



for every child

AN EVALUATION OF UNICEF SUPPORTED  
CHILD ADVOCACYCENTRES IN GUYANA

**FINAL REPORT**

OCTOBER 2021



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An Evaluation of UNICEF Supported Child Advocacy Centres in Guyana

**Final Report**

**November 15, 2021**

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## ACRONYMS

CAC	Child Advocacy Centre
CARICOM	Caribbean Community
CEDAW	Convention on the Elimination of All Forms of Discrimination Against
CO	Country Office
CPA	Childcare and Protection Agency
CRC	Convention on the Rights of the Child
DAC	Development Assistance Committee
DPP	Director of Public Prosecution
ERG	Evaluation Review Group
FIT	Forensic Interview Team
GDP	Gross Domestic Product
GNI	Gross National Income
HDI	Human Development Index
HRBA	Human Rights-Based Approach
IRB	Institutional Review Board
MDT	Multidisciplinary Team
MHSSS	Ministry of Labour and Social Policy
MICS	Multiple Indicators Cluster Survey
MoE	Ministry of Education
MoH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Nongovernmental Organisation
OECD	Organization for Economic Co-operation and Development
PSE	Parental skills education
PPP	Purchasing Power Parity
RQDA	Qualitative Data Analysis with R
SDG	Sustainable Development Goals
SNS	Safe Neighbourhood Survey
SPSS	Statistical Package for the Social Sciences
ToC	Theory of Change
TOR	Terms of Reference
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNEG	United Nations Evaluation Group
UNDP	United Nations Development Programme
UNICEF	United Nations Children’s Fund
UN-SWAP	UN system-wide Action Plan
USD	United States Dollars
VAC	Violence Against Children

VAW

Violence Against Women



## Executive Summary

### Introduction

The following is a report on an independent evaluation of the integrated model and services provided by Child Advocacy Centres (CACs) in Guyana to child victims of sexual violence and their families. CACs were established by the Childcare & Protection Agency (CPA) with United Nations Children's Fund (UNICEF) support in eight (8) of the ten administrative regions in Guyana. The aim of the CPA and UNICEF's collaborative initiative was to ensure the best interests of child victims of sexual violence were addressed, by introducing an integrated service delivery approach and inter-institution cooperation nationally.

The main **objectives** of the CPA and UNICEF's initiative were: 1) develop and implement an *integrated* approach for child sexual abuse investigation to avoid duplicative interviewing; 2) guarantee *multidisciplinary* involvement for all interventions to assure that the unique needs of children are recognised and met; 3) *bring professionals* to the child instead of asking children and their families to access services through many different portals; and 4) secure the *involvement of communities* across the country, to help prevent child abuse and offer child abuse victims the services and support that they need and deserve.

### Evaluation Purpose, Objectives, and Intended Audience

The **purpose** of this independent evaluation was to assess the model and services provided by CACs for child victims of sexual violence and their families in eight pilot regions and covered the period of January 2015 to March 2021. Evaluation evidence was assessed using the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee's criteria of relevance, effectiveness, efficiency, impact, sustainability, and value for money.

The **objectives** of the evaluation included:

- (i) To assess and evaluate the CAC integrative model of service delivery.
- (ii) To assess the relevance, efficiency, effectiveness, impact, and sustainability of the CAC programme implementation over the period 2015-2021.
- (iii) To take stock of the progress made towards the attainment of the goals and objectives of the CACs.
- (iv) To identify challenges (including the capacity to deliver) and opportunities (enablers factors) experienced in the delivery of prevention and support services in CACs.
- (v) To identify and document lessons learned, including those related to service design, the scope of support provided, resources, and implementation.
- (vi) To determine if the current strategies operational approaches of the CACs are sustainable or not and provide recommendations for the process of institutionalizing and scaling up of the CAC model and services nationally.

The **primary intended audiences** of the evaluation includes UNICEF's Guyana country office, the CPA, and the service providers ChildLink Guyana and Blossom Inc., which are managing the operation of CACs in the eight regions. Other **secondary intended audiences**, include key government members including Law Enforcement, Office of the DPP, Ministries of Health and Education, Parliamentarians, local government and municipal authorities and professionals working with children and parents at the local level, civil society organizations providing service

in Guyana, as well, and the **duty bearers** and **rights holders** (particularly children and vulnerable groups).

### Evaluation Methodology

The evaluation used a **non-experimental** design and **mixed methods** that included both quantitative and qualitative data. Furthermore, the evaluation adopted a **Theory-based, participatory, and utilisation-focused approach**, integrating the identified information needs of users as well as how they will use the findings. Evaluation methods included (i) Desk review; (ii) Inception phase consultations; (iii) Partner/key informant interviews (KIIs) with stakeholders; (iv) Beneficiary interviews; (v) Review of administrative data; and (vi) Value for money assessment. The evaluation relied on both primary and secondary data. Primary data sources included the data that was collected through key informant interviews (KIIs) with stakeholders from UNICEF, national and sub-national government, implementing partners (IPs), private sector and other UN agencies. A *purposeful sampling approach* was used to interview individuals who had knowledge of and/or experience with the CACs. A total of **149 persons** were **interviewed**, including 1 UNICEF staff, 10 CAC staff/partners, 14 key stakeholders, and 124 beneficiaries.

### Key Evaluation Findings

#### Relevance

- The analysis found that the objectives of the CAC integrated model of service delivery for child victims of sexual violence is aligned to six SDGs, namely SDG 3, 4, 5, 11, 16, and 17.
- All 25 interviews with stakeholders and partners yielded positive responses that the CAC is aligned with national priorities. However, it was observed that at the community level there existed norms and practice that were inimical to child protection. These including older males targeting adolescent girls in particular.

#### Effectiveness

- The CACs, both at the operational and strategic levels, demonstrated that multidisciplinary involvement was essential in ensuring that the needs of children who are victims of sexual violence are identified, understood, and addressed.
- CAC eliminated the need for multiple interviews from staff of participating agencies. However, in a few instances, matters directly reported to the police were not immediately referred to CAC.
- In terms of the CACs ability to get professional from partner agency to collaborate in service delivery, the CAC scored an average of seven (7) on a scale of 0-10 where 10 is indicative of very effective. A partner divulged that “on the operations level about 8; at the strategic level we are struggling, the MDT at the high level, heads need to sit once a quarter.”

#### Impact

- Children self-reports show that 95% of them felt that CACs had positively contributed to them making positive changes in their lives.
- From a parental perspective, almost nine (9) out of ten parents felt the CACs had contributed to their children making positive changes in their lives. This overwhelming positive response on the part of parents add to the burden of evidence that the CACs have been contributing to positive changes in children lives after victimization
- Rising demand for services coupled with constrained resources have forced CACs to

extend the responsibility of current staff which can result in physical and psychological burn out. It was noted that at minimum of three core staff (forensic interviewer, counsellor, and court support officer) will cost CACs US\$2010 monthly. To increase staff more resources would be needed.

#### Sustainability

- CACs provide an essential service and once current levels of child sexual abuse continue there will be need for their service.
- UNICEF and government subvention were essential to the maintenance of CACs quality of service and sustainability of operations.

#### Efficiency

- CACs reported several approaches demonstrating their efficiency in resource usage including bulk procurement, collaborative training, and use of electronic documents and reducing printing.
- Cost of service per child victim and family was computed at US\$325. When compared to the economic cost of violence this amount is small. In 2017, the global per inhabitant cost of violence was US\$ \$1,988.

#### Value for Money Assessment

- None of the expense categories appeared excessive, for instance, the modal value reported for telephone use was just about US\$50 monthly, average stationery cost monthly was US\$50 per month, and annual expenses on toys and other child stress relief equipment and supplies was US\$150 per centre.
- The estimated value in terms of productivity savings ranged from a minimum of US\$67,368 and a maximum of US\$114,863.

#### Key Conclusions

##### Relevance

- **Conclusion 1:** The CAC model of integrated service delivery for child victims of sexual abuse and their families is harmony with Sustainable Development Goals (SDG) 3, 4, 5, 11, 16, and 17 by disrupting and preventing sexual abuse of children and providing broad child protection services for children who are victims of abuse in ways that are both gender sensitive and culturally grounded, safeguarding their rights and mental health, removing emotional barriers to continued education, building emotional stability and resilience, and promoting positive self-image, child development and wellbeing.
- **Conclusion 2:** Child Advocacy Centres are also important because they offer parents with education and awareness about abuse helping them to understand abuse including the signs of child abuse and how to protect their children.

##### Effectiveness

- **Conclusion 3:** There is overwhelming evidence that suggests that there is a high level of satisfaction of the services received from the CAC among parents and children
- **Conclusion 4:** CAC eliminated the need for multiple interviews from staff of participating agencies. However, in a few instances, matters directly reported to the police were not immediately referred to CAC. Additionally, it was reported that a few police officers are still questioning children.
- **Conclusion 5:** A key to success has been partnership the CPA and two well established NGOs, ChildLink and Blossom. Blossom and ChildLink were able to establish partnerships with police and justice officials. Additionally, other factors crucial to the effectiveness and achievements of CACs success were their interdisciplinary

## Impact

- **Conclusion 6:** The CAC integrated model of service delivery is demonstrating positive outcomes for both children and parents.

## Sustainability

- **Conclusion 7:** Current levels of sexual violence against children along with the importance of CAC in providing a comprehensive response covering recovery and access to justice make a strong case for sustaining CACs. Further, UNICEF and Government funding of the CAC are the predictable sources of revenue for CAC and are important to their sustainability.
- **Conclusion 8:** Judging from the cost per service in the context of the duration and quantity and quality of engagements with child victims of sexual abuse, one can only conclude that resources are used efficiently by CACs.

## Efficiency

- **Conclusion 9:** The recurring costs associated with the operations of the CACs demonstrate efficiency in procuring materials for operations. It also confirms that resources are not wasted.
- **Value for Money**
- **Conclusion 10:** Without costing the psycho-social, parental capacity development, promotion of pro-social behaviour and personal development, and prevention of child sexual abuse, the analysis show significant return on investment.
- 

## Lessons Learned

- **Lesson 1:** An important lesson learned was that CACs make significant contribution to children and families, including helping them to access justice, psychologically recover from the trauma of experiencing sexual abuse, provide training for parents to better interact with their children. It was noted that children and parents/caregivers who access CACs would have experienced traumatic events that have caused them to suffer physical, psychological, emotional and spiritual harm, and even post-traumatic stress disorder (PTSD) in some cases. Failure to process and overcome trauma can have long-term negative impacts on children and parents/caregivers; thus, CACs work with children and families have helped to improve their well-being and minimize the risk of such long-term negative impacts.
- **Lesson 2:** It was observed that Working with boys was more challenging for CACs because boys were reluctant and tentative in discussing abuse. These initial hurdles have been overcome through patient confidence building approaches. An important lesson here is that there is need for continued efforts in mainstreaming gender in the training of forensic interviewers.
- **Lesson 3:** Another lesson learned was that success of the CAC model of service is contingent on commitment and leadership on the part of NGO, the CPA and other government partners. Important too is willingness of UNICEF to support the services of the CACs. Programmes such as these take time to demonstrate results and in eliminating the bottlenecks in service delivery. Persistence and patience are required from UNICEF and the implementing agencies work to improve programme standards.
- **Lesson 4:** A key lesson learned was that a fully functioning CAC demands consistent and ongoing training and support on treatment interventions, including the use of trauma focused cognitive behaviour therapy, the laws on sexual violence in the country and on-the-job support to navigate the social, police, prosecutorial systems.

## Recommendations

### Relevance

- **Recommendation 1:** CAC should formalise a blended approach (face-to-face and remote) to counselling child victims and their parents. PSE should be prepared in audio-visual format and shared with parents.
- **Recommendation 2:** Efforts should be made to refer poor families of child victims for public assistance from the MHSSS and to fast-track applications and approval. Further, a system of providing CACs with advance funding using an ex-ante system of approval from the CPA for specific spending on special cases of poor families.
- **Recommendation 3:** There is need for comprehensive public education programmes on the long-term impact of child sexual abuse and the benefits of intervention to promote children's recovery and access to justice. Efforts should also concentrate on involving communities in detecting and reporting sexual violence against children.

### Effectiveness

- **Recommendation 4:** There should be an initial orientation for police officers and health care workers who were not exposed to working with children who are victims of sexual violence. The orientation in the main should cover key working principles of the FIT.
- **Recommendation 5:** The evaluation also recommends the immediate resuscitation of the MDT to address issues and bottlenecks in the CAC integrated service delivery model.
- **Recommendation 6:** Training in foreign language and communicating with hearing and speech impaired children is essential if the CAC is reach vulnerable groups equally. This should be an area of focus for UNICEF's support for the CACs

### Sustainability

- **Recommendation 7:** UNICEF should ensure that resources are made available annually for training to guarantee quality in service delivery are maintained.
- Government and UNICEF should continue supporting UNICEF since their resources are critical to the sustain the CACs
- **Recommendation 8:** There might be some indirect cost not included in the cost per service calculation, to get a picture of the true cost of their service CAC should seek to tally both direct and indirect costs associated with their service delivery.
- **Recommendation 9:** Support be provided to CAC to develop a system for data compilation and retrieval.

### Efficiency

- **Recommendation 10:** CAC should seek to further identify inefficient processes through participatory staff assessment. Once the relevant information has been collected, CAC should seek to refine processes eliminating superfluous activities.
- **Recommendation 11:** CACs should also seek to consolidate suppliers lists so as to leverage economies of scale in purchase. Forging meaningful and trusting relationships with a core group of preferred suppliers will result in improved and seamless service.

### Value for Money

- **Recommendation 12:** There is need for UNICEF to fund longitudinal research to value the achievements of long-term outcomes for children and families.

## 1. INTRODUCTION

This was an independent evaluation of the model and services provided by Child Advocacy Centres (CACs) to child victims of sexual violence and their families, which were established in Guyana by the Childcare and Protection Agency (CPA) with United Nations Children’s Fund (UNICEF) support. UNICEF’s Guyana Country Office (CO) in partnership with the Childcare and Protection Agency (CPA) commissioned this evaluation to undertake a comprehensive system-wide assessment of the CACs established regions 1, 2, 3, 4, 5, 6, 7, and 10 in Guyana covering service design and implementation of the model, the reach of the programme, resourcing, and involvement of partners. Overall, the evaluation brings an understanding of what works well and what does not in the CACs model. The consultant, over the period of June – September 2021 assessed the achievement of results in accordance with the objectives, criteria, and methodology specified. The design of this evaluation was guided by information garnered from a review of the terms of reference and the country programme and project documents, including UNICEF’s revised Evaluation Policy (2018), the Evaluation Norms and Standards of the United Nations Evaluation Group (UNEG) (2020), the UN-SWAP Evaluation Performance Indicator (2016), UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015), and UNICEF-Adapted UNEG Evaluation Report Standards (2017). Evaluations are essential because they provide assurance that the intervention is really benefitting, not harming, the people it is designed to help (Thompson and McClintock 1998). In this context, the evaluation offers evidence to support the view that the CAC model is advantageous in helping victims of child sexual abuse.

Violence and abuse against children are global challenges. Every year, millions of girls and boys around the world face sexual abuse and exploitation. One in eight of the world’s children have been sexually abused and/or sexually exploited at some time in their lives and one in every twenty girls aged 15 to 19 (around 13 million) have experienced forced sex during their lifetime (UNICEF 2020a). One in four young women in Latin America and the Caribbean were first married or in union before their 18th birthday (UNICEF, 2019a). In Guyana, 127 boys and 688 girls were sexually abused in 2020 (Guyana Chronicle 2021). Data from Guyana Women’s Health and Life Experiences survey revealed that 13% of women in Guyana reported having experienced non-partner sexual abuse before the age of 18 (Contreras-Urbina, et al., 2019).

Since violence undermines children’s well-being outcomes and aspirations, it is essential that society intervenes to protect children from the horrendous consequences of experiences of sexual violence and abuse and prevent unintended re-victimisation. Child Advocacy Centres (CACs) were created as critical structures in protecting children who are victims of sexual violence and abuse from further harm by primarily providing them with forensic interviews and counselling to minimise any further trauma and assist in creating the environment for holding offenders accountable for their actions. Since 2013, Guyana has adopted the CAC model with the hope of improving its response to violence against children particularly sexual violence.

The primary users of this evaluation are UNICEF’s country office, the CPA, and the service providers ChildLink Guyana and Blossom Inc., which are managing the operation of CACs in the eight regions. Other users of this evaluation include Law Enforcement, Office of the DPP, Ministries of Health and Education, Parliamentarians, local government and municipal

authorities and professionals working with children and parents at the local level, civil society organizations providing service in Guyana, as well, and the duty bearers and rights holders (particularly children and vulnerable groups).

Table 1: Intended Audiences: Evaluation Users and Uses

Users	Use of the evaluation
UNICEF Office for Guyana and Suriname	<ul style="list-style-type: none"> <li>• Inform the relevance, effectiveness of the CAC programme 2015-2021.</li> <li>• Take stock of the progress made towards the attainment of the objectives of the CAC programme</li> <li>• Identify the most effective implementation strategies and partnerships.</li> <li>• Strengthen accountability and learning from the 2015-2021 UNICEF Child Advocacy Centres programme.</li> </ul>
UNICEF Latin America and Caribbean Regional Office	<ul style="list-style-type: none"> <li>• Inform planning for LAC Regional Office support to Guyana and Suriname, CAC programme</li> </ul>
Government of Guyana	<ul style="list-style-type: none"> <li>• Inform Government of Guyana on UNICEF 2015-2021 results</li> <li>• Share insights about the implementation approaches, progress made and refinements of CAC programme and operations.</li> <li>• Inform Government on the bottlenecks in protection systems and how to address them to enhance child protection.</li> </ul>
UN Country Teams, key UNICEF development partners and donors	<ul style="list-style-type: none"> <li>• Inform UN Country Teams and partners in Guyana of the 2015-2021 results achieved.</li> </ul>
Other national leaders and Rights Holders	<ul style="list-style-type: none"> <li>• Increase awareness of child protection systems and inform referrals of child victims of sexual abuse.</li> </ul>

This report presents a succinct review of the country context including child protection services in Guyana and children’s access to justice, outlines scope of the evaluation and describes the research design and analytical methods, and presents the evaluation findings, conclusions, lessons learned, and recommendations. Its development was supported by an Evaluation Review Group (ERG), consisting of representatives of Child Protection Agency, Law Enforcement, and UNICEF.

## 2. BACKGROUND

### 2.1. Country Context

The Cooperative Republic of Guyana is a small developing country that is located on the north-eastern coast of the continent of South America between 10 and 90 north latitudes and 570 and 610 west longitudes. It is the only English-speaking country on the South American continent. The country is bordered by Venezuela to the west (650 kilometres), Suriname to the east (726 kilometres), the Atlantic Ocean to the north (436 kilometres), and Brazil to the south and southwest (1,208 kilometres). It has a total territory of 214,970 square kilometres (km<sup>2</sup>).

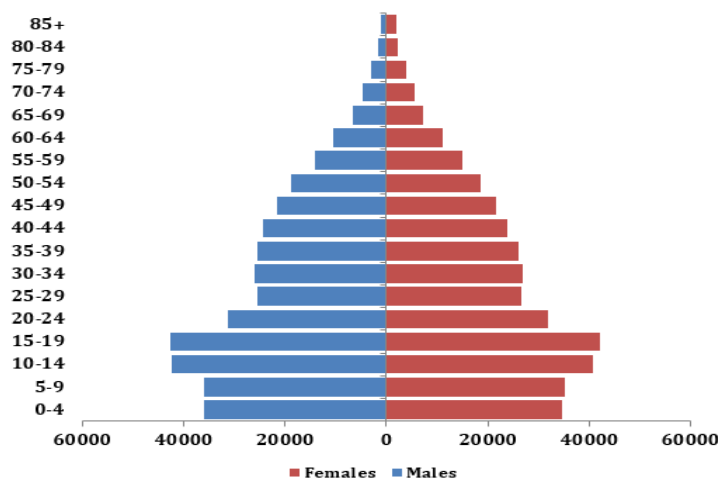
Figure 1: Location of Guyana



Source: <https://www.forbes.com/custom/2015/10/19/guyana-a-fresh-approach/>

Guyana is a sparsely populated country totalling 746,955 inhabitants. Guyana’s small population size results in a constrained fiscal envelope, which negatively affects public service provision in the areas of public safety, child protection, education, health, and infrastructure services. The population pyramid for Guyana is typical of population structures for developing countries with longer bars at the base and concave or straight sides (figure 2). This population pyramid is wide at the base, which means there is a large proportion of children and young people in Guyana. The comparatively large number of children relative to the working age population suggests increasing demands on an already constrained fiscal envelope. It follows therefore that Guyana will need external support in meeting its obligation of service delivery to children in areas of education, health, and protection.

Figure 2: Guyana Population Pyramid



Source: Bureau of Statistics Guyana (2016)

For administrative purposes Guyana is divided into ten regions. Georgetown is the national capital, and it is in Region 4. This Region has the highest population density countrywide, which stands at 140.6 inhabitants per square kilometre. Regions 7 and 9 have the lowest population density of 0.4 inhabitants per square kilometre. The national population density is 3.5 inhabitants per square kilometre. The population densities of three (3) of the ten regions are all below one (1) inhabitant per square kilometre (Regions 7, 8, and 9) and another four (4) are all below 10 inhabitants per square kilometre (Regions 1, 2, 6, and 10). Low population densities across these regions make it difficult to leverage economies of scale in public service



provision including child protection services.

## 2.2 POLITICAL, ECONOMIC, AND SOCIAL CONTEXT AND GOVERNMENT PRIORITIES

### 2.2.1 Political, Economic and Social Development

Guyana is a multiparty democracy with a parliamentary system of Government. The country's Constitution asserts that it is the supreme law of the nation. Fundamental to Guyana's Constitution is the separation of powers of the three branches of Government namely the Executive, the Legislature, and the Judiciary. Even so, all organs of the State and the Parliament must act in accord with the Constitution. The Executive branch governs Guyana. The President is the Head of State and supreme executive authority, and he/she is elected by the electorate for a five-year term. The country's legislative body comprise sixty-five (65) members. This body has the power to pass bills and constitutional amendments. Bills approved by the legislative body must be assented to by the President before they become law.

The administration of justice in Guyana falls under the purview of the Chancellor. The Judiciary comprises Magistrate Courts in each of the ten regions and a Supreme Court consisting of a High Court and a Court of Appeal. The lower courts, known as the magistrate's court, have jurisdiction in criminal cases and civil suits involving small claims. The High Court has general jurisdiction in both civil and criminal matters. Appeals from the High Court rulings go to the Court of Appeal (Adams 2020). The Director of Public Prosecutions is mandated with instituting criminal proceedings against any person committing any offence against the laws of Guyana.

The country is a member of the Caribbean Community (CARICOM). CARICOM has developed a Regional Framework for Action for Children which serves to member states and development partners both as a guide in the preparation of developmentally focused programmes for children in the region and a benchmark to measure progress regarding goals and targets set for children. Among the priorities of CARICOM's Framework are protection of children against abuse, exploitation, violence, child labour including worst forms, discrimination, and neglect in Member States; formulate guidelines for policy, regulation, and standards in early childhood development services; and devise comprehensive, sustainable, and effective early childhood development programmes in member states (CARICOM 2012). Since 2016, Guyana has been classified as an upper-middle-income country. The country's per-capita gross domestic product (GDP), in 2020, amounted to US\$8,741 increasing by 42.8 per cent from US\$6,122 in 2019 (constant 2010 US\$). This level of growth is phenomenal when compared to annual percentage growth of per capita GDP for 2018 and 2019 of 3.9 and 4.8, respectively (World Bank 2021a). Previously, Guyana's economy was heavily dependent on exports of precious metals, bauxite, and agricultural products. Following a series of sizable discoveries of petroleum offshore in 2015, Guyana became one of the top 20 largest oil and gas reserve holders in the world (World Bank, 2021b). Guyana falls within the medium human development category with an HDI value for 2019 of 0.682 which positions the country at 122 out of 189 countries and territories. Between 1990 and 2019, Guyana's HDI value increased from 0.548 to 0.682, an increase of 24.5 percent. Between 1990 and 2019, Guyana's life expectancy at birth increased by 6.6 years, mean years of schooling increased by 1.7 years and expected years of schooling increased by 1.3 years (UNDP 2020).

Despite consistent economic growth averaging around four percent since 2006, 43.4 percent of the country's population live on less than US\$ 5.50 per person a day in 2011 Purchasing Power Parity (PPP) making Guyana one of the poorest countries in South America (World Bank 2021b). The 2019 Guyana Voluntary National Review informs that poverty among children and young people was consistently high at 33.7% of people aged 16-25 and 47.5% for children under the age of 16. A UNICEF Situation Analysis of Children and Women in Guyana concluded that poverty is central to most of social maladies facing children in Guyana. Statistically, children living in poor families in Guyana have lower probability of access to computers and books; more at risk to domestic violence and other types of abuses; have higher probability of being stunted and have higher chances of being out of school; significantly higher rates of pregnancy among early adolescents; and higher likelihood of being among children in conflict with the law (UNICEF 2016). Moreover, particularly in poor families, children's vulnerability was increased because of inadequate parental guidance and supervision as well as the lack of financial support to satisfy the basic needs of the homes (UNICEF 2019b). Families living below the poverty line are not provided with adequate safety nets and services to ensure that their children have the same opportunities as wealthier children.

### 2.2.2 Government Strategies and Priorities

Guyana's Low Carbon Development Strategy (LCDS) 2030 establishes government's priorities for creating a more environmentally, economically, and socially sustainable society. Gender equality, social inclusion, equity, and human rights are cross-cutting themes forming the foundation of the LCDS 2030. The LCDS 2030 prioritises improving access to quality health care and improving education to enhance personal agency and empowerment, and ease of access in social and economic experience (Government of Guyana 2021). The issue of safety from threats of violence in society is not addressed in the LCDS 2030.

Notwithstanding, the President of Guyana, on the observance of World Children's Day, emphasised that children's rights are a priority for the government. The Head of State is quoted as saying:

The foundation for a better tomorrow must be built on promoting greater respect for and enforcement of children's rights, providing adequate protection, care and strengthening children's education. The Government of the Cooperative Republic of Guyana is committed to promoting the rights of every child. (Stabroek News 2020).

As noted in the terms of reference for this evaluation, the Government of Guyana, in 2019, invested about 14.5% of Gross Domestic Product (GDP) in social sector programmes to ensure basic social services for all, including children. Despite this substantial investment relative to income, addressing the structural causes of children's vulnerability is necessary and it is imperative that investing in children be a focal point for international developmental resources.

### 2.2.3 Violence and Abuse Against Children in Guyana

Violence in its various forms is much a part of children's life in Guyana. Available evidence suggests that the violence against children phenomenon is manifested both in homes and in

schools. The Safe Neighbourhood Survey (SNS) 2017-2018 and the Multiple Indicators Cluster Survey (MICS) 2019-2020 confirm significant prevalence rates for violence against children in the home. In the SNS 2017-2018, 33% of parents/caregivers reported that they spanked a child in the last month and 10% indicated that they hit a child in their care somewhere on the body other than the hands or buttocks with an object such as a strap or a stick (table 2).

It was observed from the MICS 2019-2020 data that 67% of parents admitted to verbal abuse of children by shouting, yelling, and screaming at them. Further, 11% of parents emotionally abused children by calling them dumb, lazy, or other derogatory names. Regarding physical abuse, 34% shook the child, 26% hit a child on the bottom or elsewhere with a belt, brush, stick, 23% hit or slapped a child on the hand, arm, or leg, 7% hit or slapped a child on the face, head or ears, and 3% beat a child up as hard as one could (table 3).

Table 2: Self-Report of Physical aggression toward a Child

SNS Responses	Spanked child		Hit a child somewhere on the body other than the hands or buttocks with an object such as a strap or a stick	
	Frequency	Percent	Frequency	Percent
Never, or at least not in past month	482	66.9	649	90.0
Several times in the past month	91	12.6	25	3.5
Once a week	124	17.2	40	5.5
Almost every day	24	3.3	7	1.0
<b>Total</b>	<b>721</b>	<b>100.0</b>	<b>721</b>	<b>100.0</b>

*SNS 2017-2018*

Table 3: Verbal and Physical Abuse of Children

MICS Questionnaire Items	Yes		No	
	Count	Percent	Count	Percent
Called child dumb, lazy or another name	290	11.4	2256	88.6
Shouted, yelled, or scream at child	1706	67.0	840	33.0
Shook Child	874	34.4	1668	65.6
Hit child on the bottom or elsewhere with belt, brush, stick, etc.	666	26.2	1880	73.8
Hit or slapped child on the face, head, or ears	179	7.0	2365	93.0
Hit or slapped child on the hand, arm, or leg	578	22.7	1967	77.3
Beat child up as hard as one could	68	2.7	2479	97.3

*MICS 2019-2020*

Analysis of survey data from a random sample of primary and secondary schools nationally suggests that aggressive behaviours are very much a part of children and adolescents school life. Data from the primary school survey indicated that 37% of children reported being beaten by school mate(s) and 31% said they were beaten by a teacher. Among Secondary school students, 25% reported that schoolmates were physically abusive to them, and 19% said that teachers or other adults in the school were physically abusive to them (UNICEF 2017).

A qualitative study on social norms in Guyana regarding emotional, physical, and sexual violence against children disclosed that seven out ten persons interviewed opined that

physical punishment is generally considered as an accepted way of ‘managing and controlling’ children and a similar ratio of persons interviewed felt that emotional abuse in the form of harmful words to children was accepted even though they did not subscribe to this practice (UNICEF, 2019b).

Administrative data from the CPA also draw attention to the enormity of the problem of violence against children. For the period January 1, 2015- June 30, 2021, there were 25,213 occurrences of violence against children reported and detected. Annual occurrences of violence against children for the years 2015 to 2020 averaged 3,883. The three most prevalent forms of violence against children reported and detected were neglect, sexual violence, and physical violence (figure 3). The mean number of occurrences for neglect, sexual violence, and physical violence against children were 1901, 850, and 816, respectively. In relation to victims of reported violence against children for the period January 2015 to January 2021, girls were more affected (figure 4).

Figure 3: Occurrences of Violence against Children reported to the Childcare and Protection Agency, January 2015 - June 2021

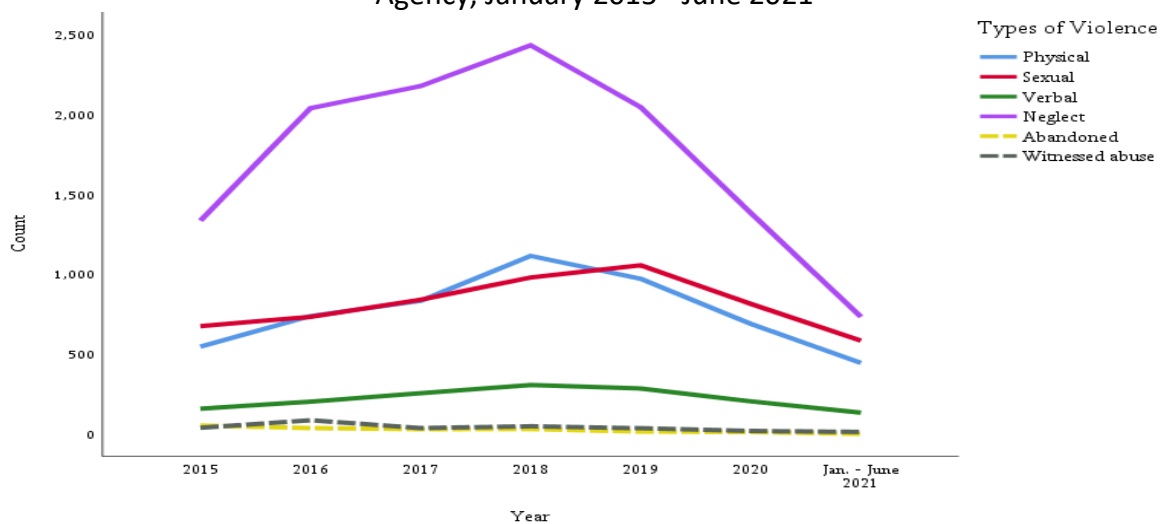
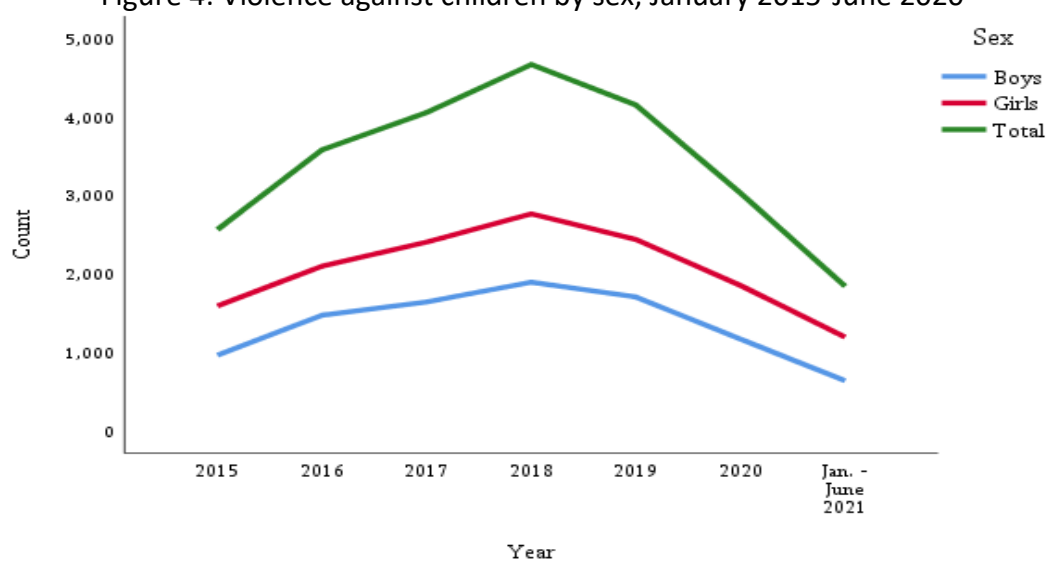


Figure 4: Violence against children by sex, January 2015-June 2020



Moreover, it is generally believed that violence against children is gravely underreported in

Guyana. A media release reported the Director of the CPA intimating that the reports are just the tip of the iceberg. Her position was that violence and abuse of children occur behind closed doors and this situation is compounded because some children who are victims of abuse and violence literally do not have a voice to report abuse (Guyana Chronicle 2019). Underreporting of violence and abuse against children is believed to be linked to trust deficits between child victims and care providers and law enforcement; families of child victims are afraid that the child will be stigmatised; victims and families are fearful of suffering other forms of violence; the parent who is financially dependent on the perpetrator fail to report occurrences of child abuse over worry that they will lose their only significant financial support; matters are settled with the victim's family receiving a compensation; and some teachers, social services staff, and health workers choose silence out of fear that they are putting themselves at risk of being harmed by the perpetrators, even though these professionals are well positioned to identify cases of child abuse (UNICEF 2016).

## 2.3 Child Protection System in Guyana

### 2.3.1 Factors causing Child Protection Issues in Guyana

Child protection refers to the prevention and response to violence, exploitation, and abuse of children in all contexts (UNICEF 2015). A child protection system is the overarching framework for the protection of children, and it comprises “a set of laws, policies, regulations and services that are needed across all social sectors, but especially social welfare, education, health, police and justice to support prevention and response to child protection-related risks” (UNICEF 2020b, 4). Several factors provide significant rationale for child protection in Guyana. Among the leading issues in child protection is poverty and access to jobs, transportation, and public services, particularly in hinterland areas. The maladies of economic disadvantage in Guyana include low educational attainment, teen pregnancy, substance abuse and violence. For instance, in 2014, secondary school dropout rates among 12-15 years old were 11.9% for the poorest quintile and 1.2% for the richest quintile (Henry 2019). Approximately 10% of Guyanese population live in remote and hinterland communities where a lack of access to services, infrastructures and transport makes children and families particularly vulnerable. There is also evidence of high prevalence of alcohol and drug use among school-age youth. Results from the 2013 Secondary School Drug Use Survey in Guyana showed that 52.2% of the students had consumed alcoholic drinks at least once in their lifetime, 31.2% had consumed alcoholic drinks in the last 12 months and 16.0% had consumed alcoholic drinks in the last 30 days (Crime and Social Observatory 2013).

Another relevant issue is social norms that condone violence against children. One such norm is the belief that girls are ready sexual partners and ready to mother children when they reach puberty. In Guyana, 13 per cent of girls aged 15 to 19 years were married or cohabiting and the adolescent birth rate stands at 71 per 1,000 women (Bureau of Statistics, Ministry of Public Health and UNICEF 2015). Additionally, Suicide was the second leading cause of death among 10-14 years old (8.2 per 100,000 population for boys and 4.1 per 100,000 population for girls) and the leading cause of death among 15-19 years old countrywide (32.3 per 100,000 population for boys and 18.2 per 100,000 population for girls) (Pan American Health Organisation (PAHO) 2017). Furthermore, available evidence also suggests that there are limited intra-familial protective factors for children. Statistical returns from the 2010 Global

School Health Survey results show that only 36.9% of students were of the view that parents usually understood their problems and worries during the past 30 days and just 42.0% reported that their parents usually knew what they did with their free time during the past 30 days (Pan American Health Organisation (PAHO) 2017). While government has been responding to these phenomena, which have been increasing, more efforts are needed. Key bottlenecks to be addressed are the limited budget allocated to child protection services, violence-tolerant social norms, harmful substance abuse, awareness and prevention programmes, and limited access to and availability of services.

### 2.3.2 Incorporation of International Human Rights Law

The Convention on the Rights of the Child (CRC), which was adopted by the General Assembly of the United Nations on November 20, 1989, presents the goal of the international community with regard to the well-being of children and prescribes universal legal standards for the protection of the children against neglect, abuse, exploitation; as well as guaranteeing them their basic human rights, including survival, development and full participation in social, cultural, educational and other endeavours necessary for their individual growth and well-being (UN 1989). Guyana is a signatory to the United Nations Declaration on the Rights of the Child and the Convention on the Rights of the Child (CRC). Guyana ratified the CRC in January 1991. Guyana's Constitution recognises the welfare of children as paramount and binds the State and all government and State agencies, when considering the interest of children, to ensure that the welfare of the child receives the top consideration.

### 2.3.3. National Laws and Institutional Arrangement

The Constitution of the Cooperative Republic of Guyana<sup>1</sup> mandates a Rights of the Child Commission to initiate actions to reflect and enhance the well-being and rights of children. The Commission was fully operationalised in 2010 comprising 15 persons. Among the functions of the Rights of the Child Commission as prescribed in Article 212V are promoting the rights and interests of, and respect for the views of, children; ensuring that the rights and interests of children are taken into account at all levels of government, other public bodies, and private organisations when decisions and policies affecting children are taken; monitoring compliance and making recommendations for the compliance with international instruments; ensuring that children have effective means of redress if their rights are being violated; and monitoring, evaluating and making recommendations on policies, procedures and practices of organisations, bodies, and institutions in order to promote the rights of the child.

In 2009, Guyana approved several new legislations aimed at recognising children's rights congruent with the CRC. These laws include the Child Care and Protection Agency Act of 2009; Protection of Children Act of 2009;<sup>2</sup> The Adoption of Children Act of 2009; and The Status of

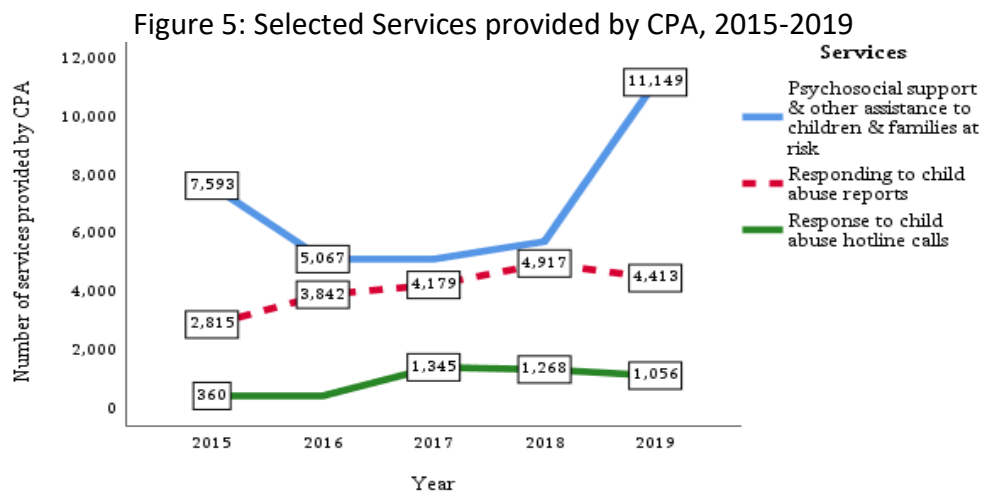
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<sup>1</sup> Constitution of the Cooperative Republic of Guyana Act. Retrieved from: [https://www.oas.org/juridico/spanish/mesicic2\\_guy\\_constitution.pdf](https://www.oas.org/juridico/spanish/mesicic2_guy_constitution.pdf).

<sup>2</sup> The Protection of Children Act, 2009 governs the rights of a child in Guyana. Under this act, a child is defined as a person under the age of 18 years and includes persons who have special needs, who is under the care or protection by virtue of the law, has a disability or is certified as needing care and protection. The act stipulates that the "Best Interest" of a child must be the primary consideration in any decision regarding a child by the Court or any other decision-making body must abide by when making decisions about a child's safety, health,

Children Act of 2009. The Childcare and Protection Agency (CPA) is a pivotal agency in Guyana with responsibility for child protection. The CPA was established by the Childcare and Protection Agency Act, 2009.<sup>3</sup> The CPA is responsible for ensuring that all the provisions of the Protection of Children Act 2009 are implemented and enforced (George 2010). Its mission is to prevent, reduce, and alleviate the effects of abuse and neglect of children through effectual services in keeping with their status as rights bearers in their communities and families (CPA 2016). The CPA falls under the purview of the Ministry of Human Services and Social Security. Even though the Agency’s main mandate is from the Protection of Children Act of 2009, it is supported by other legislation such as the Sexual Offences Act of 2010 and the Custody, Contact, Guardianship and Maintenance Act of 2011 (UNICEF 2019b).

According to the CPA’s 2017, 2018, and 2019 Annual Reports, the CPA’s staff strength was stable for the period 2017-2019 at 165, 170, and 170 respectively. As of December 2019, the CPA was 26% below its staff capacity. Available information indicates the CPA has a range of supportive programmes. Figure 5 provides a snapshot of the impressive number of services provided by staff of the CPA.



Source: CPA Annual Report 2015-2019

Guyana has not conducted an independent review of its child protection system. However, all things considered, recognition of children rights has improved in Guyana when compared to the 1990s with the passing of several laws and the setting up of complementary institutions; notwithstanding, greater progress is desired.

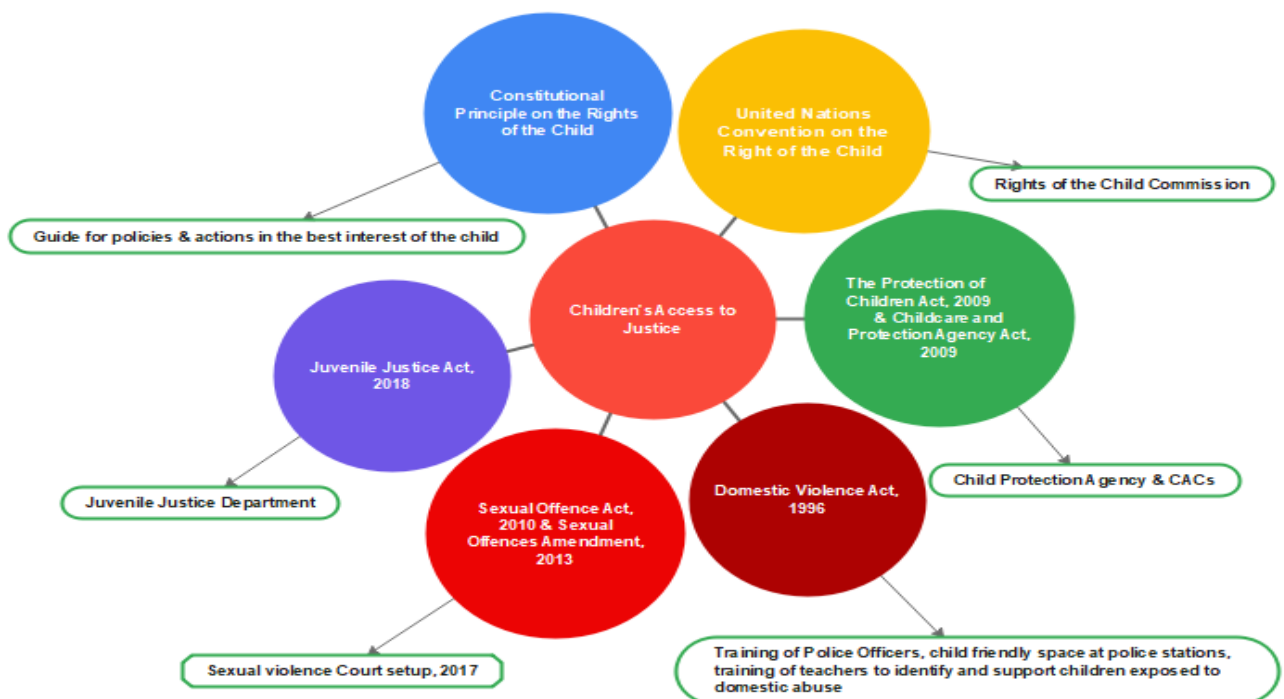
and well-being. In deciding what is best for a child, the Court or other agency dealing with a child must seek to prevent harm coming to or continuing in relation to the child; ensure that family ties are maintained where there is a healthy family environment for the child to grow in remove the child from their home but only where it is necessary in the best interests of the child consider the need for the continuous care and stability in the child’s life, the age of the child and his or her needs along with the need to have a normal family environment.

<sup>3</sup> <https://parliament.gov.gy/publications/acts-of-parliament/childcare-and-protection-agency-act-2009>

## 2.4 Children’s Access to Justice in Guyana

Since the Government of Guyana ratified the CRC in 1991, it has amended the country’s Constitution and passed several laws aimed at protecting the rights of children. These new laws include the Sexual Offence Act (2010) and Sexual Offences Amendment (2013), the Domestic Violence Act, 1996, and the Juvenile Justice Act (2018). Guyana has since setup specialised courts such as the sexual offences court to accelerate the speed of trials for sexual offences and a Juvenile Justice Department to address issues related to children in conflict with the law. In 2010, Guyana also ratified the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography and the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict in 2010. Consequently, there now exists considerable commonality in terms of the rights protected by the CRC and those termed fundamental in the Guyana Constitution, including rights to non-discrimination, protection of life, freedom from torture, guarantees of expression, access to the media, assembly and association, rights to privacy and freedom of thought, conscience, and religion (Child Rights International Network 2015). Figure 6 depicts local laws and agencies that are mandated to ensure children’s access to justice. It should be noted that in Guyana children and their representatives can bring civil cases to courts in cases related to violations of their rights (Child Rights International Network 2015).

Figure 6: Laws related to Access to Justice and Protection of Children



Kertzious et al (2012) are of the view that the Rights of the Child Commission does not have the resources to carry out its function. They observed that only 12% of the Commission’s US\$85,000 budget was available for programme implementation with the bulk of the annual allocation being utilised to defray administrative expenses including commissioners’ monthly stipend. In 2019, annual expenditure was US\$199,000. In 2021, US\$275,000 was budgeted for



the Commission. In 2019, 53% of the Commission's expenditure was on salaries and allowances (Ministry of Finance 2021).

In 2014 numerous inefficiencies in Guyana's justice system were identified and documented (Child Rights International Network 2015). These included outdated court rules and use of outdated procedures; backlogs and delays in the Magistrates and High Court; perceived inadequate performance of Magistrates and Judges; the quality of case presentation; multiple adjournments; delays of up to seven years for a case to be completed; delays in handing down decisions; poor facilities in court, police stations and prisons; low awareness of citizens of their rights and responsibilities; and poor access to justice for the poor and vulnerable; little victim care; and use of outdated procedures (ibid). Notwithstanding, the establishment of the Family Court in 2014 and specialised Courts (2017) for sexual offence have resulted in significant improvements by the judiciary in addressing family matters and sexual offences. It has also been found that complainants are also more likely to follow through with their complaints (Stabroek News 2020). Moreover, efforts to punish offenders in Guyana encounter numerous barriers such as children unwilling to break their silence because of the absence of child-safe and child-friendly spaces, slow resolution of prosecution, and children traumatised because of having to repeat the story of abuse to several persons (e.g., teachers, Child protection Officer, Police, and Prosecutor). It is important to note that in addressing child sexual abuse, representatives from child protective agency, law enforcement, prosecution, medical, victim advocacy, and mental health are called upon to respond to child abuse cases. Traditionally, each of these agencies or professionals has distinct roles in the investigation and intervention process and carrying out the functions linked to their roles often resulted in the re-victimization of the very child they are attempting to help. The Principal Investigator was advised in initial discussion with frontline personnel that prior to the setting of the CACs a child under 5 years old was subject to lewd interrogation in the Courtroom. The institution of the CACs was intended, *inter alia*, to reduce the number of times children have to rehearse the hurt and pain of abuse, offer support to child victim of sexual abuse through investigation and prosecution, provide a child-safe and child-friendly environment for the conduct of interviews of victims of child sexual abuse, and cater for therapeutic referrals for children and non-offending caregiver.

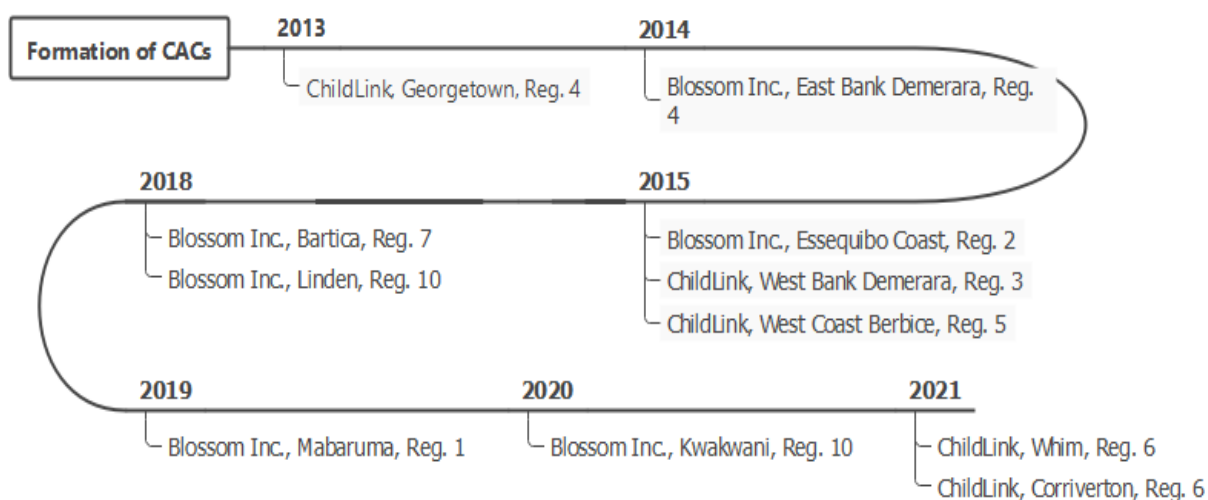
### **3. Evaluation Object**

The object of the evaluation is the advocacy-specific activities and tactics undertaken by UNICEF Guyana during its 2015-2021 programmatic cycle which resulted in or gave rise to specific goals and outcomes that contributed to strengthening child protection systems, towards the realisation of children's right to be free from violence and abuse including facilitating the decentralization of services, when needed, in order to better serve and protect children and their families throughout the country. This report presents the findings from the evaluation of UNICEF Guyana's Child Advocacy Centres (CAC) (2015–2021). UNICEF Guyana commissioned and managed the evaluation, working in close coordination with UNICEF LACRO. The evaluation covers the implementation of the CACs in eight Regions in Guyana during this period.

### 3.1 Child Advocacy Centres (CAC) and implementation in Guyana

A review conducted, in the year 2010, by the Government of Guyana (GoG) identified violence against and the abuse of children as a key area of concern and reiterated its commitment to the protection of children in Guyana. Further, the Ministry of Human Services and Social Security (MHSS) CPA recognised that traditional approaches to the protection of children had not been the most effective and felt the need to modify its approach to reflect best practices worldwide. This led the CPA formalised partnerships with UNICEF, the European Union, and NGOs to pilot Child Advocacy Centres (CAC) to provide sustained and enhanced child-focused services for children who have been sexually abused (Ministry of Social Protection 2016). In 2013, the first CAC was piloted with ChildLink Guyana and in 2014 a second pilot was commissioned with Blossom Inc. Both pilot CACs were in Region 4. In 2015, UNICEF, UNICEF and partners expanded on the pilot for CAC by providing additional resource to formalise programme design and enhance service delivery in the pilot region (Region 4) and expand services to Regions 1, 2, 3, 5, 6, 7, and 10 (see figure 8). UNICEF, the CPA, Child Link, and Blossom developed a National Protocol for Child Advocacy Centres and Multi-disciplinary Teams that outlined the approaches and building blocks to enhance the delivery of services for child victims of sexual abuse.

*Figure 7: CACs in Guyana, year of launch, region, Operating agency*



In keeping with the Protocol, the goal of the CAC model of service is to create a model of integrated service applicable to all regions in Guyana to meet the complex needs of children suffering because of sexual violence, eliminate its consequences by ensuring that child victims benefit from efficient child protection and judicial systems, have access to integrated services providing psycho-social support, legal aid, and other support. The CAC initiative aims to provide effective services to children who have been sexually abused and their families and offer a model of multidisciplinary team practice for Guyana and the Caribbean region.

The key objectives of the CAC model of service are to:

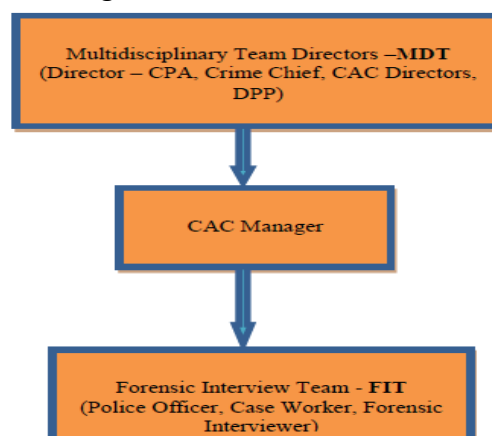
- i) to enhance and formalised an innovative service for victims of child sexual abuse based upon an integrated approach and child friendly legal proceedings.
- ii) Establish CACs in 8 in Regions 1, 2, 3, 4, 5, 6, 7, and 10 which provide services to child victims and their families.

- iii) Improve Interagency collaboration and cooperation to coordinate child protection interventions in order to reduce potential trauma to children who have experienced sexual violence and their families.
- iv) Raised awareness on adverse effects of violence against children.
- v) Develop the capacities of professional involved in child protection, teachers, police officers, prosecutors, courts, and health care workers to ensure the best interests of children who are victims of sexual violence.

The CACs were design as child-focused, facility-based programmes where representatives from various disciplines collaborate to conduct interviews with children who have been sexually abused and make team decisions about the investigation, treatment, management, and prosecution of child sexual abuse cases. CACs are outfitted with an interview room which is a child friendly space specially equipped with video and sound recording systems for evidential video interviewing of child victims and witnesses. At CACs children are interviewed by a trained forensic interviewer about sexual abuse that they have experienced. Interviews with children are recorded and serve as audio-visual records of the child’s statement. While the interview is in progress, it is observed on a screen in an adjoining room by Forensic Interview Team (FIT) comprising Police Officer, Case Workers, and other FIT members. CACs provide case management in close cooperation with the CPA, police, prosecutors, and courts. This integrated approach helps in enhancing communication and cooperation among responsible agencies in the best interests of the child, and reducing inefficiencies, duplications, and omissions in service provision for child victims. The CACs also provide support during the investigation and prosecution of child sexual abuse along with referrals, therapeutic services, community outreach work, and aftercare for victims and caregivers to guarantee that child victims receive protection, support, and gain redress.

CACs are developed on the foundation of collaboration among multidisciplinary teams (MDT). The principal mission of the Multidisciplinary Team (MDT) is to provide a coordinated, multi-disciplinary responses to child sexual abuse resulting in interagency collaboration to coordinate child protection interventions to reduce potential trauma to children who have experienced sexual violence; to improve service delivery to children who have been sexually abused and their families and reduce re-victimization; and to increase the number of successful prosecutions of child sexual abuse cases (MSP 2016).

Figure 8: The MDT Structure



Source: MSP 2016

ChildLink and Blossom are the leading NGOs in Guyana involved in child protection. The two NGOs regularly collaborate and share methodologies and good practices to equip their staff with the knowledge and skills needed to carry out effective case management and risk assessments, and to monitor and review children's progress, and to evaluate the needs of children and their families. Staff members at CACs are trained in psychology, counselling, behaviour therapy, sociology, social work, and case monitoring and tracking. In addition to leading on forensic interviews, CAC staff coordinate and conduct individual needs assessment for each child and his/her family, conduct therapeutic sessions, support child victims and their parents during court proceedings, and work with child victims and their parents/guardians on immediate and long-term recovery. Expanding further, CAC staff offer parents/guardians advice as to the types of care and assistance their child needs to fully recover. They work with both abusive and non-abusive parents. In cases of child sexual abuse, CAC staff work with the non-abusive parent to develop his/her protective capacities and abilities to recognize risk and warning signs of abuse, to protect the child(ren) who remains in family care. The CAC staff also provide, therapeutic and crisis interventions crisis interventions. In carrying out their duties, CAC staff are involved in critical partnerships and work closely with staff from the CPA, police investigators, and prosecutors. CAC staff work with the CPA in ensuring protective measures are in place to guarantee children's safety and well-being and with Police Investigators and prosecutors to support investigations and conduct all pre-trial procedures including forensic interviews.

### 3.2 Child Advocacy Centres (CACs) Reconstructed Theory of Change

Based on local context, a Theory of Change was reconstructed for this evaluation in consultation with UNICEF Guyana. Child Advocacy Centres are widely perceived as being able to contribute to social impacts. CACs are designed to reduce the stress on child abuse victims and families created by conventional child abuse investigation and prosecution procedures and to improve the effectiveness of the response. Thus, a fitting goal of the CAC initiative is to ensure the best interests of child victims of sexual violence were addressed by introducing an integrated service delivery approach and inter-institution cooperation at local levels.

The fundamental logic is that the CAC model of service is that child abuse response systems should focus on the needs of the child and family and are most effective when the skills of multiple agencies are successfully coordinated (Chandler 2000). CACs counters the main issues surrounding conventional child abuse investigation and prosecution which subjected child victims to multiple, redundant, and distressing interviews about their abuse by different agencies. Even more, child victims were questioned by professionals who possessed little or no knowledge of children's developmental limitations or experience working with children and in the main the setting where the interviews were conducted stressed already frightened children (Pence & Wilson, 1994; Whitcomb, 1992).

The ***changes expected*** from the creation of CACs **are access to support and rehabilitation services for child victims of sexual violence and introduce child friendly practices to legal and judicial proceedings** in keeping with international standards. The CACs in Guyana were created as One-Stop Centres to achieve positive related outcomes. The straightforward logic is that CACs offers an effective platform to enhance coordination between public agencies and professionals involved in the child sexual abuse response and intervention system. The

**main outcomes** expected are **multidisciplinary support in integrated services for child sexual abuse victims, influence legislation and policies at the national level** to address child abuse and specifically child sexual abuse and ensure that the **relevant sectoral systems engaged** in prevention and response to violence against children **deliver prompt and effective services**.

The theory of change identifies the key elements of the logic model underpinning the CACs including the problem, strategies, outputs, outcomes, results, and impact (see **Annex A: Reconstructed Theory of Change**). The theory of the CAC model of service is aligned with UNICEF’s Country Programme 2017-2021, which aims to strengthen child protection systems to realise children’s right to be free from violence, neglect and abuse, including the right of children to live in a family environment and their right to protection as a key element of justice for children (UNICEF 2016).

### 3.3 Expected Programming Outputs and Outcomes Results

In keeping with the theory of change for the **CACs**, the **expected results** included:

- (i) Establishment of **CACs in eight administrative regions in Guyana** (Regions One, Two, Three, Four, Five, Six, Seven, and Ten).
- (ii) Raised awareness on adverse effects of violence against children.
- (iii) Developed methodology for integrated service for children who are victims of violence.
- (iv) Children and families are better informed, recognize and report cases of violence against children.
- (v) Professionals (teachers, social workers, police officers, prosecutors, judges) cooperate and coordinate actions following the best interests of children who are victims of violence.

Table 4 presents a summary of the services offered by the CAC for the period 2019 and 2020. The years are selected because of data availability.

*Table 4: Summary of services and activities as reported by CAC Directors*

CACs Services and activities	# of CAs offering such services	Targeted groups of people	# of Boys/Girls benefitted from CACs services and implemented activities (Data for 2019 & 2020)	
			2019	2020
Forensic interview by trained forensic interviewer.	11	Children who are victims of sexual abuse	Boys: 37 Girls: 374 Total: 411	75 555 630
Trauma focused therapy to children who are victims of sexual abuse and their non-offending family members	11	Children who are victims of abuse or witnessed a crime and non-offending parent/guardian.	Boys: 30 Girls: 319 Total: 349	60 219 279
Counselling to impart adaptive coping skills	11	Children who are victims of abuse	Boys: 30 Girls: 232 Total: 262	48 220 268

Assist non-offending caregivers in responding to their child's reactions as well as helping them cope with their own feelings related to the trauma(s)	11	Non-offending Parents/caregivers	Not Available	
Support during Court proceeding	11	Child victims and non-offending parent/caregiver	<u>2019</u> 70	<u>2020<sup>4</sup></u> 23
Parenting skills training	11	Non-offending Parents/caregivers	<u>2019</u> Male: 12 Female: 158 Total: 170	<u>2020</u> 154
Training to identify abuse and participation in interagency collaboration	11	Rights holders, Partners, and stakeholders (Police, teachers, health workers, community leaders, students)	<u>2019</u> Children: 1,085 Parents: 402 Total: 1,487 Online event:	<u>2020</u> 122 17 139 792

### 3.4 UNICEF's Role and Contributions

UNICEF's country programme 2017-2021 for Guyana recognised the substantive prevalence and incidence of sexual violence and abuse against children, particularly in hinterland areas. Particular attention is given in the country programme to the strengthening of local child protection systems in a manner that is culturally respectful (UNICEF 2016). Although Guyana has made efforts to reform its child protection legislation, critical work remains to be carried out on strengthening capacities at the legal, policy, institutional and service-delivery levels. Bottlenecks and barriers include limited budget allocation to child protection services, geographical challenges in accessing child protection services, the lack of cross-sectoral coordination, and public attitudes. Violence and abuse against children fall within the scope of UNICEF's programme priorities of safety, justice, social inclusion, and child rights monitoring. For these reasons UNICEF have been involved in the support of CACs.

UNICEF's support was primarily focused on removing the barriers and bottlenecks in service provision to children, scaling up service provision, enhancing service quality and implementation of CACs in the eight regions in Guyana. The notable bottlenecks impairing service provision included insufficient funding for child protection, inadequate knowledge in responding to child victims of sexual abuse by clients and providers, shortages of social workers and counsellors in the public service, poor support for training or retention of social workers, and a failure to convert national policies into action plans. Key barriers included an absence of effective programme coordination between and within partner organisations, scarce financial resources, and inadequate training and support for duty bearers.

The Child Advocacy Centres programme, supported by UNICEF employed a mix of strategies to support the realization of planned outcomes and outputs. The ***programmatic components/strategies of the Child Advocacy Centres*** in Guyana 2015-2021 are translated

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<sup>4</sup> Court Proceedings and counselling affected by COVID-19 regulations.

into a **Results Matrix**, distilled into 2 outcomes and linked to 6 outputs across the programmatic sections (social policy, education, child protection, adolescents, communication) in UNICEF Guyana (see table 5).

Table 5: Alignment of CAC Strategies with UNICEF’s Country Programme Outcomes and Outputs

CAC Programme Components	CAC Strategies	UNICEF’s outcomes and indicative country programme outputs
<p>Translating National policies into action and evidence based decision-making and interventions</p>	<p>Working towards ensuring that:</p> <p>a) National laws on children to inform decision-making and formalise interventions.</p> <p>b) the situation of children and women, (especially children with multiple deprivation) are systematically monitored and analysed.</p> <p>c) research is conducted on major priorities issues affecting children and women and used to advocate for children.</p> <p>d) capacities are strengthened in critical institutions on national policy development, planning, monitoring and evaluation related to children and women.</p>	<p><b>Outcome 1:</b> National legislation is implemented to prevent, mitigate, and address violence and other childhood abuses and the justice, education, public health, security and other sectors observe children’s rights to this protection.</p> <p><b>Outputs</b></p> <p>Outcome 1 is linked to 3 outputs related to the activities and programming in the Social Policy section (outputs 1 to 3).</p> <p>1.1 Increased country capacity to promote and ensure justice and systems that enable the prevention and treatment of violence, abuse, exploitation and neglect</p> <p>1.2 Strengthened political commitment to legislate a budget for strengthening interventions that prevent and respond to violence, abuse, exploitation and neglect.</p> <p>1.3 Increased capacity of rights holders and duty bearers to foster positive practices and norms to protect children from violence, abuse, exploitation and neglect.</p>
<p><b>Access to support and rehabilitation services for child victims of sexual violence, introduce child friendly practices to legal and judicial</b></p>	<p>a) increased awareness amongst the public and decision-makers of inequities in the realization of children’s rights;</p> <p>b) more positive social norms and practices for child rights and reduced tolerance to violence, neglect and abuse of children;</p> <p>c) inter-agency collaboration to coordinate child protection interventions to reduce potential trauma to children who have</p>	<p><b>Outcome 3:</b> National systems and policies are effectively addressing multiple deprivations affecting the most vulnerable boys and girls across the life cycle and building their resilience through adequately funded social investments and rights-based quality social policies based on adequately disaggregated data on children.</p> <p><u>Outputs</u></p>

<p><b>proceedings, Increase knowledge and awareness of clients and providers on sexual abuse, and increase Advocacy, social action, and resource mobilization.</b></p>	<p>experienced sexual violence and their families and developmentally sensitive and legally sound forensic interviews for children who are victims of sexual abuse.</p> <p>d) improvement in the delivery of services to children who have been sexually abused and their families and reduction in the incidences of re-victimization.</p> <p>e) Counsellors at CACs offer flexible evidence-based trauma focused therapy to children who are victims of sexual abuse and their non-offending family members and teach them adaptive coping skills .</p> <p>f) working with caregivers and children in joint sessions to improve interaction, enhance communication and practice personal safety skills to help reduce the risk of future victimization.</p> <p>g) reduced stigma and discrimination against disadvantaged children and promote good parenting outcomes.</p> <p>h) adoption and implementation of child-friendly business practices by corporate-sector networks and associations and realization of children’s rights through financial contributions by individuals and others to programmes for children.</p>	<p>3.1 Strengthened national and subnational human and institutional capacity to develop and deliver inclusive and equitable social protection systems to strengthen the resilience of and protect boys and girls from all forms of poverty and social exclusion.</p> <p>3.2 Improved national and sub-national capacity to systematically collect, analyse and use disaggregated data and other forms of information to monitor, inform policy decision-making and report on the situation of children and child poverty in all of its dimensions, using an equity-based approach</p> <p>3.3 Enhanced national systems that govern the volume, efficiency and impact of invested resources towards building resilience of the most vulnerable boys, girls and adolescents</p>
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### 3.5 Roles of UNICEF and Key Partners

In Guyana, CACs are founded on the bases of joint efforts among the UNICEF, the CPA, and their NGO partners (Blossom Inc. and ChildLink). Both Blossom Inc. and ChildLink has had substantial experience in engaging communities and providing support services for children who are victims of violence, abuse, and neglect. For over decade these NGOs have been consistent advocates for legal and institutional reforms aimed at ensuring the rights of vulnerable victims in the areas of social protection, access to justice, education, and healthcare. Other key stakeholders include, the Guyana Police Force, the Ministry of Education, the Ministry of Health (MoH), and the Office of the Director of Public Prosecution.

See Annex C for the stakeholder analysis related to CAC. The stakeholder analysis identifies: duty bearers with decision-making authority related to the intervention (e.g., government officials, leaders, funding agency); duty bearers with direct responsibility for the intervention (e.g., funding agency, programme managers, partners and staff members); individual rights holders (who are the intended and unintended beneficiaries of the intervention); and other



interest groups who are not directly participating in the intervention while providing strategic technical inputs into the intervention.

### 3.6 UNICEF Guyana Child Advocacy Centres (CACs) Programme Budget

UNICEF’s overall expenditure on the CACs for the period 2015-2021 totalled US\$30,000. This amount was expended on programme design (US\$6,000), programme implementation (US\$18,000), and results and analysis (6,000) (see table 6).

*Table 6: UNICEF’s Guyana Child Advocacy Centres programme budget by programme components/strategies, 2017-2021 (million US\$).*

<b>Child Advocacy Centres 2015-2021</b>	Regular Resources (USD \$)	Other Resources USD \$)	Total
<b>Expenditure By Programme Component/Strategy</b>			
Design	3600	2400	6000
Implementation	10800	7200	18000
Results and Analysis	3600	2400	6000
<b>Total</b>	<b>18000</b>	<b>12000</b>	<b>30000</b>

## 4. EVALUATION: PURPOSE, OBJECTIVES, AND USERS/AUDIENCES

Considering context, UNICEF Guyana Office decided to commission an independent evaluation of its Child Advocacy centres (CACs) with focus on relevance, effectiveness, efficiency, impact, sustainability of the CACs and value for money of the CACs and the findings will inform decisions and preparation for scale-up.

### 4.1 Evaluation Rationale and Purpose

The purpose of this evaluation is to obtain an independent assessment of the model and services provided by CACs to child victims of violence and crimes and their families, which were established with UNICEF Guyana support in regions 1, 2, 3, 4, 5, 6, 7, and 10. Consequently, it is expected that the findings, conclusions, and recommendation will be used to aid in the improvement of the implementation and quality of the services of CACs in regions 1, 2, 3, 4, 5, 6, 7, and 10, and eventually to inform the decision to scale up service provision and sustainability. The evaluation also identifies and document lessons learned including in terms of service design, scope of support provided, resourcing, implementation, reach, and involvement of partners.

On the one hand, the evaluation was meant to be summative (backward-looking) to support enhanced accountability for development effectiveness and learning from experience. The intention was to understand why and to what extent intended and unintended results were achieved and to analyse implications of the results. On the other hand, the evaluation was expected to serve as a formative evaluation (forward-looking) to support the Country Office and national stakeholders with strategic learning and decision-making for future interventions with regard to improving the structure, functionality and quality of services offered by CACs, and its eventual scale up and sustainability through legal and administrative

institutionalization and state budgeting.

This evaluation was supported by an Evaluation Review Group (ERG), consisting of representatives of Child Protection Agency, Law Enforcement, and UNICEF. The ERG supported and oversaw the evaluation process and reviewed evaluation findings and recommendations.

## 4.2 Evaluation Scope

The 2015-2021 UNICEF Guyana Child Advocacy Centres (CACs), covered 8 territories in Guyana. The evaluation took into consideration perspectives and views of all relevant partners and stakeholders, including UNICEF Guyana staff, NGO partners, CAC staff, state and municipal authorities (e.g., police officials, child protection officials, prosecutors, judicial officials), and local service providers of social and health services (general practitioners/paediatricians, hospital staff, social service providers), as well as children and parents who have benefited from the services of CACs. Additional meetings with key stakeholders at national levels (e.g., The Ministry of Human Services and Social Security (MHSSS), through the Childcare and Protection Agency, including Child Protection Agency, key government partners, NGOs, and other service providers were also covered, as well as interviews with municipal authorities and other professionals working with children.

Gender, Human-rights, child-rights, and equity-based perspectives guided the evaluation and data collection approach. Particular attention was paid to exploring equity dimensions of the intervention. For UNICEF, equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias. Equity-based evaluations provide assessments of *what works* and *what does not work* to reduce inequity, and highlights intended and unintended results for the most vulnerable groups as well as inequalities in outcomes for vulnerable and marginalized children and families. To the extent possible, access to quality support and outcomes for different subgroups of vulnerable and marginalized children and families were explored in this evaluation.

The investigation included all relevant stakeholders including Child Protection Agency, key government partners, NGOs, and other service providers. This evaluation assessed the achievement of results of CACs for the period January 2015 to March 2021 in accordance with the objectives, criteria, and methodology specified. The scope of the evaluation covered the following dimensions:

- **Temporal scope:** covered the implementation of this programme between January 2015 and March 2021.
- **Programmatic:** the evaluator concentrated on the CACs programme exclusively. The evaluation considered all criteria according to the CAC protocol.
- **Thematic scope:** covered aspects of the CACs implementation. The evaluation looked at the relevance of the CAC programme at the national and sub-national levels.
- **Geographical scope:** at the country level, this evaluation covered CACs' work in Regions 1, 2, 3, 4, 5, 6, 7, and 10.
- **Stakeholders:** All stakeholders who the evaluation deem relevant to a thorough evaluation were engaged.

- **Gender and Equity, Results Based-Management, and Human Rights-Based Approaches (HRBA)**: assessed the equity and gender equality, and mainstreaming approaches. Particular attention was paid to exploring the equity dimensions of the intervention.
- **Value for Money**: considered the element of economy and cost efficiency as additional criteria which are related but sufficiently different and inform decision on a permanent union between Value for Money and evaluation.

### 4.3 Evaluation Objectives

The objectives of the evaluation remained as stated in the evaluation terms of reference (ToR): In keeping with the terms of reference, the main objectives of this evaluation were to:

1. Provide national-level stakeholders with an in-depth understanding of the achievements and challenges associated with the scaling and mainstreaming of CACs, approaches, and practices.
2. Help country-level stakeholders understand how to integrate improvements in programme design, implementation, coordination, and monitoring to maintain and enhance the CAC implementation's relevance, coherence, efficiency, effectiveness, impact, and sustainability.
3. Advise on how to use the evaluation findings to (a) support the scale-up of CAC programming at the national levels, and (b) catalyse national discussions regarding the necessary modification to the CAC model and delivery services.
4. Compile lessons learned and recommendations to inform the future rollout of the CAC programmes

In keeping with the terms of reference, the **specific objectives** of this evaluation were to:

- (i) Assess and evaluate the model, its implementation, relevance, efficiency, effectiveness, and sustainability and, to the extent possible, its impact on children and parents of the CAC programme implementation from 2015-2021.
- (ii) Assess the relevance, efficiency, effectiveness, impact, and sustainability of the CAC programme implementation over the period 2015-2021.
- (iii) Take stock of the progress made towards the attainment of the goals and objectives of the CACs and identify the most effective implementation strategies and partnerships that can be adopted immediately, as well as in the scale-up phase.
- (iv) Identify challenges (including the capacity to deliver) and opportunities (enablers factors) experienced in the delivery of prevention and support services in CACs. Identify the enablers and challenges for institutionalising and upscaling the service nationally.
- (v) Identify and document lessons learned, including those related to service design, the scope of support provided, resources, implementation, reach, partnerships, etc.
- (vi) Determine if the current strategies operational approaches of the CACs are sustainable or not and provide recommendations for the process of institutionalizing and scaling up of the CAC model and services nationally, and for actions to ensure their quality and sustainable implementation in the future.

### 4.4 Intended Users and Audiences

The primary users of this evaluation are the UNICEF CO, CPA, Government Ministries, Government of Guyana at national and subnational levels, NGOs service providers and targeted beneficiaries. Secondary users include UN agencies, other national and

international organisations, donors, the private sector, key development partners and research agencies with interest in the evaluation findings. Table 7 includes a detailed table of users and uses of the evaluation.

*Table 7: Users and Uses of UNICEF’s Guyana Child Advocacy Centres (2015-2021) Evaluation Report*

Type of Users	Users	Use of the evaluation
Primary Users	<b>CPA, Government (national and Sub-national)</b>	<ul style="list-style-type: none"> <li>• Inform of CAC results for the period 2015- 2021.</li> <li>• Share insights about the implementation approaches, progress made, and refinements of the CAC programme and operations.</li> <li>• Inform the relevance, effectiveness of the CAC programme 2015-2021.</li> <li>• Take stock of the progress made towards the attainment of the objectives of the CAC programme.</li> </ul>
	<b>UNICEF Guyana</b>	<ul style="list-style-type: none"> <li>• Inform of CAC results for the period 2015- 2021.</li> <li>• Identify the most effective implementation strategies and partnerships.</li> <li>• Strengthen accountability and learning from the 2015- 2021 UNICEF Child Advocacy Centres programme.</li> </ul>
	<b>UNICEF Latin America and Caribbean Regional Office</b>	<ul style="list-style-type: none"> <li>• Inform planning for LAC regional office support to Guyana’s.</li> <li>• CAC programme</li> </ul>
Secondary Users	<b>UN Country Teams, key UNICEF development partners, and donors</b>	<ul style="list-style-type: none"> <li>• Inform of CAC results for the period 2015- 2021</li> </ul>
	<b>Researchers, Private sector</b>	<ul style="list-style-type: none"> <li>• Inform of CAC results for the period 2015- 2021 and use as basis for further investigation</li> <li>• Support funding raising to sustain child protection initiatives</li> </ul>

Additionally, stakeholders are expected to use the evaluation findings to (a) support the scale-up of CAC programming at the national levels, and (b) catalyse national discussions regarding the necessary modification to the CAC model and delivery services.

#### 4.5 Evaluation Framework Criteria and Questions

The final evaluation framework included a final list of 36 Evaluation Questions (EQ), organised under six OECD/DAC evaluation criteria.<sup>5,6</sup> The evaluation questions were used to inform the OECD-DAC evaluation criteria which were defined in this evaluation as follows: **Relevance**, concentrated on the extent to which the CAC’s objectives and design were appropriate in

<sup>5</sup> See <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm> for further details

<sup>6</sup> Relevance, effectiveness, efficiency, impact, sustainability and value for money.

meeting the needs of beneficiaries and consonant with the policies and priorities of partner institution. **Effectiveness**, refers to the extent to which the CACs are achieving their intended results of providing quality and equitable protection, development, participation, as well as child protection and welfare services in meeting children, adolescents, and family's needs. **Efficiency**, refers to the organisational capacity of the CACs in programme implementation, management, coordination, partnership, and cost efficiency. Impact refers to the assessment of how the CAC intervention has affected the lives of children and families in terms of their overall wellbeing and protection from violence and risks. **Sustainability**, focused on the extent to which the net benefits of the intervention continue or are likely to continue. **Value for Money Criteria (VfM)**, in this evaluation focused on economy and cost efficiency. See **Annex B** for the full evaluation framework showing evaluation criteria, questions, indicators, and data collection methods.

## 5. EVALUATION DESIGN AND METHODS

### 5.1 Evaluation Design and Approach

The evaluation was both summative and formative. The evaluation relied on a non-experimental design using mixed methods.. Utilising a participatory approach, the evaluation sought to engage key partners in the planning of the evaluation, as key informants, and in the validation of evaluation findings. Methods, data collection tools and analysis, all reflected human rights and child rights considerations and was gender and culturally sensitive. Because of the range of evaluation questions, the mixed-method design was necessary, since it increases the validity of conclusions related to evaluation questions through triangulation. This design facilitated the combining of qualitative and quantitative components of the investigation, to ensure complementary strengths and non-overlapping weaknesses. Qualitative method provided opportunities for depth in the evaluation while quantitative method allowed for measurable assessments. Moreover, equity analysis and value for money assessment benefitted significantly from the mixed methods design.

The evaluation relied on **a ToC contribution analysis**. An overarching programme theory of change was reconstructed during the Inception Phase to understand the types of changes that were being anticipated, the different pathways through which change was intended to be brought about and the influence of key contextual factors and assumptions that underpin the internal logic of what the Child Advocacy Centres (CACs) programme has been aiming to achieve. Contribution analysis will help in determining the extent to which the intervention has influenced the observed result, the role the intervention play in attaining the result, whether it is reasonable to conclude that the programme made a difference, how well the programme is making a difference, the conditions necessary for this type of programme to succeed. Further, the evaluation used a **theory-based approach** to identify pathways of change and create a contextual understanding of the environments in which the CAC has been implemented in different regions in Guyana. Additionally, the evaluation adopted a **utilisation-focused approach**, and integrated the identified information needs of users and how users will use the findings. Through the use of a **participatory approach**, the evaluation process included duty-bearers, such as UNICEF, implementing partners, municipal and national experts, and also rights-holders who were beneficiaries of UNICEF, children, their caregivers and the broader community. Their involvement included guidance in evaluation

design, information sharing, review, and oversight.

## 5.2 Sampling Strategy

A heterogenous ***purposive sampling approach*** was used to interview individuals who had knowledge of and/or experience with the CACs at the stages of planning, development, and implementation. The sample included a cross-section of duty bearers and individual rights holders in the eighth pilot regions. This approach facilitated data capture from urban, rural, and hinterland areas and duty bearers at senior and middle managers, and frontline officers. In those municipalities without comparable services, a cross-section of municipal authorities (duty bearers) was sampled. Children selected were those who had achieved an appropriate level of recovery from their experiences of violence and trauma to be interviewed. Determination of appropriate level of recovery was based upon a combination of time post-incident and/or time receiving treatment/services. Parents and guardians of the children selected were also interviewed. Table 8 provides summary information about the sample of respondents by region.

*Table 8: Sample of Stakeholders and Duty Bearers and Rights Holders by pilot regions*

Region	Frequency		
	Partners & Stakeholders	Children	Parents
Region 1	2	1	2
Region 2	1	5	6
Region 3	4	4	6
Region 4	11	18	16
Region 5	1	5	5
Region 6	2	11	10
Region 7	2	7	9
Region 10	2	8	8
Missing data		3	
<b>Total</b>	<b>25</b>	<b>62</b>	<b>62</b>

## 5.3 Data collection

The data collection aimed to capture a variety of perspectives through both primary and secondary data sources. This evaluation used three tools (see Annexes G, H, and I) for data collection tools which were developed based on the evaluation questions and matrix in consultation with UNICEF-Guyana and CACs Centres. This evaluation used three main primary data collection tools:

**Tool 1 – Interviews with stakeholders and implementing partners** such as Directors of CPA, Directors of UNICEF-funded CACs, including both current CAC director, or their proxy, and the directors during the UNICEF-funded period, municipal leaders, and frontline service providers. The tool facilitated digital data collection and allowed for skips where the query was not applicable to the person interviewed. The interview focused on the information and perspectives of service programme development and offerings, service delivery mechanisms, capacity, competence and resource, community engagement and participation, challenges and barriers, sustainability, CAC services and its relevance to national priority, its contribution to child protection and child development, its potential for national scale up, and perceptions, opinions, and insights about the CAC model.

**Tools 2 and 3 - Structured interview schedule for beneficiaries.** One instrument was developed for interviews with parents and another for interviews with children aged 12-17. Queries for children and parents were designed to capture respondents' experiences and perspectives of the CACs regarding ease of access, nature and relevance of the services provided, and perceptions on the quality and benefits of CAC services.

The evaluation has been carried out both in-person and remotely due to the COVID-19 pandemic, the section on limitations details out the challenges encountered, their implications to the methodology and the necessary responses and adjustments made.

### 5.3.1 Desk review

The desk review for this evaluation covered materials on the environment in which the CACs operate. Documents included relevant background documents including laws and policies, strategy documents, programme documents, reports, manuals and guidelines, and secondary data shared by CPA, Blossom, ChildLink, and UNICEF.

Regarding secondary data reviewed, the Consultant sought to understand how data were collected, assembled, and assessed. Secondary data were also analysed to identify trends and patterns of abuse of children and services offered to children and their families. The CPA supplied data on violence and abuse against children.

The desk review was instrumental in the design and development of the Inception Report, the evaluation methods, data collection tools and approaches, and documents for the Board of ethics approval. Staff from UNICEF's Country Office and the CPA were consulted to ensure programme documents were properly understood, both in terms of merit and use. Information from the desk review have been incorporated into the final evaluation report.

### 5.3.2 Inception Phase consultations

During the inception phase, the evaluator participated in briefing meetings with UNICEF and CPA Director via Zoom. The meetings focused on planning for the evaluation, refining and finalising evaluation methodology and data collection tools, securing Board of Ethics Approval, and finalising evaluation schedule.

Staff from the UNICEF Country Office were in regular contact with the Consultant to ensure progress in the implementation and quickly responded to request for information. Country Office Staff were very supportive when the Consultant sought their help in securing the Board of Ethic approval. The ERG led by UNICEF provided input and feedback into finalisation of the Inception Report.

### 5.3.3 Partner/key stakeholder interviews

A structured interview schedule was used to guide the interviews with UNICEF Country Office, Partners, and Stakeholders (See Annex G). The structured interview questionnaire was designed to generate a combination of qualitative and quantitative data. Data collection involved one-on-one and small focus group interviews (two to four persons), self-administered questionnaire, observation, and feedback from field staff. One-on-one interviews were generally conducted with Senior Officials from Institutions or professionals from a specialised area. One-on-one interviews were conducted in person and virtually using Zoom. Small group interviews of two to four persons were utilized when interviews were conducted with staff of the same organization, institution, ministry/agency and centre, including staff who work together as a team. Small group interviews allowed for some degree of synergy and discussion on questions which allowed for more depth and perspective by groups from the same organization, institution, ministry/agency and centre. In small group interviews data were entered separately for participants. Overall, there were 18 interview events involving 14 stakeholders and 11 partners. On average, interviews with national partners and key stakeholders took one to two hours to complete. Additionally, information was garnered from feedback from the 14 Team members.

Table 9: Final Sample of Partner and Stakeholder Interviews:

Activities	Frequency	Gender breakdown
Key Informant Interviews	12	
Small Focus Groups (Cumulatively 12 persons participated)	5	
Self-Administered	1	
Total	18	

### 5.3.4 Beneficiary interviews

Given that this is a mixed-method evaluation, the sampling methodology for beneficiary interviews was also mixed. Data collection from beneficiaries were conducted in Regions 1, 2, 3, 4, 5, 6, 7, and 10. Each of these eight regions were selected because they are the regions where UNICEF supported CACs were established. A purposive sampling approach was used for the beneficiaries. This was done in collaboration with Blossom and ChildLink. The selection criteria shared with CACs prescribed identification of beneficiaries who were clients and benefited from the services of the CACs for the period 2015-2021. During the engagement with Blossom and ChildLink it was decided and implemented that only children who had achieved an appropriate level of recovery from their experiences of violence and trauma should participate. Effort was also made to ensure that there was diversity in the sampling. Once beneficiary families were identified they were contacted and invited to participate. All



participation were voluntary (Annexes G, H, and I). Children interviewed were from the 12-17 age category.

Interviews with children and parents/guardians were conducted at the CACs to leverage benefits of a familiar environment including ease of access, comfort, and well-being. During the participatory engagement with Blossom and ChildLink all questions were reviewed, and questions related to children’s experiences of violence or victimization were removed to avoid revictimizing children and their parents/guardians. In the main interview questions focused on the quality of the services received through the CACs, shortcomings and gaps of CAC services, and the benefits and impact of those services. The interviews also focused on shortcomings and gaps in services (See Annex I: Parents Interview Questionnaire and Annex H: Children’s Interview Questionnaire).

Beneficiary interviews were conducted both in person one-on-one interviews (46 completed) and through telephone interviews (78 completed). Parents and children were interviewed separately unless a parent/guardian specifically requested to participate in the interview with their child (in which case the request was accommodated). Interviews were conducted by trained interviewers. Telephone interviews were adopted because for persons who shunned face to face meetings because of the current COVID-19 pandemic. Those coming to the centre were reimbursed travel and provided with a stipend for a snack.

Table 10: Beneficiary Interviews by Type

Type of Interviews	Frequency
One-on-one in person	46
Telephone	78
Total	124

Parental consent was obtained prior to conducting interviews with children, and children’s verbal assent to be interviewed was also obtained. Both parents/guardians and children were informed that their access to services and/or the quality of services provided was in no way tied to their participation in the interview. They were also instructed that they could choose to decline the interview and/or end the interview at any time or skip questions they did not want to answer without penalty, and without anyone from the CAC knowing. Both parents/guardians and children were provided confidentiality and anonymity in keeping with international guidelines for human subjects’ protections and UNICEF ethical standards. Interviewers collected data using tablets and Android smart phones. Kobotoolbox was configured to support data collection. The software facilitated both online and offline data collection.

Table 11: Final Sample of Beneficiary Interviews Planned and Completed

Beneficiaries	Interviews planned	Interviews completed	Gender breakdown
Children Boys/Girls	62	62	
Parents	77	62	
Total	133	124	

Of the children interviewed 52 were girls and 10 were boys. With reference to age, 5 boys and 17 girls were from the 12-13 years age group, 4 boys and 19 girls were from the 14-15 years age group, and 1 boy and 16 girls were from the 16-17 years age group (Table 12).

*Table 12: Children interviewed by Sex and Age group*

		Age of child (in years)			Total
		12-13 Years	14-15 years	16-17 years	
Sex of Child	Boy	5	4	1	<b>10</b>
	Girl	17	19	16	<b>52</b>
<b>Total</b>		<b>22</b>	<b>23</b>	<b>17</b>	<b>62</b>

Most parents and guardians interviewed were females (89%). In terms of the age of parents and guardians interviewed, 8% were below 30 years, 34% were from the 30-39 years old age category, 31% were from the 40-49 years old age category, 16% were from the 50-59 years old age category, and 11% were 60 years or above.

#### 5.4 Methods to ensure data quality

Overall, the evaluation sought to improve data quality through the triangulation of findings. Triangulation is an essential part of the evaluation approach to ensure not only the credibility of information and data collected, but also to allow diverse perspectives and experiences to be captured. The evaluation used more than one source for data gathering. Data sources included interviews, observations, questionnaires, and documents. Reliance on multiple data sources aided in eliminating bias and increased the validity of the conclusions related to evaluation.

#### 5.5 Data Analysis process

Data collected was stored in Kobotoolbox before being exported. For the data analysis, the evaluator utilized RQDA for **qualitative data analysis** and Statistical Package for the Social Sciences (SPSS) for quantitative data analysis. Qualitative data was Data was coded and analysed using grounded theory. Grounded theory methodology involves verbatim transcription, coding of data, development of themes, comparison and contrasting of themes, and recording of findings (Glaser & Strauss 2006). RQDA allowed for coding of transcribed data along with the identification of themes.

**Quantitative data analysis** focused on descriptive statistics utilising tables and charts in SPSS. Where inferential statistical methods were used, the evaluation used non-parametric approaches because the sample was derived from a non-probability sampling approach. Standardized coding procedures were developed by the evaluator for use in SPSS. Close-ended questions from interviews were coded and inputted into two separate SPSS data management systems for analytical purposes. One SPSS data management system comprised close-ended response data from interviews with UNICEF, partners and stakeholders; and the other SPSS data management system comprised close-ended data from interviews with children and parents.

## 6 Limitations and Mitigation Measures

The evaluation was undertaken between June 2021 and September 2021, during the COVID-19 global pandemic. The main limitations and mitigating measures are summarised in table 13.

Table 13: Limitations and mitigation measures.

Limitations	Description	Mitigation Measures
Absence of clearly articulated results framework	The intervention did not have a results framework.	Use of ToC contributory analysis to identify the contribution the intervention. Data collection provided evidence-based narrative of contribution the contribution.
Absence of SMART indicators	There were no indicators included in programme design	
Absence of baseline data	Baseline data were not collected prior to the intervention.	
National partners, key stakeholders and beneficiaries were not always available during the data collection period.	COVID-19 social distancing measures and data collection coincided with agency preparation for 2022 budget submission thus limiting their availability for interviews.	Telephone interviews and a web-based questionnaire were used to collect data from individuals who were unavailable.
There were limitations as to the availability of administrative data on violence and abuse against children and services rendered.	Some agencies did not have data for all the evaluation years and there was also limited disaggregation.	Collected quantitative data in survey to supplement missing data. Disaggregated primary data by gender.
The evaluation was intended to cover the entire country, but finally was conducted in Regions 1, 2, 3, 4, 5, 6, 7, & 10	This is a limitation in terms of generalizability of the findings to the country as a whole.	A purposeful sampling approach was employed to ensure identification and selection of individuals with knowledge of and experiences with the CACs. The findings and conclusions can lead to recommendations and best practices for the expansion of CACs.
Turnover among members of Forensic Interview Team limited access to stakeholder with substantial institutional memory	Some stakeholders may not be reached during data collection. Also, due to staff turnover, most of the stakeholder and partner staff to be interviewed may not present during the design and conduct of the CAC evaluation. This can reduce the amount and quality of data available for analysis	Conducted more than one interviews with CAC management and CPA Director.
It was difficult to contact potential candidates for the survey	Victims of child sexual abuse and their family often move from the area where the abuse occur due to stigma and at times safety concerns making it difficult to capture data from beneficiaries.	Worked with Officers from CACs to reach beneficiaries.
Technological problems that may inhibit planned remote data collection	Because of the need for virtual data collection process, technological issues may negatively impact the quantity and quality of data collection (poor audio quality on calls, mishaps in scheduling and	We used purposive sampling and coordinated with UNICEF to identify areas more likely to have the necessary technology. We were also flexible in our use of different platforms suited to respondents'

	joining remote interviews and connectivity issues)	preferences. Interviews were recorded and professionally transcribed to guarantee high quality of data.
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## 7. EVALUATION NORMS AND ETHICAL CONSIDERATIONS

The evaluation was undertaken in accordance with UNEG Norms and Standards for Evaluation, UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, UNICEF procedures for Ethical Research Involving Children (ERIC), UNEG Ethical guidelines for Evaluation (2008), UNEG Code of Conduct for Evaluation in the UN System (2007). In addition, the evaluation was conducted in an independent manner, with key elements of impartiality, objectivity, professional integrity, and absence of bias at all stages of the evaluation process. Credibility was established as evaluation findings and recommendations were informed by and grounded in the use of the best available quantitative and qualitative data and analyses to meet organizational needs for learning and accountability (UNEG 2016).

Special measures were put in place to ensure the evaluation process was ethical and that participants could openly provide information and express their opinions in confidence. Sources of information were protected and only known to the evaluator and interviewers. All collected data were protected and coded to ensure anonymity. In data collection all participants were informed of the context and purpose of the evaluation, and guaranteed confidentiality. To ensure confidentiality, all interviewees were assigned an identifier at the time of the interview which was automatically generated. To ensure that the key ethical principles for the conduct of evaluation involving human subjects are followed, each potential respondent were given full information about the evaluation including the purpose and potential benefits of the evaluation, their rights, and how the information collected will be used. They were also informed that all data were kept confidentially and were only accessible by members of the assessment team. Verbal consent was secured from all those who agreed to participate. All participants were informed of their right to discontinue their participation at any point and approaches for ensuring confidentiality were described. Parental consent was sought for children participating in data collection and researchers observed the norms and standards outlined in the document “Ethical Research Involving Children”.<sup>7</sup> Impartiality, credibility, responsibility, honesty<sup>8</sup> and integrity<sup>9</sup> underpinned all activities in the evaluation. In addition, the team-maintained respect for the dignity and diversity of the individuals interviewed, and respect for human rights, gender equity and equality<sup>10</sup> throughout the

<sup>7</sup> <http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-approved-digital-web.pdf>.

<sup>8</sup> The evaluation team must comply with the UNEG/UNICEF standards and guidelines.

**Ethical Guidelines for UN Evaluations** (2008): Available from [www.unevaluation.org/document/detail/102](http://www.unevaluation.org/document/detail/102) and **Code of Conduct for Evaluation in the UN system** (2008): Available from [www.unevaluation.org/document/detail/100](http://www.unevaluation.org/document/detail/100)

<sup>9</sup> The evaluation team must comply with the UNEG/UNICEF standards and guidelines:

**Ethical Guidelines for UN Evaluations** (2008): Available from [www.unevaluation.org/document/detail/102](http://www.unevaluation.org/document/detail/102) and **Code of Conduct for Evaluation in the UN system** (2008): Available from [www.unevaluation.org/document/detail/100](http://www.unevaluation.org/document/detail/100)

**10 Integrating Human Rights and Gender Equality in Evaluation – 2011**

evaluation process. All reports complied with UNICEF and UNEG reporting standards: [https://www.unicef.org/evaluation/files/UNICEF\\_adapated\\_reporting\\_standards\\_updated\\_June\\_2017\\_FINAL.pdf](https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL.pdf) and <http://www.unevaluation.org/document/detail/608>.

## 7.1 Ethical Review

Before field data collection, the Consultant sought the approval of the Institutional Review Board (IRB) and Ethics Committee, who are responsible for reviewing research proposals and granting permission to conduct research in Guyana. The IRB operates under the provision of Regulation (2007) of the Ministry of Health Act (6 of 2005) of the Laws of Guyana. The IRB in Guyana affords harmonisation of multidisciplinary ethical reviews aimed at improving the protection of human participants in all aspects of social, medical, and health-related research involving human beings, human material, and data. Ethical approval was received from the IRB (see Annex K: Research Ethic Approval). The IRB assessed the proposal for methodological soundness, absence of undue risk relative to perceived benefits, special protections provided for children, informed consent from each human subject or the subject's legally authorized representative prior to their participation in the evaluation, and informed assent from children prior to their participation in the evaluation. Further, the IRB sought to confirm the presence of protocols for the protection of subjects' identities, for the protection of collected data, and for ensuring that analyses do not result in violations of confidentiality and/or anonymity. The IRB also reviewed interview questionnaires and other data collection instruments, and interviewee recruitment plan.

## 7.2 Ethical Issues and Safeguards

The Child Advocacy Centres (CACs) evaluation of UNICEF Guyana was conducted in line with the UN Evaluation Group (UNEG) Ethical Guidelines for Evaluations, UNEG Code of Conduct for Evaluation in the UN System 2007, the United Nations Guidance for Integrating Human Rights and Gender Equality in Evaluations, and UNICEF's requirements for ethical research involving children. All work with children has been done in their best interests and under the ethos of "do no harm". The evaluation team adhered to UNICEF's Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis and the UNICEF-Adapted UNEG Evaluation Reports Standards. This means that the evaluation team upheld the appropriate obligations of evaluators, including maintaining the independence, impartiality, credibility and accountability of the individual team members and the evaluation process. The evaluation team was not subject to any conflicts of interest and confirmed that they were able to carry out the evaluation without any undue interference. With respect to ethical approaches to managing client and evaluation participant data (applying to the content of interviews), the evaluation specifically ensured the following:

- 1) **Respect for dignity and diversity:** We respected the differences in culture, local customs, religious beliefs, gender, disability, age and ethnicity and the potential implications of these when carrying out our research. We took steps to minimise any risk of disruption to the respondents, provided ample notice and respect their privacy.

- 2) **Rights:** We ensured that participants were treated as ‘autonomous agents’ and were given the time and information to decide whether or not they wished to participate, and not pressurized into participating. The participants were selected as per the defined sampling methodology. We complied with codes of conduct governing vulnerable groups, such as young people.
- 3) **Redress:** Participants were provided sufficient information to seek redress and how to register a complaint.
- 4) **Confidentiality:** We have respected the respondent's right to provide information in confidence and made them aware of the scope and limits of confidentiality. Names and any other sensitive information have been anonymised.
- 5) **Data security:** Data was stored systematically, securely, and in a way that made it accessible to the evaluation team only. If requested and following appropriate anonymisation, the data will also be shared with UNICEF.

## 8. RISKS AND MITIGATION STRATEGIES

Minimising and mitigating risks during the evaluation were essential elements in the planning and implementation of the evaluation. The following approaches were adopted for risk reduction and mitigation:

- (i) Regular debriefing and feedback from field interviewers to identify challenges and problems during data collection that may affect interviewee.
- (ii) When children or other vulnerable groups become upset during an interview, the interview was cancelled immediately and a psychologist from the CAC was invited to counsel the participant.
- (iii) The Consultant ensured that only data necessary for the evaluation was collected and only a minimum number of identifiers necessary was collected
- (iv) The Consultant took steps to ensure anonymity and confidentiality to minimize risk to human subjects.
- (v) The Consultant securely stored data so that the confidentiality of the subjects is preserved.

## 9 Findings

This section presents the findings of the evaluation, responding directly to the evaluation criteria and questions (Annex B). The section was developed using findings from the desk review, data collection from parents and children, and interviews with key stakeholders, including CPA, UNICEF, Blossom, and ChildLink. The findings are presented under the Development Assistance Committee of the Economic Cooperation and Development (OECD/DAC) criteria of relevance, efficiency, effectiveness, impact and sustainability and the value for money criteria of Economy and Cost-efficiency.

Further, the findings are presented so that readers of the report know the characteristics of respondents who are quoted throughout the findings section of this report. Respondents are referred to as partners (respondents from government agencies, UNICEF, and NGOs), stakeholders (community members), parents, and children.

## 9.1 Relevance

Evaluation questions related to relevance focused on the extent to which the intervention’s objectives and design responded to beneficiaries and partner/institution needs, policies and priorities.

Findings related to relevance are grouped under four (4) themes:

- (i) intervention’s alignment with international goals and priorities including UNICEF’s Country Programme;
- (ii) alignment with national priorities and needs of the Government;
- (iii) evidence demonstrating that CACs provide access to support services for child victims of sexual abuse and Families; and
- (iv) importance of CAC to children and families.

### 9.1.1 Relevance to International Goals and Priorities

The CAC model of integrated service delivery for child victims of sexual abuse and their families is harmony with Sustainable Development Goals (SDG) 3, 4, 5, 11, 16, and 17 by disrupting and preventing sexual abuse of children and providing broad child protection services for children who are victims of abuse in ways that are both gender sensitive and culturally grounded, safeguarding their rights and mental health, removing emotional barriers to continued education, building emotional stability and resilience, and promoting positive self-image, child development and wellbeing. Interviewees with knowledge of the SDGs all confirmed that the services offered by the CACs contribute to the achievement of SDG 3, 4, 5, 11, 16, and 17. Based on the information collected the table below was prepared to offer a comparative look at the CAC model of service and relevant SDG goals.

*Table 14: SDG alignment with CAC Model*

Sustainable Development Goals (SDG)	How CACs contribute to the attainment of SDG
<b>SDG 3:</b> Ensure healthy lives and promote well-being for all at all ages.	CACs prevented/disrupted abuse of children and provided comprehensive child protection services for children in ways their rights and mental health were safeguarded. The CAC provided counselling and support for children and their family to help them and the non-offending parents and guardians reduce secondary trauma and becoming emotionally stable. CAC’s support was also helpful in promoting positive self-image and child development and wellbeing.
<b>SDG 4:</b> Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	In disrupting occurrences of sexual abuse in children’s lives the CAC laid the platform for children to continue in education and learning activities by addressing the effects of the trauma they experience as result of sexual abuse. Additionally, therapeutic sessions reinforced educational values.
<b>SDG 5:</b> Achieve gender equality and empower all women and girls	The CACs addressed the needs of both boys and girls who are survivors of child sexual violence and abuse. CAC’s integrated service delivery was both gender sensitive and culturally grounded.
<b>SDG 11:</b> Make cities and human settlements inclusive, safe, resilient and sustainable	CACs through its advocacy and integrated service delivery helped in preventing physical and sexual abuse of children and helping communities and families to be free of child abusers.
<b>SDG 16:</b> Promote peaceful and inclusive societies for sustainable	CAC strengthened institution by building capacity at all levels to protect fundamental rights of children, enhance their protection

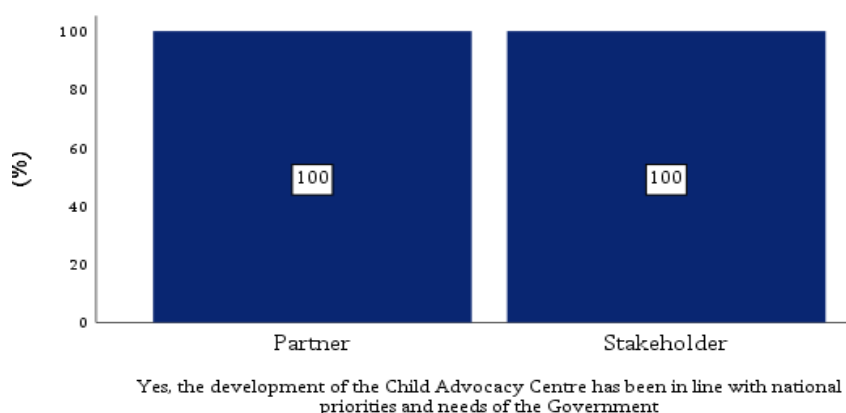
development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.	and access to justice, and prevent physical and sexual abuse and violence against children.
<b>SDG 17:</b> Strengthen the means of implementation and revitalize the global partnership for sustainable development.	CAC mobilised resources from external for Child Protection. Directors of the CACs felt that support from donors such as UNICEF and the EU were important in sustaining this initiative.

The CAC model of service delivery is also in harmony with the UNICEF’s Country Programme Document (2017-2021). Areas of alignment include strengthening capacities and promoting cross-sectoral collaboration to prevent and address violence, neglect and abuse of children; protecting children from violence and strengthening national and local capacities related to service delivery; and accelerating the universal realization of children’s rights by fostering greater social inclusion, especially for the most disadvantaged and excluded children and families. Data already presented on children interviewed revealed that both boys and girls are benefiting from the CAC model of service, and as was explained, recognition of the specific gender needs of children are considered during service provision.

### 9.1.2 Alignment with National Priorities and Needs of the Government

The CAC delivery of integrated services to child victims of sexual abuse and violence and their families to a great extent has been in line with the Government of Guyana priorities to improve child protection system, enhance the monitoring of child rights, and respond appropriately to abuse and violence against children. As was relayed to the Consultant by a member of a partner organisation “over the past 15 years the national government has placed particular emphasis on preventing violence and safeguarding children and in particular addressing physical and sexual abuse against children.” CACs are helping protecting victims and helping in making perpetrators accountable for their actions. This view was confirmed unanimously by partners and stakeholders interviewed as they concluded that the CAC model of service is aligned with national priorities and the needs of government.

*Figure 9: Perception on whether CAC Model of service is aligned with national priorities and the needs of Government (N=25)*





As reported by a partner the CAC model was designed as a result of Government's instituting several laws aimed at protecting children.

### 9.1.3 Evidence demonstrating that CACs addressed the needs of Child victims of sexual abuse and their Families

How has CAC addressed the needs of Child victims of sexual abuse and their Families? This subsection will look at how the CACs targeted and contributed to a helpful response to the needs of child victims of sexual violence and abuse.

First, partners and stakeholders were of the view that CACs are responding to the needs of children by offering child friendly areas and specialist forensic interviewing to

help children share their experiences of violence and abuse free of intimidation. As explained by a respondent from a partner agency "Before the CACs a number of children have experienced deep level of trauma without any kind of support, the CACs fills this gap and now even adults are getting the support for issues that occurred in their childhood but [were] not addressed." Victims of child sexual abuse needs to be listened to in a non-judgemental manner and in an environment that they perceive as safe, and they would like to see their perpetrators be brought to justice for abusing them. Additionally, support in helping them overcome the psychological harms associated with abuse. The CACs model of service helps in these areas. "CACs provide comprehensive service in ways that the beneficiaries are safeguarded" reported a partner. "CACs provide opportunities for children to tell their story in a safe manner without being humiliated," a stakeholder stated. The CACs "provide a safe space with trained forensic interviewers and counsellors to record the child statement of sexual abuse and provide trauma-based counselling to aid in the healing from sexual abuse" explained a respondent from a partner agency.

Responses from children and parents demonstrated that the CAC model of service had made it easier for them to access needed service with 97% saying yes, the CAC model of service has made it easier to receive needed help and support. For boys, 82% said yes, the service has made it easier to access needed help and support; 100% of girls said CAC made it easier for them to access needed services. Moreover, 94% of parents claimed that the CACs made it easier for them to receive help.

**Evaluation question 1.A: To what extent Child Advocacy Centres (objectives, strategies, activities, etc.) are aligned with government policy priorities, policies, agendas and reforms in the areas of prevention and response to VAC?**

**Main findings:** The CAC model of integrated service delivery for child victims of sexual abuse and their families is in line with Sustainable Development Goals (SDG) 3, 4, 5, 11, 16, and 17, UNICEF Country Programme Document (2017-2021), and Government of Guyana Priorities.

**Key Indicators:**

- (i) intervention's alignment with international goals and priorities including UNICEF's Country Programme.
- (ii) alignment with national priorities and needs of the Government.
- (iii) evidence demonstrating that CACs provide access to support services for child victims of sexual abuse and Families; and
- (iv) importance of CAC to children and families.

Table 15: Respondents Views on whether the CACs have made easier to receive help and support

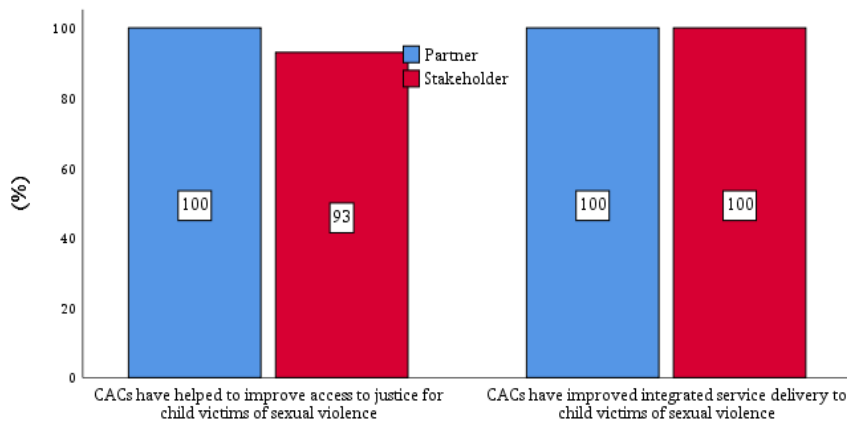
<b>Respondent description</b>	<b>Yes, the CAC made it easier for me to receive help and support (%)</b>
<b>Combined girls and boys</b>	97%
<b>Girls</b>	100%
<b>Boys</b>	82%
<b>Parents</b>	94%

CACs also aided in increasing access to justice for children and helped in holding perpetrators of violence and abuse against children accountable. This contribution is mainly through giving a chance to child victims to tell their story and taking their story to build a case against perpetrators. This evidence suggest that CACs are making this possible. “More children have better access to services to tell their stories, to have the CAC document their statement which has led to more cases reaching the court and more successful convictions.” “Every case that make it to the in court there is an increase chance that there will be a conviction” stated a respondent from a partner agency.

It has been noted that in many cases of child sexual abuse children were denied justice either because families were embarrassed with the nature of the police interviews, children were afraid to tell their experience of abuse, or families were frustrated with having to go to several agencies. These hurdles were removed by the CAC. As explained “some families are too embarrassed to follow-up or do not have the contacts to get their matter to the Court, CACs help them here.” Partner agency praised the efforts of CACs in following-up with Investigators and the Chambers of the Director of Public Prosecution on progress of matters. “Yes, they make it hard for perps to get away, they follow-up constantly and on their responsibility for the most part forensic interviews reports are timely submitted, even though there is room for improvement here.”

Partners and stakeholders also perceived that in at least in two ways CACs were making useful contributions to children who were victims of abuse, namely, increasing access to justice and improving service delivery. The data from the interviews indicate that 93% of stakeholders and 100% of partners were of the view that CACs improved access to justice and 100% each of partners and stakeholders agreed that CACs have improved integrated service delivery to child victims of sexual violence (figure 15). Moreover, the CAC’s provision of court support-before, during and after trial was important in keeping child victims and their families engaged leading to the advancement of the matter in the courts. On the other hand, stakeholders complained that even though there have been some improvements due to the advocacy of CAC, parents and community members are still not sufficiently reporting violence and abuse against children. Additionally, the shortage of judges and the COVID-19 pandemic have both severely affected efforts to prosecute offenders.

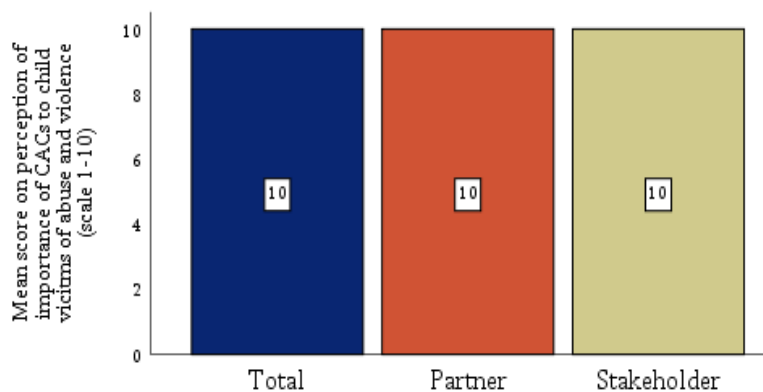
Figure 10: Partner and stakeholder views on CAC model of service (N=25)



#### 9.1.4 Importance of CAC to children and families

Respondents' views were sought on how important CACs are to children who experienced sexual abuse and violence. They were asked to rate CACs on a scale of 1 to 10 (with 1=not important to 10=very important). Additionally, they were asked to rate how important CACs are to their municipality/region. Figure 16 depicts that all respondents felt that the CACs are very important to children who experience sexual abuse and violence. The combined responses averaged 10 on a scale of 1-10. Further, when stakeholders from the various regions were asked how important the CACs are to the regions, their scores too averaged 10 (scale of 1-10).

Figure 11: Respondents perception on the importance of CACs to child victims of abuse and violence



A logical inquiry in the analysis is what contributed to the high ratings on the importance of CACs? According to partners and stakeholders the CAC model service were important because "CACs make the children receive both justice and therapy in a comfortable environment with no fear or hesitancy." The importance of CACs was best presented through a comparison of what existed before. Prior to the implementation of the CAC, it was explained that "children had to tell their stories several times and at times in terrifying situations to Teachers, CPA, Police, Medical Staff, Prosecutors, and Magistrates/Judges." Thus, CACs importance is linked to the fact that they "reduce the number of times children have to rehearse the hurt and pain of abuse." This respondent continued "the integrated service delivery of the CAC is

comprehensive, they now have to only turn up to one location, before they had to go to several agencies sometimes more than once.” “The previous lengthy and repeated process often discouraged victims and their parents resulting in them refusing to continue seeking justice,” explained a stakeholder.

Child Advocacy Centres are also important in partners and stakeholders’ views because they offer parents with education and awareness about abuse. In describing the services offered by CACs, partner pointed out that the Parental Skills Education (PSE) help parents to better understand the nature of child abuse and how they can emotionally support their child and prevent further abuse. “The work done with parents helped them to understand abuse including the signs of child abuse and how to protect their children. These parents have also reported that they have empowered neighbours and friends in preventing and recognizing child abuse in their communities.” Another Partner observed “Parents would later come and say that they are now able to better listen to their child and paying more attention to the concerns of their children.” Additionally, the researcher was told that the PSE helped parents in communicating with their child.

One can conclude from the interviews that the integrated service delivery model of the CAC is important because it provided “a child friendly and safe the environment for children to share their experiences and for validation of their story.”

#### Survey of Children and Parents Views on Importance of CACs

Quantitative survey data also highlighted the contribution of CACs in helping child victims to access needed services. It was observed from the data that 97% of children and 94% of parents stated that CACs made it easier for them to receive help and support. These results further emphasise the relevance of CACs for parents and children.

The data show that 97% of children said that counselling services helped them, 48% of children felt that the forensic interview helped them, 14% felt that legal advice/court support was helpful to them, and 12% felt the referrals helped them. Only 2% of children were of the view that none of the CAC services helped them.

Child beneficiaries also felt that CACs are very important and relevant to children and families in Guyana because of much needed suite of services they offer. Girls though considered the CAC more important scoring it an average of 8.8 on scale of 1 to 10 (scores > than 7 suggest the service is very important). Boys scored it at 7.9 which is approximately 10% less than the average rating scores given by girls.

In Annex D the evaluation presents a summary table on the status of indicators of relevance in the evaluation matrix.

## 9.2 Effectiveness

The key question is to what extent were the intended outputs/outcomes, realized? What were the enablers? What were the bottlenecks and how, if at all, where they addressed? As mentioned earlier in the report there no results framework for the CAC, therefore effectiveness is assessed based on the system created by the evaluation tool. The findings on

effectiveness are grouped under the following seven (7) themes: (i) extent to which programme objectives are attained; (ii) parents and children’s satisfaction with the CAC’s Model of service; (iii) improving access to services and access to justice for children including vulnerable and marginalized children (iv) effectiveness of capacity building activities for CAC staff and partners (v) improving cross-sector coordination in the best interests of children and partnerships; (vi) barriers to effective service delivery, enablers and critical success factors for CAC; (vii) the CAC’s ability to influence legislation and policies on national level.

### 9.2.1 Extent to which Programme Objectives are attained

Table 16 below provides a summary assessment on whether the CAC project attained its objectives.

*Table 16: Extent to which CACs attained objectives*

Objectives of CACs in Guyana	Extent to which objectives are achieved (Fully, Partially, Not achieved)	Comments
An integrated approach for child sexual abuse investigation to avoid duplicative interviewing	Fully	CAC eliminated the need for multiple interviews from staff of participating agencies. However, in a few instances, matters directly reported to the police were not immediately referred to CAC. Additionally, it was reported that a few police officers are still questioning children.
Multidisciplinary involvement for all interventions to assure that the unique needs of children are recognised and met	Fully	The CACs, both at the operational and strategic levels, demonstrated that multidisciplinary involvement was essential in ensuring that the needs of children who are victims of sexual violence are identified, understood, and addressed.
Bringing professionals to the child instead of asking children and their families to access services through many different portals	Fully	The CACs are referred to as one-stop centres because they provide child victims with access to professional interviewing, trauma focused counselling, and emotional and court support as part of their suite of assistance.
Involvement of communities across the country to help prevent child abuse and offer child abuse victims the services and support that they need and deserve	Partially	The CACs have conducted numerous public education programmes annually that have yielded some positive results as it relates to community support for the prevention of child abuse; however, certain norms that are prevalent in communities are inimical to preventing child sexual abuse and making offenders accountable. Therefore, continued public education is necessary.

The CACs are centre-based services that help children who are victims of sexual abuse and their families by providing a confidential and physically and psychologically safe environment for them to narrate experiences of abuse. As was noted previously, CACs have been able to prevent duplicative interviews of child victims of sexual abuse by facilitating forensic

interviews that are legally sound and neutral in nature and allow for live observation of interviews by participating agencies. How is this achieved? CACs use of expert interviewers have proven to be very useful in drastically eliminating the need for law enforcement to directly confront and interrogate children to capture evidence of sexual abuse. Instead, CAC interviewers get children to share because through training they “know how to talk to children and are getting them to share more evidence of the abuse.” Further, it was explained that since all parties are able to observe the interviews in real time, police and prosecutors can “request clarification or follow-up questions through the forensic interviewer.” Moreover, with the “DPP office on Board they can advise on what information is required to complete the case file”, recounted a partner. Prior to the multidisciplinary approach implemented by the CAC, case files were often returned to the police investigators for more evidence to complete the case file. This meant that investigators had to reengage the victims every time more information is requested by the Chambers of the DPP. “The CAC considerably reduced the number of times additional information was requested by the Chambers of the DPP to complete case files,” an interviewee explained.

Another factor leading to effectiveness of the intervention is that multidisciplinary involvement in the intervention assures that the unique needs of children are recognised and met. The CAC model of service, both at the operational and strategic levels, demonstrates that multidisciplinary involvement is essential in ensuring that children’s needs are identified, understood, and addressed. At the operational level the forensic interview teams comprise officers from the police, the CPA, and the CACs. At the strategic/policy level the Multidisciplinary Team (MDT) consists of the Director of the CPA, Crime Chief of the Guyana Police Force, Directors of the CAC, Chambers of the Director of Public Prosecutions, Ministry of Public Health, and the Ministry of Education. The MDT addresses policies, legislations, and systemic changes to synergise child protection mechanisms for investigations, treatment, and prosecutions of child sexual abuse cases. The MDT receives quarterly reports from the Directors of the CACs and meets twice yearly. However, since the onset of the COVID-19 pandemic the MDT has not been meeting. Partners are of the view that it is important that the MDT find ways of coordinating meetings to carry out their functions. Forensic teams too have been affected by the pandemic and were temporarily postponed; however, they remain active in service to child victims. Next, CACs has been successful in eliminating the need for child victims to visit several agencies for support. The CACs are referred to as one-stop centres because they provide child victims with access professional interviewing, trauma focused counselling, and emotional and court support as part of their suite of assistance. Parents report that CAC provided child friendly interviewing, arranged for medical and health checks, court support, counselling, and emotional support. The CACs also build parental capacity through their parental skills education training. One parent opined CAC “has given me pointers on how I can contribute to the recovery of my child. It helped me to put better systems in place for my child in order to avoid a repeat of what transpired in the past.”

The CACs have conducted numerous public education programmes annually that have yielded some positive results as it relates to community support for the prevention of child abuse; however, certain norms that are prevalent in communities are inimical to preventing child sexual abuse and making offenders accountable. For instance, CACs reported conducting sensitisation programmes for children and parents in the regions they operate. In 2020 with the onset of the COVID-19 pandemic, CACs turned to social media to continue with their

public education campaigns. CACs also utilised the print media to disseminate their public education information related to the prevention of child sexual abuse and for holding offenders accountable. One partner detailed that since communities are being sensitised, they are becoming more aware of the services offered by Blossom/ChildLink. So now there is an increase in reports of child abuse and sexual violence against girls and boys.” Another partner pointed out that “once the CACs were established and services were available child victims and families found it easier to come forward, what I mean is that people are more comfortable to report abuse.”

Notwithstanding, some progress in getting communities to assist with the prevention of child sexual abuse there are some norms, attitudes, and practices that have remained resistant to change and continue to endanger children. High among these are child marriages (Thompson 2020) which encourages older men to adolescent girls. A stakeholder advanced the view that the problem of child sexual abuse is caused by “Children left unsupervised, parents are poor, and people take advantage of children, and children going to adult parties.” Another stakeholder explained that “In Close knit communities, parents are pressured not to report abuse against children. This is prevalent in small hinterland communities where in many cases households are related in some way. Other times sexual abuse goes unreported just so to protect the good name of the family. So substantial numbers of abuse and violence against children are not reported.”

#### 9.2.2 Parents and children’s satisfaction with the CAC’s Model of service

Another indicator of programme effectiveness were children and parents’ testimony of satisfaction with the CAC service. Their qualitative responses point to numerous ways in which the services benefited them and their children. “It helped me to have better systems in place for my child”, one parent responded. Another parent reported “It helped me to cope with various situations and how to rectify the problems.” Children reported that the CAC was instrumental in getting their parents to listen to them more and the counselling and court support give them a chance to say what happened to them in the court. Partner reported that trauma counselling was the most important service because the healing is important, help the child move pass the hurt.” “The trauma counselling helps the child move past the hurt; forensic interview is more for the society.”

##### **Survey Of Children and Parents on satisfaction with CACs’ Support**

Quantitative information from the survey indicates that both parents and children were satisfied with the services and support they received from CACs.

Parents opined that they felt respected (100%), the CAC staff members were responsive (100%), CAC staff explained matters in a way they could understand (100%), and they felt safe at the CAC (98%). The data also show that only 8% of parents complained of difficulty accessing the CAC.

Children who accessed the services of the CAC reported that they felt safe at the centre (100%), centre staff treated them with respect (100%), and centre staff explained things to them in a way that they understood (100%). Further, 95% of children who benefited from the services at the centre reported of feeling better to handle their situation.

Satisfaction with the service may be linked to quality of service rendered by the CAC staff. Both boys and girls surveyed rated the CAC specialists as very effective, however, boys scored them slightly lower than girls. This possibly suggests that there is need for more training to identify and respond to the needs of boys.

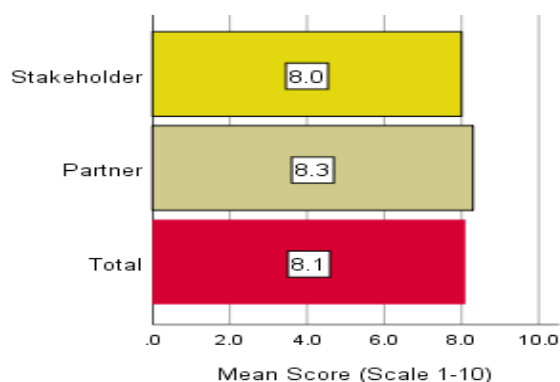
*Table 17: Children’s Mean Rating of specialist working with CAC*

On a scale of 0 to 10 where 0-3 is not good, 4-6 is somewhat good and 7-10 is very good, how would you rate the way specialists work with you at the Child Advocacy Centre? What score did you give it?		
Sex of Child	Mean	N
Boy	8.55	11
Girl	9.19	48
Total	9.07	59

### 9.2.3 Improving access to services and access to justice for children including vulnerable and marginalized children

The CACs in Guyana were able expand access to services in Guyana for children who are victims of sexual violence and their families. As explained by a partner “We opted for collaboration with NGO in order to supplement the state’s capacity and getting communities more involved in child protection.” CACs, it was observed, offer their services to children and their families regardless of their economic, migrant, or disability status. It was in this light that the survey queried respondents on CACs’ effectiveness in improving access to services and justice for vulnerable and marginalized children and families where 1 represented not effective and scores greater than 7 represented very effective. Overall, stakeholders and partners reported a mean score of 8.1 (figure 12). This means that on average stakeholders and partners felt that the CACs were very effective in improving access to services and justice for vulnerable and marginalised children and families. A partner noted that “CACs provide services to all children who have been sexually abused.”

*Figure 12: Respondents’ perception of effectiveness of CAC in improving access to services and justice for vulnerable and marginalized children and families (scale 1-10), N=25*



There was no expansion in the type of services, since implementers were guided by the Protocol that prescribed the nature of their services. However, data from one of the agencies revealed steep annual increases in demand for services with the exception of 2020 (the year



the pandemic started). Already, as of September 30, 2021, demand for service was higher than any previous year.

*Table 18: Services rendered by Blossom Inc. 2015-2021*

Year	Amount of Services Rendered
2015	22
2016	118
2017	158
2018	208
2019	594
2020	568
As of Sept. 2021,	650

Source: Blossom Inc.

Nevertheless, partners admitted that they were numerous challenges in responding vulnerable and marginalised groups such as children with disabilities that hampered their verbal communication, migrant children that do not speak English, and children living in remote hinterland communities with poor transportation network. CACs have reportedly been able to secure a translator in Region 7 to aid in interviews with migrant children. However, resources are needed here especially for regions 1 and 7 where numerous Venezuelan migrants reside. Currently, CACs rely on the CPA for support in translation services. It was reported too that CAC staff have also been engaged in training in communicating with speech and hearing-impaired persons to ensure that children with these types of disabilities are provided with needed services. Reaching children in remote communities remains an overwhelming challenge.

#### 9.2.4 Effectiveness of capacity building activities for CAC staff and partners

As narrated by an interviewee from a partner agency “ongoing training is necessary as these are skills that have to be developed and reinforced over time to engage children to gather very sensitive but also very specific data for successful prosecutions.” Another interviewee advanced the view that “learning new tool is critical as offenders find more complex ways to have access to children including online approaches. Many are targeting children on their parents’ cell phone when they children are in learning sessions as school learning is transferred online owing to the pandemic. The CAC needs a budget for staff development and a budget line for maintain staff mental health.”

Partners were asked what type of capacity building CAC received. Partner related that “All staff are graduates of the University of Guyana, mostly social science, and therefore come into the CAC with the capacity to take the training necessary to function in the CAC.” Further the partner explained “All CAC officers have to be engaged in robust training in the first three months to learn how to counsel children who have experienced trauma, to understand the tools and theories and to develop their practice through clear assessment for each child.” The Consultant was told that training to conduct forensic interviews were done through observation, reviewing of good practice documents, and role play in staff development

sessions. “All staff must complete trauma focused cognitive behaviour therapy training” noted a partner. Training, by and large, are conducted by both local and overseas facilitators.

Formal academic institutions such as the University of Guyana also provide opportunity for capacity development among CAC staff. For example, the University of Guyana offers graduate programmes in psychology and counselling. Additionally, CAC staff have accessed government sponsored training in forensic psychology. Moreover, staff at the CACs have received training in foreign languages (Spanish and Portuguese) and sign language training.

Partners were also asked how effective the capacity building activities were in improving quality of service at the Centre. Senior partners noted seeing improvements in the way staff performed their functions in terms of the “number of cases they managed and the case outcome, number of interviews, and number of disclosures from the interviews.”

### 9.2.5 Improving cross-sector Coordination in the best interests of children

Respondents were questioned on how effective CACs were in getting professionals from across sectors to cooperate and coordinate their activities in the best interest of child victims of violence and crime. Partners scored the CAC at average of seven (7) on a scale of 0-10 where 10 is indicative of very effective. A partner divulged that “on the operations level about 8; at the strategic level we are struggling, the MDT at the high level needs to sit once a quarter.” A recurring theme among partners is for the strengthening of the MDT at the strategic level. Admittedly, the COVID-19 pandemic had curtailed the functioning of the MDT.

In terms of effective partnerships to support child victims, partners report that linkages with CPA Staff, Teachers, schools Welfare Officers, Police Officers, Prosecutors and Legal Officers, Health Workers, CPA Staff, Donors, embassies, and private organisations. Data from Parents and children reinforces the evidence that these agencies partnered in successful service provision for children. Additionally, stakeholders reported that community-based group with grass root connection are discovering and reporting sexual abuse of children. Multilateral donor agencies, foreign government embassies and missions, and private sector have all supported in terms of resource mobilisation for the CACs.

When asked what partnerships have been important when it comes to improving child victims’ access to justice? Partners responded “the Chief Justice, Chancellor, Chief Magistrate, Police, DPP, and CPA. The MDT, even though not operational since 2020, had been a critical forum for improving children’s access to justice. As explained thoroughly “A mechanism has been established for improving children's access to justice - The functioning of a national multi-disciplinary team which is chaired by the DPP with key members like the Crime Chief, Deputy Director of CPA, CACs Directors, other civil society organizations that are advocates such as Red Thread and Help and Shelter.

When asked whether there are other partnerships that the CACs need to establish or strengthen to improve their work on behalf of children and families. A Partner stated that “local authority (RDC and NDC) could prove vital in improving efforts in child protection from sexual abuse.” “Yes, the CAC need to have strong collaboration with the local authority - regional administration - all 10 have a gender affairs committee - they need to have good

clarity of the situation in their region regarding children's protection from sexual abuse, they need to be effective and build collaboration with the community leaders particularly the faith leaders, they need to be the advocates at the community level, in all communities in the region and in particular the high risk communities." It is observed by the Consultant that CAC should also engage the National Commission on Disability.

#### 9.2.6 Barriers to effective service delivery, enablers, and critical success factors for CAC

Frequent transfer government officers involved in the supply of services to child victims of sexual abuse. Partner intimated that "staff changes each come with own limitations on continuity, police change often and abruptly, which means CAC constantly have develop new relationship and providing training, this to lesser extent is the same with medical officers. The challenge is continuous." Additionally, "there limited amounts of rape kits and the constant need for training of medical officers in the use of the rape kits are barriers and challenges in service provision." Even though a rarity, it was explained by a partner "that some professional still question children about the abuse outside of forensic interviews."

The Consultant was told that "some parents apparently don't fully cooperate and seem to make a consciously attempt to avoid completing the supportive counselling for their children. It is possible that some parents wish to have the matter dismissed perhaps to facilitate a settlement." "In other cases, the child may not to cooperate to protect the accused. In this way the child is not blamed for breaking up the family." Additionally, CAC reported that there were significant numbers of inactive cases, defined as, cases in which the children have attended one to four counselling sessions and have stopped going to the CACs for counselling.

Factors that contributed to the success of CACs included guidance and support for child victims and their families in court proceedings, regular training of officers, committed staff members, donor support, and partnerships are some enablers and critical success factors related to CACs effectiveness. Partners added that advocacy on the part of the CPA, Blossom, ChildLink and their drive to drive to expand services, and incorporating feedback from partners, beneficiaries, and stakeholders were also instrumental in improving services. One Partner explained that CPA coordinating role was also instrumental in the success of the CPA.

Partners and stakeholders also identified areas where the CACs were effective which included forensic interview, trauma counselling, Parental Skills Education, training of stakeholders, advocacy and public prevention education, online training, radio and television programmes, dissemination of prevention of sexual abuse of children posters, researching issues, and court support. A Partner elucidated that "the CAC work collaboratively which is very effective, additionally, the forensic interviews have led to more convictions, more children have been counselled and more parents have better skills to care for their children. In all cases going to the court - children have the support of a court support officer."

#### 9.2.7 The CAC's ability to influence legislation and policies on national level.

The Consultant was informed that Child Advocacy Centre been able to influence national strategies as it relates to improving prevention or responses to violence against children. The CAC was created to serve a robust mechanism for the implementation of the

prescription of the Sexual Offences Acts while recognising children’s rights. As mentioned by partner “CACs and CPA advocacy has resulted in the decentralisation of sexual offences court to other areas of the country, further decentralisation of the centres, recognition of the importance of and mainstreaming of trauma informed services delivery for children through the justice chain. However, no new national laws were developed as a result of the CACs’ intervention.

Annex E provides a summary on the status of indicators of effectiveness

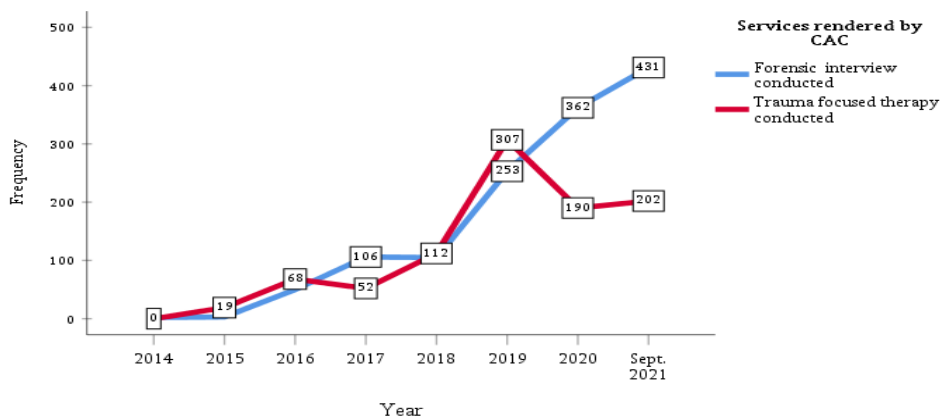
### 9.3 Impact

In this evaluation, impact refers to the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.

#### 9.3.1. Increased Demand for CAC Integrated Services

Data from both ChildLink and Blossom reflect increase demand for services, in particular forensic interviewing. Figure 13 depicts a steep increase in the number of forensic interviews conducted by Blossom. The number of forensic interviews conducted by Blossom in 2021 have already overtaken the total amount for the entire 2020.

*Figure 13: Demand for Services from Blossom Inc.*



Data for ChildLink covering 2019 and 2020 also reveal significant increases in demand for services. Number of forensic interviews involving boys increased by 38% and those involving girls rose by 16% in 2020 when compared to 2019. The number of trauma counselling also showed significant increases for both boys and girls. Trauma counselling conducted for girls increased by 85% and trauma counselling for boys increased by 467%. The data reflects a 50% reduction in group psychosocial counselling for boys and a 12% reduction in group psychosocial counselling for girls.

Table 19: Services rendered by ChlidLink

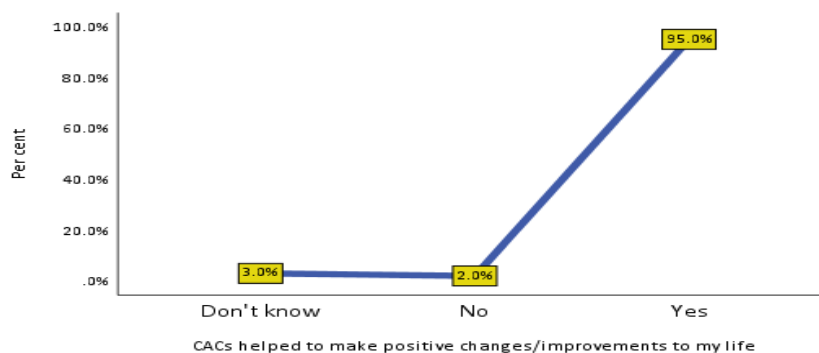
Year	Forensic Interview		Trauma Counselling		Group Psychosocial Counselling	
	Male	Female	Male	Female	Male	Female
2019	24	200	3	39	30	232
2020	33	231	17	72	15	205
% Change	38%	16%	467%	85%	-50%	-12%

Qualitative information was also in harmony with the quantitative data indicating an increase in the demand for services rendered by the CACs. One Partner remarked: “Yes, more families are coming forward with cases of abuse of Boys.” Stakeholder noted that public awareness programmes and observation of the benefits children derived from the system have encouraged greater demand for the service.

### 9.3.2 Child Advocacy Centre contributed to long-term positive changes in well-being of children, such as their recovery from violence and victimization

Children self-reports show that 95% of them felt that CACs had positively contributed to them making positive changes in their lives (figure 14). Children reported several ways they perceived the CAC contributed to their recover from violence and victimisation. “It helped me to be a better person and to cope with difficult situations.” This is an important finding because it speaks to self-improvement and resilience building which are crucial ingredients for adolescents and children to tread a positive path. Additionally, children reported the CAC’s intervention “taught me to be more confident”, “helped to boost my self-esteem”, “bold enough to talk with strangers and if not comfortable tell the person (s) they are making me uncomfortable”, “cope with and manage anger”, “better able to communicate with siblings and family bond became stronger”, “help me to get over my depression”, “my behaviour and thoughts have changed”, “help me have a closer relationship with her mother”, “I improved academically”, “help me be a girl I was longing to be in life”, “helped me to feel better after my incident” “make better decisions and set goals and recognized where there are red flags. So, from children’s testimony one can undoubtedly deduce that CAC has helped with their recovery in a variety of positive ways.

Figure 14: Proportion of children reporting that CAC has helped to make positive changes to their lives



From a parental perspective, almost nine (9) out of ten parents felt the CACs had contributed to their children making positive changes in their lives (table 21). This overwhelming positive response on the part of parents add to the burden of evidence that the CACs have been contributing to positive changes in children lives after victimization.

*Table 20: Parents’ view on whether the CAC has helped their children make positive changes in their lives*

<b>Has the Child Advocacy Centre helped to make positive changes or improvements in your child’s life?</b>		
	Frequency	Percent
Yes	55	89
Don't know	7	11
Total	62	100

Based on observation of their children parents articulated several positive changes they noticed in their children’s lives. The aspects of positive changes that parents observed in their children included children developing better coping skills and self-confidence, improved anger management skills, children were more focused academically, and overall improvement in their behaviours. As explained by parents: “she learned to cope with situations as they arise”, “she developed more confidence in herself”, “my child changed her behaviour for the better”, “my child is more educationally focused”, “he used to get angry fast and was very disrespectful - that has changed a lot”, “she don't be in the streets anymore, and she is behaving herself”, “she is having a positive outlook in life after trainings”, “she's not withdrawn like before”, “he is better able to handle situations”, and “first she was showing signs of fear --she was trembling before -- this has stopped now.

Partners also observed positive changes in children post intervention from the CACs. Partners explained that they are seeing sustained changes in children who were victims of sexual abuse. A Partner narrated that “many of them would come and visit the office even after their counselling sessions are over and this gives us an opportunity to observe the changes they have attained, and we see a lot of improvements.” The programme is also helping children indirectly by training parents to better safeguard children. Among partners and stakeholders’ perception of the greatest achievements of the CACs were expansion of their services to cover 8 administrative regions, helping children feel safe through integrated child friendly service provision including the conduct of forensic interviews with trained experts, helping to rebuild relationship between children and their parents, and public education programmes that placed focused attention on child sexual abuse and its consequences.

### 9.3.3 Unintended Results

On the positive side of unintended results, it was shared with the Consultant that the bringing together of professionals from the police, schools’ welfare, prosecutors, magistrates, medical workers, and teachers helped the referral system prescribed in the CAC Protocol due to exchanges of contact information during training activities.

On the negative side, rising demand for services coupled with constrained resources have forced CACs to extend the responsibility of current staff which can result in physical and psychological burn out. Partner emphasised “more staff is needed, right now staff are doing double roles.” “Rising demand and not commensurate funding have forced CACs to task staff with dual responsibility and frequently stretch them to the limit.”

## 9.4 Sustainability

### 9.4.1 Sustainability of the CACs

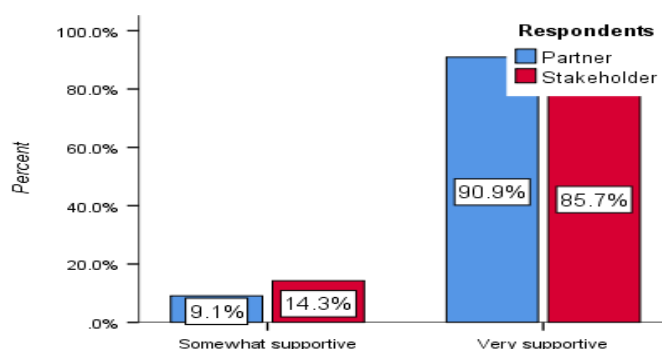
Based on the evaluation findings several services of the CAC were seen as effective and therefore worthy of being replicated and expanded. The table below summarises this analysis.

*Table 21: Sustainability of CACs Services*

Types of CAC Interventions	Effectiveness of these strategies	Potential for replication and scaling-up
Forensic Interviews	Highly effective getting children to share experience of abuse	Can be replicated & scaled-up countrywide.
Multidisciplinary teams	Moderate success	
Therapeutic Counselling	High effective based on children’s testimony	Can be replicated & scaled-up countrywide.
Group Counselling	Effective	Can be replicated & scaled-up countrywide.
Parental Skills Education	High effective based on parents’ testimony	Can be replicated & scaled-up countrywide.
Awareness and Advocacy	Awareness programmes effective, advocacy not successful (no new laws proposed)	Can be replicated & scaled-up countrywide.
Court Support	Highly effective	Resources required for scaling-up in hinterland regions

Additionally, respondents were asked if they were of the view that the established CACs would be sustained. Partners and stakeholders all agreed that the CACs will be sustained. A stakeholder opined that “CACs provide an essential service and once current levels of child sexual abuse continue there will be need for their service.” Another partner informed that CAC need governmental support to continue their work.” On a positive side we note that successive political administrations in Guyana have supported CACs with an annual government subvention which cover some of the cost for running CACs. A partner acknowledged “Yes this is a successful public-private partnership on display and should be encouraged so that we can have examples of gold standards in service delivery in Guyana.” The evidence also suggests that the CAC model of service has the support of partners (91%) and of stakeholders (86%) (figure 15).

Figure 15: How supportive are national partners and stakeholders of the Child Advocacy Centres



#### 9.4.2 Availability of financial resources for Child Advocacy Centres

Partners opined that financial resources are available to ensure sustainability of CACs. As was explained by interviewees, Government provides an annual subvention that is disbursed twice a year in April and August and multilateral and bilateral international partners also commit resources to sustain the CAC model of service. Collectively partners concluded that government subvention and donors’ financial and technical support were essential to the maintenance of CACs quality of service and sustainability of operations, mainly because current government budget allocation is insufficient based on current demand for services and donor technical support remains vital to improving quality and standards which is also linked to demand for the services of CACs. Co-funding and ownership are therefore especially important for the sustainability of this programme.

#### 9.4.3 Legal Framework to support sustainability

In Guyana there is a National Protocol for the CACs that has been adopted by the Ministry of Human Services and Social Security, the Guyana Police Force, the Department of Public Prosecutions, Blossom, ChildLink, Ministry of Education, and the Ministry of Health. The CACs are fundamental to the implementation of the Sexual Offences Act and the decentralisation of the sexual offences court. Partners are confident that the current level of embeddedness of the CACs in the child protection system and children’s access to justice in Guyana augur well for the sustainability of the CACs. A Partner related “Yes, CACs are sustainable we have the Act [Sexual Offences Act], a Protocol, and persons who are leading at the level of Chancellor, Chief justice, Chief Magistrate who are all helpful. The CPA has embraced and helped in building relationships.” Another Partner points out that “The Legal framework was developed and receives judicial support from the policy perspective. Yes, CPA have been very instrumental in building all the relationships.

### 9.5 Efficiency

Efficiency in evaluation is focused on the extent to which the intervention delivers results in an economic and timely way. This subsection will address the issue of cost efficiency of the CAC implementation.



### 9.5.1 How cost efficient was the approach to Implement and Manage the CAC

Timely disbursement of financial resources for the implementation of interventions is a major contributor to success in programme delivery. CACs reported that financial disbursement were predictable being consistently disbursed twice annually. They advised that UNICEF's disbursement was received in a timely manner even though it was channelled through the Government of Guyana.

Partners explained that both Blossom and ChildLink adopted a range of cost saving measures in the management of their operations. Cost saving measures included procuring office stationery in bulk, minimising printing by using electronic documents, and conserving on electricity.

Based on financial information and data on the number of children receiving support that were shared with the consultant cost of service per child victim and family was computed at US\$325. Services covered forensic interviews, counselling, court support, and parental skills education training. As was mentioned earlier the modal time for children visiting the centre was 4 or more times. This amount is a cost effective when one considers the range of expert services that child victims and their parents receive. When compared to the economic cost of violence this amount is small. In 2017, the global per inhabitant cost of violence was US\$ \$1,988 (Iqbal, Bardwell and Hammond 2021). That apart, the benefits itemised by children and parents justify the investment in integrated service provision for child victims of sexual abuse and their families. Recapping, the suite of services offered by CACs were instrumental in enabling children to access justice, protect children from further abuse, recover from trauma, and improve parents' capacity in raising and protecting children.

### 9.5.2 Avoiding overlap in activities

Partners explained that CACs were coordinated with the child protection programme of the CPA. The CACs provide a unique service. CACs collaborated with other agencies based on the needs of child victims and their families.

### 9.5.3 Monitoring and Evaluation

There are clear signs that the CACs are well managed. There is an overarching National Protocol for the Child Advocacy Centres that mandates the roles and responsibilities of partner agencies. The Protocol outlines the overarching structure for the CACs including the structure of the MDT and the forensic interview theme. The Protocol details the roles of the CAC's manager and provide guidance on forensic interviews referrals, retention of evidence, medical services, mental health services, and case review. Each CAC signs on to a term of reference which define their scope of activities, objectives, purpose, expected outcomes, operating guidance, and organisational capacity.

CAC has produced evidence that they collect data on clients. However, there is need for improvement in this area. In fact, there is a need for resources to be directed toward developing a data system for CACs. Currently data are compiled in excel sheets. This is not the best platform for collating and storing data. CACs use the data collected to prepare annual

reports which cover major activities conducted during the year along with challenges and lessons learned. Somewhat of challenge to CAC is the fact that they do not get feedback on their reports submitted. One partner informs “Reports yes we prepare yearly and half yearly reports, used internally, but don't know where they go.” The National Protocol for the CAC request that the MDT receives monthly reports from Centre managers. This reporting helps the MDT carry out its oversight functions. However, the MDT has not met in a year. Notwithstanding the prescription in the CACs operating terms of reference on minimum data requirement, there was no standardised indicator system for the CACs in Guyana. Partner shared “yes, I have my own data collection and monitoring and evaluation system.” It is important that UNICEF and partners address this situation.

While the evaluation found rudimentary monitoring and evaluation system at both NGOs that coordinates the CAC and sees the need for the development of a more robust data compilation and monitoring and evaluation system for CACs. System should be able to work both online and offline and facilitate data entered at CACs locations be uploaded to a central database. Further, it must have a system of data retrieval that is accessible at all CAC locations. The consultant recommends the following as potential indicators response time for cases (time taken from report to conduct of forensic interviews), percentage of children completing counselling, percentage of parents completing PSE, prevalence of trauma symptoms, anxiety, depression, anger, PTS, dissociation among victims of abuse, number of non-offending caregivers supported, number of children protected from alleged perpetrators of abuse by placing them with kin, placed in foster care, perpetrator was removed etc., number of repeat instances of abuse (and whether it was by the same perpetrator or someone else), number of disclosures and levels of completeness, number of charges laid and severity, number of successful convictions, prosecution rates, conviction rates (and severity of sentencing), number of cases closed due to child no-show.

## 9.6 Value for Money (VFM) Assessment

Value for money (VfM) assessment, simply put, is a selection of economic evaluation measurements that calculate the relationship between monetary inputs and desired outputs, outcomes, and impact. These measurements give managers evidence to help them target and refine programme management for increased efficiency and effectiveness. There is an evident correlation between value for money criteria and the Development Assistance Committee of the Economic Cooperation and Development (OECD/DAC) criteria that have been adopted by UNICEF and used in this evaluation. For instance, equity - the quality of being fair and impartial - as a value for money principles underpins the work of UNICEF and specifically it is a guiding post for this evaluation and all evaluation criteria. The table below shows the substantive match between DAC and Value for money criteria.

**Table 22: Similarities between DAC Criteria and Value for Money Criteria**

DAC Criteria	Value for Money Criteria/Analyses
<b>Relevance</b>	Equity (Ethics)
<b>Effectiveness</b>	Equity (Ethics); Cost-effectiveness
<b>Efficiency</b>	Equity (Ethics); Cost-efficiency
<b>Impact</b>	Equity (Ethics); Cost Benefit; Social Return on Investment
<b>Sustainability</b>	Equity (Ethics); Economy

### 9.6.1 Economy

The economic evaluation that are undertaken in the process of evaluating the CAC Model of Service for victims of child sexual abuse was not included in the planning processes of this programme. Thus, the evaluation of value for money calculations are limited to the extent that there is sufficient information to inform conclusions. As mentioned earlier, cost-minimisation strategies were used in the procurement of supplies for this CACs. The supplies procured for this programme included devices for the interview room, stationery, child friendly furniture, toys for waiting area and stress relief during forensic interviews such as anatomic dolls, books, crayon, play dough, and puzzles. Other expenses included internet, electricity, and telephone costs. None of the expense categories appeared excessive, for instance, the modal value reported for telephone use was just about US\$50 monthly, average stationery cost monthly was US\$50 per month, and annual expenses on toys and other child stress relief equipment and supplies was US\$150 per centre. These costs are indicative of economy in service provision under the CAC model. In country transportation, by road, air, and sea, were used to transport supplies to centres and travel to monitoring the various centres. CACs also supported, when necessary, travel for client to centre.

Disbursement was transferred directly to the Ministry of Human Services for the implementation and monitoring of the CAC model of service. This was possible as the risk rating of Ministry of Human Services Child Protection Agency assigned by the Supreme Audit Institution (SAI) was low. The modality for the cash transfer included request from CPA to UNICEF for the agreed sums of money, guided by the principles and practices of the Harmonised Approach to Cash Transfers (HACT). Once cash was transferred, programmatic visits and quality assurance spot checks were conducted to ensure the utilization of funds as per agreed work plan. As mentioned earlier the CAC Model of service also benefitted from government subvention, other multilateral and bilateral donors, and private sector entities.

Information sharing in the preparation, implementation, and monitoring of this programme emanated from any partner, depending on the need and or challenge. Information was shared by email between and among UNICEF and the CPA. Electronic communication in the main was used among CACs and the CPA. Electronic communication results in cost savings.

### 9.6.2 Cost- Efficiency

#### Direct and indirect/tangible and intangible costs

The table 23 compares the overall cost of implementing CAC by comparing the costs versus the benefits of the CAC.

*Table 23: Cost and Benefits of Implementing CAC Model of Service*

Use old system old system with child victims subjected to multiple harmful interviews	Child Advocacy Centres Model of Service
<b>Benefits for Child Victims of Sexual Abuse</b>	
Limited number of children access justice.	<ul style="list-style-type: none"> <li>- Access to quality trauma focused interviews</li> <li>- Child friendly interviews resulting increased likelihood of children sharing experiences of</li> </ul>

	<p>sexual abuse and setting the stage for holding offender accountable</p> <ul style="list-style-type: none"> <li>- Victim support and advocacy</li> <li>- Mental health therapeutic service</li> <li>- Interruption of the anguish and pain cycle and the downward emotional spiral</li> <li>- Children and their family interaction improved</li> <li>- Increased involvement of communities in the prevention of child sexual abuse</li> <li>- Improvements in educational outcomes (study habits &amp; understand the importance of doing well at school)</li> <li>- Improved pro-social behaviour (handling pressure, self-confidence, controlling anger)</li> <li>- Reduction in the likelihood of illicit drug and alcohol use</li> <li>- Reduced likelihood of dropping out of school</li> <li>- Reduced likelihood of self-harm and suicide</li> </ul>
<b>Cost/Issues</b>	
<ul style="list-style-type: none"> <li>- Children who are victims of sexual abuse harmed by multiple horrendous and harmful interviews</li> <li>- Child victims of sexual abuse do not share experience of abuse due to fear of disclosure and no assurances of confidentiality</li> <li>- Parents lack skills in child protection and parenting</li> <li>- Community unaware and unsupportive of child protection practices</li> <li>- Increased problematic behaviour such as experimentation with illicit drugs and alcohol and increase in anti-social behaviour and mental health challenges</li> <li>- Increase risk of adolescent pregnancy</li> <li>- Increase possibility of self-harm and suicide among child victims of sexual abuse</li> <li>- Child victims drop out of school</li> <li>- Expensive delays in prosecution, backlog of sexual cases and challenges in implementing the Sexual Offence Act</li> </ul>	<ul style="list-style-type: none"> <li>- Cost to CAC model of service implementation (US\$325 per child)</li> <li>- Directors of MDT invest time to provide oversight of CAC</li> <li>- Commitment of CAC staff (Modal salary for CAC expert staff US\$550 per month)</li> <li>- Commitment of partners</li> </ul>

The CAC model investment by both from Government and UNICEF increased as more centres were established. The increases in costs were mainly linked to the expansion of the programme to reach more communities, especially hinterland community where the CAC services were urgently needed. The cost increase was associated with more staffing, greater need for equipment, more training and monitoring associated with increase coverage.

### **Social returns on investment**

Investing in CAC model of service and advocacy has high likelihood of reducing immediate physical injuries and psychological harm children may experience. The literature on children's

experience with sexual violence suggests it may result in long-term debilitating physical and psychological conditions. This may result in lifelong costs of healthcare and loss of quality of life, alongside the possibility of early pregnancy and related lower levels of education (Pereznieta, et al. 2014). As mentioned in the preceding, the core activities undertaken by the CACs include joint assessment and investigation, coordination of therapeutic intervention, ongoing support and follow-up, coordination of prosecution activities, prevention initiatives, and advocacy and partnership development. Several key features set the CAC model apart from traditional service delivery models. The distinguishing features are summarised in the table below:

*Table 24: CAC Model of integrated service delivery for Child victims of sexual abuse*

<b>Joint Assessment and Investigation</b>	<b>Coordination of Therapy, Intervention, Ongoing Support &amp; Follow-up</b>	<b>Coordination of Prosecution activities</b>
<ul style="list-style-type: none"> <li>--Specialized, trauma-focused investigation approach</li> <li>--Child-friendly environment</li> <li>--Multi-disciplinary and co-located forensic interviews and safety/ risk assessments</li> <li>--Multi-disciplinary and co-located medical and therapeutic assessments</li> <li>--Child life specialist services</li> <li>--Highly specialized/ committed staff</li> </ul>	<ul style="list-style-type: none"> <li>--Specialized trauma-focused intervention approach</li> <li>--Coordinated and co-located mental health services</li> <li>--Facilitation of medical services</li> <li>--Enhanced caregiver support, simultaneously with child interviews</li> <li>--Joint training and capacity building across agencies</li> <li>--Victim support services through investigation, assessment and treatment</li> </ul>	<ul style="list-style-type: none"> <li>--Streamlined and coordinated court preparation and planning</li> <li>--Earlier involvement of DPP Chambers in assessment and preparation for trials</li> <li>--Improved collaboration between physicians and police in collecting evidence</li> <li>--Witness and Child preparation and support</li> </ul>
<b>Prevention</b>		
<ul style="list-style-type: none"> <li>--Bringing different levels of government and community together to have a focused conversation around child abuse</li> <li>--Developing parent capacity by providing immediate care and support to non-offending caregivers</li> <li>--Organizing community education programs through partnership with other organizations and building capacity and empowering children to identify and respond to child abuse, through the public education programmes in schools</li> </ul>		
<b>Advocacy and Partnership</b>		
<ul style="list-style-type: none"> <li>--Developing partnerships with different ministries and government agencies to focus attention on the issue of child sexual abuse</li> <li>--Developing operational standards and guidelines, and championing best practices in integrated response to child sexual abuse and advocating and influencing policy reform across the country</li> </ul>		

Apart from costing the benefits of the CAC's integrated service model, there are significant returns in terms of valuation of productivity improvements. The estimated value in terms of productivity savings ranged from a minimum of US\$67,368 and a maximum of US\$114,863. Without costing the psycho-social, parental capacity development, promotion of pro-social behaviour and personal development, and prevention of child sexual abuse, the analysis show significant return on investment.

Table 25: Valuation of Productivity Improvements due to CAC service model<sup>11</sup>

Stakeholder	Description of Productivity Improvements	Total hours (Min.)	Total hours Max.)	Total cost (US\$) (Min.)	Total cost (US\$) (Max.)
CPA	Time saved in making phone calls to different agencies to obtain complete information about the case, due to collaborative case reviews (626 cases) (calls to schools' welfare, parents, police, health, community member) (Min. 4 hours and Max. 6 hours)	2,504	3,756	\$12,220	\$18,329
	Time saved in identifying appropriate personnel from other agencies, such as Police detectives and health workers due to collaborative case planning and co-location of personnel from different agencies (schools' welfare, health, DPP, & Police) 626 cases (min. 0.6 hours and maximum 1 hours)	376	626	\$1,835	\$3,055
	Time saved due to better documentation of case information, each time a case is re-opened (Min. 0.25 hrs and max. 0.6)	156.5	375.6	\$764	\$1,833
GPF	Time saved in making phone calls to different agencies to obtain complete information about the case, due to collaborative case reviews (Min. 4 hours and Max. 6 hours)	2504	3756	\$12,220	\$18,329
	Time saved in identifying appropriate personnel from other agencies, such as CPA workers and health care workers due to collaborative case planning (Max .1 and min. 6)	376	626	\$1,835	\$3,055
Health Care	--Time saved in making phone calls to different agencies to obtain complete information about the case, due to collaborative case reviews (Max. 3 and min. 1hr)	626	1,878	\$3,055	\$9165
	--Time saved in identifying appropriate personnel from other agencies, such as CPA workers and GPF workers due to collaborative case planning Max .1 and min. 0.6)	376	626	\$1,835	\$3,055
	--Physician and nursing time is saved during sexual abuse exams and medical exams due to better child preparation using the child life specialist (Max 3hr and Min. 1hr)	626	1,878	\$3,055	\$9,165
Mental Health	Once mental health therapy is prescribed, the therapist's time is saved in making calls	2504	3756	\$12,220	\$18,329

<sup>11</sup> Data for 2020 using forensic interviews (626). The financial proxy used is the salary explorer median salary for Guyana US\$806/month. We use a 7.5 hours work day and average of 22 working days per month.

	to other agencies, parents, schools etc. to obtain complete information about the child's history (Max 6 hrs and min. 4 hrs)				
Children and families	Savings from calling CPA, Police, Medical personnel, DPP, sexual offence court (Max. 10 hrs and min 6 hrs)	3756	6,260	\$18,329	\$30,548
Total				\$67,368.00	\$114,863.00

### 9.6.3 Availability of Skills needed for implementation

The CACs had the required skillset for the delivery of integrated services to victims of child sexual abuse. The Centres targeted individuals with a minimum bachelor's degree in social work, Sociology, Psychology, and Behavioural Sciences. CACs have been conducting training for staff in trauma focused therapy and forensic interviewing. A major challenge is the frequent transfer of police officers and medical personnel who had received training. Aside training is continuous by the CAC.

## 10. CONCLUSIONS

The CAC implementation in Guyana to a great extent has been successful in achieving its objectives. On all the evaluation criteria, the CAC implementation has demonstrated very promising results in terms of relevance, effectiveness, efficiency, impact, sustainability, and value for money. In summary, this evaluation found that there has been significant progress made as beneficiaries, partners, and stakeholders all recognised the importance of CACs and their integrated service delivery model. The following are conclusions based on the findings of the evaluation.

### Relevance

**Conclusion 1:** The CAC model of integrated service delivery for child victims of sexual abuse and their families is harmony with Sustainable Development Goals (SDG) 3, 4, 5, 11, 16, and 17 by disrupting and preventing sexual abuse of children and providing broad child protection services for children who are victims of abuse in ways that are both gender sensitive and culturally grounded, safeguarding their rights and mental health, removing emotional barriers to continued education, building emotional stability and resilience, and promoting positive self-image, child development and wellbeing. The CACs work also raised awareness on adverse effects of VAC in communities thereby helping children and their families to be better informed, recognize, and report cases of sexual and other forms of violence against children.

**Conclusion 2:** Child Advocacy Centres are also important because they offer parents with education and awareness about abuse helping them to understand abuse including the signs of child abuse and how to protect their children.

### Effectiveness

**Conclusion 3:** There are several beneficial outcomes associated with the use of a CAC, such as increased collaboration, programme management and caregiver satisfaction, child and parent satisfaction with service delivery, and higher acceptance of cases for prosecution.

**Conclusion 4:** CAC eliminated the need for multiple interviews from staff of participating agencies. This was achieved through the coordination of Multidisciplinary teams (MDTs) of professionals working together to gather evidence, review cases, deliver high quality services, and address systemic problems. However, in a few instances, it was reported that a very small number of staff from a government agency were not following the protocol in every instance.

**Conclusion 5:** Overall, CACs, both at the operational and strategic levels, demonstrated that multidisciplinary involvement was essential in ensuring that the needs of children who are victims of sexual violence are identified, understood, and addressed.

**Conclusion 6:** A key to success has been partnership the CPA and two well established NGOs, ChildLink and Blossom. Blossom and ChildLink were able to establish partnerships with police and justice officials. Additionally, other factors crucial to the effectiveness and achievements of CACs success were their interdisciplinary teams/staff, including qualified professionals in the areas of social work and psychological counselling, and legal advocacy for children and victims of violence.

**Conclusion 7:** Counselling was the service delivery that benefited children and families the most. As CACs successfully supported children and families, the number of referrals made to CACs by institutions/agencies and self-referrals to CACs has significantly and steadily increased from 2015 to 2019, declined slightly in 2020 and increased again to 2021.

**Conclusion 8:** CACs have improved access to justice for children who experience violence and crimes, including improved access to justice for vulnerable and marginalized children. CACs improved access by increasing staff and mobilising more resources through partners such as UNICEF, Government of Guyana, and the EU. CACs also promote proper use of Forensic Interviews Rooms in cases involving children as victims.

**Conclusion 7:** The CACs have conducted numerous public education programmes annually that have yielded some positive results as it relates to community support for the prevention of child abuse; however, certain norms that are prevalent in communities are inimical to preventing child sexual abuse and making offenders accountable. Therefore, continued public education is necessary.

**Conclusion 8:** Expansion of CAC service will require commensurate increase in human and financial resources and skills and expertise to serve unique demographics such as children with disabilities and non-English speaking children and families.

## Impact

**Conclusion 9:** The CAC initiative has contributed to the overall goal of establishing integrated, multidisciplinary youth friendly services for child victims of sexual abuse in all the regions. The current initiative attained the target of establishing fully functioning standardised centres in eight regions. Lessons and experiences garnered from current implementation will contribute to establishing services in the remaining two (2) regions. Further, child victims of sexual violence benefited from access to integrated services providing psycho-social support, legal aid, etcetera.



### Sustainability

**Conclusion 10:** Current levels of sexual violence against children along with the importance of CAC in providing a comprehensive response covering recovery and access to justice make a strong case for sustaining CACs. Further, UNICEF and Government funding of the CAC are the predictable sources of revenue for CAC and are important to their sustainability.

**Conclusion 11:** Judging from the cost per service in the context of the duration and quantity and quality of engagements with child victims of sexual abuse, one can only conclude that resources are used efficiently by CACs.

**Conclusion 12:** There is need for an effective data compilation and retrieval system for CACs. This is essential for monitoring and efficiency in service provision and in tracking the long-term social outcomes of the CAC's intervention

### Efficiency

**Conclusion 13:** The recurring costs associated with the operations of the CACs demonstrate efficiency in procuring materials for operations. It also confirms that resources are not wasted.

### Value for Money

**Conclusion 14:** Without costing the psycho-social, parental capacity development, promotion of pro-social behaviour and personal development, and prevention of child sexual abuse, the analysis show significant return on investment.

## 11. LESSONS LEARNED

The following are the main lessons learned.

**Lesson 1:** An important lesson learned was that CACs make significant contribution to children and families, including helping them to access justice, psychologically recover from the trauma of experiencing sexual abuse, provide training for parents to better interact with their children. It was noted that children and parents/caregivers who access CACs would have experienced traumatic events that have caused them to suffer physical, psychological, emotional and spiritual harm, and even post-traumatic stress disorder (PTSD) in some cases. Failure to process and overcome trauma can have long-term negative impacts on children and parents/caregivers; thus, CACs work with children and families have helped to improve their well-being and minimize the risk of such long-term negative impacts.

**Lesson 2:** It was observed that working with boys was more challenging for CACs because boys were reluctant and tentative in discussing abuse. These initial hurdles have been overcome through patient confidence building approaches. An important lesson here is that there is need for continued efforts in mainstreaming gender in the training of forensic interviewers.

**Lesson 3:** Another lesson learned was that success of the CAC model of service in contingent on commitment and leadership on the part of NGO, the CPA and other government partners.

Important too is willingness of UNICEF to support the services of the CACs. Programmes such as these take time to demonstrate results and in eliminating the bottlenecks in service delivery. Persistence and patience are required from UNICEF and the implementing agencies work to improve programme standards.

**Lesson 4:** A key lesson learned was that a fully functioning CAC demands consistent and ongoing training and support on treatment interventions, including the use of trauma focused cognitive behaviour therapy, the laws on sexual violence in the country and on-the-job support to navigate the social, police, prosecutorial systems.

**Lesson 5:** For some cases referrals maybe needed to other specialised services where CAC does not have the capacity, and this becomes even more difficult in outlying areas where other services may not exist. CACs are also successful where they can make referrals for other services, such as birth registration, legal aid and social protection services.

**Lesson 6:** Consistent and adequate funding is a major issue as CACs costs are free, including the follow-up for court cases, which may take over one year to complete. At minimum CAC human resource requirement include a Forensic Interviewer, Counsellor, and Court Support Officer could accumulate to US\$2010 monthly. Added to this cost are materials and supplies, internet and phone cost, *inter alia*.

**Lesson 7:** The success of CACs is largely based on the success of other protocols at national level, including clinical guidelines for examining patients and protocols for police. It would be important for these to be imbedded in the CACs and vice versa.

## 12. RECOMMENDATIONS

The following recommendations are presented based on the evaluation findings.

### Relevance

**Recommendation 1:** CAC should formalise a blended approach (face-to-face and remote) to counselling child victims and their parents. PSE should be prepared in audio-visual format and shared with parents.

**Recommendation 2:** Efforts should be made to refer poor families of child victims for public assistance from the MHSSS and to fast-track applications and approval. Further, a system of providing CACs with advance funding using an ex-ante system of approval from the CPA for specific spending on special cases of poor families.

**Recommendation 3:** There is need for comprehensive public education programmes on the long-term impact of child sexual abuse and the benefits of intervention to promote children's recovery and access to justice. Efforts should also concentrate on involving communities in detecting and reporting sexual violence against children.

### Effectiveness

**Recommendation 4:** There should be an initial orientation for new officers working on the FIT especially those that were not exposed to working with children who are victims of sexual

violence.

**Recommendation 5:** The evaluation also recommends the immediate resuscitation of the MDT to address issues and bottlenecks in the CAC integrated service delivery model.

**Recommendation 6:** UNICEF should support the CACs in developing posters with key aspects of the integrated service delivery model for child victims of sexual violence.

**Recommendation 7:** Use of multimedia fora to highlight and discredit societal norms that are detrimental to child sexual abuse prevention.

**Recommendation 8:** UNICEF should continue to incorporate support for this successful child protection programme in their next programme cycle

**Recommendation 9:** Training in foreign language and communicating with hearing and speech impaired children is essential if the CAC is reach vulnerable groups equally. This should be an area of focus for UNICEF's support for the CACs

**Recommendation 10:** UNICEF representation should serve as an Ex Officio member of the MDT to provide technical advice and share internationally proven practices in child protection and access to justice.

**Recommendation 11:** CACs need to examine what barriers and bottlenecks exist that negatively affecting children's completion of counselling regime and develop solutions including blended approach of remote and face-to-face counselling where cost to get the centre is a challenge.

**Recommendation 12:** Based on the self-reports of successful outcomes for parents and children the MDT and donors should ensure that the CAC's model is sustained.

**Recommendation 13:** CACs management need to identify and articulate to the CPA, MDT, and UNICEF the increase cost required due to the rise in demand for service for action to be taken.

#### Sustainability

**Recommendation 14:** UNICEF should ensure that resources are made available annually for training to guarantee quality in service delivery are maintained.

**Recommendation 15:** There might be some indirect cost not included in the cost per service calculation, to get a picture of the true cost of their service CAC should seek to tally both direct and indirect costs associated with their service delivery.

**Recommendation 16:** Support should be provided to CAC to develop a system for data compilation and retrieval.

#### Efficiency

**Recommendation 17:** CAC should seek to further identify inefficient processes through participatory staff assessment. Once the relevant information has been collected, CAC should

seek to refine processes eliminating superfluous activities.

**Recommendation 18:** CACs should also seek to consolidate suppliers lists to leverage economies of scale in purchase. Forging meaningful and trusting relationships with a core group of preferred suppliers will result in improved and seamless service.

#### Value for Money

**Recommendation 19:** There is need for UNICEF to fund longitudinal research to value the achievements of long-term outcomes for children and families.

**Recommendation 20:** The substantial return on investment justifies current and future investment in access to justice and recovery for children who are victims of sexual abuse. Therefore, we recommend UNICEF's ongoing support for this intervention.

Annex F provides a summary of the recommendations along with time frame for implementation and priority.

## REFERENCES

- Adams, Errol. 2020. *Guyana Law and Legal Research*. Accessed August 25, 2021. <https://www.nyulawglobal.org/globalex/Guyana.html>.
- Bureau of Statistics - Guyana. 2016. *Population and Housing Census*. Georgetown, 14 November.
- Bureau of Statistics, Ministry of Public Health and UNICEF. 2015. *Guyana Multiple Indicator Cluster Survey 2014, Final Report*. Georgetown: Bureau of Statistics, Ministry of Public Health and UNICEF.
- CARICOM. 2012. *Regional Framework for Action for Children*. Accessed September 14, 2021. [http://caricom.org/documents/13088-rfac\\_-chile\\_\(final\).pdf](http://caricom.org/documents/13088-rfac_-chile_(final).pdf).
- Chandler, N. 2000. *Best Practices for Establishing a Children's Advocacy Centre*. Washington, DC: National Children's Alliance.
- Child Rights International Network. 2015. *Access to Justice for Children: Guyana*. White & Case LLP. Accessed July 29, 2021. [https://archive.crin.org/sites/default/files/guyana\\_access\\_to\\_justice\\_-\\_revised\\_aug\\_2015\\_0.pdf](https://archive.crin.org/sites/default/files/guyana_access_to_justice_-_revised_aug_2015_0.pdf).
- Contreras-Urbina, Manuel, Angela Bourassa, Roxanne Mayers, Junior Ovince, Ruth Rodney, and Sireesha Bobbili. 2019. *Guyana Women's Health and Life Experience Survey Report*. New York: UN Women.
- CPA. 2016. *Childcare and Protection Agency: Annual Report 2015*. Georgetown: Childcare and Protection Agency, Ministry of Social Protection.
- Crime and Social Observatory. 2013. *Drug Use Among Secondary School Students in Guyana*. Georgetown: Ministry of Home Affairs.
- George, Roxane. 2010. *Protecting the Children of Guyana*. Help and Shelter. <http://www.hands.org.gy/newlegislation>.
- Glaser, Barney, and Anselm Strauss. 2006. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. London: Aldine Transaction.
- Government of Guyana. 2021. *Guyana's Low Carbon Development Strategy 2030*. Georgetown: Government of Guyana.
- Guyana Chronicle. 2021. "Child abuse cases exceed 3,000 at the end 2020." *Guyana Chronicle*, 25 January. Accessed August 23, 2021. <https://guyanachronicle.com/2021/01/25/child-abuse-cases-exceed-3000-at-the-end-2020/>.
- . 2019. "Safeguarding the rights and welfare of Guyana's children." 31 March. Accessed July 29, 2021. <https://guyanachronicle.com/2019/03/31/safeguarding-the-rights-and-welfare-of-guyanas-children/>.
- Henry, Clement. 2019. "Poverty and Human Security in Guyana." In *Unmasking the State: Politics, Society and Economy in Guyana 1992-2015*, edited by A Bulkan and A Trotz, 236-268. Kingston: Ian Randle.
- Iqbal, Mohib, Harrison Bardwell, and David Hammond. 2021. "Estimating the Global Economic Cost of Violence: Methodology Improvement and Estimate Updates." *Defence and Peace Economics* 32 (4): 403-426.
- Kertzious, Margaret, Hazel Halley-Burnette, and Anand Persaud. 2012. *The Guyana Partnership for Human Rights Alternative Report June 2012*. Georgetown: Guyana Partnership for Human Rights.
- Ministry of Finance. 2021. *Estimates of the Public Sector: Current and Capital Revenue and Expenditure for the Year 2021*. Georgetown: Ministry of Finance, Guyana.
- Ministry of Finance. 2019. *Guyana First National Review*. High-level Political Forum on Sustainable Development, Georgetown: Ministry of Finance.
- MSP. 2016. *National Protocol for Child Advocacy Centres Multi-Disciplinary Teams*. Georgetown: Ministry of Social Protection.
- Pan American Health Organisation (PAHO). 2017. *Adolescent and Youth Health: 2017 Country Profile Guyana*. Accessed September 14, 2021. doi:<https://www.paho.org/adolescent-health->

- report-2018/images/profiles/Guyana-PAHO%20Adolescents%20and%20Youth%20Health%20Country%20Profile%20V5.0.pdf.
- Pence, D, and C Wilson. 1994. "Reporting and investigating child sexual abuse." *The Future of Children* 4: 70-83.
- Pereznieto, Paola, Andres Montes, Lara Langston, and Solveig Routier. 2014. *Children may experience immediate physical injuries, psychological harm against children*. September. Accessed August 23, 2021. <https://childfundalliance.org/wp-content/uploads/2014/10/ODI-Policy-Brief.-The-cost-and-economic-impact-of-violence-against-children.pdf>.
- Stabroek News. 2020. "Ali says children's rights are gov't priority." 22 November. Accessed September 14, 2021. <https://www.stabroeknews.com/2020/11/22/news/guyana/ali-says-childrens-rights-are-govt-priority/>.
- . 2020. "Sexual Offence Courts yield speedier Trials, follow through on Complaints." *Stabroek News*, 29 November. Accessed August 23, 2021. <https://www.stabroeknews.com/2020/11/29/news/guyana/sexual-offence-courts-yield-speedier-trials-follow-through-on-complaints/>.
- Supreme Court of the Judicature. 2016. *Supreme Court of the Judicature Annual Report 2015*. Accessed August 25, 2021. [https://parliament.gov.gy/documents/documents-laid/5772-annual\\_report\\_of\\_the\\_supreme\\_court\\_of\\_judicature\\_for\\_the\\_year\\_ended\\_31st\\_december,\\_2015.pdf](https://parliament.gov.gy/documents/documents-laid/5772-annual_report_of_the_supreme_court_of_judicature_for_the_year_ended_31st_december,_2015.pdf).
- Thompson, Akola. 2020. "Minority Report: Child marriages & the girl child." *Stabroek News*, 17 July. Accessed August 23, 2021. <https://www.stabroeknews.com/2020/07/17/features/the-minority-report/child-marriages-the-girl-child/>.
- UN. 1989. "Convention on the Rights of the Child." *Treaty Series* 1577 (3).
- UNDP. 2020. *The Next Frontier: Human Development and the Anthropocene*. Accessed August 5, 2021. [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/GUY.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/GUY.pdf).
- UNEG. 2016. *Norms and Standards for Evaluation*. New York:: United Nations Evaluation Group.
- . 2020. *UNEG Ethical Guidelines for Evaluation*. Accessed June 30, 2021. <http://www.unevaluation.org/document/detail/2866>.
- UNICEF. 2019a. *A Profile of Child Marriage and Early Unions in Latin America and the Caribbean*. UNICEF.
- . 2020a. *Action to End Child Sexual Abuse and Exploitation: A Review of the Evidence*. New York: UNICEF.
- . 2015. *Child Protection Overview*. December. <https://data.unicef.org/topic/child-protection/overview/>.
- . 2016. *Country Programme Document: Guyana and Suriname*. Georgetown: UN.
- . 2020b. *Evaluation of Child Advocacy Centres Supported by UNICEF Bulgaria*. UNICEF. <https://www.unicef.org/bulgaria/media/9436/file/BGR-evaluation-of-child-advocacy-centers-ENG.pdf>.
- . 2019b. *Study of Social Norms in Guyana As It Pertains to Sexual, Physical and Emotional Violence against Children*. Georgetown: United Nations Children's Fund.
- . 2017. *The Guyana Out-of-School Children Study*. Georgetown: United Nations Children's Fund (UNICEF).
- . 2016. *The Situation Analysis of Children and Women in Guyana*. Georgetown: United Nations Children's Fund (UNICEF).
- . 2004. *UNICEF Evaluation Report Standards*. New York: UNICEF.
- Whitcomb, D. 1992. *When the Victim is a Child: Issues for Judges and Prosecutors*. 2. Washington, DC: Report for the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.
- World Bank. 2021a. *Data*. Accessed August 4, 2021. <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD.ZG?end=2020&locations=GY&start=1961&view=chart>.

- . 2021b. *The World Bank in Guyana*. Accessed August 4, 2021.  
<https://www.worldbank.org/en/news/factsheet/2020/09/02/the-world-bank-in-guyana>.

## Annex A: Theory of Change

<b>IMPACT</b> <ul style="list-style-type: none"><li>■ To create a model of integrated service applicable to all regions in Guyana to meet the complex needs of children suffering and witnessing violence and eliminate its consequences.</li><li>■ Children victims of violence benefit from efficient child protection and judicial systems and have access to integrated services providing psycho-social support, legal aid, etcetera.</li></ul>
<b>OUTCOMES –</b> <ul style="list-style-type: none"><li>■ By 2018, children victims of violence in four pilot regions (2, 3, 4, and 5) receive multidisciplinary support in integrated services.</li><li>■ By 2018, pilot services in regions 2, 3, 4, and 5 influence legislation and policies on national level.</li><li>■ By 2021, relevant sectoral systems engaged in prevention and response to VAC deliver prompt and effective services.</li></ul>
<b>INTERMEDIATE OUTCOMES/RESULTS</b> <ul style="list-style-type: none"><li>■ Raised awareness on adverse effects of VAC;</li><li>■ Developed methodology for integrated service for children victims of violence</li><li>■ Piloted integrated services for children victims of violence in regions 1, 2, 3, 4, 5, 6, 7, and 10 of Guyana</li><li>■ Children and families are better informed, recognize and report cases of VAC</li><li>■ Professionals (teachers, social workers, police officers, prosecutors, judges) cooperate and coordinate actions following the best interests of children victims of violence</li></ul>
<b>OUTPUTS</b> <ul style="list-style-type: none"><li>■ National communication and fundraising campaign have raised the awareness on adverse effects of VAC in general public, children, parents and professionals and funds for pilot intervention.</li><li>■ Children, adolescents, their parents and families in Regions 1, 2, 3, 4, 5, 6, 7, and 10 are aware of different types and forms of VAC and where to seek professional help.</li><li>■ Local authorities in regions 1, 2, 3, 4, 5, 6, 7, and 10 are able to identify and refer children victims of violence to services. –</li><li>■ Cross-sectoral cooperation and coordination in regions 1, 2, 3, 4, 5, 6, 7, and 10 is strengthened. –</li><li>■ Child Protection system in regions 1, 2, 3, 4, 5, 6, 7, and 10 is better equipped to respond to VAC in regions 1, 2, 3, 4, 5, 6, 7, and 10</li><li>■ In regions 1, 2, 3, 4, 5, 6, 7, and 10 child sensitive investigation and hearing/ forensic interviewing is implemented in VAC cases.</li><li>■ Children victims of violence benefit from professional legal aid.</li></ul>
<b>INPUTS</b> <p>Coordination; Finances; Materials; Equipment, Human resources for programme implementation, management, coordination, training, monitoring</p>



and reporting.

**ENABLERS**

Governance; People; Knowledge and information systems; Management; Partnerships; Community participation.

**STRATEGIES:**

- Advocating for legal reform -Fostering an enabling legal and policy framework for prevention, identification and response to VAC cases.
- Building awareness among the public, children, parents and professionals on VAC
- Educating and mobilizing parents, families, teachers and community members to change attitudes and behaviours towards VAC
- Strengthening child protection and justice systems -Strengthening the capacity of the professionals to improve coordination in VAC cases

Developing, piloting and promoting integrated services to support children victims and witnesses and their parents

**PROBLEM:**

Children victims of violence do not have access to specialized services targeting VAC and suffer additional pain and suffering because of the lack of effective cooperation between the systems – child protection, police, justice, healthcare, educational system.

Annex B: Evaluation Matrix

Evaluation Criteria and Questions	Indicators	Data Sources	Methods of Data Collection
<b>Relevance (refers to the extent to which the aid activity is suited to the priorities and policies of the target group, recipient, and donor)</b>			
1.A. To what extent Child Advocacy Centres (objectives, strategies, activities, etc.) are aligned with government policy priorities, policies, agendas and reforms in the areas of prevention and response to VAC?	1.a.1. Type of ways that Child Advocacy Centres are in line with national priorities (e.g. policies, agendas and reforms) in areas of prevention and response to VAC (Qualitative) 1.a.2. % of key stakeholders confirming that Child Advocacy Centres are in line with the national priorities (Quantitative)	UNICEF strategic reports and CPD (2015-2019) 2030 Sustainable Development Agenda UNICEF CO annual reports UNICEF CO staff National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
1.B. To what extent Child Advocacy Centres and their approaches to delivery of support are evidence-based, and correspond to and address the actual needs of children, families and communities in the three regions and nationally?	1.b.1. Type of ways that Child Advocacy Centres and their approaches of support correspond with to and address actual needs of children, families, and communities (Qualitative) 1.b.2. % of key stakeholders who confirm Child Advocacy Centres approaches address the actual needs of children, families and communities (Quantitative) 1.b.3. % of beneficiaries who confirm Child Advocacy Centres approaches address the actual needs of children, families and communities (Quantitative)	Project documents UNICEF CO staff National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents Interviews Children interviews
1.C. To what extent the services are important for and relevant to the needs of children, families, and communities in the three regions and nationally?	1.c.1. Type of ways that services are important for and relevant to the needs of children, families and communities (Qualitative) 1.c.2. % of key stakeholders who confirm Child Advocacy Centres approaches address the actual needs of children, families and communities (Quantitative)	UNICEF CPDs for Guyana UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews

	<b>1.c.3.</b> % of beneficiaries who confirm Child Advocacy Centres approaches address the actual needs of children, families and communities (Quantitative)		
<b>1.D.</b> To what extent the services are important for and relevant to the needs of the most vulnerable children and families?	<b>1.d.1.</b> Ways in which services are important for and relevant to the needs of the most vulnerable children and families (Qualitative) <b>1.d.2.</b> % of key stakeholders who maintain services are important to vulnerable children and families, similar to themselves (Qualitative) <b>1.d.3.</b> % of beneficiaries who maintain services are important to vulnerable children and families, similar to themselves (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>1.E.</b> Is the design of the model services and activities appropriate for achieving the intended results and outcomes?	<b>1.e.1.</b> Type of ways in which design of the model services and activities are appropriate for achieving the intended results and outcomes (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>1.F.</b> Has the model service design and implementation been aligned with CRC principles of non-discrimination, best interests of the child, the right to life and participation, HRBA and gender mainstreaming to programming? Did this contribute to HRBA and gender mainstreaming?	<b>1.f.1.</b> Type of ways the model service design has been aligned with CRC principles of non-discrimination, best interests of the child, the right to life and participation, HRBA and gender mainstreaming to programming (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>Effectiveness (refers to the measure of the extent to which an aid activity attains its objectives)</b>			
<b>2.A.</b> Have the services achieved or are likely to achieve the planned objectives? To what	<b>2.a.1.</b> Ways in which services achieved or are likely to achieve each of the planned objectives (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews

extent the objectives are realistic?	<b>2.a.2.</b> % of key stakeholders who recognize services achieved or are likely to achieve each of the planned objectives (Quantitative)	Parents Children	Parents interviews Children interviews
<b>2.B.</b> To what extent the target groups have been reached? Have the services been able to reach out to the most vulnerable groups of children and families?	<b>2.b.1.</b> # and type of ways that target groups have been reached, including the most vulnerable groups of children and families (Quantitative/Qualitative) <b>2.b.2.</b> Types of target groups reached by services (Qualitative) <b>2.b.3.</b> % of key stakeholders who recognize services have been able to reach out to vulnerable groups and children and families (Quantitative)	UNICEF project documents Centre data UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review Administrative data UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>2.C.</b> What are the key benefits for children and families who received support from the services? Are different groups (based on ethnicity, socio-economic status, urban-rural residence, children with special needs, etc.) benefitting to the same extent from the services?	<b>2.c.1.</b> Types of key benefits received by children and families who received support from the services (Qualitative) <b>2.c.2.</b> % of beneficiaries who maintain they benefit from the services received (Quantitative)	UNICEF project documents Centre data UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review Administrative data UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>2.D.</b> What factors affected the effectiveness of the services and their impact on families and children, particularly in relation to the most vulnerable families and children?	<b>2.d.1.</b> Type of factors and/or issues reported by duty bearers and individual rights holders that have impeded and/or sustained achievements of the Child Advocacy Centres and their impact on families and children (Qualitative)	UNICEF CO staff interviews National partners/key stakeholders Parents Children	UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>2.E.</b> What factors (e.g., political, cultural, social, gender, service design, implementation, and professional practices) were crucial for the achievement or	<b>2.e.1.</b> Type of factors and/or issues reported by duty bearers and individual rights holders that have been crucial for the achievement or failure to achieve the service objectives (Qualitative)	UNICEF CO staff interviews National partners/key stakeholders	UNICEF CO Interviews Partner/Key Stakeholder Interviews

failure to achieve the service objectives in the three regions?			
<b>2.F.</b> Have services provided any additional or unintended significant contributions or effects on families and children, including vulnerable families and children?	<b>2.f.1.</b> Type of additional or unintended contributions or effects on families and children reported by duty bearers and individual rights holders (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>2.G.</b> How effective were the capacity building activities for staff of the services?	<b>2.g.1.</b> % of Child Advocacy Centre staff who maintained the capacity building activities were effective (Quantitative) <b>2.g.2.</b> % of beneficiaries who recognized the abilities of Child Advocacy Centre staff to be responsive to and communicate with them, and to address their needs (Quantitative)	National partners/key stakeholders	Partner/Key Stakeholder Interviews
<b>Efficiency (measures the outputs – (qualitative and quantitative -- in relation to the inputs)</b>			
<b>3.A.</b> To what extent has UNICEF and implementing partners used the available human, financial and technical resources in the most efficient manner?	<b>3.a.1.</b> Type of efficient managerial structures identified by UNICEF and their partners, and what made them efficient (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>3.B.</b> Would there have been a more cost-effective way to achieve the expected results?	<b>3.b.1.</b> Type of ways, if any, that expected results could be achieved in a more cost-effective way (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>3.C.</b> How well establishment and implementation of services was planned and managed?	<b>3.c.1.</b> Type of strategies and actions utilized to establish and implement planned services (Qualitative).	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews

<p><b>3.D.</b> Were the services coordinated with other similar programme interventions, including UNICEF interventions (e.g., Family Consultative Centres established in Shumen and Montana with UNICEF support), to encourage synergies and avoid overlap? Was there any overlap of efforts?</p>	<p><b>3.d.1.</b> Type of services coordinated with other similar programme interventions and the benefits of such coordination (Qualitative)  <b>3.d.2.</b> % of key stakeholders who recognize coordination of services and the benefits of such coordinated services (Quantitative)  <b>3.d.3.</b> % of beneficiaries who recognize coordination of services on their behalf and the benefits of such coordinated services (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review  UNICEF CO Interviews  Partner/Key Stakeholder Interviews</p>
<p><b>3.E.</b> To what extent data collection and monitoring activities performed by UNICEF CO informed and contributed to improving implementation of project activities and achievement of results?</p>	<p><b>3.e.1.</b> M&amp;E reports produced to report on and/or assessed UNICEF’s project activities and achievement of results (Qualitative)  <b>3.e.2.</b> Data produced that document improved implementation of project activities and achievement of results (Quantitative/Qualitative)</p>	<p>UNICEF project documents Centre data UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review  Administrative data  UNICEF CO Interviews  Partner/Key Stakeholder Interviews</p>
<p><b>Impact (refers to the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended)</b></p>			
<p><b>4.A.</b> To what extent did the services contribute to long-term positive changes in well-being of children and their parents? Are there any differences in terms of the impact on the most vulnerable children and families?</p>	<p><b>4.a.1.</b> % of beneficiaries who rate the quality of services received as very good and effective (Quantitative)  <b>4.a.2.</b> % of beneficiaries who confirmed services helped to improve their situation and well-being (Quantitative)  <b>4.a.3.</b> Type of impacts and differences produced by services on well-being of children and their parents (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders  Parents  Children</p>	<p>Desk review  UNICEF CO Interviews  Partner/Key Stakeholder Interviews  Parents interviews  Children interviews</p>
<p><b>4.B.</b> To what extent did the services contribute to increasing parent and community demand for such services, including of the most</p>	<p><b>4.b.1.</b> % of key stakeholders and beneficiaries who maintain services contribute to increased parent and community demand for such services (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders  Parents</p>	<p>Desk review  UNICEF CO Interviews  Partner/Key Stakeholder Interviews  Parents interviews</p>

vulnerable groups? Are there any differences in the impact in the three pilot regions?	<b>4.b.2.</b> Type of impact services have on parents and community demand for such services (Qualitative)	Children	Children interviews
<b>4.C.</b> To what extent and in which areas the services had significant impact? Are there any sub-group differences?	<b>4.c.1.</b> % of duty bearers and rights holders who document the impact of services in select areas of psycho-social support, legal aid and advocacy, and recovery and rehabilitation (Quantitative) <b>4.c.2.</b> Type of impacts identified by duty bearers and rights holders (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>4.D.</b> What factors favourably or adversely affected the impact of the services on children and parents, including on the most vulnerable?	<b>4.d.1.</b> Type of factors that duty bearers and rights holders identified as both favourably and/or adversely affecting the impact of services on children and parents (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>4.E.</b> To what extent the services are recognised by target groups, and the population in general in the three regions?	<b>4.e.1.</b> % of beneficiaries who recognize the benefits, impact and quality of services on children, families and communities (Quantitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews
<b>4.F.</b> What worked and what did not work to reduce inequities (in child outcomes, access to and utilisation of essential service, etc.)? What are the reasons for this? child outcomes, access to and utilization of essential	<b>4.f.1.</b> Type of factors that helped to reduce inequities in services (Qualitative) <b>4.f.2.</b> % of key stakeholders and beneficiaries who recognize improved access to and utilization of essential services (Quantitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>Sustainability (Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn)</b>			
<b>5.A.</b> To what extent has UNICEF been able to support its partners in developing	<b>5.a.1.</b> Type of capacity building trainings and technical expertise provided by UNICEF to partners, and the impact it has had on their work	UNICEF project documents UNICEF CO	Desk review

capacities and establishing mechanisms to ensure ownership of the services on both national and sub-national levels?	with vulnerable children and families. (Qualitative) <b>5.a.2.</b> # of service providers in the 3 target areas that benefited from the capacity building trainings and technical expertise. (Quantitative)	staff interviews National partners/key stakeholders	UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>5.B.</b> Are legal, institutional and financial mechanisms established to ensure sustainability of the Child Advocacy and Support Centres? Are conditions established to ensure the quality of services (e.g., service standards, training, supervision mechanisms, etc.)?	<b>5.b.1.</b> Type of legal, institutional, and financial mechanisms established to ensure sustainability of the Child Advocacy Centres (Qualitative) <b>5.b.2.</b> Type of conditions established to ensure the quality of services, and the perceived impact of those conditions (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>5.C.</b> What are the key factors that can positively or negatively influence the institutionalisation and long-term financial sustainability of the services?	<b>5.c.1.</b> Type of key factors that can positively and/or negatively influence the institutionalization and long-term financial sustainability of the service (Quantitative/Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>5D.</b> What specific recommendations could be given that would contribute to the sustainability of the services, both financial and institutional?	<b>5.d.1.</b> # of recommendation offered to contribute to the sustainability of the services (Quantitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
<b>5.E.</b> How sustainable are the results achieved for children?	<b>5.e.1.</b> % of key stakeholders who recognize the sustainability of results achieved for children (Qualitative) <b>5.e.2.</b> Ways in which key stakeholders and individual rights holders see sustainability of the results achieved for children (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews



	<b>5.e.3.</b> % of beneficiaries who recognize results achieved for children (Quantitative)		
<b>5.F.</b> What conditions need to be put in place to ensure the provision of quality specialised prevention and response to VAC services, and results for children and parents in terms of resources (human, financial, material), human resource development, institutional linkages within the child protection system and with other sectors, etc.)?	<b>5.f.1.</b> # and type of conditions that need to be put in place to ensure the provision of quality specialized prevention and response to VAC services and results for children and families (Quantitative/Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents Interviews Children interviews
<b>Value for money criteria</b> <b><i>Economy</i> relates to the price at which inputs are purchased and <i>cost-efficiency</i> focuses on the relationship between the costs of a social transfer programme and the value of the transfers delivered to beneficiaries.</b>			
6.A Were supplies for this programme procured and transported to the centres and were alternatives assessed and was the best alternative used?	6.a.1 Adherence to UNICEF procurement guidelines when procuring goods and services for programmatic activities (Qualitative)	UNICEF project documents UNICEF CO staff interviews	Desk review UNICEF CO staff interviews
6.B How, if at all, were the resources allocated by the Child Protection Agency, compensate for any shortfall in the inputs for the CACs programme? What could have been done differently?	<b>6.b.1 Savings from joint programme procurement (Quantitative)</b>  6.b.2 Nature of implementing partners' contribution (Qualitative/Quantitative)	UNICEF project documents UNICEF CO staff interviews Administrative documents	Desk review UNICEF CO staff interviews
6.C What were the mechanisms used for cash transfers for this programme and were cash transfers and other support provided equitably?	<b>6.c.1 Extent of compliance with programme guidelines (Qualitative)</b>	UNICEF project documents UNICEF CO staff interviews Administrative documents	Desk review UNICEF CO staff interviews

<p>6D What were the <b>direct and indirect; tangible and intangible; costs</b> of the CAC services and how have these costs changed as the initiative matured?  - Using VfM calculations, determine the benefit and or utility received by each category of beneficiaries, at the various costs? How did benefit increase at the injection of additional resources? What is the threshold of cost-benefit for this programme?</p>	<p><b>6.d.1 Value of inputs (Quantitative)</b></p> <p><b>6d.2 Cost benefit ratio (Quantitative)</b></p> <p>6.d.3 Cost-budget ratio (Quantitative)</p> <p>Ratio of overheads to programme expenditure for the duration of a partnerships (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews  Administrative documents</p>	<p>Desk review  UNICEF CO staff interviews</p>
<p>6E What are the social returns on investment for the CAC services?</p>	<p><b># and types of services rendered (Quantitative)</b></p> <p>Performance-target ratio</p> <p>Satisfaction with service (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews  Administrative documents</p>	<p>Desk review  UNICEF CO staff interviews</p>
<p>6F To what extent were the demands for the skills to implement these services met?</p>	<p><b># of and types of training programme for MDT (Quantitative/Qualitative)</b></p> <p>Type of cooperation arrangements that were identified as efficient and effective (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews  Administrative documents</p>	<p>Desk review  UNICEF CO staff interviews</p>

## Annex C: Stakeholder Analysis

Human Rights Role	Target Groups	Role in Intervention	Mandate Area(s)	Thematic Areas
Duty bearers with decision-making authority related to the intervention (e.g., government officials, leaders, funding agency)	UNICEF Guyana	Funder Programme Management	Normative, Operational, Coordination	Cross-cutting
	Ministry of Human Services & Social Security	Co-Funder Programme Management	Normative, Operational, Coordination	Cross-cutting
	Childcare & Protection Agency	Programme Management	Normative, Operational, Coordination	Cross-cutting
	European Union	Co-Funder Programme Oversight	Normative, Operational	Cross-cutting
	ChildLink Guyana	Partner Programme Beneficiary	Normative, operational	Cross-cutting
	Blossom Inc.	Partner Programme Beneficiary	Normative, operational	Cross-cutting
<b>Duty bearers with direct responsibility for the intervention (e.g., funding agency, programme managers, partners and staff members)</b>	UNICEF Guyana	Programme Management	Normative, Operational, Coordination	Cross-cutting
	Ministry of Human Services & Social Security	Programme Management	Normative, Operational, Coordination	Cross-cutting
	Childcare & Protection Agency	Programme Management	Normative, Operational, Coordination	Cross-cutting
	ChildLink Guyana	Programme Management	Normative, Operational, Coordination	Cross-cutting
	Blossom Inc.	Programme Management	Normative, Operational, Coordination	Cross-cutting
	Ministry of Home Affairs	Partner Programme Beneficiary	Normative, operational	Cross-cutting
	Ministry of Health	Partner Programme Beneficiary	Normative, operational	Cross-cutting
	Department of Public Prosecution	Partner Programme Beneficiary	Normative, operational	Cross-cutting
<b>Individual rights holders (who are the intended and</b>	Childcare & Protection Agency	Primary Beneficiary	Operational	Social service delivery

Human Rights Role	Target Groups	Role in Intervention	Mandate Area(s)	Thematic Areas
<b>unintended beneficiaries of the intervention</b>	Guyana Police Force	Primary Beneficiary	Operational	Police
	Department of Public Prosecution	Primary Beneficiary	Operational	Justice
	Courts/Judiciary	Primary Beneficiary	Operational	Justice
	Ministry of Health	Primary Beneficiary	Operational	Health
	Ministry of Education	Primary Beneficiary	Operational	Education
	Regional Chairperson & Mayors	Primary Beneficiary	Operational	Cross Cutting
	Toashaos of Indigenous Communities	Primary Beneficiary	Operational	Cross Cutting
	Child Victims of sexual abuse	Primary Beneficiary	Operational	Social Services
	Non-offending parents/guardians of child victims	Primary Beneficiary	Operational	Social Services
<b>Other interest groups who are not directly participating in the intervention but have strategic technical inputs into the intervention</b>	CARICOM	Interested partner	Normative Programme	Cross Cutting
	Rights of the Child Commission	Interested partner	Normative Programme	Cross Cutting
	Help and Shelter	Interested partner	Normative Programme	Cross Cutting
	Citizen Security Strengthening Programme	Interested partner	Normative Programme	Cross Cutting
	Ministerial Task Force on Trafficking in Persons	Interested partner	Normative Programme	Cross Cutting

## Annex D: Update on the Indicators of Relevance

Indicators	Indicators Status	Evidence Source(s)
<i>Relevance (refers to the extent to which the aid activity is suited to the priorities and policies of the target group, recipient, and donor)</i>		
<p>1.a.1. Type of ways that Child Advocacy Centres are in line with national priorities (e.g. policies, agendas and reforms) in areas of prevention and response to VAC (Qualitative)</p> <p>1.a.2. % of key stakeholders and partners confirming that Child Advocacy Centres are in line with the national priorities (Quantitative)</p>	<p>Deliver integrated services to child victims of sexual abuse and their families has been in line with Government of Guyana priorities to improve child protection system, respond appropriately to abuse and violence against children, and enhance the monitoring of child rights.</p> <p>100% of partner and stakeholder believed that the CACs are in line with national priorities</p>	<p>Desk Review National Protocol CAC, FGD, &amp; KII</p> <p>KII &amp; FGD</p>
<p>1.b.1. Type of ways that Child Advocacy Centres and their approaches of support correspond with to and address actual needs of children, families, and communities (Qualitative)</p> <p>1.b.2. % of key stakeholders who confirm Child Advocacy Centres model of service addressed the actual needs of children, families and communities (Quantitative)</p> <p>1.b.3. % of beneficiaries who confirm Child Advocacy Centres model of service addressed the actual needs of children, families and communities (Quantitative)</p>	<p>Providing comprehensive child protection service in what ways the beneficiaries are safeguarded. Trauma focus therapy, parenting skills training, child friendly and gender and culturally sensitive forensic interviewing conducted by a multi-disciplinary team, respect for rights and consideration of the best interest of the child, and referral system for additional services. Increase chances of prosecution of offender.</p> <p>100% of partners and stakeholders</p> <p>Both boys and girls combined: 97% Girls: 100% Boys: 82% Parents: 94%</p>	<p>KII &amp; FGD</p> <p>KII &amp; FGD</p> <p>Survey of Parents &amp; Children</p>

Indicators	Indicators Status	Evidence Source(s)
1.c.1. Type of ways that services are important for and relevant to the needs of children, families and communities (Qualitative)	Counselling, forensic interviews, legal support and referrals were useful in helping child victims of sexual abuse deal with their situation.	KII, FGD, & Surveys of Children & Parents
<p>1.d.1. Mean score of key stakeholders and partners who perceive that the CAC model of service is important to vulnerable children and families, similar to themselves (&gt; 7) (Quantitative)</p> <p>1.d.2. Mean score of child beneficiaries who maintain that the CAC model of service is important to vulnerable children and families, similar to themselves (Quantitative)</p>	<p>Mean score of 10 on a scale of 1-10</p> <p>Combined 8.7</p> <p>Girls: 8.8</p> <p>Boys: 7.9</p>	<p>KII, FGD</p> <p>Survey of Children</p>
1.e.1. Type of ways in which design of the model services and activities are appropriate for achieving the intended results and outcomes (Qualitative)	The CACs provide a safe space with trained forensic interviewers and counsellors to record the child statement of sexual abuse and provide trauma-based counselling to aid in the healing from sexual abuse. The counselling process includes the parents to improve care and reduce revictimization. Training programmes with teachers and other professionals that work with children to help them identify child sexual abuse. Awareness raising programmes and multidisciplinary teams bring attention to the issue of child abuse. Counselling and parental skills training help children and families to be better informed and able to recognize and report cases of VAC.	KII, FGD, & Surveys of Children & Parents
1.f.1. Type of ways the model service design has been aligned with CRC principles of non-	Professionals cooperate and coordinate actions following the best interests of children victims of violence	KII, FGD, & Surveys of Children & Parents

Indicators	Indicators Status	Evidence Source(s)
discrimination, best interests of the child, the right to life and participation, HRBA and gender mainstreaming to programming (Qualitative)		

## Annex E: Summary on the status of indicators of effectiveness

Effectiveness (refers to the measure of the extent to which an aid activity attains its objectives)		
Indicators	Indicators Status	Evidence Source(s)
2.a.1. Ways in which services achieved or are likely to achieve each of the planned objectives (Qualitative)	<p>CAC eliminated the need for multiple interviews from staff of participating agencies.</p> <p>The CACs, both at the operational and strategic levels, demonstrated that multidisciplinary involvement was essential in ensuring that the needs of children who are victims of sexual violence are identified, understood, and addressed.</p> <p>The CACs provide child victims with access professional interviewing, trauma focused counselling, and emotional and court support as part of their suite of assistance.</p> <p>The CACs conduct public education programmes annually that have yielded some positive results as it relates to community support for the prevention of child abuse.</p>	<p>KII, FGD</p> <p>KII</p> <p>KII, FGD, Children &amp; Parent Surveys, &amp; Administrative Data</p> <p>Administrative data, KII, &amp; FGD</p>
<p>2.b.1. Types of target groups reached by services (Qualitative)</p> <p>2.b.3. % of key stakeholders and Partners who recognize services have been able to reach out to vulnerable groups and children and families (Quantitative)</p>	<p>Poor, ethnic minorities, and migrant children and their families, hinterland children and families, Urban children and families, Rural children and families, Children with disabilities, Children with special needs, Separated and/or unaccompanied children, Children living in residential institutions, Children living in foster care.</p> <p>96% of stakeholders and partners felt that CAC reached vulnerable children and families (% of respondent scoring CAC with a mean &gt; 7)</p>	<p>KII, FGD, &amp; parents &amp; children survey</p> <p>KII &amp; FGD</p>
2.c.1. Types of key benefits received by	One-stop services for child victims of sexual abuse	KII & FGD



<p>children and families who received support from the services (Qualitative)</p> <p>2.c.2. % of beneficiaries who maintain they benefit from the services received (Quantitative)</p>	<p>Psycho-social support Trauma focused counselling Parental skills training Legal support</p> <p>95% of said that Child Advocacy Centre (Blossom/Child Link) helped them feel better and recover from what they experienced.</p>	<p>Children survey</p>
<p>2.d.1. Type of factors and/or issues reported by duty bearers and individual rights holders that have impeded and/or sustained achievements of the Child Advocacy Centres and their impact on families and children (Qualitative)</p>	<p>CACs included guidance and support for child victims and their families in court proceedings, regular training of officers, committed staff members, donor support, and partnerships are some enablers and critical success factors related to CACs effectiveness.</p> <p>Frequent transfer government officers involved in the supply of services to child victims of sexual abuse.</p> <p>Additionally, “there limited amounts of rape kits and the constant need for training of medical officers in the use of the rape kits are barriers and challenges in service provision.” Even though a rarity, it was explained by a partner “that some professional still question children about the abuse outside of forensic interviews.”</p>	<p>KII , FGD</p> <p>KII, FGD</p>
<p>2.e.1. Type of factors and/or issues reported by duty bearers and individual rights holders that have been crucial for the achievement or failure to achieve the service objectives (Qualitative)</p>	<p>Children with disability that were hampered in verbal communication, migrant children that do not speak English, and children living in remote hinterland communities with poor transportation network.</p>	<p>KII &amp; FGD</p>
<p>2.f.1. Type of additional or unintended contributions or effects on families and children reported by</p>	<p>Rising demand for services coupled with constrained resources have forced CACs to extend the responsibility of current staff which can result in physical and psychological burn out. Partner emphasised</p>	<p>KII &amp; FGD</p>

<p>duty bearers and individual rights holders (Qualitative)</p>	<p>“more staff is needed, right now staff doing double roles.” “Rising demand and not commensurate funding has forced CACs to task staff with dual responsibility and frequently stretch them to the limit.”</p>	
<p>2.g.1. % of beneficiaries who recognized the abilities of Child Advocacy Centre staff to be responsive to and communicate with them, and to address their needs (Quantitative)</p>	<p>100% of parents said the CAC staff members were responsive (100%)</p>	<p>Parents survey</p>

**Annex F: Recommendations, Action Points, and Responsibilities**

Overall recommendation by Evaluation Criteria		Action points	Time Frame			Responsible
High Priority	Medium Priority	Low Priority	Immediate	Short term (Within 2 years)	Long term (3 to 5 years)	
<p><b>RELEVANCE</b> Efforts should be made to refer poor families of child victims for public assistance from the MHSSS and to fast-track applications and approval. Further, a system of providing CACs with advance funding using an ex-ante system of approval from the CPA for specific spending on special cases of poor families.</p>		<p>UNICEF, CPA, and CAC design rules for access to emergency assistance to help child victims and their families that have financial challenges in accessing CAC services. Emergency assistance should at a minimum cover two visits to the Centre (transportation and meals) and phone credit and/or data digital psycho-social support and training.</p>	v			UNICEF Country Office, MHSSS, CPA, & CAC
		<p>MHSSS approve proposal for emergency assistance to poor families where child is a victim of abuse. UNICEF engage MHSSS to grant poor and vulnerable families access to public assistance (apart from the emergency assistance) for a minimum of six months as a means of support.</p>	v			MHSSS
	<p>CAC should formalise a blended approach (face-to-face and remote) to counselling child victims and their parents. Parental skills Education should be prepared in audio-visual format and shared with parents.</p>	<p>CAC with support from UNICEF and CPA train staff in conducting remote psycho-social support and digitise training and counselling materials.</p>	v			UNICEF Country Office, CPA, and CAC
						UNICEF

Overall recommendation by Evaluation Criteria		Action points	Time Frame			Responsible
High Priority	Medium Priority	Low Priority	Immediate	Short term (Within 2 years)	Long term (3 to 5 years)	
UNICEF should encourage CPA and CAC to promote greater awareness and involvement of local leaders in preventing child sexual abuse and aiding victims in their recovery and access to justice. There is need for comprehensive public education programmes on the long-term impact of child sexual abuse and the benefits of intervention to promote children's recovery and access to justice. Efforts should also concentrate on involving communities in detecting and reporting sexual violence against children.		Develop and implement stakeholder workshop in at least three regions annually on the prevention of child sexual abuse and support for victims of child sexual abuse. UNICEF should lead in the development and dissemination of public service announcements on the detection of and available intervention to address child sexual abuse.		√		Country Office, CPA, & CACs
EFFECTIVENESS There should be an initial orientation for new FIT officers and other professionals providing services to children		Develop orientation video for new members of FIT	√			CPA & CAC
The evaluation also recommends the immediate resuscitation of the MDT to address issues and bottlenecks in the CAC integrated service delivery model.		UNICEF plan with MHSSS and CPA to convene a meeting of the MDT	√			UNICEF, MHSSS & CPA
UNICEF should support the CACs in developing posters with key aspects of the integrated service delivery model for child victims of sexual violence.		UNICEF engage CPA and CAC to determine aspects of the CAC that could be advertised. Develop and disseminate public service announcements (PSAs)		√		UNICEF, MHSSS & CPA

Overall recommendation by Evaluation Criteria		Action points	Time Frame			Responsible
High Priority	Medium Priority	Low Priority	Immediate	Short term (Within 2 years)	Long term (3 to 5 years)	
Use of multimedia for a to highlight and discredit societal norms that are detrimental to child sexual abuse prevention.		<p>Include issue in child sexual abuse prevention workshop.</p> <p>Develop 5 PSAs addressing the issue</p>		√		UNICEF Country Office
UNICEF should continue to incorporate support for this successful child protection programme in their next programme cycle		<p>Engage CPA and cost improvement of CAC services.</p> <p>Update Theory of change and results-based framework for CAC.</p> <p>Present rationale to managers continued CAC programme support.</p>		√		UNICEF HQ, Regional and Country Office
Training in foreign language and communicating with hearing and speech impaired children is essential if the CAC is reach vulnerable groups equally. This should be an area of focus for UNICEF's support for the CACs		MHSSS, CPA, and CAC identify staff for training and recruit trainers	√			MHSSS, CPA & CAC
UNICEF representation should serve as an Ex Officio member of the MDT to provide technical advice and share internationally proven practices in child protection and access to justice. CACs need to examine what barriers and bottlenecks exist that negatively affecting children's completion of counselling regime and develop solutions		<p>CPA extend invitation to UNICEF to participate in next MDT meeting.</p> <p>Blossom and ChildLink UNICEF &amp; MDT in a half day sharing of experience session to determine existing challenges for children in need of their service and devise solutions.</p>	√			UNICEF, CAC, & CPA
						Childlink and

Overall recommendation by Evaluation Criteria		Action points	Time Frame			Responsible
High Priority	Medium Priority	Low Priority	Immediate	Short term (Within 2 years)	Long term (3 to 5 years)	
including blended approach of remote and face-to-face counselling where cost to get the centre is a challenge.						Blossom
CACs management need to identify and articulate to the CPA, MDT, and UNICEF the increase cost required due to the rise in demand for service for action to be taken.		The findings on the increased cost should be shared with CPA and UNICEF.		√		Childlink and Blossom
IMPACT Based on the self-reports of successful outcomes for parents and children the MDT and donors should ensure that the CAC's model is sustained.		Use lessons learned from the current evaluation to work with partners to improve programme delivery.		√		UNICEF Country Office & CPA
SUSTAINABILITY UNICEF should ensure that resources are made available annually for training to guarantee quality in service delivery are maintained.		UNICEF in collaboration with the CAC and CPA should agree on training budget.		√		UNICEF, CPA, and CAC
		Collaborate with the University of Guyana to conduct brown bag presentations on child protection issues.		√		UNICEF, CPA & UG
Government and UNICEF should continue supporting CACs, since their resources are critical in sustaining the CACs. There might be some indirect cost not included in the cost per service calculation, to get a picture of the true cost of their service CAC should seek to tally both direct and		CAC should share actual cost for their model of service with UNICEF and government to facilitate increases in support due greater demand for service.		√		UNICEF, CPA, and CAC
		UNICEF, CPA, and CAC develop proposal to		√		

Overall recommendation by Evaluation Criteria		Action points	Time Frame			Responsible
High Priority	Medium Priority	Low Priority	Immediate	Short term (Within 2 years)	Long term 3 to 5 years	
indirect costs associated with their service delivery.		extend services to the two remaining regions (Regions 8 and 9)				UNICEF country office
Support be provided to CAC to develop a system for data compilation and retrieval.		UNICEF should recruit the services of data scientist to help CACs digitise their case files.		√		
<b>EFFICIENCY</b> CAC should seek to further identify inefficient processes through participatory staff assessment. Once the relevant information has been collected, CAC should seek to refine processes eliminating superfluous activities. CACs should also seek to consolidate suppliers lists to leverage economies of scale in purchase. Forging meaningful and trusting relationships with a core group of preferred suppliers will result in improved and seamless service.		CACs Directors should conduct a programme review with staff to see how they can improve on efficiency at each CAC	√			CAC Directors
<b>VALUE FOR MONEY</b> There is need for UNICEF to fund longitudinal research to value the achievements of long-term outcomes for children and families.		Collaborate with the University of Guyana in the conduct of longitudinal studies on the CAC outcomes on children and families.			√	UNICEF Regional Office and Country Office, & UG
The substantial return on investment justifies current and future investment in		Incorporate support in new Country Programme.		√		UNICEF

Overall recommendation by Evaluation Criteria		Action points	Time Frame			Responsible
High Priority	Medium Priority	Low Priority	Immediate	Short term (Within 2 years)	Long term (3 to 5 years)	
access to justice and recovery for children who are victims of sexual abuse. Therefore, we recommend UNICEF's ongoing support for this intervention.						



## Annex G: Partner and Stakeholder Questionnaire

Good day. You are being invited to take part in the evaluation of the implementation of Child Advocacy Centres in Guyana.

This data collection includes UNICEF, all the service providers in child protection including the Child Protection Agency, other key government partners, Blossoms Inc., ChildLink Guyana along with children and families who received services from the Child Advocacy Centres. Your participation in this interview is voluntary which means that you can choose not to participate in this interview or if you participate that you can skip questions or end the interview at any time without penalty. However, by participating in this interview in its entirety, you are supporting efforts to improve the provision of services to children in need of this type of support. There are no right or wrong answers. You are guaranteed confidentiality which means that no one at the Centre will know how you answered any of the questions. As we conduct the interview, I will use my laptop computer to type in your responses to my questions. I will audio-record your responses with your permission. After the interview I will transcribe the audio recording and then delete/erase the recording. Do I have your permission to audio record the interview? Please be assured that, no names will be used during the report writing process, and no information that you provide will be attached to your name. If a quote is used it will be identified in general terms, such as service provider. Also, everyone will be randomly assigned a number to guarantee confidentiality.

*Note to interviewer: In the case of small group interviews explain the following to the participants: It is important that you keep information confidential that is discussed during this interview. THE INTERVIEW SHOULD TAKE NO MORE THAN 1 HOUR. Make sure to monitor your time.*

---

Permission to continue with interview

- Yes, proceed with interview
- No, do not proceed with interview

Date    yyyy-mm-dd

Location (Region)

Location (Village/Ward)

Ministry/Agency/Institution

- Childcare and Protection Agency
- Education Teacher
- Law Enforcement
- Medical
- NGO (ChildLink, Blossom)
- UNICEF
- Legal/Judiciary
- Stakeholder

Familiarity with the Child Advocacy Centres

---

Are you familiar with the Child Advocacy Centre(s)?

- Yes
- No
- Don't know

If no, End Interview, Thank you!!!

---

What type of knowledge or experience do you have with the Child Advocacy Centres?

---

Do you know that UNICEF has supported the Child Advocacy Centre(s)?

- Yes
- No
- Don't know

**RELEVANCE:** I would like to ask you some questions about the relevance and effectiveness of UNICEF's efforts to establish and support the Child Advocacy Centres. If you do not know the answer to a question, we can skip it.

---

In what ways has the Child Advocacy Centre been important or relevant?

---

The development of the Child Advocacy Centre has been in line with national priorities and needs of the Government?

- Yes  No  
 Don't know

If yes, in what ways? If no, how has this development been unaligned?

---

Has the Child Advocacy Centre improved integrated services delivery to child victims of sexual violence?

Yes

No

- Don't know

If yes, in what ways? If no, why not?

---

Has the Child Advocacy Centre helped to improve access to justice for child victims of sexual violence?

- Yes  No  
 Don't know

If yes, in what ways? If no, why not?

---

On a scale of 1 to 10, where 0-3 is not important, 4-6 is somewhat important, and 7-10 is very important, how important is the Child Advocacy Centre to child victims of sexual violence and witnesses of crime?

0 | | | | | | | | | | 10

In what ways does the Centre address the needs of child victims and witnesses of crimes? And the needs of parents/guardians?

---

On a scale of 1 to 10, where 0-3 is not important, 4-6 is somewhat important, and 7-10 is very important, how important is the Child Advocacy Centre to this municipality and region?



In what ways does the Centre address the needs of children and families living in this municipality/region?

---

Do you think the Child Advocacy Centre has improved access to services and access to justice for vulnerable and marginalized children and families, particularly those who are poor, ethnic minorities, refugees and migrants?

- Yes  No  
 Don't know

If yes, in what ways? If no, why not?

---

On a scale of 1 to 10, where 0-3 is not effective, 4-6 is somewhat effective, and 7-10 is very effective, how effective is the Child Advocacy Centre at meeting the needs of vulnerable and marginalized children and families, such as poor, ethnic minorities, refugees, and migrants who are victims of sexual violence?



What does the Centre do that is effective?

---

What more needs to be done to improve the Centre's abilities to meet the needs of vulnerable and marginalized children and families?

---

Do you know if lessons learned from other projects were considered when designing the Child

Advocacy Centres in Guyana?

- Yes  No  
 Don't know

If yes, what lessons learned from other projects were considered and incorporated?

---

On a scale of 1 to 10, where 0-3 is not effective, 4-6 is somewhat effective, and 7-10 is very effective, how effective is the Child Advocacy Centre at getting professionals from across sectors to cooperate and coordinate their activities in the best interest of child victims of sexual violence and crimes?



In what ways is the Centre effective?

---

In what ways has the Centre struggled to be effective?

---

Has the Child Advocacy Centre been able to influence national legislation or policies as it relates to improving prevention or responses to violence against children?

- Yes  No  
 Don't know

If yes, what influence did the Centre have?

---

If no, what has been the challenge to influencing national legislation and policies?

---

Has the Child Advocacy Centre been able to influence national efforts to improve services for child victims of sexual violence and access to justice for children?

- Yes  No  
 Don't know

If yes, what influence did the Centre have?

---

If no, what has been the challenge to improving services for child victims and improving access to justice for children?

---

Since 2015, in what way has UNICEF's support to the Child Advocacy Centres been in line with UNICEF's Country Programme outcomes and outputs? Was this part of the planning process?

---

In what ways have UNICEF's support to the Child Advocacy Centres are aligned with Convention on the Rights of the Child? Was this part of the planning process?

---

Also, how has UNICEF's contribution to the Child Advocacy Centres been in line with UNICEF's Gender Action Plan?

---

In what ways and to what extent did the CPA and UNICEF integrate an equity-based approach into the design and implementation of their contribution to Child Advocacy Centres?

---

Has UNICEF's contribution to the Child Advocacy Centres been aligned with any regional flagship areas? If yes, can you tell more.

---

**EFFECTIVENESS:** I would like to ask you some questions about the effectiveness of the Child Advocacy Centres and UNICEF's efforts to support the Centres.

---

From your perspective, what are the benefits for children and families who receive support from the Child Advocacy Centre?

---

Which of the following groups of children and families regularly receive support from the Child Advocacy Centre in your region? (Check all that apply)

- Poor children and families  
 Hinterland children and families

- Urban children and families
- Rural children and families
- Children with disabilities
- Children with special needs
- Separated and/or unaccompanied children
- Children living in residential institutions
- Children living in foster care
- Other
- Do not know/refuse to answer

If other, specify

---

What are the barriers for vulnerable and marginalized children and families in this region to access the Child Advocacy Centre?

---

What barriers does the Child Advocacy Centre face when it comes to providing coordinated and integrated services to children and families?

---

What factors have contributed to the success and effectiveness of the Child Advocacy Centres?

---

What partnerships have been important to the Child Advocacy Centre, and have contributed to its success to deliver services to children and families?

---

What partnerships have been important when it comes to improving child victims' access to justice?

---

Are there other partnerships that the Centre needs to establish or strengthen to improve their work on behalf of children and families?

---

What type of capacity building have staff at the Child Advocacy Centre received?

---

How effective were the capacity building activities for Centre staff? Which capacity building activities most influenced your work with child victims and their families?

---

**IMPACT:** Now I would like to ask you some questions about the impact of Child Advocacy Centres and UNICEF's efforts to support the Centres.

---

Has the Child Advocacy Centre contributed to long-term positive changes in well-being of children, such as their recovery from violence and victimization?

- Yes  No  
 Don't know

If yes, how? In what ways/areas? If no, why not?

---

What differences have you seen in the impact of the Centre's services on girls vs. boys?

---

What differences have you seen in the impact of the Centre's services on young children (under 10 years) vs. adolescents (over 10 years)?

---

Has the Child Advocacy Centre contributed to long-term positive changes for parents?

- Yes  No  
 Don't know

If yes, how? In what ways/areas? If no, why not?

---



What differences have you seen in the impact the Centre's services have on mothers vs. fathers?

---

Have the services provided by the Child Advocacy Centre contributed to increased demand for services from parents or the community?

- Yes  No
- Don't know

If yes, how? In what ways/areas? If no, why not?

---

What do you see as the most effective services provided by the Centre? What impact have those services had on child victims of violence and crimes? What impact have those services had on parents/guardians of child victims?

---

What do you think has been the greatest achievements of the Child Advocacy Centre(s)?

---

What can Child Advocacy Centres and UNICEF do to build upon or expand these achievements?

---

What partnerships have been sought and established and synergies created to support delivery of services to child victims and their families?

---

Have new partnerships emerged that have been important, but were not initially identified or planned? What are those partnerships?

---

Were efficient cooperation arrangements established between the CPA, UNICEF and partners, such as NGOs, governmental institutions, municipal institutions, professionals, other partners?

- Yes  No
- Don't now

If yes, what cooperation arrangements have been established? If no, what cooperation arrangements should be established to improve the work?

---

**SUSTAINABILITY:** I would like to ask you some questions about the sustainability of UNICEF's efforts to contribute to development of the Child Advocacy Centres.

---

Do you think that the establishment of Child Advocacy Centres will be sustainable?

- Yes  No
- Don't now

If yes, why do you think the Centres will be sustainable? If no, tell me why you do not think the Centres will be sustainable?

---

How supportive are national partners and stakeholders of the Child Advocacy Centres?

- Very supportive (1)
- Somewhat supportive (2)
- Not supportive (3)
- Not at all supportive (4)
- Don't know

If supportive, in what ways are they supportive? If not supportive, why are they not supportive?

---

Are there any social or political risks that may jeopardize sustainability of the Child Advocacy Centres?

- Yes  No
- Don't know

If yes, can you tell me about the social or political risks that exist?

---

Will financial resources be available to sustain the Child Advocacy Centres?

- Yes  No
- Don't know

If yes, what are those financial resources? If no, why not?

---

Are there any financial risks that may jeopardize the sustainability of the Child Advocacy

Centres?

- Yes  No
- Don't know

If yes, can you tell me what those financial risks?

---

Are there legal frameworks, policies, and governance structures in place to support sustainability of the Child AdvocacyCentres?

- Yes  No
- Don't know

If yes, what are those legal frameworks, policies and governance structures? And, how are they important? If no, what legal frameworks, policies and/or governance structures need to be adopted to support sustainability of the Centres?

---

What conditions need to be put in place or strengthened to ensure Child Advocacy Centre will be able to deliver quality services to children and families in the future, even without UNICEF support?

---

**EFFICIENCY:** I would like to ask you some questions about the efficiency of UNICEF's efforts to contribute to develop the Child Advocacy Centres and improve the quality of services to child victims and their families. Remember, if you do not know the answer to a question, we can skip it.

---

To what extent has funds and activities been delivered in a timely manner? Were there any challenges when it came to delivering funds or activities in a timely manner?

---

Do you think that the implementation strategy for the Child Advocacy Centres has been efficient?

- Yes  No
- Don't know

If yes, in what way has it been efficient? If no, why not? If no, how could the implement strategy

have been more efficient?

---

Has overall project management structure been efficient in generating the expected results?

- Yes  No  
 Don't know

If yes, in what way? If no, why not? If no, how could the intervention's management structure have been more efficient?

---

Has UNICEF, CPA, and implementing partners used available human, financial and technical resources in the most efficient manner?

- Yes  No  
 Don't know

If yes, in what way? If no, why not?

---

Were Child Advocacy and Support services coordinated with other family services and child protection interventions to encourage synergies and avoid overlap?

- Yes  No  
 Don't know  Not applicable

If yes, which programme interventions? In what ways? What was the benefit?

---

Do you think the implementation strategy for Child Advocacy Centres in Guyana has been cost-effective?

- Yes  No  
 Don't know

If yes, in what way has it been cost-effective? How have activities supporting the intervention been cost-effective? If no, why not? If no, how could the implementation strategy have been more cost-effective?

---

As you reflect back, did UNICEF, CPA, and partners have an M&E approach that ensured effective and efficient project management?

Yes

No

Don't know

If yes, can you tell me what that M&E approach was? How and why was such an M&E approach effective? If no, what was the M&E approach? What were the problems with the M&E approach? Why was the M&E approach lacking or non-existent?

---

How did M&E activities performed by UNICEF and partners inform and contribute to improving implementation of project activities and achievement of results?

---

To what extent were lessons learned documented and shared with appropriate parties who could learn from the intervention?

---

**VALUE FOR MONEY:** I would like to ask you some questions about the value for money of UNICEF's efforts to contribute to develop the Child Advocacy Centres and improve the quality of services to child victims and their families. Remember, if you do not know the answer to a question, we can skip it.

---

What were the mechanisms used for cash transfers for this programme? Were the possible payment modalities formally assessed based on the Partner's risks? Were cash transfers and other support provided equitably?

---

How, if at all, were the resources allocated by the Child Protection Agency and UNICEF, compensate for any shortfall in the inputs for the Child Advocacy Centres? What could have been done differently?

---

Were supplies for this programme procured and transported to the centres? Were alternatives assessed and was the best alternative used?

---

What would you say are the benefits of the investment for the Child Advocacy Centres' services? What would you say is the dollar value for each benefit identified? How did benefit increase at the injection of additional resources?

---

*What were the direct and indirect; tangible and intangible; costs of the CAC services and how have these costs changed as the initiative matured?*

---

What would you say is the average cost of service by child coming to the Centre for help? How much more should the average cost per child be increased to ensure child receive all treatment and services required for their situation?

---

To what extent were the demands for the skills to implement Centre services met?

---

Thank you for sharing

---

## Annex H: Children Questionnaire

I am being invited to take part in the evaluation of the implementation of Child Advocacy Centres in Guyana. My participation will involve a 20-25-minute face to face interview conducted by a trained interviewer. My participation in this research will give me an opportunity to contribute to improving the policies and programmes that exist for Child protection in general, and specifically support the expansion and improvement of services of Child Advocacy Centres in the country. I understand that I have the right to refuse to answer any question that I do not wish to answer or stop/discontinue the interview at any point. I understand that researchers will protect my confidentiality and anonymity by omitting all personal identification (name, address, and alias) from my responses. I do not have to be in this research if I do not want to and if I choose to participate, I may withdraw from the research at any time and/or refuse to answer any questions. No one will be angry if I decide to stop participating in the research. This study was explained to my parents/guardian, and they said that I could be in it. I can talk this over with them before I decide.

---

Copy of the signed parental consent form prior to beginning the interview?

- Yes, proceed with the interview       No, discontinue interview

Location (Region)

*Interviewers insert Region*

---

Sex of Child

- Boy       Girl

Have you ever used the services of the Child Advocacy Centre, if you did how many times?

*(Instead of Child Advocacy Centre you can say Blossom or ChildLink)*

- Only once  
 2-3 times  
 4 or more times  
 Don't know/Don't remember

Did someone tell or advise you or your parents or caregiver to visit the Child Advocacy Centre (Blossom/Child Link)?

- Yes       No

Don't know

If yes who told you or your caregiver

Teacher

Police/Community Policing Group

Doctor/Nurse/Medic

Another family member

Community group

Neighbour/community member

Other Government worker

Other

Don't know/Can't remember

If other, specify

---

If no, ? If no, how did you find your way to the Centre (Blossom/Child Link)?

---

For how long have you been coming to the Child Advocacy Centre (Blossom/Child Link)?

First time

For about a month or so

2-3 months

4-6 months

7-9 months

10 -12 months

More than 1 year

don't know/don't remember

**I would like to ask you some questions about the relevance and effectiveness of the Child Advocacy Centres (Blossom/Child Link). If you do not know the answer to a question, we can skip it.**

---

Has the Child Advocacy Centre (Child Link/ Blossom) made it easier for you to receive help and support?



- Yes
- Don't know

No

What services has helped you?

*Select all that apply*

- Counselling
- Interview give me a chance to say what happened to me
- Court support/ Legal Advice
- Link me with other places and people who helped me
- Other
- None
- don't know/Can't remember/refused

If other, please say which service helped you?

---

Has the Child Advocacy Centre (Blossom/Child Link) helped you to feel better and to recover from what you experienced?

- Yes
- Don't know
- No
- Not applicable

If yes, in what ways?

---

If no, why not?

---

On a scale of 0-10, with 0-3 says not important, 4-6 somewhat important, and 7-10 very important, how important is the Child Advocacy Centre to you? What did you give it?

0



On a scale of 0-10, with 0-3 says not important, 4-6 somewhat important, and 7-10 very important, how important is the Child Advocacy Centre to your parents/caregiver? What score did you give it?

0



In what ways has the Centre helped your parents/caregiver?

---

On a scale of 0-10, with 0-3 says not important, 4-6 somewhat important, and 7-10 very important, how important is the Child Advocacy Centre to other families like yours and other children like you? What score did you give it?

0



Have you and your parents/caregiver faced any difficulties accessing services here at the Child Advocacy Centre?

---

Has the Child Advocacy Centre helped to make positive changes or improvements to your life?

Yes  No

Don't know

If yes, what type of positive changes or improvements have you experienced?

If no, why not?

---

Has the Child Advocacy Centre helped to bring positive changes or improvements in your parents'/guardian's life?

---

From your perspective, what have you done here at the Centre that has helped you the most? Are there any activities you have done here at the Centre that you would like to do again?

---

Is there something else that you would like to be included in the Centre?

---

Are there any changes or improvements that you would like to see at this Child Advocacy

Centre?

- Yes  No  
 Don't know

If so, what changes or improvements would you like to see?

---

Would you like to change the way the staff here at the Centre work with you?

- Yes  No  
 Don't know

If yes, what changes would you like to see in the way staff at the Centre work with you?

---

Do you feel like the staff at the Centre listen to you and respond to your needs?

- Yes  No  
 Don't know

If no, what problems do you face?

---

On a scale of 0 to 10 where 0-3 is not good, 4-6 is somewhat good and 7-10 is very good, how would you rate the way specialists work with you at the Child Advocacy Centre? What score did you give it?



I want to finish this interview by asking you some questions about staff here at the Child Advocacy Centre. You can simply answer yes or no to these questions. If you want to skip any questions just let me know.

---

Is the location of this Centre okay for you, is it easy for you and your parents to get here?

- Yes  No  
 Don't know/refuse to answer

Are the Centre's operating hours, the hours they are open, good for you?

- Yes  No

Don't know/refuse to answer

In the past, when you arrived here for services did you have to wait a long time to see a staff member?

Yes  No  
 Don't know/refuse to answer

Do Centre staff show you respect?

Yes  No  
 Don't know/refuse to answer

Do Centre staff explain things to you in a way that you can understand?

Yes  No  
 Don't know/refuse to answer

Did Centre staff tell you that your information would remain private and confidential?

Yes  No  
 Don't know/refuse to answer

Did Centre staff provide you with information about other services available to you?

Yes  No  
 Don't know/refuse to answer

Do you feel better able to handle your situation?

Yes  No  Don't know/refuse to answer

Did you feel safe at the Centre?

Yes  No  
 Don't know/refuse to answer

Thank you for sharing

---

## Annex I: Parents Questionnaire

I am being invited to take part in the evaluation of the implementation of Child Advocacy Centres in Guyana. My participation will involve a 20-25-minute face to face interview conducted by a trained interviewer. My participation in this research will give me an opportunity to contribute to improving the policies and programmes that exist for Child protection in general, and specifically support the expansion and improvement of services of Child Advocacy Centres in the country. I understand that I have the right to refuse to answer any question that I do not wish to answer or stop/discontinue the interview at any point. I understand that researchers will protect my confidentiality and anonymity by omitting all personal identification (name, address, and alias) from my responses. I do not have to be in this research if I do not want to and if I choose to participate, I may withdraw from the research at any time and/or refuse to answer any questions. No one will be angry if I decide to stop participating in the research.

---

Copy of the signed parental consent form prior to beginning the interview?

- Yes, proceed with the interview  
 No, discontinue interview

Location (Region)

---

Sex of parent/guardian

- Male  Female

Relationship to child

- Parent  
 Step-parent  
 Grandparent  
 Other relative  
 Other caregiver/guardian

Age (in years)

---

Sex of Child

- Boy  Girl

Age of child (in years)

---

Are you familiar with the Child Advocacy Centre?

- Yes  No  
 Don't know

When did you first come to the Child Advocacy Centre?

---

Do you know any of the staff at the Child Advocacy Centre?

- Yes  No  
 Don't know

Did someone refer you to the Child Advocacy Centre?

- Yes  No  
 Don't know

If yes, who told you? What agency/organization are they from

---

If no, how did you find your way to the Centre?

---

For how long have you been coming to the Child Advocacy Centre?

- First time  
 For about a month or so  
 2-3 months  
 4-6 months  
 7-9 months  
 10 -12 months  
 More than 1 year  
 don't know/don't remember

I would like to ask you some questions about the relevance and effectiveness of the Child Advocacy Centres. If you do not know the answer to a question, we can skip it.

---

What type of help or support have you received through the Child Advocacy Centre?

---

Has the Child Advocacy Centre made it easier for your child to receive help and support?

- Yes  No  
 Don't know  Not applicable

If yes, in what ways?

---

If no, why not?

---

Has the Child Advocacy Centre helped you to receive legal advice or legal services for your child?

- Yes  No  
 Don't know  Not applicable

If yes, in what ways?

---

If no, why not?

---

Has the Child Advocacy Centre helped your child to feel better and recover from the violence or victimization they experienced?

- Yes  No  
 Don't know  Not applicable

If yes, in what ways?

---

If no, why not?

---

On a scale of 0-10, with 0-3 says not important, 4-6 somewhat important, and 7-10 very important, how important is the Child Advocacy Centre to your child? What did you give it?



In what ways has the Centre addressed your child's needs or helped your child?

---

On a scale of 0-10, with 0-3 says not important, 4-6 somewhat important, and 7-10 very

important, how important is the Child Advocacy Centre to you as a parent/guardian?  
What score did you give it?

0 10

| | | | | | | | | | |

In what ways has the Centre helped you as a parent/guardian?

---

On a scale of 0-10, with 0-3 says not important, 4-6 somewhat important, and 7-10 very important, how important is the Child Advocacy Centre to families and children in this municipality/region? What score did you give it?

0 10

| | | | | | | | | | |

For families and children in the municipality/region, what kind of support is the Centre able to provide?

---

Does the Child Advocacy Centre make it easy for parents/caregivers and children to access support from different specialists, such as psychologists, lawyers, health specialists?

Yes  No  
 Don't know

If yes, what did the Centre to do make it easy to access support from different specialists?

---

If no, why do you say no, what has been the challenge?

---

Did the Child Advocacy Centre coordinate all the services that your child needs?

Yes  No  
 Don't know  Not applicable

If no, were there services that the Centre was unable to provide to your child?



---

What are those services?

---

Does your child still need those services?

- Yes  No

you faced any difficulties accessing services here at the Child Advocacy Centre?

- Yes  No  
 Don't know

If yes, what difficulties have you faced when it comes to accessing services here at the Centre?

---

Now I would like to ask you some questions about the impact of Child Advocacy Centres.

---

Has the Child Advocacy Centre helped to make positive changes or improvements in your child's life?

- Yes  No  
 Don't know  Not applicable

If yes, what type of positive changes or improvements have you seen in your child?

---

If no, why not?

---

Has the Child Advocacy Centre helped to bring positive changes or improvements to your life as a parent/guardian?

- Yes  No  
 Don't know  Not applicable

If yes, what positive changes or improvements have you experienced?

---

If no, why not?

---

From your perspective, what are the best services offered at the Child Advocacy

Centre?

---

Are there any services you needed or wanted for your child or yourself, but the Centre was not able to provide?

- Yes  No  
 Don't know

If yes, what would those services be?

---

Is there something else that you would like to be included in the Centre?

---

Are there any changes or improvements that you would like to see at this Child Advocacy Centre?

- Yes  No  
 Don't know

If so, what changes or improvements would you like to see?

---

Are there any changes or improvements that you would like to see at this Child Advocacy Centre?

- Yes  No  
 Don't know

If so, what changes or improvements would you like to see?

---

Do you feel like the staff at the Centre listen to your child and are responsive to your child's needs?

- Yes  No

If no, what problems have you faced?

---

Do you feel the staff at the Centre listen to you and are responsive to your needs?

- Yes  No  
 Don't know  Not applicable

If no, what problems have you faced?

---

On a scale of 0 to 10 where 0-3 is not good, 4-6 is somewhat good and 7-10 is very

good, how would you rate the way specialists work with you and your child at the Child Advocacy Centre? What score did you give him/her?

0 10

|     |     |     |     |     |     |     |     |     |

On a scale of 0 to 10, where 0-3 is not likely, 4-6 is somewhat likely and 7-10 is very likely, how likely would you be to recommend the Child Advocacy Centre to other parents and guardians? What score would you give it?

0 10

|     |     |     |     |     |     |     |     |     |

I want to finish this interview by asking you some questions about staff here at the Child Advocacy Centre. You can simply answer yes or no to these questions. If you want to skip any questions just let me know.

---

Is the location of this Centre okay for you, is it easy for you and your child to get here?

Yes  No

Don't know/refuse to answer

Are the Centre's operating hours, the hours they are open, good for you?

Yes  No

Don't know/refuse to answer

In the past, when you arrived here for services did you have to wait a long time to see a staff member?

Yes  No

Don't know/refuse to answer

Do Centre staff show you respect?

Yes  No

Don't know/refuse to answer

Centre staff explain things to you in a way that you can understand?

Yes  No

Don't know/refuse to answer

Did Centre staff tell you that your information would remain private and confidential?

- Yes  No  
 Don't know/refuse to answer

Did Centre staff help you understand your child's rights to safety and protection?

- Yes  No  
 Don't know/refused to answer

Did Centre staff provide you with information about other services available to you and your child?

- Yes  No  
 Don't know/refuse to answer

Do you feel better able to handle your situation?

- Yes  No  
 Don't know/refuse to answer

Do you feel safer because of the services you received here at the Centre?

- Yes  No  
 Don't know/refuse to answer

Do you feel more confident because of the services you received here at the Centre?

- Yes  No  
 Don't know/refuse to answer Thank You
-

## Annex J: Terms of Reference

Title: Evaluation of Child Advocacy Centres – Jan. 20 – Mar. 2021.	Funding Co [REDACTED]	Type of engagement <input checked="" type="checkbox"/> Consultant <input type="checkbox"/> Individual Contractor Part-Time <input type="checkbox"/> Individual Contractor Full-Time	Duty Station: Georgetown, Guyana
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### 1. BACKGROUND/CONTEXT

Guyana is located on the northeast coast of South America and is bordered by the Atlantic Ocean, Suriname, Brazil, and Venezuela. It has a landmass of 215,000 square kilometres and is divided into 10 administrative regions. Guyana is a sparsely populated country totalling 746,955, with 50.2 percent males and 49.8 percent females, inhabitants, of whom 89 percent live mostly along a narrow coastal strip (Guyana Bureau of Statistics 2014). Besides, 35.5 percent of the population is under 15 and young people 15-19 represent about 8.9 percent. The Coastland regions, which include the capital city have a population size of 89.1 percent. The population of the Hinterland regions, comprising more than two-thirds of the land area, is 10.9 percent. The population in the hinterland of Guyana is over 80 per cent Amerindian descent and Amerindians account for 9.2 per cent of the population. Guyana's child population is 293,915 or 39.35 percent of the total population and the child population, 4248 children are living with disabilities.

Guyana is an upper-middle-income country with a per-capita income of US\$5,194 (World Bank 2019) and a Gross Domestic Product growth from 3.42 in 2018 to 3.82 in 2019. Though Guyana's Human Development Index ranking has improved, Guyana is still ranked at 123rd out of 189 countries. Without concerted efforts to accelerate and consolidate social gains, Guyana risks missing a unique opportunity to fast-track inclusive economic growth resulting from the oil discovery and demographic dividend.

In 2019, the Governments invested about 14.5 per cent of Gross Domestic Product (GDP) in the social sector programmes to ensure basic social services for all, including children; Investment in social assistance (core and complementary). The discovery of large oil reserves is predicted to lead to significant economic growth. Since that time, ExxonMobil has announced more than 15 discoveries, with potentially 6 billion barrels available as recoverable resources. Since the declaration of first-oil on December 20, 2019, it is projected that the revenue from oil exports has the potential to double the GDP and non-tax revenue over the next five years. This presents both a unique opportunity and challenge for the country and UNICEF's cooperation.

#### *Overview of the Child Advocacy Centres in Guyana.*

Globally, every year, millions of girls and boys around the world face sexual abuse and exploitation. Sexual violence occurs everywhere – in every country and across all segments of society. A child may be subjected to sexual abuse or exploitation at home, at school, or in their community. Most often, abuse occurs at the hands of someone a child knows and trusts. At least 120 million girls under the age of 20 – about 1 in 10 – have been forced to engage in sex or perform other sexual acts, although the actual figure is likely much higher. Roughly 90 per cent of adolescent girls who report forced sex say that their first perpetrator was someone they knew, usually a boyfriend or a husband.

In Latin America and the Caribbean (LAC) 23 per cent of women aged 20-24 were married/cohabited by age 18 and 5 per cent by age 15. Ten (10) per cent of men in Cuba and Honduras are married/cohabited by age 18 and LAC is the only region globally where child marriage rates among girls have not declined in 30 years.

The Ministry of Human Services and Social Security, through the Childcare and Protection Agency, provides leadership on several prevention and response programmes on VAC. One of these programmes- through a

Public-Private partnership, is the “Child Advocacy Centres” (CACs) or one-stop centre for the reporting on and service for child sexual abuse. These centres are currently coordinated by the Child Care and Protection Agency (CPA) and operated by 2 NGOs- Blossoms Inc. and ChildLink Guyana. There are eleven centres altogether and they are located in eight of the ten administrative regions of Guyana i.e. Regions 1 (one), 2 (one), 3 (one) 4 (three), 5 (one), 6 (one), 7 (one) and 10 (two).

The CACs are guided by national protocols and conducts court support, referrals, community outreach work, and aftercare for victims and caregivers. CACs are provided with a Government subvention along with some support from UNICEF, as part of ensuring access to services. Based on the number of cases of child sexual abuse (e.g. at least 500 reported cases as of September of 2020) and the need to ensure the continuation of “ breaking the silence” on abuse, CACs need to be decentralised, and furnished with the requisite support so that every child is protected from violence and can TELL their story, as part of ensuring the cycle of violence is broken.

## PURPOSE, OBJECTIVES, AUDIENCE OF THE EVALUATION

### *Purpose*

Given the foregoing context, the Child Protection Agency in Partnership with UNICEF commission an independent evaluation of Child Advocacy centres (CACs).

The purpose of the evaluation of the CACs is to lead to improvement of the implementation and quality of the services of CACs in Regions 1, 2, 3, 4, 5, 6, 7, and 10, and eventually to inform the decision to scale up service provision and sustainability.

The evaluation will identify, and document lessons learned, including in terms of service design, scope of support provided, resourcing, implementation, reach, and involvement of partners (Ministry child protection agency, NGOs etc.) The evaluation will also provide recommendations for the process of institutionalising and scaling up the CAC model and services nationally, and for actions to ensure their quality and sustainable implementation in the future.

This evaluation will also seek to foster the scale-up of service provision, quality, and implementation of CACs in all regions. This evaluation aims to assess the effectiveness, relevance, efficiency, impact, sustainability, cross-cutting contributions, and value for money of the CACs and the findings will inform decisions and preparation for scale-up <https://www.oecd.org/dac/effectiveness/49652541.pdf>.

### *Evaluation Objectives*

The overall aim of the evaluation is to conduct an independent evaluation of the model and services provided by the Child Advocacy Centres (CACs) for children, women, and their families who are victims of violence, in Regions 1, 2, 3, 4, 5, 6, 7 and 10. The evaluation is both formative and summative. Overall, the evaluation will bring an understanding of what works well and what does not in the CACs model.

The *General* goal and objectives are to:

1. provide national-level stakeholders with an in-depth understanding of the achievements and challenges associated with the scaling and mainstreaming of CACs, approaches, and practices.
2. help country-level stakeholders understand how to integrate improvements in programme design, implementation, coordination, and monitoring to maintain and enhance the CAC implementation’s relevance, coherence, efficiency, effectiveness, impact, and sustainability.
3. advise on how to use the evaluation findings to (a) support the scale-up of CAC programming at the national levels, and (b) catalyse national discussions regarding the necessary modification to the CAC model and delivery services.
4. compile lessons learned and recommendations to inform the future rollout of the CAC programmes.

The *specific* objectives will be to:

- assess the relevance, efficiency, effectiveness, impact, and sustainability of the CAC programme implementation over the period 2015-2021.
- take stock of the progress made towards the attainment of the goals and objectives of the CACs, and identify the most effective implementation strategies and partnerships that can be adopted immediately and in the scale-up phase.
- identify challenges (including the capacity to deliver) and opportunities (enablers factors) experienced in the delivery of prevention and support services in CACs.
- identify and document lessons learned, including those related to service design, the scope of support provided, resources, implementation, reach, partnerships, etc.
- determine if the current strategies operational approaches of the CACs are sustainable or not and provide recommendations to ensure their sustainability and scale-up.

*Key and intended users*

The primary user of evaluation of the Child Advocacy Centres - 2015 – 2021, are CPA, Government Ministries, UNICEF, and other key development partners, NGOs service providers, and other the duty bearers and rights holders (particularly children and vulnerable groups).

Users	Uses of the evaluation
CPA, Government (national and Sub-national)	<ul style="list-style-type: none"> <li>• Inform of CAC results for the period 2015- 2021</li> <li>• Share insights about the implementation approaches, progress made, and refinements of the CAC programme and operations.</li> <li>• Inform the relevance, effectiveness of the CAC programme 2015-2021;</li> <li>• Take stock of the progress made towards the attainment of the objectives of the CAC programme</li> </ul>
UNICEF Guyana	<ul style="list-style-type: none"> <li>• Inform of CAC results for the period 2015- 2021</li> <li>• Identify the most effective implementation strategies and partnerships.</li> <li>• Strengthen accountability and learning from the 2015-2021 UNICEF Child Advocacy Centres programme.</li> </ul>
UN Country Teams, key UNICEF development partners, and donors	<ul style="list-style-type: none"> <li>• Inform of CAC results for the period 2015- 2021</li> </ul>
UNICEF Latin America and Caribbean Regional Office	<ul style="list-style-type: none"> <li>• Inform planning for LAC regional office support to Guyana’s CAC programme.</li> </ul>

## SCOPE OF THE EVALUATION

This is a formative and summative evaluation that will cover the implementation of the Child Advocacy Centres. *The formative and forward-looking aspects will focus on CACs in Guyana's current and evolving contexts, while the summative aspect will look backward at the support and accountability patterns, development, and effectiveness.*

The investigation will include all relevant stakeholders including Child Protection Agency, key government partners, NGOs, and other service providers. The consultant, over the period of June - September will assess the achievement of results in accordance with the objectives, criteria, and methodology specified.

The evaluator will review the progress made on the implementation of CACs. He/she will also review the coordination and or implementation support and guidance provided by the following institutions.

- The Childcare and Protection Agency
- Blossoms Inc.
- ChildLink Guyana

The evaluator(s) will:

- Review regulations and standards compliant with the Convention on the Rights of the Child and other international standards and good practices.
  - Map and describe the formal and informal structures and functions of key agencies of the sector.
  - Assess the adequacy of existing networking and coordinating structures among the various sub-sectors and their effectiveness in facilitating service delivery.
  - Examine the continuum of services from prevention to response. This will also consider the nature and level of interaction between CACs and the justice and education systems; the process of care, referral, follow-up, response, etc.
  - focus on the CACs from between 2015 to 2021 in the geographic locations of Regions 1 (Mabaruma), 2 (Land of Plenty); 3 (Pouderoyen), 4; East Bank (Eccles), Quamina Street (Child Link); 5 (Forth Wellington); 6 (Springlands); 7 (Bartica) and 10 (Linden and Kwakwani). Regions 8 and 9 will not be considered in this evaluation as CACs do not exist in these regions.
  - The evaluator will assess the equity dimensions of the interventions, as well as gender equality.
- Other specific scopes that will be considered are:

- **Time:** the evaluation caters to the implementation of this programme between January 2015 and March 2021. This excludes any related efforts before and after this period as the technical and financial assistance, from UNICEF and development partners, intensified in this period which enabled full-fledged implementation.
- **Programmatic:** The evaluator will concentrate on the CACs programme exclusively. This will be important to consider when the attribution/contribution of the programme is evaluated. The evaluation will consider all criteria according to the CAC protocol
- **Thematic scope:** This evaluation will cover aspects of the CACs implementation. The evaluation will look at the relevance of the CAC programme at the national and sub-national levels.
- **Geographic scope:** This evaluation will have a country-specific coverage focus. At the country level, this evaluation will cover CACs' work in Regions 1, 2, 3, 4, 5, 6, 7, and 10.
- This evaluation will assess the **Human Rights-Based Approach (HRBA)**, equity and gender equality, and mainstreaming approaches. Particular attention would be paid to exploring the equity dimensions of the intervention. (For UNICEF equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias, or favoritism. Equity-based evaluation provides assessments of what works and what does not work to reduce inequity, and it highlights intended and unintended results for the most vulnerable groups as well as the



inequalities in the outcomes for vulnerable children and families. To the extent, possible access to quality support and outcomes for different subgroups of vulnerable children and families (based on ethnicity, residence, setting – institutional/family, gender, disability, etc.) and identify the groups least reached.

## EVALUATION FRAMEWORK

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

Below are given indicative questions to guide the evaluation but the Consultant may further expand and refine them during the inception phase in consultation with UNICEF and implementing partners and the Reference Group.

The evaluation will provide answers to the following questions:

### Relevance

- ☐ To what extent does the CAC suite of services contribute to reaching the targets of SDGs 3, 4, 5, 11, 16, 17
- ☐ To what extent are the CACs suite of services consistent with the global, regional, and national priorities of safety and justice?
- ☐ Are the CAC services delivered in a Gender-sensitive culturally appropriate manner?
- ☐ To what extent were the CACs' standards underpinned by the child protection act and other legislation? (Instances of differences will be explored).
- ☐ To what extent to which the objectives of the service address the real problems and the needs of the target groups' legal frameworks, priorities of the targeted groups.
- ☐ To what extent the CACs (objectives, strategies, activities, etc.) are aligned with the government policy priorities/policies/reforms agendas in the areas of prevention and response to violence against children (VAC) towards achieving the intended results and outcomes

### Effectiveness

- To what extent were the intended outputs/outcomes realised? What were the enablers?
- What are the challenges encountered by stakeholders in the implementation of CAC services and how they have been addressed?
- Have the CAC services in each centre and Region implemented according to more than 90 per cent of the guidelines.
- To what extent have partnerships been sought and established and synergies created to support the work of the CACs services?
- What worked and what did not work to reduce inequities (in child outcomes, access to and utilisation of essential service, etc.)?

### Efficiency

- How cost-efficient is the current approach to manage and implement the CAC services (ensuring value for money)?
- Are there alternative operational approaches to maximise the use of CAC resources?
- How well the establishment and implementation of the services were planned and managed?
- To what extent the data collection and monitoring activities informed and contributed to improving the implementation of project activities and achievement of results?

## Impact

- How have the incidence and prevalence of social challenges, including adolescent pregnancy, violence, suicide, substance abuse, changed in the communities where the CACS services were available?
- To what extent have CACs supported the prevention of violence and exploitation of girls and women.
- How have the CACs services impacted the healing of abused women and children?
- How have reporting and other service-seeking behaviours changed in the communities where there are CACs?
- To what extent and in which areas the services had a significant impact? Are there any sub-group differences?

## Sustainability

- To what extent has planned expenditure matched actual expenditure for CACs?
- How has the Government's budgetary allocation for CACs changed over the evaluation period? (Can CACs be sustained in the long term without UNICEF's support? - Are there financial, technical, and institutional constraints to scaling up?)
- To what extent has the intervention objectives and design respond to beneficiaries', country, and partner/institution needs, policies, and priorities, and will continue to do so if circumstances change
- To what extent is UNICEF's approach and contribution with respect to direct support, upstream work, and creation of enabling environments adequate for sustainability and scale-up?
- What recommendations and lessons learned in the CACs that should be considered for the future?

## Value for Money Criteria

### Economy

- Were supplies for this programme procured and transported to the centres? Were alternatives assessed and was the best alternative used?
- How, if at all, were the resources allocated by the Child Protection Agency, compensate for any shortfall in the inputs for the CACs programme? What could have been done differently?
- What were the mechanisms used for cash transfers for this programme? Were the **possible payment** modalities formally assessed based on the Partner's risks? Were cash transfers and other support provided equitably?

### Cost-efficiency

- What were the **direct and indirect; tangible and intangible; costs** of the CAC services and how have these costs changed as the initiative matured?
- Using VfM calculations, determine the benefit and or utility received by each category of beneficiaries, at the various costs? How did benefit increase at the injection of additional resources? What is the threshold of cost-benefit for this programme?
- What are the social returns on investment for the CAC services?
- To what extent were the demands for the skills to implement these services met?

## Gender and Equity, RBM and HRBAP

- To what extent does the implementation of CAC service cater to the needs of boys and girls equitably?
- Have the CAC guidelines been implemented in a standardised way across CACs? If so, to what extent?
- To what extent does the CAC operational approaches confirm to Human Rights-Based Approach to Programming, Equity, and Results-Based Management principles?

## METHODOLOGY

In order to ensure that the services provided by CACs are according to national standards, conform to the articles of the

Phase 1: Inception: Desk review, evaluability assessment, interviews with CPA stakeholders, development of research instruments, and submission of the inception report.

### 6.1. Overall design and approaches

The design of the evaluation will be non-experimental, utilisation focused, and theory-based approaches in assessing the effectiveness of the CACs and the approaches adopted in the implementation against their intended results. During the process, the evaluation team will develop a Theory of Change for each programme component and the overall CAC programme.

A mixed-method approach will be applied in the evaluation combining qualitative and quantitative components to ensure complementary strengths and non-overlapping weaknesses. The analysis is expected to build on information collected from a variety of sources through different methods including review of administrative data, primary data collection from government representatives, representatives of Child Protection agency/ service providers, judiciary, community members, staff, and managers of the CACs, and others. It should critically examine the information gathered and synthesize it objectively.

#### Evaluability assessment

An evaluability assessment (EA) will be integrated into the CAC process of evaluation. The evaluator will conduct a desk-based EA as part of the inception phase, which will help frame the evaluation and identify the methods.

The EA will likely include key questions on:

- **Design and results framework:** to what extent is the CP design clearly defined, with a robust Theory of Change and results framework in place, and relevant to the CAC programme?
- **Measurability:** to what extent are there appropriate indicators, tools, systems, and resources established and in use for monitoring, reporting, and learning on progress and results? Are critical data sets available that are suitable for the intended scope of the evaluation?

The annual reports from CPA and the supporting CSOs will be shared with the Evaluator to contribute to the measurement of the impact of this programme. The evaluator is expected to triangulate data collection methods and audiences to ensure the credibility and validity of the findings. The Evaluator will reconstruct a theory of change for the programme, (for further information, please consult: [www.betterevaluation.org/en/resources/guide/theory\\_of\\_change](http://www.betterevaluation.org/en/resources/guide/theory_of_change)), based on desk review and interviews with stakeholders.

The Evaluator will commence work on June 1 and by September 30, 2021, would have concluded and submitted the final report which would have incorporated feedback from stakeholders. The Evaluator expected to work closely with the key officials of the CPA, (Blossom Inc., CHildLink) and UNICEF through every phase of the evaluation.

#### Data collection methods

The Child Advocacy Centres evaluation will rely on several quantitative and qualitative information methods that will be triangulated. The evaluation will use data from primary and secondary sources, including desk review of documentation, and remote interviews with key informants, focus group discussions, surveys, and case studies to consult groups of rights holders and duty bearers as appropriate. The final design should specify how data collection and analysis methods integrate gender considerations throughout the evaluation process.

A Desk Review of relevant available annual reports from the CPA. A review of literature will include but not limited to relevant materials listed below which will be made available to the Evaluator. The Evaluator is expected to review and reference all literature cited in the inception and final reports. The Evaluator will, on his/her own accord, source other materials. CPA will make the following available:

- The CAC programme documents
- The CAC implementation standards
- The Sexual Offences Act and other relevant legislations
- Results frameworks for CACs
- Completed Monitoring forms and reports from CACs
- Budget for the programme, workplans, monitoring system, etc.
- Administrative data related to centres (case files, witness reports, etc.)

Primary data collection will be collected through in-depth, Key informant interviews, focus group discussion, individual face-to-face interviews with questionnaires, and case studies. All data collection instruments should be developed and pretested in the inception phase. The evaluation team is expected to ensure that the methodology allows for exploring the views of representatives of different stakeholders, including CPA, NGOs, social service providers, and UNICEF. Subject to evolving COVID19 social distancing regulations, the data collection methods will be reviewed before data collection.

#### Phase 2: Data collection

The Evaluator is expected to:

- Conduct KII and FGDs with the Director (and designated staff) of the CPA, CEOs of ChildLink and Blossoms, Social Workers; community members, service providers, healed victim (as per recommendation, parents/caregivers; and other key stakeholders.
- Conduct observation of centres that are providing CAC services.
- Manage all data in the field in accordance with principles of anonymity and confidentiality. The safety of data during the data collection phase will be the total responsibility of the evaluator.
- Collect the necessary data to respond to the VfM criteria and conduct the appropriate analyses.

An analytical framework will be developed by the evaluator, outlining how each evaluation question will be answered/measured and how the information will be collected. This matrix will serve to ensure data collection coherence, facilitate data triangulation, analysis based on both quantitative and qualitative data, and participation of stakeholders.

#### *Sampling*

Given that this is a mixed-method evaluation, the sampling methodology is also mixed. For the selection of regions, centres and personnel who will participate in this evaluation, a non-probability purposive sampling will be used, since the programme was implemented in specific locations.

The stratified sampling method will be used to select regions that did not implement this programme but will be engaged for comparison. This was chosen since the selection of these centres will be random within and without the regions where the programme was implemented.

#### Phase 3: Data Analysis and report writing.

The process will start at the inception phase when the evaluation team will propose a detailed methodology and the structure of the final report. Data analysis will progress simultaneously with the desk review and the in-country data collection. The draft final report will be reviewed by CPA, UNICEF, and national stakeholders. The evaluator will incorporate the comments received and submit the final report to UNICEF Guyana

Data analysis, report writing, and presentation of findings

The Evaluator will be responsible for the data analysis, writing of the report, and presentation of findings to partners:

- For the data analysis, the grounded theory methodology will be used, involving verbatim transcription, coding of data, development of themes, comparison and contrasting of themes, and recording of findings and theoretical propositions.
- The main findings will be presented by the Evaluator to National Stakeholders and three weeks will be allocated for comments.
- The writing of the report should be done in constant communication with UNICEF and CPA.
- The final report will be approved by CPA and UNICEF.

#### Validation of findings

Initial findings will be presented to stakeholders in a workshop to assess the validity/accuracy of the findings and their relevance to the Guyana context. Stakeholders will be invited during the workshop to provide feedback which will be documented and incorporated.

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

#### Limitations

At the time of writing this TOR, the main limitation posed to the CAC evaluation relates to the COVID19, which is affecting Guyana as it is the rest of the world. Currently, it is impossible to predict how the emergency will unfold in the coming months and whether constraints will be relaxed, continue or become more restrictive. This will be observed consistently.

#### Ethical considerations

UNICEF supports evidence generation conducted in full compliance with ethical considerations, including during evaluations, research, and data collection. Ethical considerations will be assessed and documented, and clearance will be sought before data collection can commence. The ethical review will include the complete set of evaluation documents including proposal, inception report, TOR, and related data collection instruments (interview guide), and other tools as applicable (consent form, protection protocol). Documentation for ethical clearance will be prepared by the evaluator in accordance with the requirements of the available Internal Review Board (IRB).

No data collected and or reviewed for this evaluation or data to which the evaluator is privileged during the time of the evaluation- as a direct or indirect result of being the evaluator for this evaluation- can be shared and or be used by the evaluator neither can s/he approve the use of the whole or any part of it, for personal or professional purposes, without approval in writing from the Child Protection Agency and UNICEF, jointly.

### EVALUATION NORMS AND ETHICAL CONSIDERATIONS

The Evaluator will follow the Ethical Guidelines for UN Evaluations (<http://www.unevaluation.org/document/detail/102>) and UNICEF procedure for ethical standards in research, evaluation, data collection, and analysis ([https://www.unicef.org/supply/files/ATTACHMENT\\_IV-UNICEF\\_Procedure\\_for\\_Ethical\\_Standards.PDF](https://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)).

To ensure that the key ethical principles for the conduct of evaluation involving human subjects are followed, each potential respondent will be given full information about the evaluation including the purpose and potential benefits of the evaluation, their rights, and how the information collected will be used. They will also be informed that all data will be kept confidentially being only accessible by members of the assessment team. Verbal consent will be collected from all those who agree to participate. Written ascent from

Parents/guardians and consent from children will be obtained. All participants will be informed of their right to discontinue their participation at any point and approaches for ensuring confidentiality will be described. Since children are expected to participate in the interviews, the inception report and methodology (including data collection tools, consent forms, and protection protocols) will need to go through an ethical board for review. The evaluation will not be able to proceed with the data collection **before being approved** by the ethical review committee. In this regard, the evaluator must consult and respect the norms and standards outlined in the document “Ethical Research Involving Children”: <http://childethics.com/wp-content/uploads/2013/10/ERIC-compendium-approved-digital-web.pdf>. Overall, the Evaluator is expected to be impartial, credible, responsible, honest<sup>1</sup>, portray integrity<sup>2</sup> and maintain respect for the dignity and diversity of the individuals interviewed, and respect for human rights, gender equity, and equality<sup>3</sup> throughout the evaluation process.

This evaluation follows the norms and standards established by the United Nations Evaluation Group (UNEG) (<http://www.unevaluation.org/document/detail/1914>) as well as the UNEG Code of Conduct for Evaluation in the UN system (<http://www.unevaluation.org/document/detail/100>) and will have to be endorsed by the Evaluator during the evaluation process.

The evaluator is required to disclose in writing any experience, of himself or his immediate family, which may give rise to a potential conflict of interest, and to deal honestly in resolving any conflict of interest which may arise during the evaluation. The External Ethical Advisory Group to give clearance of all processes.

## DISSEMINATION

The preliminary findings of the evaluation will be presented to stakeholders including the evaluation technical committee, at a workshop, to be followed by a question and answer session. The comments/concerns will be addressed by the Evaluator and the necessary changes made to the final report. Once completed, this report will be handed over to UNICEF and the CPA and then distributed in hard and soft copies to policymakers, heads of agencies, technical officers, development partners, and civil society. Copies will also be sent to CACs, communities, and other stakeholders to persons who were engaged in the data collection process. Summaries and child-friendly copies of the findings of the evaluation will be prepared and disseminated.

## QUALITY ASSURANCE OF DELIVERABLES

A Technical Reference Group composed of immediate stakeholders at the country level will be established to assure quality. The Reference Group will include UNICEF staff (Child protection Specialist, M&E Specialist, Regional Evaluation Specialist) and Government counterparts (CPA), donors, and other relevant stakeholders. The Reference Group will assess the quality of key evaluation products, including methodology and evaluation instruments, inception, and final reports. It will validate all intermediary documents. If not all members of the Reference Group can respond, a minimal quorum will be established. Comments by the Reference group will be submitted according to a deadline respecting the agreed chronogram. The Evaluation proposal should include a minimum of two weeks for any comments of validation by the Reference group and the External Ethical Review Group will also review the final report.

<sup>1</sup> The evaluation team must comply with the UNEG/UNICEF standards and guidelines:

**Ethical Guidelines for UN Evaluations** (2008): Available from [www.unevaluation.org/document/detail/102](http://www.unevaluation.org/document/detail/102) and **Code of Conduct for Evaluation in the UN system** (2008): Available from [www.unevaluation.org/document/detail/100](http://www.unevaluation.org/document/detail/100)

<sup>2</sup> The evaluation team must comply with the UNEG/UNICEF standards and guidelines:

**Ethical Guidelines for UN Evaluations** (2008): Available from [www.unevaluation.org/document/detail/102](http://www.unevaluation.org/document/detail/102) and **Code of Conduct for Evaluation in the UN system** (2008): Available from [www.unevaluation.org/document/detail/100](http://www.unevaluation.org/document/detail/100)

<sup>3</sup> Integrating Human Rights and Gender Equality in Evaluation – 2011

Towards UNEG Guidance,

[www.uneval.org/document/detail/980](http://www.uneval.org/document/detail/980)

<p>All reports (inception and final reports) will have to comply with UNICEF and UNEG reporting standards: <a href="https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FIN_AL.pdf">https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FIN_AL.pdf</a> and <a href="http://www.unevaluation.org/document/detail/608">http://www.unevaluation.org/document/detail/608</a>. The final evaluation report will be uploaded to UNICEF Evidence Information Systems Integration (EISI) and will be rated through the Global Evaluation Reports Oversight System (GEROS)<sup>44</sup>.</p>			
<b>Work Assignment Overview</b>			
Tasks/Milestone:	Deliverables/Outputs:	Timeline	Estimate Budget
Prepare inception report with final methodology, evaluation framework, analytical framework, workplan and final outline of draft and final reports.	<b>Inception Report</b>	By June 30	20%
Prepare draft report in line with UNEG and UNICEF's Global guidelines on reporting standards  Prepare draft visual summary presentation in PPT or other dissemination tools	<b>Draft Report and visual summary presentation</b>	By August 31	40%
Prepare final report in line with UNEG and UNICEF's Global guidelines on reporting standards) addressing all comments and recommendations made to the draft report and an evaluation brief.  Prepare final visual summary presentation in PPT or other dissemination tools	<b>Final Report and visual summary presentation</b>	By September 30	40%
<p>The following deliverables are expected at the proposed timelines</p> <p>The evaluator is expected to consult and follow the quality standards of the UNICEF evaluation reports, available at:</p> <p><b>Inception report:</b> <a href="http://www.unicef.org/evaluation/files/UNICEF_UNEG_TOR_Checklist_updated_June_2017.pdf">www.unicef.org/evaluation/files/UNICEF_UNEG_TOR_Checklist_updated_June_2017.pdf</a>;</p> <p><b>Final report</b> <a href="https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL.pdf">www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL.pdf</a></p> <p>To facilitate alignment with UNICEF standards, a template will be provided to the evaluator for the inception and the final report. The templates will follow this minimum recommended structure:</p> <p>Inception report</p> <ul style="list-style-type: none"> <li>i) Presentation of the <b>context and object of evaluation</b>;</li> <li>ii) <b>Purpose, objectives, and scope</b> of the evaluation;</li> <li>iii) Reconstruction of the <b>theory of change</b> (if absent);</li> </ul>			

<sup>44</sup> GEROS is a UNICEF organisation-wide system which aims at assessing the quality of final evaluation reports, information related to this system and its rating criteria can be found at: [https://www.unicef.org/evaluation/index\\_GEROS.html](https://www.unicef.org/evaluation/index_GEROS.html)

iv) Evaluation **framework** (evaluation **criteria and questions**), with an **evaluation matrix** (disaggregating each evaluation criterion, with evaluation questions, indicators, information sources, and methods of gathering information); it is recommended to share the example in annex 1 as an annex to all the ToR;

v) A complete **methodology** with:

- a) an explanation and rationale of the **methodological design**;
- b) B) sample and list of people to interview and sites to visit;
- c) **data collection tools** (questionnaire, interview guidelines, etc.);
- d) limitations and mitigation measures;
- e) **ethical considerations**;
- f) data **analysis** (how the data will be analysed, what technique will be used, software, etc.);
- g) dissemination of the evaluation.

Vi) A **work plan** and description of the **role and responsibilities** of each team member.

Vii) **Deliverables** and quality assurance.

Final report:

- i. Executive Summary (max. 5 pages)
- ii. Context and presentation of the object of the evaluation
- iii. Purpose, objectives and scope of the Evaluation
- iv. Evaluation criteria and questions
- v. Methodology
- vi. Limitations of the evaluation
- vii. Ethical considerations
- viii. Findings (by evaluation criterion)
- ix. Conclusions
- x. Learned lessons
- xi. Recommendations
- xii. Annexes: - ToR
  - Theory of change
  - Evaluation matrix
  - Information collection tools
  - List of sites visited and list of interviewees (categories)
  - List of documents consulted
  - Other relevant documents

All deliverables will be reviewed, and quality assured by UNICEF (Country and Regional offices) and the technical reference group. It is expected that the evaluator will respond to each comment received and the feedback provided will be integrated into the deliverable and a revised version will be submitted. The payment of each output will only be made when the revised version of the report is received and approved.

### Responsibilities of Key stakeholders

*UNICEF* will:

- Meet initially with the Consultant, the Director of CPA, and other staff identified by the CPA
- Follow-up and provide support to the consultant throughout the consultancy
- Review inception report and provide feedback for adjustment
- Review data collection instruments prepared by consultant
- Attend briefing meetings
- Review and provide feedback on draft deliverables



- Review and approve the final report before final payment is made to Evaluator
- Review and approve the summary presentation of results

*The CPA will:*

- Initiate meeting with CPA Officials and other stakeholders
- Inform CEOs of Blossom Inc., ChildLink, the staff of the CACs, and other key stakeholders of the purpose of the consultancy and the role they are expected to play.
- Provide the consultant with letters to be presented to key stakeholders and all potential respondents.
- Provide the consultant with materials that will include various monitoring and other reports as requested by the consultant.
- Review and provide feedback on draft deliverables

*The Evaluator will:*

- Meet initially with officials from the CPA and UNICEF to discuss the consultancy and timelines in detail.
- Will review all documents as provided by CPA
- Submit inception report with all relevant annexes.
- Incorporate feedback from UNICEF and CPA and finalise inception report before proceeding with fieldwork
- Conduct fieldwork and coordinate all activities
- Prepare and present a draft report to stakeholders and incorporate feedback
- Prepare and submit a comprehensive final report that addresses all comments and recommendations made by UNICEF and CPA
- Prepare and submit a summary presentation of results (PPT or other visual tools) for dissemination.
- The consultant shall act in a manner within the laws of the country of Guyana and the core values of UNICEF.

## WORK PLAN

The Evaluation Team is expected to provide a statement of health. The Evaluator will be fully responsible for the quality of that statement. The CPA and UNICEF shall assume no liability for the health and safety of the Evaluator; nor will CPA and UNICEF assume responsibility for the loss or damage of equipment or transport vehicles, or any injury done to a third party used in conjunction with this work.

**The Evaluator is expected to travel in the country (within the COVID-19 regulations) which should be catered for in the financial and technical proposals.** UNICEF's Monitoring and Evaluation Specialist will monitor the progress of the Evaluator's work and will be closely involved in providing quality assurance. The evaluator will work from his/her private space and use his/her computer and other equipment if necessary and will submit the final report in an electronic format

An **example of a work plan** is presented in Annex 1.

## APPLICATION REQUIREMENTS

All Candidates must provide the below information:

- A technical proposal for the assignment
- A financial proposal for the assignment

The *technical proposal* should include a detailed methodological proposal, a CV, a motivation letter, examples of previous evaluations, and other relevant information to ensure the quality of the presented proposal and minimise the disqualifications.

The Technical Proposal will be weighted thus:

Area	Maximum score
Quality of methodological proposal	20
Relevance of Qualification and experience	15
Motivation letter	10
Examples of previous evaluations (5 copies of contracts that prove participation in previous evaluation)	10
Availability for the assignment	5
<b>Total</b>	<b>60</b>

The **financial proposal** should be as detailed as possible, and it is recommended that the proposal be broken down by the proposed number of days of work and daily rate.

**Child Safeguarding**

Is this project/assignment considered as “[Elevated Risk Role](#)” from a child safeguarding perspective?

YES  NO If YES, check all that apply:

**Direct contact role**  YES  NO

If yes, please indicate the number of hours/months of direct interpersonal contact with children, or work in their immediately physical proximity, with limited supervision by a more senior member of personnel:

**Child data role**  YES  NO

If yes, please indicate the number of hours/months of manipulating or transmitting personal-identifiable information of children (name, national ID, location data, photos):

More information is available in the [Child Safeguarding SharePoint](#) and [Child Safeguarding FAQs and Updates](#)

<b>Budget Year:</b> 2021	<b>Requesting Section/Issuing Office:</b> SICRM	<b>Reasons why consultancy cannot be done by staff:</b> This task requires an objective person as it is an evaluation.	
<b>Included in Annual/Rolling Workplan:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, please justify:			
<b>Consultant sourcing:</b> <input checked="" type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Both		<b>Request for:</b> <input checked="" type="checkbox"/> New SSA – Individual Contract <input type="checkbox"/> Extension/ Amendment	
<b>Consultant selection method:</b> <input type="checkbox"/> Competitive Selection (Roster) <input checked="" type="checkbox"/> Competitive Selection (Advertisement/Desk Review/Interview)			
<b>If Extension, Justification for extension:</b>			
<b>Supervisor:</b> Monitoring and Evaluation Specialist	<b>Start Date:</b> June 1	<b>End Date:</b> September 30	<b>Number of Days:</b> 70

<b>Estimated Consultancy fee</b>			
Travel International (if applicable)			
Travel Local (please include travel plan)			
DSA (if applicable)			
<b>Total estimated consultancy costs<sup>i</sup></b>			
<b>Minimum Qualifications required:</b>	<b>Knowledge/Expertise/Skills required:</b>		

Bachelors	Masters	PhD	Other
<p>Social Sciences, Anthropology, Sociology, Social Work a specialisation in mixed-method evaluation will be an advantage</p>			
<ul style="list-style-type: none"> <li>- A minimum of 6 years of professional experience in leading and managing outcome and impact evaluations.</li> <li>- Proven experience in conducting evaluations and research, including in child protection areas, in particular violence.</li> <li>- Proven experience in the design and methods of qualitative and quantitative evaluation and research.</li> <li>- Proven experience in conducting value-for-money analyses</li> <li>- A demonstrable understanding of child protection</li> <li>- Proven experience in facilitating and collecting information, including data collection with children</li> <li>- Knowledge of the CACS in Guyana is desirable</li> <li>- Knowledge of the equity and gender approaches and their application</li> <li>- Knowledge of Results-Based Management</li> <li>- Fluency in spoken and written English</li> <li>- Good ability to write reports clearly and concisely.</li> <li>- Strong organisational, and presentation skills</li> </ul> <p>Desired: Previous experience with the United Nations Previous experience with UNEG Standards</p>			
<p><b>Administrative details:</b>            Visa assistance required:            Transportation arranged by the office:</p>			
<p>Home Based      Office Based:            If office based, seating arrangement identified: IT and Communication equipment required: Internet access required:</p>			

<sup>i</sup> Costs indicated are estimated. Final rate shall follow the “best value for money” principle, i.e., achieving the desired outcome at the lowest possible fee. Consultants will be asked to stipulate all-inclusive fees, including lump sum travel and subsistence costs, as applicable.

**Conditions and remarks:**

Individuals engaged under a consultancy or individual contract will not be considered “staff members” under the Staff Regulations and Rules of the United Nations and UNICEF’s policies and procedures and will not be entitled to benefits provided therein (such as leave entitlements and medical insurance coverage). Their conditions of service will be governed by their contract and the General Conditions of Contracts for the Services of Consultants and Individual Contractors. Consultants and individual contractors are responsible for determining their tax liabilities and for the payment of any taxes and/or

duties, in accordance with local or other applicable laws.

UNICEF has a zero-tolerance policy on conduct that is incompatible with the aims and objectives of the United Nations and UNICEF, including sexual exploitation and abuse, sexual harassment, abuse of authority and discrimination. UNICEF also adheres to strict child safeguarding principles. All selected candidates will be expected to adhere to these standards and principles and will therefore undergo rigorous reference and background checks. Background checks will include the verification of academic credential(s) and employment history. Selected candidates may be required to provide additional information to conduct a background check. Successful individuals will be required to produce the following:

- Certificate of good health
- Proof of Health Insurance
- Statement of good standing
- Designation of beneficiary form
- Mandatory training certificates from UNICEF's e-learning platform (prior to commencement of the Assignment)

**Institutional Review Board FWA00030719**

**Ministry of Health**

Brickdam, Georgetown, GUYANA

Telephone: 592-226-1224

E-mail: [guyanamoHIRB@gmail.com](mailto:guyanamoHIRB@gmail.com)

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**Memo**

**To:** Dr. Clement Henry  
**From:** Co-Chair, Institutional Review Board  
**Date:** September 1, 2021  
**Subject:** IRB Approval – New Protocol W# 008/2021

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The Ministry of Health's Institutional Review Board (IRB) has reviewed the request for approval of protocol # 008/2021 entitled "*The conduct of an Independent Summative Evaluation of Child Advocacy Centres (CAC)*" and has issued a waiver of the review process because the proposed project does not involve human subjects and/or does not have implications for the health of the participants. The IRB expects that, in keeping with the principles of ethical research practice, the researchers will take all reasonable precautions to protect the privacy of the participants and the confidentiality of their personal data.

The IRB reserves the right to rescind this waiver and/or to require a full review should the Board deem it necessary.

Should you have any questions please contact the *IRB Administrator* or the *IRB Chair* via email or telephone at the email address or telephone number listed above.



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Dr. Reeta Gobin

**Annex L: List of Qualitative Interviews**

<p>Representative UNICEF (1) 1. Programme Manager</p>
<p>Representative CPA (4) 1. Director and Deputy Director 2. Statistician 3. Statistical Officer</p>
<p>Representative from implementing NGOs (6) 1. Director of ChildLink Guyana 2. Director of Blossom Inc. 3. M&amp;E Officers ChildLink and Blossom 4. Forensic Interviewer 5. Counsellor</p>
<p>Representative -Law Enforcement (2) Police Officer Division 4A Police Officer Division 4C</p>
<p>Community Stakeholders by Region Region 1 (1) Region 2 (1) Region 3 (2) Region 4 (3) Region 5 (1) Region 6 (2) Region 7 (1) Region 10 (3)</p>

**Annex M: Survey Team**

#	Name	Role
	<b>Dr Clement Henry</b>	<b>Lead Researcher</b>
	Tiffany Barry	Project Research Coordinator
1	Alicia Singh	Interviewer Parent & Children Survey
2	Alisha Richards	Interviewer Parent & Children Survey
3	Donette Cummings	Interviewer Parent & Children Survey
4	Nickita Halley	Interviewer Parent & Children Survey
5	Shontell Jones	Interviewer Parent & Children Survey
6	Sheneca Castello	Interviewer Parent & Children Survey
7	Jonella Marcus-Dey	Interviewer Parent & Children Survey
8	Nichelle Cadagon	Interviewer Parent & Children Survey
9	Leonie Braithwaite	Interviewer Parent & Children Survey
10	Debra Pollard	Interviewer Parent & Children Survey
11	Sharon Hope	Interviewer Parent & Children Survey
12	Sheeana Carew	Interviewer Parent & Children Survey
13	Alicia Singh	Interviewer Parent & Children Survey
14	Alisha Richards	Interviewer Parent & Children Survey
15	Donette Cummings	Interviewer Parent & Children Survey



Annex N: Location of CACs on a Guyana Map



 CAC location