU accession agenda)? Are objectives still valid from this perspective? Did the programme reflect wider UN and UNICEF priorities in relation to child protection and other aspects of the programme? (Specifically in relation to the Sustainable Development Goals, UNICEF's Strategic Plan and UNICEF's Child Protection Strategy) Are objectives still valid from this perspective? 	<p>overviews of the situation of children in BiH)</p> <p>Interview/ small group discussion</p> <p>Literature review (government policies)</p> <p>Literature review (country and child protection strategies)</p>	<ul style="list-style-type: none"> Government (state, entity/ district and canton levels)
<p>Programme efficiency:</p> <p>The extent to which the programme operated in a cost-efficient manner.</p>	<ul style="list-style-type: none"> Were activities carried out as scheduled and to budget? If not, why not? What impact did delays in some areas (such as the introduction of case management or the situation analysis of children with disabilities) have on the overall effectiveness of the programme? 	Interviews/ small group discussion	<ul style="list-style-type: none"> Programme management team
	<ul style="list-style-type: none"> Did the programme have sufficient staffing and resources? Were efforts made to use these resources effectively? What (if any) efforts were made to provide the best-value for money in the delivery of activities? 	Interviews/ small group discussion	<ul style="list-style-type: none"> Programme management team NGOs Government
	<ul style="list-style-type: none"> Were effective mechanisms of coordination in place to avoid duplication of efforts? 	Interviews/ small group discussion	<ul style="list-style-type: none"> Programme management team NGOs Government
	<ul style="list-style-type: none"> What evidence is there to suggest that the formal family-based care and prevention services supported through this programme are more cost-efficient than institutional care? What evidence is there to suggest that the family-based care and prevention services supported through this programme are more cost-efficient than investment in other forms of care (such as informal care)? 	Literature review (global and regional evidence on the cost of different forms of care)	

Element	Questions	Indicators (as per log-frame)	Method	Participants
<p>Programme effectiveness:</p> <p>The extent to which programme objectives have been achieved.</p>	Overall objective: Ensure that children without parental care, children at risk of separation from their families and children with disabilities enjoy equal rights and status with other children in BiH			
	<ul style="list-style-type: none"> What evidence is there that the overall programme objective has been met? 	Overall assessment of children without parental care in BiH	Literature review (statistics on placement of children without parental care in BiH) Analysis of all evaluation data	
	Specific objective: To make institutional improvements for social inclusion of children without parental care and persons with disabilities in Bosnia and Herzegovina through implementation of the following actions:			
	<ul style="list-style-type: none"> What evidence is there that the specific programme objective has been met? 	Level of functional institutional capacities (and models) with increased number of facilities) for improved social inclusion of children without parental care and persons with disabilities in BiH.	Literature review (statistics/ status of children without parental care in BiH/ children with disabilities) Analysis of all evaluation data	
	Action 1: Situation analysis			
	<ul style="list-style-type: none"> Was the situation analysis completed as per the project proposal? 	Comprehensive analysis of the formal care system (including its functioning and bottlenecks) in BiH completed	Literature review (situation analysis/ assessment of children with disabilities)	
<ul style="list-style-type: none"> Were the results of the situation analysis shared? Were they used and recommendations followed up? Did this provide a baseline for the selection of institutions? 	The situation of children without parental care placed in institutions and alternative formal care completed	Interviews/ small group discussion	<ul style="list-style-type: none"> Programme management team 	

		Baseline for selection of institutions to be involved in the process of transformation completed		
Action 2: Prevention of family separation				
<ul style="list-style-type: none"> What activities have been undertaken on Early Childhood Development (EDC) and Early Childhood Intervention (ECI)? What are the outputs of these activities? What evidence is there of outcomes from these activities? What training modules and tools have been developed? How many professionals have been trained? What models have been developed, and how (if at all) have these been replicated between project sites? Were stakeholders (particularly parents and caregivers) involved in the development of ECD and ECI interventions? Do they feel that these interventions address their needs? 	<p>Training modules and materials for ECI developed</p> <p>Number of professionals from health, education and social protection sectors, who gained knowledge in ECD and ECI</p>	<p>Literature review (training modules; assessments of training/ regular monitoring reports)</p> <p>Interviews/ small group discussion</p> <p>Focus groups</p>	<ul style="list-style-type: none"> Programme management team/ / coordination committee Social workers/ CSW Parents / caregivers (recipients of ECD and ECI) 	
<ul style="list-style-type: none"> What activities have been undertaken to strengthen services for children with disabilities and their families? What are the outputs of these activities? What evidence is there of outcomes from these activities? How many children with disabilities and their families have benefited from these activities? What models have been developed, and how, if at all have these been replicated between project sites? Were stakeholders (particularly parents/ caregivers and Children with disabilities) involved in the development of these interventions? Do they feel that these interventions address their needs? 	<p>Number of Children with disabilities and their families benefiting from new services in selected municipalities</p>	<p>Literature review (training modules; assessments of training/ regular monitoring reports)</p> <p>Interviews/ small group discussion</p> <p>Focus groups</p>	<ul style="list-style-type: none"> Programme management team/ coordination committee Social workers/ CSW Parents / caregivers of Children with disabilities Children (with disabilities) 	
<ul style="list-style-type: none"> What activities have been undertaken to improve case management systems and strengthen the capacity of social workers in case management? 	<p>Training plan and program on case management developed</p>	<p>Literature review (training modules; assessments of training/ regular monitoring</p>	<ul style="list-style-type: none"> Programme management team/ 	

	<ul style="list-style-type: none"> What tools have been developed within this system to identify and assess children at risk of separation and their families? Is this case management system being used? What difference do social workers and other stakeholders feel it has or will make to the effective support of family-based care? 		<p>reports, case management guidance and tools)</p> <p>Interviews/ small group discussion</p> <p>Focus group/ Interviews</p>	<p>coordination committee</p> <ul style="list-style-type: none"> Social workers/ CSW
	<ul style="list-style-type: none"> Overall, do prevention activities, and planned outcomes/ outputs reflect and respond to a full understanding of the causes of family separation, including how this may vary across the country/ with different groups of children? 		<p>Interviews/ small group discussion</p> <p>Focus group/ interviews</p> <p>Focus group</p>	<ul style="list-style-type: none"> Programme management team/ coordination committee Social workers/ CSW Parents/ caregivers Children
Action 3: Strengthen the alternative care system				
	<ul style="list-style-type: none"> What activities have been completed to improve the foster care system? What are the outputs of these activities? What evidence is there of outcomes from these activities? What training has been carried out and how many social workers have been trained? How does the case management system contribute to improving foster care? How do foster carers and the children in their care feel about the support they receive? Are efforts being made to address the needs of both formal relative and non-relative foster carers, and of specialised and non-specialised foster carers? 	<p>Training plan and program on capacity building of social workers' professional skills in foster care and specialized foster care developed</p> <p>Number of social workers trained in foster care and specialized foster care</p>	<p>Literature review (training modules; assessments of training/ regular monitoring reports)</p> <p>Interview/ small group discussion</p> <p>Focus group/ interviews</p> <p>Focus group</p>	<ul style="list-style-type: none"> Programme management team/ / coordination committee Social workers/ CSW Foster carers Children in foster care
	<ul style="list-style-type: none"> What activities have been completed to monitor the quality of all forms of formal alternative care? What are the outputs of these activities? What evidence is there of outcomes from these activities? Has an assessment of the current system of monitoring formal care been conducted? 	<p>Assessment of the current monitoring of formal care system conducted</p>	<p>Literature review (regular monitoring reports, standards developed)</p> <p>Interviews/ small group discussion</p>	<ul style="list-style-type: none"> Working group Programme management team

	<ul style="list-style-type: none"> Do any standards that have been developed reflect global guidance on alternative care? In particular, do they provide opportunities for children to raise concerns around their care? Have systems been put in place to monitor/enforce standards? Are these systems sufficiently resourced / have the requisite authority to carry out monitoring effectively? 			
	<ul style="list-style-type: none"> What activities have been completed to raise public awareness on the importance of children growing up within a family? What are the outputs of these activities? What evidence is there of outcomes from these activities? Were children and other stakeholders appropriately and ethically involved in raising awareness? (e.g. did they have a choice about their engagement? Were they encouraged to develop messages or just to deliver them? Were measures taken to safeguard them during this process?) What impact did awareness raising have on other aspects of the programme? (e.g. do social workers feel it helped them to recruit foster families?) 		<p>Literature review (preliminary findings end of project KAP)</p> <p>Interview/ small group discussion</p> <p>Focus group</p>	<ul style="list-style-type: none"> Programme management team Journalists Children (involved in social mobilisation campaigns) Social workers/ CSW
Action 4: Transformation of institutions				
	<ul style="list-style-type: none"> What activities have taken place to develop plans for the transformation of institutions? Are these plans relevant and appropriate to local needs? What are the outputs of these activities? 	<p>Plans for transformation of 4 institutions developed</p> <p>Detailed analysis of targeted institutions for children without parental care conducted (financial, material and human)</p>	<p>Literature review (plans for the transformation of institutions)</p> <p>Interviews/ small group</p>	<ul style="list-style-type: none"> Programme management team / coordination committee Staff and management of facilities Social workers/ CSW
	<ul style="list-style-type: none"> What activities have taken place to implement these plans? How many professional have been trained? 	<p>Number of professionals trained to work in new services established within targeted institutions</p>	<p>Literature review (regular programme monitoring reports/ training materials/ training evaluations)</p>	<ul style="list-style-type: none"> Programme management team / coordination committee

	<ul style="list-style-type: none"> ▪ How (if at all) have the competencies of staff been developed to support these plans? ▪ How has public awareness raising in project sites through the social mobilisation campaign contributed to the implementation of these plans? (Proposal includes: roundtables, workshops and promotional events) ▪ Did the study visit included in the proposal involving institution managers and CSW take place? How did it contribute to the transformation process? ▪ How have improved case management and foster care systems contributed to the implementation of these plans? ▪ How has the system to monitor the quality of all forms of formal alternative care contributed to the implementation of these plans? 	<p>Number of local awareness events and promotional activities implemented</p>	<p>Interviews/ small group</p> <p>Focus groups</p>	<ul style="list-style-type: none"> ▪ Staff and management of facilities ▪ Social workers/ CSW ▪ Children (reintegrated) ▪ Parents/ caregivers (of reintegrated children)
Cross-cutting				
	<ul style="list-style-type: none"> ▪ What good practices and lessons learnt can be identified against each of these objectives/ activities? ▪ Did any changes to context affect programme implementation and results? How were these changes responded to? ▪ How have the needs of children with disabilities, of girls and boys and of children of different religious and ethnic groups been considered in the delivery of programme activities? 		<p>Focus groups/ interviews</p>	<ul style="list-style-type: none"> ▪ With all stakeholder groups

Element	Questions	Method	Participants
<p>Programme impact:</p> <p>The positive and negative, intended and unintended changes as a result of the programme</p>	<ul style="list-style-type: none"> ▪ What evidence is there of a reduction in the numbers of children entering institutional care/ alternative care in the project sites and across the country over the period of the project? ▪ What evidence is there of a higher proportion of children in alternative care in foster care as opposed to institutional care? ▪ What evidence is there of a growth in the availability and use of foster care? ▪ What evidence is there in a rise in the numbers of children being reintegrated from institutional care in programme sites and across the country? ▪ What evidence is there to suggest that programme impacts have benefitted groups of children equally? (considering varying impacts by gender, age, disability, ethnicity) 	<p>Literature review (government - state, entity and canton level statistics/ programme monitoring reports)</p>	
	<ul style="list-style-type: none"> ▪ What evidence is there of changes to attitudes towards institutional care 	<p>Literature review (provisional findings from end of programme KAP)</p>	
	<ul style="list-style-type: none"> ▪ What difference has the attempt to shift from institutional to family based care made to children's lives? (e.g. what does the global evidence suggest on the benefits of de-institutionalization to child well-being? How do children who have been reintegrated in their families/ who are in foster care and their caregivers perceive the benefits/ disadvantages of family-based to institutional care?) 	<p>Literature review (global evidence)</p> <p>Focus groups</p>	<ul style="list-style-type: none"> ▪ Children who have been reintegrated/ foster care ▪ Parents/ caregivers ▪ Foster carers
	<ul style="list-style-type: none"> ▪ Has there been any unintended / unplanned impact? 	<p>Analysis of all focus groups and interviews</p>	
	<ul style="list-style-type: none"> ▪ What wider changes to care reform or other areas of policy or practice have occurred as a result of the programme? 	<p>Interviews/ small group discussions</p>	<ul style="list-style-type: none"> ▪ Programme management team ▪ Government (state, entity/ district and canton levels)
	<ul style="list-style-type: none"> ▪ What evidence is there that (as per the overall objective of the programme) children without parental care, children at risk of separation from their families and children and adults with disabilities enjoy equal rights and status with other children in Bosnia and Herzegovina? 	<p>Analysis of all data gathered</p>	

<p>Programme sustainability:</p> <p>The likelihood of programme benefits continuing into the long term</p>	<ul style="list-style-type: none"> Is there strong local ownership and commitment? 	Interviews/ small group discussions	<ul style="list-style-type: none"> Government (state, entity/ district and canton levels) Social workers/ CSW
	<ul style="list-style-type: none"> Have local capacities been enhanced? (particularly within social services, and government at the municipal, canton and entity levels) 	<p>Analysis of data relating to social work capacity building</p> <p>Interviews/ small group discussions</p>	<ul style="list-style-type: none"> Programme management team/ coordination committee Government (state, entity/ district and canton levels)
	<ul style="list-style-type: none"> Is the programme embedded in institutional structures that will survive beyond the duration of the programme? Will government take over the running and budget of the new services developed through the programme once it comes to an end? 	Interviews/ small group discussions	<ul style="list-style-type: none"> Programme management team/ coordination committee Government (state, entity/ district and canton levels)
	<ul style="list-style-type: none"> Has learning from the programme been disseminated within BiH? Have models been developed that could be disseminated? 	Interviews/ small group discussions	<ul style="list-style-type: none"> Programme management team/ coordination committee Government (state, entity/ district and canton levels)
	<ul style="list-style-type: none"> What recommendations emerge from the programme that will impact on future childcare reform? 	Analysis of all data collected	

<p>Partnership and cooperation:</p> <p>The level and quality of cooperation and partnership</p>	<ul style="list-style-type: none"> ▪ What partnerships and cooperation agreements have been developed through the programme? ▪ Were new partners identified during the course of the programme? ▪ What contributions did partners make? Did they contribute in a timely way? Did they fulfil agreed responsibilities? Were appropriate partners chosen? Did partners work effectively together? ▪ What has been the role of the programme coordination board? 	<p>Literature review (partnership agreements)</p> <p>Interviews/ small group discussions</p>	<ul style="list-style-type: none"> ▪ Programme management team/ coordination committee ▪ Government (state, entity/ district and canton levels) ▪ NGOs
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Annex 4: List of documents reviewed

Care home transformation working group (with support from Hope and Homes for Children) (2016a) *Transformation plan of the Youth Center for Children without Parental Care in a series of new services that will support the growth of children in families – Tuzla* Tuzla: Hope and Homes for Children

Care home transformation working group (with support from Hope and Homes for Children) (2016b) *Transformation of KJU Home for children without parental care Sarajevo in a series of new services that will support growing up children in families (second phase)* Sarajevo: Hope and Homes for Children

Care home transformation working group (2017) *Plan transformation public institutions of children – Mostar* Mostar: Care home transformation working group

Care home transformation working group (2017) *Transformation plan - Home for children and youth without parental care "Rada Vranjesevic" Banja Luka* Banja Luka: Care home transformation working group

EDUS and UNICEF (undated) *Early intervention in Bosnia and Herzegovina. Pilot study of the efficacy of ECD centers across BiH* Sarajevo: EDUS and UNICEF

European Expert Group on the Transition from Institutional to Community-based Care (2012) *Common European Guidelines on the transition from institutional to community-based care* Brussels: European Expert Group on the Transition from Institutional to Community-based Care

European Union (2017) *ROM report - Support to the Transformation of Care Institutions* Brussels: European Union

EveryChild (2011) *Scaling down. Reducing, reshaping and resizing residential care* London: EveryChild

Hope and Homes for Children (2018a) *Transformation of the institution for children without parental care in Tuzla into a range of new services to support children growing up within a family (internal evaluation)* Sarajevo: Hope and Homes for Children

Hope and Homes for Children (2018b) *CSO donor report – Tuzla* Sarajevo: Hope and Homes for Children

Hope and Homes for Children (2018c) *CSO donor report – Sarajevo* Sarajevo: Hope and Homes for Children

Infohouse (2018) *Every Child Needs a Family – child care reform programme* Sarajevo: Infohouse

IPOS Public Affairs (2013) *Draft report: Research on knowledge, attitudes and experiences relating to deinstitutionalization of children without parental care & Violence Against Children* Sarajevo: IPOS Public Affairs

Ministry of Health and Social Welfare of Republic of Srpska (2015) *Strategy for improving the*

social protection of children without parental care 2015-2020, Banja Luka: Ministry and health and social welfare of Republic of Srpska

Ministry of Health and Social Welfare of Republic of Srpska (2018) *Manual. Managing case work with children and families* Banja Luka: Ministry and health and social welfare of Republic of Srpska

Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina (2006) *Document of the Policy of Protection of Children Without Parental Care and Families at Risk of Separation in FBiH 2006-2016* Sarajevo: Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina

Ministry of Labor and Social Policy, Federation of Bosnia and Herzegovina (2018) *Manual: Case management in centres for social work in the Federation of Bosnia and Herzegovina*

PRIDE (2017) *Pride Programme - Training for Trainers in BiH 2017. Processing data from evaluation sheets*

PRIDE (undated) *About the Pride model* PRIDE: USA

Pricha Marketing and Public Relations (2018) *Campaign Every Child Needs a Family – Final report for UNICEF BiH* Sarajevo: Pricha Marketing and Public Relations

SOS (2018) *CSO programme progress report August 2017* Sarajevo: SOS Children's Villages

UNICEF and EU (2015) *Support to transformation of care institutions. Grant agreement.* Sarajevo: UNICEF/EU

UN General Assembly (2010) *Guidelines for the alternative care of children* New York: United Nations

UNICEF (2016a) *Situation analysis of children at risk of the deprivation of family care and children without parental care in Bosnia and Herzegovina* Sarajevo: UNICEF

UNICEF (2016b) *C4D and Communication Strategy for "Every child needs a Family"* Sarajevo: UNICEF

UNICEF (2017a) *Situation analysis of children with disabilities in Bosnia and Herzegovina* Sarajevo: UNICEF

UNICEF (2017b) *Donor report for the delegation of the European Union in Bosnia and Herzegovina. Support to the transformation of care institutions. Progress Report No. 1. January - December 2016* Sarajevo: UNICEF

UNICEF (2017c) *Annual report Bosnia and Herzegovina* Sarajevo: UNICEF

UNICEF (2018) *Donor report for the delegation for the European Union in BiH. Support for the Transformation of care institutions. Progress report No.2 January 2016-December 2017* Sarajevo: UNICEF

UNICEF (2016) *Transforming of Care Institutions and Prevention of Separation of Families - factsheet* Sarajevo: UNICEF

Annex 5: Interview checklists

Introduction and closure

At the start of all interviews:

- Introductions
- Explain the purpose of the evaluation and what will happen today (using the script in the consent forms – Annex 5)
- Ask if anyone has any questions
- Gain consent and complete consent forms (Annex 5)
- Complete coversheets
- Play ice-breaking game

At the end of all interviews:

- Ask participants if they have anything else they would like to say.
- Ask if anyone has any questions
- Thank participants for taking part.
-

Areas of discussion

Different exercises and discussions will be carried out with different participants.

Programme design and management

Over-arching questions:

- Which aspects of the CCR programme are you most proud of?
- What have been the biggest challenges?
- What are the main lessons learnt?
- Looking back, based on what you know now, what if any changes would you make to the design of the programme?

Process of programme design:

NB: Interview former programme staff engaged in programme design.

- How was the programme designed? Who was involved? How were they involved in design? (Probe on the start and throughout the programme, and the involvement of government at State and entity level, of NGO partners, and of other stakeholders such as parents/ caregivers, children and care home managers and staff)
- What role did the stakeholder analysis play in programme design?
- How and why were decisions made about the strategic direction of the programme, particularly in relation to which aspects of the system to focus on? (e.g. the decision to focus on formal care? The balance between prevention and reintegration? The decision to pilot in four sites and do prevention in a further three? The decision to carry out some activities at a state level? The extent to which small group homes have been supported? The extent to which gate-keeping/ decision-making has been focused on?)
- How were decisions made about the length of the programme? Was the length appropriate?

Budget and resources

- Do you feel that there was enough overall budget to achieve the planned results? In retrospect, was budgeted allocated correctly to the right areas?
- Did any activities go over-budget?

- Did you have enough staff to manage the programme effectively? Were staff allocated to the right aspects of the programme?

Management of programme activities

Going through each of the four programme actions:

- Ensure that have a full understanding of which activities have been completed (most of this information will have already been gathered through the literature review)
- Explore delays and reasons for these delays.
- What impact did delays in one area have on other areas of the programme (e.g. provisional monitoring reports show delays in the introduction of case management and the situation analysis of Children with disabilities)?

Value for money

- Were efforts made to provide value for money in the delivery of activities? (probe on the different actions; process of major selecting contractors)

Programme relevance – government and UN priorities

- How did you ensure that the needs of different groups in BiH were met through programme design (probe on gender, disability and ethnic groups – particularly the Roma given their over-representation in the care system)
- How important (or not) is the care reform process in the context of wider efforts to promote child rights in BiH?
- How important (or not) is the care reform process in relation to the EU accession process?

Partnership contributions, coordination and ownership

- What was the role and effectiveness of the programme coordination board?
- What mechanisms were put in place to coordinate between different partners?
- How did you know that similar activities weren't being carried out by others? (probe on kinds of stakeholder analysis that was carried out)

The situation analysis

- Was the situation analysis completed as per the project proposal? (Proposal includes: a country-wide assessment of the numbers of different forms of formal alternative care, and capacities of CSW, and an assessment of the needs of children with disabilities and their families in the four main project sites)
- Were the results of the situation analysis shared? Were they used and recommendations followed up?

Prevention programmes – ECD/ ECI

- Why was a focus on ECD and ECI considered to be important? How was this decision reached? Do you think that this focus was appropriate? (probe on the causes of family separation and whether these were addressed through this focus)
- How were decisions made on which EDC/ ECI activities to carry out in each location?
- Which activities on ECD/ECI were carried out in each location? Do you think that these were the right activities for meeting the needs of children in this location?
- Were activities on ECD/ECI completed as per the proposal? (Proposal includes: home visits, equipment for ECD centres, training of professionals in health, education and social sectors in the project sites)
- Have models been developed/ documented/ shared?

- What lessons have been learnt in the delivery of these services?
- What is going to happen next with these activities? What are priority areas for on-going reform? What (if any) commitment has the government made to continue to provide these services in the future?

Prevention programmes – services for Children with disabilities

- Why was a focus on services for Children with disabilities considered to be important? How was this decision reached? Do you think that this focus was appropriate? (probe on the causes of family separation and whether these are addressed through this focus)
- How were decisions made on which services for Children with disabilities activities to carry out in each location?
- Which activities services for Children with disabilities were delivered in each location? Do you think that these were the right activities for meeting the needs of children in this location?
- Were services for Children with disabilities completed as per the proposal? (Proposal includes: home visits, equipment for ECD centres, training of professionals in health, education and social sectors in the project sites)
- Have models been developed/ documented/ shared?
- What lessons have been learnt in the delivery of these services?
- What is going to happen next with these activities? What are priority areas for on-going reform? What (if any) commitment has the government made to continue to provide these services in the future?

Case management

- Why was improving the case management system felt to be important?
- What tools have been developed? (probe on tools for identifying at risk children and other tools)
- Who has been trained and how? (Proposal includes the training of at least 150 service providers country-wide)
- How widely is the case management system being used? By whom?
- How long has the case management system been used for in this location?
- What difference has it made? What difference do you think it will make? (Probe on impacts on family separation, foster care, prevention services)?
- What lessons have been learnt about introducing a case management system?
- Does the case management system yet include a unified electronic case management system (as identified in the second donor report to the EU)? What plans are in place for this?
- What is going to happen next in relation to case management? What are priority areas for on-going reform? What (if any) commitment has the government made to continue to provide these services in the future?

Foster care

- Have activities to improve the foster care system been completed as per the proposal? (Proposal includes: enhancing the capacity of the CSW to recruit, select, train, match, supervise and support foster carers, with a particular focus on specialised foster carers, with 150 social workers trained country-wide.)
- Explore each of the steps in foster care process and discuss how it has been supported, and how it could be improved:
 - Recruitment

- Selection
- Training
- Identification of children who may be suitable for foster care
- Matching
- Supervision
- Support – both to foster carers and to the children in their care
- Are specialist foster carers adequately supported? How are children with disabilities in foster care supported?
- What are the different needs of relative and non-relative foster carers? How are these different needs being met?
- What is going to happen next in relation to foster care? What are priority areas for on-going reform? What (if any) commitment has the government made to continue to provide these services in the future?

Quality monitoring

- Have activities for monitor the quality of all forms of care been carried out as per the programme proposal? (Proposal includes: developing systems to monitor the quality of all forms of formal care through initially establishing a working group to identify and implement appropriate systems)
- How were standards and guidance developed? Involving whom? Have these been enforced?
- What (if any) efforts were made to ensure that standards and guidance reflect global guidance on care (particularly the Guidelines for the Alternative Care of Children)
- What is going to happen next in relation to quality monitoring? What are priority areas for on-going reform? What (if any) commitment has the government made to monitor the quality of care in the future?

Awareness raising

- Have activities around awareness raising been carried out as per the programme proposal? (Proposal includes: a mass media campaign – country-wide, a social mobilisation campaign involving children and families in project sites, and targeted campaigning at media professionals and policy-makers)
- How were children involved in awareness raising? What was the level of their participation? (e.g. were they involved in the development of messages or just the delivery of messages?)
- What efforts were made to ensure that their participation was ethical? (probe on degree of choice and safeguarding measures)
- Do you think that a change in attitudes is important for care reform? How much of a priority is this?
- Do you think that attitudes have shifted already? Has this made a difference?

Transformation of institutions

- How was the decision made to focus on the transformation of four facilities? How were these facilities selected?
- Have activities to transform institutions taken place according to the programme proposal? (Proposal suggests plans to include: assessment of at risk groups and strategies for preventing new admissions; strategies for developing care plans and reintegrating children, and strategies for transferring resources from the provision of residential care to support for families. This to be followed by the implementation of plans)

- How were plans developed in each site? Who was involved?
- How have staff competencies been enhanced?
- What (if any) contribution has public awareness raising made to this process? (repeat question for: study visit, foster care system, case management system, and efforts to monitor the quality of care)
- How (if at all) have the needs of different groups of children been met through this process (probe on girls and boys, children with disabilities, children of different ethnic groups)?
- How (if at all) has the experience in the four transformed facilities been documented and shared?
- How much of a reduction has there been in the size of the four facilities? What are the reasons for the (relatively) slow or fast pace of change?
- What lessons have learnt through this process? What might have helped the process of transformation to be more effective?
- What are the plans for next step? What degree of government commitment is there to the on-going transformation of institutions? (probe on the four facilities selected for the CCR programme and further facilities)

Dissemination of learning, wider policy reform and government capacity building

- What efforts have been made to advocate for policy reform through the programme? Have these efforts been successful?
- What efforts have been made to share learning from the programme, and to encourage others to replicate models or build on lessons learnt?
- Which government agencies have supported the implementation of the programme? How (if at all) has the programme enhanced the capacity of these agencies? (probe on municipal, canton, entity levels and state levels)
- Are there other government agencies who should be playing a core role in care reform but who have not been engaged in the process? What are the reasons for this?
- Has the government demonstrated commitment to continue programme activities after the end of the programme?

Partnership and cooperation

- What are the key roles and contributions of different partners in the CCR? What has your role in the CCR been?
- Have partners fulfilled their commitments to the programme?
- How were partners chosen? / How were you selected to take part in the CCR?
- How have efforts been made to ensure that partners work well together?
- Have partners worked well together? Have there been any challenges in working with other partners in the CCR?
- What has been the role of the programme coordination board? How often has the board met?

Annex 6: Focus group formats

Introduction and closure

Before the focus group

- Complete assent forms with children's parents/ caregivers

At the start of all focus groups:

- Introductions
- Explain the purpose of the evaluation and what will happen today (using the script in the consent forms – Annex 5)
- Ask if anyone has any questions
- Gain consent and complete consent forms (Annex 5)
- Complete coversheets
- Play ice-breaking game

At the end of all focus groups:

- Ask participants if they have anything else they would like to say.
- Ask is anyone has any questions
- Thank participants for taking part.

The excises and discussions have been designed for use with older children (aged 12 years or above).

Exercises and discussion

Happy face/ sad face

(For: Parents/caregivers of reintegrating children, foster carers, children in foster care, reintegrating children from institutional care)

- Fold a piece of flipchart paper in half
- Ask the participants to draw a smiley face on one side of the paper and a sad face on the other side
- Ask them to draw or write the good and bad sides of the being in institutional care next to the happy and sad face
- For children who have been reintegrated/ their parents or caregivers - repeat for living in children's own families. For children in foster care/ foster carers, repeat for living in own families and for foster care.
- Explore the differences.

Support flowers

(For: parents/caregivers of reintegrating children, foster carers, children in foster care, reintegrating children from institutional care)

- For reintegrating children/ their caregivers, ask them to think about what was hard in the transition from institutional care to family care, and who supported them through this process.
- For children in foster care/ foster carers, ask them to consider the challenges of being in foster care/ a foster care, and who has supported them to respond to these challenges

- Split into two groups. Ask each group to draw a flower with petals representing each of those individuals/ agencies that support them- a smaller petal for those who provide less support and a larger petal for those that provide more support.
- Probe on the forms of support provided – particularly for those that may have been provided or enhanced as a result of the CCR programme (such as social workers, NGOs, care home staff)
- Ask: What kinds of support did you want but did not get? How could the forms of support you received been improved? (focus again on forms of support provided through the CCR programme) What forms of support are most important?

Card sorting – capacity building

(For: Social workers, institution staff and management)

- Split into two small groups
- Write ‘resources’, ‘skills’, ‘support’ and ‘other areas’ onto 4 different coloured cards.
- Ask: What do you need to do your job well? Dependent on the group of participants, it will be important to focus on particular aspects of their role. E.g.
 - Staff of transformed institutions, and the social workers supporting this process will be asked to consider what they need to be able to support the closure of institutions/ family reintegration effectively.
 - Social workers who have been trained in foster care will be asked to focus on what they need to support effective foster care.
- Encourage participants to consider resources, skills, support and other areas. Ask them to write answers onto appropriately coloured cards (one area of support per card).
- Combine the cards of both groups, and remove any cards that say the same thing.
- Ask participants to split each category of cards into two piles – have/ do not have.
- Explore priorities.

Use the ‘skills’ piles to probe on capacity building

- Which skills were covered by the CCR programme capacity building?
- Views on the style and methods of the training received
- Extent been able to pass training onto others
- Follow-up support received (training and mentoring)

Discussion on case management

(For: Social workers)

Ask participants to consider the case management system developed under the CCR programme:

- Do they use this system?
- What do they like about this system?
- Do they feel adequately trained in the use of this system?
- What would they like to improve about this system?
- Has the system/ how has the system helped you to a) identify children at risk of separation and b) support vulnerable families?

Discussion - support needs of children and families

(For: Social workers)

- Split into small group with each group considering different groups of children (in vulnerable families at risk of being placed in institutional care, being reintegrated from institutional care back into the community, in foster care) dependent on the particular groups they work with.
- Ask: what challenges do these children and their carers face?
- Ask: How do you help address these challenges? Are there any challenges that you cannot address?
- Write answers of flipcharts and feedback in plenary.

Discussion - prevention programme

(For: Parents and children with disabilities involved in prevention activities)

Probe on the particular prevention programme provided by the CCR programme (this could be either the ECD/ ECI or support for Children with disabilities) that they have participated in:

- What help did you/ your child receive through this programme?
- What difference or change has this programme made to your lives?
- Most Significant Change stories:
 - When you think about these differences can you each think which change has been the most significant to your life?
 - Can you tell the story of this change to us? (probe: what was your situation before the change, how did the change come about, what happened, who was involved, what impact did this have?)
 - Why is this change so significant to you?
 - *Once everyone has told their stories:* Which story of change do you think is the most significant over all? Why?
- Have you faced any problems with this programme?
- How could this programme be improved?

Discussion - social mobilisation programme

(For: children involved in social mobilisation (these could be children who have been reintegrated from institutional care, or those in foster care, depending on who took part in the campaign in different programme sites).

- Can you tell me about what you did as part of the campaign?
- What did you enjoy most? What was hardest?
- What was the most important thing you learnt being part of the campaign?
- If you did it again what would you like to do differently?
-

Timeline – transformation of institutions

(For: Staff and management of institutions.)

- Draw a line across a sheet of flipchart paper
- Draw a dot about three quarters of the way along the line and explain that this dot is now. Draw another dot on the far left at the end of the line and explain that this represents the start of the transformation process.
- Explain that the top part of the timeline is moments when the process was going well, and the bottom part, challenges they faced along the way. Ask them to fill in key moments.

- Use the timeline to probe on key lessons learnt – ask them to consider what advice they would give to others transforming institutional care.
- Now ask them to think ahead, what would they like to do next to complete the process of transformation/ strengthen their work to support vulnerable children and families?

Annex 7: Sampling procedures

Group	Sampling procedure used
Government officials	All of the relevant officials most directly involved in programme implementation were selected at the state, entity and canton level (the government official in Tuzla was on annual leave at the time of data collection)
CSW social workers	All of the CSW directors in the selected programme sites were included in the sample. In smaller CSWs all of the available social workers/ psychologists working with children and families were selected. In Sarajevo, a larger CSW, a random selection of social workers was made and the sample size increased to gather a wider range of perspectives.
Children's home staff	All of the children's home managers were interviewed. All of the available professional staff working directly with children were selected. Efforts were made to carry out data collection whilst children were at school to ensure maximum availability of staff. However, some staff were not on duty or could not participate as they were caring for children.
NGO partners	All of the managers directly involved in programme implementation at the state level, and in the programme sites were selected.
ECD/ prevention partners	All of the relevant stakeholders were selected from the two sites where prevention/ ECD/ ECI activities were explored in-depth.
UNICEF staff	All of the senior UNICEF staff directly involved in programme implementation were selected.
Journalist	The journalist was selected by UNICEF as an individual that had been involved in the awareness raising campaign and could provide useful insights to this part of the programme.
Parents and caregivers	<p>It had originally been planned to select parents and caregivers randomly from lists provided by CSWs and children's homes. This was not possible in practice as:</p> <ul style="list-style-type: none"> ▪ ECD/ECI training had taken place relatively recently, so it was not possible to identify parents likely to have benefitted at this stage from increased social work capacity in relation to ECD/ECI. ▪ CSWs and children's homes felt that this would breach confidentiality and wanted to carry out the selection themselves. ▪ There was a much smaller pool of some parents and caregivers than had been anticipated. In some sites reintegration had not taken place on a large scale, or children had been reintegrated far away from the programme sites. Foster care was also not widely used in all of the programme sites.

	<ul style="list-style-type: none"> ▪ Parents/ caregivers had limited availability owing to their caring responsibilities and work. The team offered to meet them in the evenings or at weekends, but many were reluctant or unable to take part in the evaluation as they were busy with their caregiving responsibilities. <p>As a result, parents and caregivers were either randomly selected by the CSW or children’s home, or all of the available parents and caregivers were selected. This also meant that there was a much smaller number of parents and caregivers than had been originally anticipated (33 as opposed to 80).</p>
Children and young adults	<p>It was originally planned to select children and young adults randomly from a list provided by the CSWs and care homes. This was not possible as:</p> <ul style="list-style-type: none"> ▪ Similarly to parents/ caregivers, CSW and care homes were reluctant to provide this list for reasons of confidentiality. ▪ There were very few reintegrated children available to speak with – in most sites few children had been reintegrated, and those that had were often too young to take part in the evaluation meaningfully. Reintegrated children also lived far away from programme sites. In some cases, social workers and/ or parents/ caregivers felt that the child was too emotionally fragile to reflect on the reintegration process. ▪ Many children in foster care were too young to take part in the evaluation meaningfully (as discussed below, there is a reluctance to foster older children). Some older children had been fostered at a young age, and did not know that they had been fostered. In some of the programme sites, foster care was only recently established and there were very few children in foster care. Social workers/ foster carers felt many children in foster care were too emotionally fragile to take part in the evaluation. ▪ Care leavers often lost contact with the care home and the CSWs and were hard to trace. Care leavers who could be contacted were invited to participate, but many chose not to. Interviews with a small number of care leavers suggested that many lead chaotic lives and/ or are resentful of their treatment by care homes and social workers during the care leaving process. In Banja Luka, a small group of care leavers are cared for separately within the care home, and it was therefore possible to speak with this group. This meant that overall a larger than anticipated sample of care leavers were included in the research, but in some of the programme sites this sample was smaller than anticipated. <p>As a result, in most sites most or all of the available children and young adults were selected. This also meant that there was a much smaller number of children and young adults than had been originally anticipated (24 as opposed to 72).</p>

Annex 8: Ethical protocol

For children, risks included:

- Children often feel that they have no choice about whether to participate in evaluations, especially if a caregiver has already given consent for their participation. This may be particularly the case for children who have been institutionalised and have often had limited choices in their lives.
- Children may have experienced abuse and neglect in the past (for example in institutional care), and may find it traumatic to relive these experiences.
- Children may currently be experiencing abuse or neglect by parents, foster carers or other caregivers.
- Children may get into trouble for taking part in the evaluation, especially if caregivers do not give permission, or if it is revealed that children have been critical of caregivers.
- Children may be placed at risk travelling to or from data collection venues.
- Children who have been institutionalised and who may have experienced abuse are highly vulnerable to further abuse, including by the evaluation team.
- Children who have been institutionalised may be withdrawn, and struggle to communicate their experiences.

For adults, risks included:

- Professionals may be fearful that their careers will be damaged by any criticism of the CCR programme.
- Adults may not feel they have a choice about taking part in the evaluation, particularly if they have been asked to do so by their employer, or if they fear that programme benefits may be withdrawn if they do not take part.

For both adults and children, the use of an international evaluator can lead to methods that are culturally insensitive, or to their participation being hindered by language difficulties.

These risks were addressed using the following ethical protocol.

Aspect	Actions to be taken
Acting in the best interests of the child	All consultations with children will have their best interests as the primary consideration. This principal will override the need to collect data for the evaluation. This means, for example, that discussions will be paused or stopped altogether if children become upset.
Supporting participants who become upset during	All efforts will be made to ensure that children and adults do not become upset during the consultations through re-living traumatic experiences. For example, group discussions will be guided to ensure that children speak in general terms, rather than being encouraged to describe traumatic personal experiences in detail. If children do become upset, discussions will be paused or stopped altogether. Referral mechanisms will be put in place to ensure support for any participant who becomes upset and needs additional support. Children may be referred to local CSW or to NGOs who can either provide this support or make referrals to others that can do so.

Supporting participants who reveal situations of on-going abuse and neglect during the evaluation	Referral mechanisms will be put in place to ensure that any alleged on-going situations of abuse and neglect are appropriately responded to. In instances of abuse, children will be referred to social workers in local CSW. In case of any alleged abuse or neglect of a child in a residential care facility the evaluators should inform the management (unless the allegation is against management), plus the relevant CSW. In case of any alleged abuse or neglect of a child outside residential care, the relevant CSW should be informed. UNICEF to provide contact details.
Cultural respect	Translation support will be made available where necessary, and the translator will be fully trained and briefed. This will be from English to Bosnian – although there will be Roma research participants, these are able to speak Bosnian and the UNICEF team do not note any particular cultural issues in working with this group in a respectful manner. Throughout the evaluation, the team will avoid using language that victimises or places blame. The evaluation team comprises of both a national and international evaluator and the national researcher has been involved in method design to ensure cultural acceptability of the tools used.
Training in ethics and code of conduct	All team members have been trained in ethical research and evaluation and have received training in child safeguarding. The national researcher participated in the UN's online child safeguarding trainer by way of a refresher. The evaluation team have signed a code of conduct which outlines expectations of their behaviour and conduct during the evaluation.
Informed consent	Informed consent will be sought from all adult participants. For child participants, consent will be sought from their parent or caregiver, and children will also be asked to assent to their participation. A simple script has been developed to describe the purpose of the evaluation to participants, and participants will be asked to sign translated consent forms (see Annex 7). In cases where participants do not read or write easily, verbal consent will be sought, and recorded by the evaluation team. Consent forms make it clear that participants have a choice about whether or not to participate and also highlight that information will be anonymous.
Venue selection and ensuring the safety of participants and the evaluation team	Efforts will be made to identify safe venues for data collection where participants' confidentiality is not compromised. Venues include transformed institutions, day care centres and centres for social welfare. The timing of data collection and transport to and from venues will also be taken into consideration to ensure that participants are safe. Efforts will also be made to select venues where participants feel comfortable and are not intimidated by the setting. For longer focus groups, participants will be provided with refreshments as appropriate.

	The safety of the evaluation team will also be considered carefully during the data collection process.
Confidentiality and anonymity	All data will remain confidential and anonymous. Data will be secured on a remote server that only the evaluation team can access. It will be destroyed one month after analysis is complete. Participant names will not be used in the final report and any identifying features will be changed in descriptions of participants. This will ensure the anonymity of findings.
Child-friendly tools and language	The tools that have been developed for this evaluation are child-friendly. They have been designed to ensure that children are not intimidated, and are able to express their views freely. Many of the tools have been used successfully with children in other contexts. The tools will be tested with a few groups initially, and may be adapted if necessary. The tools involve fun activities that should make the evaluation an enjoyable experience for children. The evaluation team is experienced in working with children, and able to adapt language to ensure that it is clearly understood.
Fulfilling evaluators duty to act beyond reproach at all times	Evaluators will followed the UN Evaluation Group’s Code of Conduct. ¹⁰² In addition to the procedures outlined above (which deal with evaluators obligations regarding avoidance of harm, confidentiality and transparency), this meant that: <ul style="list-style-type: none"> ▪ Evaluators will act independently and impartially – maintaining independence of judgement and operating in an impartial and unbiased manner. ▪ Evaluators will work to show honesty and integrity around the limitations, scope and findings of the evaluation with participants and UNICEF. ▪ Evaluators will be honest about their level of competence and areas where assistance was needed. ▪ Evaluators accept accountability for the completion of the evaluation within the agreed timeframe and budget. ▪ Evaluators will work to ensure that all findings are accurate, complete and reliable. ▪ Evaluators will discuss ethical concerns and dilemmas with UNICEF throughout the evaluation process.

¹⁰² https://www.unicef.org/evaluation/files/Evaluation_Principles_UNEG_Code_of_Conduct.pdf

Annex 9: Consent forms

Consent form: adults

We work for Child Frontiers, a global consultancy company. We have been asked by UNICEF to evaluate the child care reform programme, which has involved the transformation of child care institutions and work to prevent children from being separated from their families. We will explore progress, challenges and lessons learnt through this programme. We will produce a report that will be used by UNICEF and the Government of Bosnia and Herzegovina to decide what they should do next to support vulnerable children and their families.

This interview will take 1 hour/ The group discussion will take 2 hours (Evaluator - delete as appropriate). No one will be paid or receive any other benefits from taking part in this evaluation. We do not think there are any risks for taking part in this discussion. If you find the discussion upsetting, or if you are worried taking part will cause you any problems, you can chose to stop at any time.

We would like to take notes during the discussion with your permission. We won't share these notes with anyone apart from other people working on this evaluation. We will use this information to write a report which will include what you and others have told us. However, all information provided in the final report will be kept anonymous. This means that we will not include your name in the report. If you are taking part in a group discussion, please don't share what we have discussed today with others (Evaluator - delete as appropriate).

If you tell us a about a situation where a child is currently being abused, or is at immediate risk of harm, we have a duty to tell social workers or others so that they can help the child.

UNICEF is very keen to learn what has worked well, and also anything that has not worked so well during this programme, or any problems that you have faced. It is very important that you speak freely and honestly.

You have a choice about whether or not you take part in this discussion. You can choose to leave at any time.

STATEMENT OF CONSENT:

I understand the purpose of this evaluation and voluntarily agree to take part in this discussion

FG or interview number:

Signature:

Details to be completed by the evaluation team:

The participant has understood the nature of the discussion, was given an opportunity to ask any questions they may have, and has voluntarily agreed to take part in this discussion:

Name:

Signature:

Assent form: Children

We work for an organisation called Child Frontiers. We have been asked by UNICEF to find out more about the transformation of child care institutions and work by UNICEF and the government to stop children from being separated from their families. We will look at what has gone well in this work and how it has helped children and their families. We will also find out about what has not gone well, and any problems children and their families have faced during the closure of the institutions. We will produce a report that will be used by UNICEF and the government to decide what they should do next to support vulnerable children and their families.

The group discussion will take 2 hours. No one will be paid or receive any other benefits from taking part in this evaluation. We do not think there are any risks for taking part in this discussion. If you find the discussion upsetting, or if you are worried taking part will cause you any problems, you can chose to stop at any time.

We would like to take notes during the discussion with your permission. We won't share these notes with any one apart from other people working on this evaluation. We will use this information to write a report which will include what you and others have told us. However, all information provided in the final report will be kept anonymous. This means that we will not include your name in the report. If you are taking part in a group discussion, please don't share what we have discussed today with others.

If you tell us a about a situation where a child is currently being abused, or is at immediate risk of harm, we have a duty to tell social workers or others so that they can help the child.

UNICEF are very keen to learn what has worked well, and also anything that has not worked so well during this programme, or any problems that you have faced. It is very important that you speak freely and honestly.

You have a choice about whether or not you take part in this discussion. You can choose to leave at any time.

STATEMENT OF ASSENT:

I understand the purpose of this evaluation and voluntarily agree to take part in this discussion

FG or interview number:

Signature:

Details to be completed by the evaluation team:

The participant has understood the nature of the discussion, was given an opportunity to ask any questions they may have, and has voluntarily agreed to take part in this discussion:

Name:

Signature

Consent form: parents/ carers

We work for Child Frontiers, a global consultancy company. We have been asked by UNICEF to evaluate the child care reform programme, which has involved the transformation of child care institutions and work to prevent children from being separated from their families. We will explore progress, challenges and lessons learnt through this programme. We will produce a report that will be used by UNICEF and the Government of Bosnia and Herzegovina to decide what they should do next to support vulnerable children and their families.

We would like to speak with a child in your care [name the child].

The group discussion will take 2 hours. No one will be paid or receive any other benefits from taking part in this evaluation. We do not think there are any risks for your child taking part in this discussion. If they find the discussion upsetting, or if you are worried taking part will cause them any problems, you can chose to stop at any time.

We would like to take notes during the discussion with your permission. We won't share these notes with any one apart from other people working on this evaluation. We will use this information to write a report which will include what you and others have told us. However, all information provided in the final report will be kept anonymous. This means that we will not include your child's name in the report.

If your child tell us a about a situation where a child is currently being abused, or is at immediate risk of harm, we have a duty to tell social workers or others so that they can help the child.

You have a choice about whether or not you agree that your child can take part in this discussion, and you can choose to withdraw your child from the discussions at any time. We will also ask your child if they are willing to be in take part and tell them that they can choose to leave at any time.

STATEMENT OF CONSENT:

I understand the purpose of this evaluation and voluntarily agree to let my child take part in this discussion

FG or interview number:

Signature:

Details to be completed by the evaluation team:

The participant has understood the nature of the discussion, was given an opportunity to ask any questions they may have, and has voluntarily agreed to allow their child to take part in this discussion:

Name:

Signature.