

**Summative evaluation of Romania for Every Child (RfEC) modelling project
in five localities in Romania:
Bacău, Moinești, Colonești, Corbasca and Brașov**

RFPS-LRPS-2023-9187010 Summative Evaluation RfEC

Inception report

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Abbreviations

AROPE	At risk of poverty or social exclusion
CAYAB	Children and Youth Advisory Board
CLC	Children's Local Councils
CFCI	Child Friendly Cities Initiative
EU	European Union
FG	Focus group
GoR	Government of Romania
ICC	Integrated Community Centres
LCU	Local Coordinating Unit
LSC	Local Steering Committee
MoE	Ministry of Education
MoH	Ministry of Health
MoIEF	Ministry of Investments and European Funds
MoLSP	Ministry of Labour and Social Protection
MPS	Minimum Package of Services
NCB	National Coordination Body
NGO	Non-governmental organization
PSSA	Public Social Assistance Services
QIE	Quality Inclusive Education
RfEC	Romania for Every Child
RIQL	Research Institute for Quality of Life
RSEs	Research, Studies, and Evaluations
SEN	Special Educational Needs
SOPs	Standard Operating Procedures
ToR	Terms of Reference

1. Introduction

This Inception Report is the first deliverable for the Summative evaluation of Romania for Every Child (RfEC) modelling project in five localities in Romania: Bacău, Moinești, Colonești, Corbasca and Brașov (Summative Evaluation RfEC) commissioned by UNICEF Romania. The evaluation will cover the project “Romania for every Child” implementation period - 1st of June 2021 – January 2024.

The project Romania for Every Child aims *to contribute to the social inclusion of all children and adolescents, especially vulnerable ones through quality, equitable and coordinated (integrated community based and specialized services) health, education and child protection services and protective social norms*. Through the project the integration of basic community-based services with more specialized health, education and social services into a continuum is achieved through modelled Integrated Community Centres (ICCs). The core innovation of the project lies in the ICCs, which serve as a pioneering model for integrated basic and specialized social services. These centres bring together community professionals—such as social workers, community nurses, school mediators, and school counsellors—to provide essential support. Additionally, ICCs bridge the gap to a wide array of specialized services, currently inaccessible to many vulnerable children and families, across various sectors (health, education, social protection).

Another innovation of the project is the implementation of the Child Friendly Cities Initiative (CFCI) which was piloted for the first time in Romania as part of this project. The Child Friendly Cities Initiative (CFCI) was launched by UNICEF and UN-Habitat in 1996 in response to the challenge of realizing children’s rights in an increasingly urbanized and decentralized world. One of the core dimensions of the Child Friendly City is represented by the child active engagement in the decision-making process. In order to develop relevant policies/decisions for children that reflect and address their concerns, needs, ideas and priorities, it is essential to involve them in the decision-making process. The active engagement includes also the marginalized and vulnerable children. For the safety and well-being of children, it is crucial that all child participation is transparent and informative; voluntary; respectful; relevant; facilitated with child-friendly environments and working methods; inclusive; supported by training; safe and sensitive to risk; accountable.

The tender was awarded in January 2024 to the Research Institute for Quality of Life. The kick-off meeting was held online on 21st February 2024. Meetings with UNICEF’s team to discuss their expectations from the Summative Evaluation RfEC and main data sources, data availability, main topics took place between April and May. The methodology and activities envisaged in the technical proposal were reviewed based on input received from UNICEF Romania. In addition, desk research was conducted in May 2024 based on the documents publicly available and the reports provided or indicated by UNICEF Romania.

During the inception phase, the research team:

- Discussed with the UNICEF team about their expectations from the Summative Evaluation RfEC and main data sources, data availability, main evaluation questions.
- Made an initial desk review to assess availability of statistical/administrative data regarding the five communities.
- Conducted a desk review of specialized studies and official documents related to the provision of social services at the local community level and to the implementation of the Child Friendly Cities Initiative (CFCI). The documents and reports previously developed within the project (Situation Analyses and Action Plans for the five localities, CFCI concept description, CFCI’s memorandums of understanding, Needs Analysis for the Integrated Community Centres and Optimisation Plans for Providing Specialised Services, Final technical reports, and Interim technical report) were also analysed.

- Developed a final methodological framework for the evaluation and specific tools for data collection.

This report briefly presents the context of the project at local and national level, the purpose, and objectives of the Summative Evaluation RfEC, the methodological approach, the time schedule, as well as quality assurance and ethical aspects. Annexes of this report contain the fully developed data collection instruments to be used for the field and online research.

This inception report was prepared by RIQL.

2. Context and evaluation objective

2.1. Project context at local and national level

Although Romania has improved its economy and has reduced the gaps compared with the other high income EU countries, it still has the highest rate of AROPE. Families with children, particularly those with two or more children and single-parent families, are among the most vulnerable. Children remain one of the most vulnerable groups, with certain categories being particularly exposed to the social exclusion.

Expenditure on family protection is considerably lower compared to other EU states, and the means-tested benefit system is inefficient and inadequate, particularly for households with children. Moreover, the entire system of social benefits (except pensions) has a low impact on poverty reduction compared to other EU states. Romania had the worst performance at the EU level during the period 2018-2023 (Eurostat - tespm050). The social benefits expenditures for family and children have constantly decreased since 2010, dropping from 1.7% of GDP to 1.2% of GDP in 2014, increasing again starting with 2019, when they reached the same level as in 2014. In 2021, the last year for which data are available, the family and children expenditure reached the highest level during the last decade (1.9% of GDP) but this was still well below the EU27 average (2.4% of GDP). Although the social benefits for families and children are underfunded and inefficient in targeting the most vulnerable groups, they remain the most important pillar of the family social protection system.

Social Protection

The underfunding of social benefits for families and children overlaps with the precariousness of the public social assistance system, which is poorly represented in the poorest areas. This situation carries a significant long-term social cost. An assessment of the child welfare system shows that approximately 15% of children in the welfare system come from a relatively small number of source communities. These communities are identified as marginalized, impoverished areas plagued by various cumulative problems, including high rates of unemployment, poor infrastructure, and substandard housing (Stănculescu et al., 2016). Braşov county is among 6 counties at national level overrepresented by these communities. The need analysis carried out by UNICEF in the targeted communities from Bacău county shows a high proportion of vulnerable children, particularly children with disabilities, without access to adequate support services. Data extracted from the Aurora database show that the children living in the rural localities from Bacău targeted by UNICEF project are confronted with various vulnerabilities, particularly children with disabilities and Roma children, who are among the most vulnerable. Additionally, children and families from these 11 surrounding rural localities lack access to affordable and adequate specialised social assistance services.

The inefficiency of intervention measures, especially those aimed at protecting the most vulnerable groups, perpetuates social exclusion and imposes long-term costs on society. This situation creates, as UNICEF stated in a funding proposal a “vicious cycle of intergenerational and structural poverty, societal disparities and inequality of opportunities”.

Most Public Social Assistance Services (PSSA) in rural areas or small towns operate with staff who lack formal training, thus lacking the necessary skills and competencies to assess cases, provide specific support to those in need or at risk, or monitor beneficiaries in the post-intervention phase.

The social services staff census conducted by the National College of Social Workers and UNICEF shows that the Bacău is among the counties with the highest number of the localities with a lower ratio of one social worker per 3000 inhabitants which should be optimal, while Braşov is just an average county in this regard with almost half of the localities passing the threshold (Lazăr et al., 2023). Still both Bacău and Braşov are among the counties above the average at national level by the number of the accredited social assistance providers (134, respectively 97 at the end of 2023). By the number of the social assistance accredited services only Bacău is among the counties with the highest number, with a total of 170 out of which 87 private and 83 public, while Braşov has only two accredited services, one private and the other one public.

Education

With around 40% of young people under 18 at risk of poverty or social exclusion in Romania according to Eurostat, increasing access to quality early, primary, and secondary education is crucial to improve social inclusion and opportunities for disadvantaged students. In fact, at the national level, participation and outcomes of disadvantaged students are significantly lower than their counterparts. For example, according to Eurostat, the early school leaving rate has remained high, especially in rural and small urban areas, particularly for Roma, despite a strategy dedicated to reducing it. At the same time, the transition from secondary school to high school is challenging, mainly for pupils living in rural areas, according to the Ministry of Education (2023). Participation in early childhood education continues to be the lowest in the European Union, with around a quarter of children aged 3-6 not enrolled in kindergarten, which affects their acquisition of skills needed to participate in education later in school.

Moreover, according to the latest data collected by the Fundamental Rights Agency surveys (FRA 2022), only a quarter of Roma children participate in early childhood education. At the same time, the primary and secondary school Roma students attend segregated schools. Another challenge at the national level is the highest percentage of 15-year-olds in the European Union without basic skills (below level 2 at PISA exams) in math, science, and reading (European Commission 2023). In addition to the issue of quality, there is also an equity problem, with the highest gap in PISA results between the most disadvantaged 25% and the most socio-economically privileged 25%.

According to the 2019 data analysed in the Braşov County Development Strategy for 2021-2030 (Braşov County Council 2021), at the county level, it is necessary to generalize hot meal/healthy meal programs in the context that the gross primary and secondary school enrolment rate was about 90% and school dropout is above the national average. At the same time, the strategy discusses that the number of specialized staff to provide educational assistance to children with SEN integrated into mainstream education needs to be higher.

According to the 2020 data analysed in the Bacău County Sustainable Development Strategy for the period 2021-2029 (Bacău County Council 2022), primary and secondary school results were considered poor, with lower participation rates and lower results in the National Assessment compared to the national average. At the same time, school dropout rates are higher than the national average.

Integrating educational and social policies and programs can create a more inclusive educational environment based on non-discriminatory principles and break the cycle of intergenerational reproduction of poverty and social exclusion.

The project complements national programs and strategies such as the National Dropout Reduction Program, funded by the National Recovery and Resilience Plan (PNRR) and the Early Warning Mechanism in Education (MATE), an institutional framework that identifies students at risk of dropping out of school.

At the same time, the strategic framework that served as the basis for adopting the new law on pre-university education (Law 198/2023) is the "Educated Romania" Project, which aligns with the principles of the RfEC project. Among the goals are providing quality education for all children and ensuring that educational reforms and policies to be based on the principle of equity.

Health

Romania's health status indicators are generally more detrimental than the EU average and there are also important health inequalities in the country, between regions, and especially between rural and urban areas (OECD, 2023). Some very common risk factors for noncommunicable diseases have alarming prevalence in adults (heavy drinking, low physical activity, low consumption of fruits and vegetables), but also in adolescents (smoking, overweight and obesity, low vegetable consumption) (OECD 2023). As regards the access to health services, the proportion of population reporting unmet medical care needs in Romania (4.9 %) is more than double compared to the EU average (2.2 %) and a high share of Romanians on low incomes report unmet needs, at nearly three times the rate of low-income households across the EU. The main driver of unmet needs is costs. The health system, social insurance based, provides, at least in theory, primary care services for all, even for non-insured. The specialty care is concentrated in urban areas, again, with important differences of infrastructure and human resources depending on the region and economic profile of the city. One important concern is related to access to preventive services, among which: access to health education (which was proved to be unsystematic), universal access to regular health checks (public data is missing), access to health services in schools (better represented in urban areas) and coverage with most important vaccines included in the national schema (decreasing).

Although the total populations do not differ significantly (Bacău - 599 thousand inhabitants, Braşov - 548 thousand inhabitants), the number of active medical personnel in the two counties is significantly different. Thus, according to data from the National Institute of Statistics for the year 2022 (INS-TEMPO, SAN 104B), in Bacău county, 1064 physicians practice (of which 250 are family doctors), while in Braşov county, 2035 physicians practice (of which 400 are family doctors). The difference also persists in terms of the number of dentists (360 in Bacău and 452 in Braşov) and the number of pharmacists (295 in Bacău, 736 in Braşov).

The health infrastructure in the two major cities where the project was implemented (Braşov and Bacău), although lacking, is significantly superior compared to the situation in other localities where the project is implemented. In Braşov, there are 8 public hospitals and 10 private facilities, while in Bacău there are 2 public hospitals and another 5 private ones. Beyond these major units, each of these two municipalities hosts hundreds of other offices (family medicine offices, specialty offices, or dental offices).

In the villages served by the community service centres in Coloneşti and Corbasca, as in the vast majority of the country's villages, there is only one family medicine office operating, even though some of these localities have over 5,000 inhabitants. The existing medical service offerings at the village level are supplemented by pharmacies, almost in every village, and a few dental offices. All these three types of health entities (family medicine offices, dental offices, and pharmacies) operate on reduced schedules, which further diminishes the accessibility of the services provided to the population.

Barriers to accessing medical services are based on two dimensions. On one hand, we speak of the coverage dimension, involving the availability of specialists in public health units and the level of equipment available in these units (Petre et al, 2023). On the other hand, there is the dimension of the high costs associated with accessing services offered by private clinics, which makes these services inaccessible to all population

categories (WHO, 2022). Certain services, such as dental services, are provided exclusively in the private sector and are primarily concentrated in large cities. A similar situation is found with pharmaceutical units, which are also concentrated in urban areas.

From the perspective of children's needs regarding medical services, analyses conducted in five communities have highlighted significant differences between the situations in the cities of Braşov and Bacău on one hand, and those in Moineşti, Coloneşti, and Corbasca on the other. While in larger cities, children typically visit doctors and dentists for routine check-ups, in smaller localities, the frequency of such preventive check-ups is significantly lower. However, behind this difference in behaviours regarding access to medical services lie socio-economic factors. In vulnerable families, access to medical services often occurs only in cases of severe illness.

On the other hand, children from disadvantaged backgrounds typically do not develop, through family guidance, the necessary habits for constant health monitoring and care. From this perspective, the need for medical education conducted in an institutional framework, through schools and family medicine offices, is very timely. This type of education can play a crucial role in promoting preventive healthcare measures and can help bridge the gap in healthcare utilization between different socio-economic groups.

Child participation in decision making at local level

Despite steps taken in recent years to support children's and young people's participation in local decision-making processes, progress has been limited in scope and coverage. Children's participation is often reduced to being informed and consulted on decisions already made. The main obstacle to increasing active involvement is adults' reluctance to support such initiatives (ChildFund Alliance et al., 2021; European Commission, 2021; SOS Children's Village, 2022).

The 2021 European Commission study highlights two challenges Romania must address: low child involvement in developing participation mechanisms and underrepresentation of vulnerable children in existing ones. The 2021 UNICEF report on children in Romania shows that most children see participation as active involvement in decision-making. However, the U-Report survey data reveal limited family decision participation: only 10% always participate, and 22% often. While education and nutrition are frequently discussed, children are often only informed about family welfare decisions. In schools, 16% of children never participate in decision-making, and 22% rarely do. Community-level participation is even lower, with 32% not involved. Most school participation involves consultations (43%), with 23% of these children informed about the final decision. Only 6% of children co-decide with adults, 5% are invited to decide, and 2% have full decision-making power.

Recent steps to promote children's participation in decision-making include the National Strategy for the Protection and Promotion of Children's Rights "Protected Children, Safe Romania" 2022-2027, which sets targets for child participation in collective decision-making processes. These targets include creating accessible policy documents with child participation and implementing a national program to strengthen current child participation mechanisms.

Involving children in local decision-making involves decisions related to school activities and educational processes, and youth participation in civic and political community life. Student councils represent and support students' interests in school decision-making processes. While the National Student Council and county-level structures have been active in promoting students' rights, many school-level student councils are either nonexistent or nonfunctional, especially in rural and small-town schools.

On the civic and political participation front, progress is generally limited, primarily driven by civil society and NGOs. The UNICEF Child-Friendly Cities Initiative exemplifies this, requiring local authorities to ensure child

rights by creating a safe environment, providing quality social, educational, and medical services, and reducing inequalities, especially for vulnerable children. Authorities must also implement anti-discrimination policies and involve children in local decision-making as equal partners, integrating their priorities into public programs. Similar projects supporting youth participation in decision-making processes have been carried out by several non-governmental organizations active in Romania, such as the World Vision Romania Foundation, the Federation of Non-Governmental Organizations for Children, and SOS Children's Villages. In some isolated cases, local authorities have also been involved. The most notable example is the Ciugud municipality, the first local administration in Romania to organize elections for children and give them an active role in setting local investment priorities.

2.2. Object of the evaluation

2.2.1. Project description

The UNICEF Country Office in Romania has started implementing the Romania for Every Child modelling project - "Making social inclusion real - breaking the cycle of exclusion for the most vulnerable children in Romania" funded from EEA/Norway Grants 2014-2021 in five localities in Romania (Bacău, Moinești, Colonești, Corbasca and Brașov) and in other 11 rural communities surrounding the five localities. The project is implemented in partnership with county and local authorities, including the County Council Bacău, Directorate for Social Assistance and Child Protection Bacău, Directorate for Public Health Bacău, Mayorality of Bacău, Directorate of Social Assistance Bacău, Mayorality in Moinești, Directorate of Social Assistance Moinești, Mayorality of Colonești, Mayorality of Corbasca, Mayorality of Brașov and Directorate of Social Assistance Brașov.

The project **Romania for Every Child** aims *to contribute to the social inclusion of all children and adolescents, especially vulnerable ones through quality, equitable and coordinated (integrated community based and specialized services) health, education and child protection services and protective social norms.*

The activities proposed within this project fully respect human rights and current legislation. Both during the data collection phase, which involves interaction with children or various categories of specialists, and in the phases related to information analysis and the drafting of the evaluation report, principles related to social equity and non-discrimination are central elements. Additionally, the project recognizes and ensures respect for gender equality and individual rights and freedoms, regardless of gender, social orientation, social class, age, etc.

Through the project the integration of basic community-based services with more specialized health, education and social services into a continuum is achieved through modelled Integrated Community Centres (ICCs). ICCs, the core novelty of the project, are a co-location and concept for basic social integrated services provided by the community professionals (social worker, community nurse, in cooperation with school mediator and school counsellor) and makes the connection to a broad range of much more specialized services (that are currently not in reach for too many of the vulnerable children and families) from different sectors. The ICC can (only) offer a single-entry point for beneficiaries – including a common data base (AURORA) for all community workers and is conducive for the joint case management setup.

The model project tested the development of ICCs to ensure access to a broad range of services, basic and specialized services in various areas. There are two scenarios for ensuring access to specialized services:

1. (Scenario for rural area) contracting by the municipality of specialists or service providers from a higher/county or national level to ensure services at local level,

and/or

2. (Scenario for urban area) organizing the provision of specialized services to fill in the existing gaps.

The project also aims to tackle discrimination and negative social norms, particularly concerning the inclusion of Roma children and children with disabilities.

Specific objectives of the project are:

1. At least 3,400 vulnerable children and 3,000 parents and caregivers living in Braşov and targeted localities from Bacău county (Moineşti, Bacău, Coloneşti, Corbasca and other at least 11 rural municipalities) are benefitting from integrated community based and specialized services (social assistance, health and (early) education), organised in 5 Integrated Community Services Centres (ICCs).
2. The 5 targeted cities/towns/communes (Braşov in Braşov County and Moineşti, Bacău, Corbasca and Coloneşti in Bacău County) are committed to fulfilling child rights as articulated in the UN Convention on the Rights of the Child by making the voices, needs and priorities of children an integral part of public planning, policies, programmes, and decisions influencing their lives and future.
3. The experiences, best practices and lessons learnt (including the data generated and the costing) from the project are documented and shared with national authorities to be used for developing relevant national laws and policies for (digital) integrated and community services.

Also, UNICEF implemented, for the first time in Romania, the globally recognised Child Friendly Cities Initiative to strengthen the accountability of the local public authorities in participating municipalities/towns/communities, to fulfilling rights of all children in their constituencies. According to the UNICEF Child Friendly Cities and Communities Handbook (2018), a child-friendly city is a city or community aiming to fulfilling child rights and where the children voices, needs, priorities and rights are an integral part of public policies, programmes, and decisions. In this way the community become a place where children (p. 10):

- Are safe and protected from exploitation, violence, and abuse.
- Have a good start in life and grow up healthy and cared for.
- Have access to essential services.
- Experience quality, inclusive and participatory education, and skills development.
- Express their opinions and influence decisions that affect them.
- Participate in family, cultural, city/community and social life.
- Live in a clean, unpolluted, and safe environment with access to green spaces.
- Meet friends and have places to play and enjoy themselves.
- Have a fair chance at life regardless of their ethnic origin, religion, income, gender, or ability.

As part of the Child Friendly Cities Initiative in Romania, children's local councils have been established in each of the five localities to act as consultative bodies nearby the Local Councils and participate in the decision-making processes and the CFCI process at local level. The Councils have been officially recognized and operationalized through official decisions of the Local Councils of each locality.

Theory of change of RfEC project

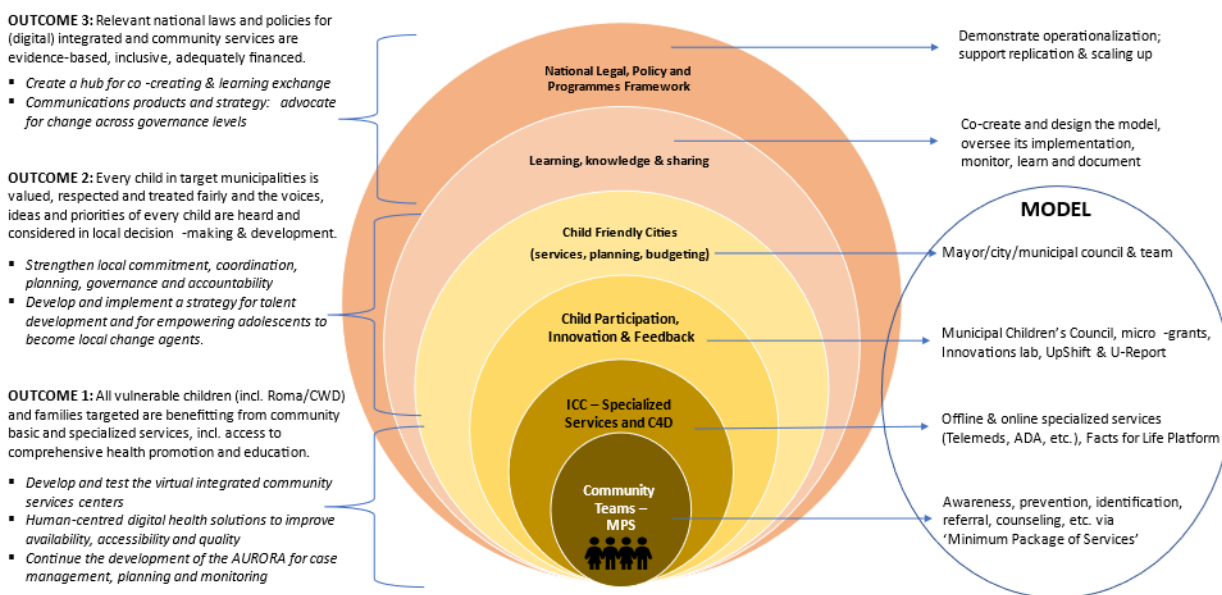
The change/ impact proposed by the ToC is an optimised health and social services through innovation and participation to promote wellbeing of all children in Romania (Figure 1). This will be fulfilled through three main outcomes: one targeting the development and integration of basic and specialised health and social services, the second focusing on fostering the child participation in local decision-making and the third related to the improvement of public policies to support scaling up the model. The project aims to optimize health and social services by working at six different levels: 1) community teams, 2) integrated community

centres, 3) child participation, innovation, and feedback, 4) child friendly cities, 5) learning, knowledge and sharing and 6) national legal, policy and programmes framework. According to the ToC, the model includes various activities for each level of intervention:

- For the community team, the interventions include awareness, prevention, identification, referral, counselling etc. via a minimum package of services.
- For ICC, offline and online specialized services (telemedicine, ADA, etc), and the Facts for Life Platform are proposed.
- For child participation, the interventions include the Municipal Children’s Council, micro-grants, Innovations Lab, UpShift and U-Report.
- For Child Friendly Cities, the interventions involve the mayor/city/municipal council and team.
- For learning, knowledge and sharing, the interventions are related to co-creating and designing the model, overseeing its implementation, and monitoring, learning, and documenting the model.
- For the national legal, policy and programmes framework, the proposed interventions are designed to demonstrate operationalization, support replication and scaling up of the model.

Figure 1. RfEC project theory of change (ToC)

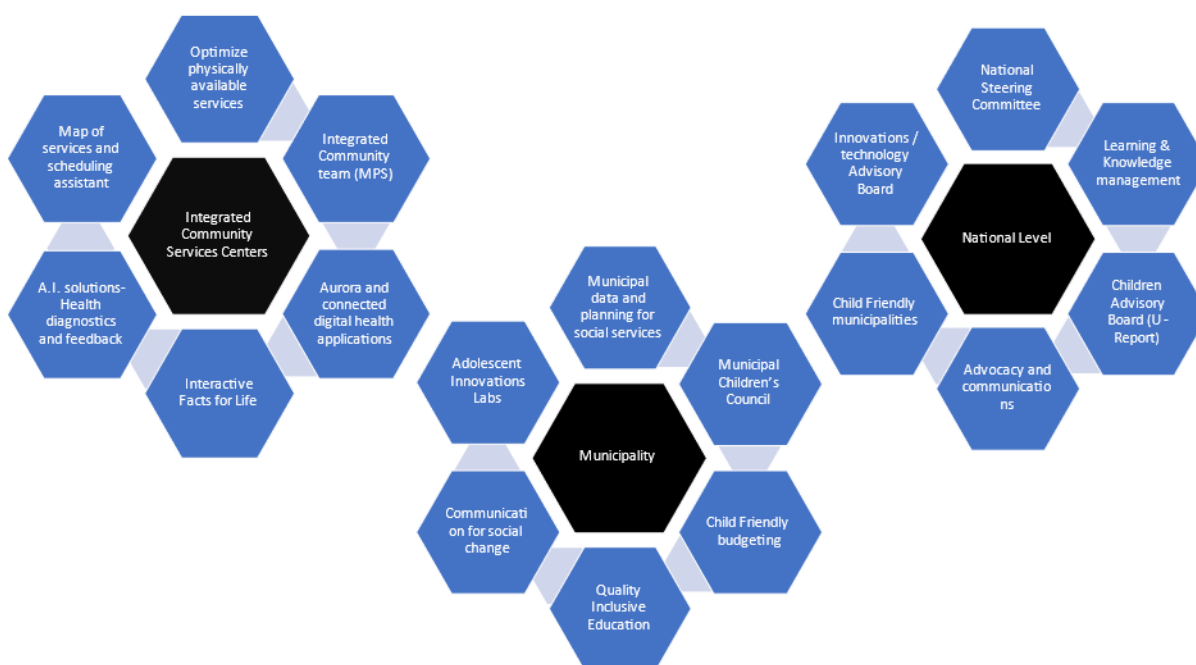
Optimizing health and social services through innovation & participation to promote the wellbeing of all children in Romania



According to ToC, there are three main packages of the model. The first package is dedicated to Integrated Community Services Centres, the second to the municipality level and the third to national level. The main components for each package are (Figure 2):

- Integrated Community Services Centres – optimise physically available services, integrated community team (MPS), AURORA and connected digital health applications, interactive Facts for Life platform, A.I. solutions – Health diagnostics and feedback, map of services and scheduling assistant.
- Municipality level package includes municipal data and planning for social services, Municipal Children’s Council, Child friendly budgeting, quality inclusive education, communication for social change, Adolescent Innovations Labs.
- National level package consists of National Steering Committee, Learning and knowledge management, Children Advisory Board (U-Report), advocacy and communication, Child Friendly municipalities, and Innovations/ Technology Advisory Board.

Figure 2. The model packages



The main outcomes of the project according to the theory of change are:

OUTCOME 1: All vulnerable children (incl. Roma/CWD) and families targeted are benefiting from community basic and specialized services, including access to comprehensive health promotion and education.

- Develop and test the virtual integrated community services centres
- Human-centred digital health solutions to improve availability, accessibility, and quality
- Continue the development of the AURORA for case management, planning and monitoring

OUTCOME 2: Every child in target municipalities is valued, respected, and treated fairly and the voices, ideas and priorities of every child are heard and considered in local decision-making & development.

- Strengthen local commitment, coordination, planning, governance, and accountability

- Develop and implement local action plans based on the findings of the situation analysis of child rights and promoting child participation in the decision-making processes at the local level.

OUTCOME 3: Relevant national laws and policies for (digital) integrated and community services are evidence-based, inclusive, adequately financed.

- Create a hub for co-creating & learning exchange
- Communications products and strategy: advocate for change across governance levels

In order to fulfil the outcomes and proposed objectives, for each were implemented a series of activities as follows:

Objective 1. At least 3,400 vulnerable children and 3,000 parents and caregivers living in Braşov and targeted localities from Bacău county (Moineşti, Bacău, Coloneşti, Corbasca and other at least 11 rural municipalities) are benefitting from integrated community based and specialized services (social assistance, health and (early) education), organised in 5 Integrated Community Services Centres (ICCs)

A1.1 The setup of 5 ICC for community-based and specialised integrated services provision in three urban and two rural localities

Indicators for achieving the activity results and deliverables:

- The need analysis for all 5 ICCs (for each locality which includes the referral municipalities) performed - 5 (target 5)
- Plan for optimisation of specialised services developed – 5 (target 5)
- ICC set-up – 5 (target 5)
- Number of specialists contracted by local authorities – 28 (target – minimal 20, maximal 25)

A1.2 Provision of integrated community-based and specialised services in 3 urban and 2 urban localities

Indicators for achieving the activity results and deliverables:

- Number of children and parents/caregivers benefitting from services provided by ICCs disaggregated by rural/urban, gender, age, ethnicity, etc. - 6419 children and parents (Target 3,400 children and 3,000 parents)
- Number of of joint training hours/sessions organised for the community team – 60 (target 20)
- Number of capacity building for specific in-services training for each of the professionals - no information provided by the final report (target 20)
- Number of activities addressing stigma and discrimination – 15 (target: one per community each year)
- Number of information and awareness activities for parents and caregivers on health-related practices, early stimulation needs and practices and positive disciplining practices – 20 (target: one per community each year)
- Number of of persons reached by information and awareness activities 6419 children and parents (target 3400 children)
- Evaluation – beneficiaries' satisfaction - 1 (target 1)
- Evaluation using OECD criteria – mid year and end of the project - 1 (target 1)

A1.3 The set-up and testing the virtual integrated community services centres

Indicators for achieving the activity results and deliverables:

- Digital solution identified – 1 (target 1-2 per ICC)
- Digital solutions included in the plan for optimising specialised services – 0 (target at least 1 per ICC)
- Number of children and parents/caregivers using digital services of the ICCs – 0 (target – 300 children, parents, and caregivers)

A1.4 Strengthening the Capacity of School Staff to Promote Quality Inclusive Education

Indicators related to activity outputs and their final value:

- The analysis of school personnel needs and capacity to promote quality inclusive education in Moinești, Bacău, and Brașov: 1 (target: 1)
- Toolkit for inclusive education. 1 (target: 1)
- Curriculum designed for inclusive education workshops (curriculum for quality inclusive education and for emotional skills): 1 (target: 1)
- Workshops on quality inclusive education: 12 (target: 12)
- School staff participating in inclusive education workshops: 94 (target: 70)
- Workshops on social-emotional skills: 12 (target: 12)
- School staff participating in workshops on socio-emotional skills: 70 (target: 70)
- Parenting workshops for school staff: 12 (target: 12)
- School staff participating in parenting workshops: 110 (target: 70)
- Number of parenting education sessions. 886 (target: 420)
- Number of parents participating in parenting education sessions: 984 (target: 630)
- Extra-curricular activities covering social-emotional skills involving children and teachers at school level: 279 (target: 210)
- Curriculum designed for digital skills courses: 1 (target: 1)
- Digital competence courses: 12 (target: 12)
- School staff participating in digital competence courses: 136 teachers enrolled, of which 83 completed the three training modules (target: 70)
- Staff in schools benefiting from mentoring activities: 370 (target 100)

A1.5 Strengthening staff capacity to promote early childhood education and care (ECEC)

Indicators related to activity outputs and their final value:

- Ante-pre-school and pre-school educators and staff participating in the capacity building program for the promotion of early childhood care and education: 132 (target: 35)
- Curriculum designed for quality ECEC training course: 1 (target: 1)
- Number of ECEC training courses: 12 (target 6)
- Number of schools benefiting from teaching equipment and materials: 12 (target 7)

Objective 2. The 5 targeted cities/towns/communes (Brașov in Brașov County and Moinești, Bacău, Corbasca and Colonești in Bacău County) are committed to fulfilling child rights as articulated in the UN Convention on the Rights of the Child by making the voices, needs and priorities of children an integral part of public planning, policies, programmes, and decisions influencing their lives and future.

A2.1 Establishment of the national framework for Child-Friendly Cities Initiative (CFCI) and its operationalization

Achievement indicators for activity results and their final value:

- National Coordinating Body (NCB) established and operational - One committee (target: 1), defined terms of reference, 6 meetings (target 7)
- Number of trained NCB members on CFCI -16 (target 15)
- ILPC-2 index advisory meetings (target 3)
- Index for Child-Friendly Localities/Cities defined and approved by NCC-1 (target 1)

A2.2 Establishment and operationalisation of the governance infrastructure for child-friendly municipalities/cities/communes at a local level

Achievement indicators for activity results and their final value:

- Memorandum s of Understanding concluded for the implementation of CFCI-5 (target 5)
- Local Coordination Committees (LCC) established and operational – 5 committees (target 5), defined Terms of Reference, 37 LCC meetings (9 meetings in one locality, 8 in another, 7 in two localities and 6 in one locality) (out of a target of 40); Meeting minutes
- Local Coordination Units (LCU) established and operational-5 (target 5)
- LCC and LCU members trained on CFCI. 79 (14 Moinești, 16 Bacău, 19 Brașov, 13 Colonești, 17 Corbasca) (target 70)

A2.3 Assessment of the situation of children in the 5 target municipalities/ cities/ communes

Achievement indicators for activity results and their final value:

- Analysis of the children’s situation in each target locality -5 completed (target 5)
- Number of local meetings to discuss and disseminate the assessment results on the children's status - 10 local meetings (2 in each target locality) (target 10)

A2.4 Development of a CFCI Action Framework and Action Plans

Achievement indicators for activity results and their final value:

- LCC (Local Coordination Committees) meetings to discuss preliminary action plans- 10 (merged with meetings to analyse the status of children's rights) (target 10)
- Action Plans developed and approved by LCC-5 (target 5)
- Action Plans developed and approved by NCC- 5(target 5)
- Target localities that become candidates for the title of Child-Friendly Locality/ City-5 (target 5)

A2.5 Integration of children's participation in local decision-making processes throughout the CFCI process

Achievement indicators for activity results and their final value:

- Number of children participating in CFCI-115 orientation workshops (target 100)
- Number of children participating in workshops on children's rights in all target localities - 1,865 (target 1690)
- Participatory mechanisms of children- 5(target 5)
- Number of meetings of the consultative structures of children from Brașov and Moinești-22(target 20)
- Number of children members of Local Children's Councils participating in an experience exchange- 24(target 25)
- Number of children participating in workshops for children members of Local Children's Councils in the 4 target localities - Bacău, Colonești, Corbasca and Brașov - 70 (target 86)

A2.6 Promoting a learning environment among the relevant actors involved in CFCI implementation

Achievement indicators for activity results and their final value:

- Nr. of study visits organized - 1 (target 1)
- Exchanges of experience organized between the 5 target localities - 3 (target 3)

Objective 3. The experiences, best practices and lessons learnt (including the data generated and the costing) from the project are documented and shared with national authorities to be used for developing relevant national laws and policies for (digital) integrated and community services.

A3.1 Establishing a Coordination Committee (CC) to guide the overall implementation of the project and provide strategic directions for monitoring, knowledge management, and project evaluation.

Indicators of activity results and their final value:

- Functional Coordination Committee (one initial meeting, then meetings every six months) - 4 (instead of 6)
- Annual evaluations conducted and presented at CC meetings - 3
- Products based on accumulated knowledge, created during project implementation - 6
- Special section created on the ANPDCA website and periodically updated with tools, lessons learned, documents, and other relevant materials – 1
- Advocacy plan developed and implemented – 1

A3.2 Development of the communication and advocacy strategy and materials for the project, and support for ensuring its sustainability and replication

Indicators of activity results and their final value:

- Project communication and advocacy plan - 1
- Project visual identity and promotional materials (logo, standard formats, folders, notebooks, pens, t-shirts) - Logo, standard formats, folders, notebooks, pens, t-shirts, roll-ups designed and produced
- Advocacy and communication materials – 2 animated films; 2 documentaries; 5 promotional billboards; 3 brochures; 2 stories of interest presented online; ILPC manual, master presentation and brochure translated
- Special project page (landing page) on the UNICEF website in Romania - Special page created on the UNICEF website in Romania and periodically updated
- Events organised for the project launch and closure – Launch event organised
- Regional round tables - A total of 10 round tables, or working meetings, were organised, including in Braşov, Coloneşti, Constanţa, and Bucharest (at the Senate and the Chamber of Deputies), where best practices regarding integrated community centres and the Romania for Every Child initiative were shared
- Field visits with one of UNICEF's national ambassadors in Romania / relevant decision-makers - Six field visits were organised to draw public, authorities', and other key stakeholders' attention to the necessity and importance of this type of intervention
- National events for announcing and awarding the title of Child-Friendly Locality – 1 event
- Number of key decision-makers and journalists who support and participate in the initiative - 180
- Number of views of the project's webpage – 24,490
- Number of potential views of project-related content on TV, radio, in print and online media - 14,107,098
- Posts about the project, its stages, and results on UNICEF Romania's social media channels (Facebook, Instagram) and on YouTube – 122
- Number of potential views on UNICEF's social media channels (Facebook, Instagram) and YouTube - 2,457,946

A3.3 Ensuring general management, implementation, monitoring, and evaluation of the project

Indicators of activity results and their final value:

- Management and implementation teams created and functional - 2
- Monitoring and evaluation plan developed - 1
- Monitoring visits/online meetings in the localities included in the project conducted by the UNICEF team - 32
- Number of participants in the workshop organised to present the evaluation results - Not applicable

The proposed budget of the Romanian for Every Child modelling project was: 25,680,576 Lei. The grant rate is 81.37 %. The amount of requested grant was 20,897,024 Lei and the PP's private contribution was 4,783,552 Lei.

2.2.2. Hypothesis

The integration of basic community-based services with health, education, and social services into a continuum through modelled Integrated Community Centres (ICCs) leads to better accessibility and quality of services for the most vulnerable children and families. At the same time, the "Romania for Every Child" modelling project brings a social innovation in how integrated services are provided at local level targeting a "microregion" to increase the effectiveness and efficiency of the services and giving flexibility to local authorities to develop services that respond to various needs of the communities' members.

The CFCI component of the modelling project makes the children's voice more powerful at local level and brings a new perspective to decision making process in which children become active participants. Implementing the model contributes to the fulfilment of child rights and actively involves children in public planning and decision-making, thus enhancing their well-being and social inclusion.

2.2.3. Previous studies on the project

In 2021, Needs Analysis and Optimization Plans for Providing Specialised Service were conducted for the five selected localities to establish Integrated Community Centres (Bacău, Braşov, Coloneşti, Corbasca, and Moineşti). In drafting the needs analyses, both secondary data sources (INS-TEMPO database, county statistical yearbooks, local development strategies, etc.) and quantitative data collected through administering a data sheet at the administrative unit level, as well as qualitative data obtained through in-depth interviews and focus groups, were used.

Through data analysis, local needs studies were drafted, which outlined the coordinates of the social service needs based on local specifics, and recommendations for subsequent project implementation stages were formulated.

The analyses conducted in the previous stages of the project revealed that the vulnerable populations in the five local communities face harsh social issues, largely driven by low standards of living and poor access to educational, health, and social assistance services. A significant difference between rural and urban areas is evident in the accessibility of these public services. Vulnerable children and families in rural areas have particularly limited access to medical and educational services because these specialized services are generally concentrated in the cities.

The needs assessment studies' conclusions highlight that in the educational field, the primary needs include increasing school inclusion, reducing discrimination, facilitating school attendance for children from poor families, and supporting the continuation of education beyond the eighth grade. These challenges are especially acute in rural communities, where access to essential services is markedly more restricted compared to urban areas.

Regarding the medical field, children's needs are complex, ranging from emphasizing prevention and increasing access to primary medical services to providing specialized services. A very important component in this regard is increasing access to medical services offered through family medicine. In the area of social assistance services, the analyses identified multiple deficiencies in covering the vulnerable population with such services and highlighted the need to develop the capacity of authorities and NGOs to provide services at the local level.

The optimization plans proposed measures to improve the activities conducted within the integrated community centres, closely linked to the local community needs identified in the Needs Analysis. The optimization plans were updated and supplemented throughout the project implementation period, as a result of recorded progress and challenges identified at the local level. These documents include descriptions of the socio-medical needs of the communities (across the dimensions of education, health, social, and institutional capacity), SWOT analysis of the communities where the service centres will operate, identification of the centres' priorities and objectives, the strategic vision of the centres, and the planning model for activities at these levels.

Beyond these documents developed at the start of the project, technical reports were periodically prepared that presented, for each activity, the stage of project implementation, progress recorded during the reporting period, and the status regarding the achievement of the planned indicators.

3. Evaluation general and specific objectives

3.1. General objective

According to ToR, the main purpose of the evaluation is to assess how the Romania for Every Child model addressed the challenges faced by the children and families from the targeted communities. Throughout the evaluation process, elements related to gender, equity, discrimination, and child rights will be considered.

The evaluation will cover the period from June 2021 to January 2024, based on the Theory of Change, with a focus on the 5 municipalities: Bacău, Moinești, Colonești, Corbasca, and Brașov.

3.2. Specific objectives

According to ToR, the evaluation objectives are as follows:

- Evaluate the relevance, effectiveness, efficiency, sustainability, impact, and coherence of the Romania for Every Child model.
- Identify and document the key elements contributing to the success and replicability of Romania for Every Child, as well as main bottlenecks and barriers in implementation.
- Document key lessons learned from the implementation of Romania for Every Child and propose recommendations for improvement.
- Make recommendations for further actions related to the sustainability, scalability of the Romania for Every Child as a whole or elements of it throughout the country.
- Identify the way in which the Romania for Every Child model is relevant and has produced results in addressing issues related to gender, equity, diversity, non-discrimination, and the overall advancement of child rights.

The evaluation will:

- Assess the development, dynamics, and results of Romania for Every Child since its inception (June 2021) up until January 2024.

- Examine the various components implemented within Romania for Every Child from June 2021 to December 2023 using a results-based management approach.
- Identify the main achievements in program implementation in relation to Romania for Every Child goals, as well as the opportunities and constraints encountered. This should include lessons learned from documentation and research initiatives by implementing partners.
- Highlight the most efficient elements that could form the core of future scaled-up interventions.
- Identify successful elements that should be integrated into relevant public policies.
- Determine complementarity with other initiatives and explore sustainability opportunities within the current national framework for child rights and in alignment with European guidelines.
- Evaluate Romania for Every Child's results from a gender and ethnic perspective, assessing whether the intervention has led to improvements. Specifically, assess whether Romania for Every Child effectively and efficiently addresses ethnic disparities in access to services and their quality.
- Analyse whether ethical aspects were overall considered and promoted by Romania for Every Child.

3.2.1. Child and human rights

Evaluation objectives for child's rights are crucial in ensuring the protection, promotion, and fulfilment of the rights of every child. These objectives aim to assess the effectiveness of policies, programs, and initiatives in upholding the principles of the United Nations Convention on the Rights of the Child. By evaluating the implementation and impact of these measures, we can identify areas of improvement, address gaps, and ensure that all children have access to their fundamental rights, including the right to survival, development, protection, and participation. Child and human rights objectives are as follows:

- Evaluate the extent to which children were involved in decision-making processes and if their views were given due weight according to their age and maturity level.
- Assessment of the impact of Romania for Every Child on caregivers and professionals in understanding and implementing children's rights within care, education, and medical settings.
- Assessment of the effectiveness of the project in addressing child rights violations, including the extent to which the project has contributed to the reduction of child rights violations in the areas of education, health, child protection, and participation.
- Assessment of the degree of awareness and understanding of child rights among public authorities, including the extent to which public authorities have enforced child rights through quality policies, plans, by-laws, and resource allocation.
- Assessment of the extent to which the Romania for Every Child has promoted children's participation in decision-making processes, including the extent to which children have been involved in the development and implementation of policies and programs that affect their rights.
- Assessment of the extent to which the Romania for Every Child has supported the most vulnerable children, including children with disabilities (CWD), Roma children, children coming from deprived economic backgrounds.

3.3. Evaluation users

The results of the evaluation will be used by local authorities and institutions in the 5 communities that benefited from the project intervention to improve the services offered and the activities carried out in the CCI and schools. They will also be used to stimulate children's participation in decision-making.

County authorities will use the evaluation results to implement the ICC and CFCI in other localities within the county. Understanding the challenges, success factors, and pitfalls can facilitate the implementation of similar projects in other localities. Additionally, they will be able to analyse successful collaboration strategies between localities and explore the development of micro-regional projects in the future.

At the national level, the evaluation will support the introduction of specialized services at community level and the development of inclusive education. It will also help identify how the CFCI can be replicated in other communities to enhance children's participation.

4. Evaluation framework

According to ToR, the evaluation questions will consider OECD-DAC criteria, and are expected to provide accurate insights related to the objective of the evaluation, scope, and focus. Also, the evaluation questions should aim to identify and describe the lessons learned during implementation from the perspective of having the intervention scaled up under similar implementation limitations and to identify the elements that were relevant from the gender, equity, and child rights perspective.

The following evaluation questions should include (but are not exhaustive):

Questions related to **relevance**:

- Are the activities and outputs of the project consistent with the overall goal and its objectives?
- To what extent has the project been developed and implemented in line with the key criteria for model projects?
- To what extent is the project relevant to national policies and programmes?

Questions related to **coherence**:

- To what extent are the interventions aligned with other interventions in sectors that are influencing the same potential outcomes?
- To what extent are the interventions consistent with the relevant national and international norms and standards to which that institution/government adheres?
- To what extent are the interventions complementing, harmonized and co-ordinated with others, and the extent to which the intervention is adding value while avoiding duplication of effort?

Questions related to **effectiveness**:

- Did the interventions of the project address the needs identified at the level of the most vulnerable children?
- Does the project contribute to the capacity development at school level for the teachers?
- Which parts of the project are most and least effective? What factors explain success?

Questions related to **efficiency**:

- Does the project use the resources in the most economical/efficient manner to achieve expected results?
- What is the value added (in terms of financial value) of the project?
- Are the cost implications for scaling up considered?

Questions related to **sustainability**:

- What are the interventions modelled that are most likely to continue when external support is withdrawn?
- Is the project replicable? Are any adjustments of the model needed for replication?
- What recommendations could be made to the Government of Romania (GoR) to replicate and scale up such a model?

Questions related to **impact**:

- What change did the project determine or influence at the level of beneficiaries (children and their families), professionals, communities, public administration – at local, county and/or national level?

Other questions (included in ToR):

- What are the lessons learned at each level of intervention that should be considered for implementation and further replication of the project?
- Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?
- Are all processes based on a child/human rights approach? Are any age and gender issues considered in providing the services?

4.1. Relevance

1. Are the activities and outputs of the project consistent with the overall goal and its objectives?

Sub-questions:

- Are the activities and deliverables set out in the project sufficient to achieve its overall and specific objectives?
- Are changes/ improvements made in activities and deliverables during the project implementation to ensure the achievement/ a better achievement of the project's overall goal and specific objectives?
- Is the selection and training of human resources adequate to provide integrated services in the targeted communities?

2. To what extent has the project been developed and implemented in line with the key criteria for model projects?

Sub-questions:

- Is there a clear theory of change of the model, outlining main hypothesis, inputs, objectives and expected results that are conducive to a scale-up?
- What are the main changes of the model's theory of change during its implementation? Why did these changes occur?
- Was the integrated services model provided as intended at the local level regarding staff, resources, and available services?
- What are the differences between the initial model and its implementation at the local level?
- What are the main differences between the 5 developed ICCs at the local level?
- Was the CFCI concept implemented as intended at the local level regarding staff, resources, and child participation?
- Were all relevant partners involved in the design and implementation of the model?
- Was a baseline established initially, or in the early stages of the implementation, to assess progress against expected results?
- Are there any clear specifications related to the human resources required for the implementation of the model?
- Is there a clear termination date and plan of the model?
- Is there a clear monitoring and evaluation mechanism of the model, ensuring proper documentation of progress and lessons learned?
- Are strategies developed, implemented, and budgeted to disseminate results?
- Was there a clear planned, budgeted and implemented plan to document the practice?

3. To what extent is the project relevant to national policies and programmes?

Sub-questions:

- To what extent is the project results relevant to the national policies, strategies and programmes in child protection, social protection, education (including early childhood) and health areas?
- To what extent do the activities implemented in the Integrated Community Service Centres (ICC) contribute to the national objectives of improving access to 1) quality early childhood education and care, reducing early school leaving / 2) social services/ 3) better health services and promoting human rights, gender equality and equity?
- To what extent do the services (health, social services, education) provided in the project meet quality standards?
- To what extent the findings and recommendations related to the health sector could contribute to achieving universal health coverage in early childhood?
- To what extent the CFCI is relevant for the policies that stimulate child participation/ for the National Strategy for Child Rights Protection and Promotion “Protected Children, Safe Romania” 2023-2027?

4.2. Coherence

1. To what extent are the interventions aligned with other interventions in sectors that are influencing the same potential outcomes?

Sub-questions:

- To what extent are the project interventions aligned with the National Strategy for Child Rights Protection and Promotion “Protected Children, Safe Romania” 2023-2027, including human rights, gender equality, and equity considerations?
- How are project interventions aligned with other policies and interventions that promote integrated services?
- How are project interventions aligned with other policies and interventions that promote increasing participation in quality early childhood education and care, improving basic skills, and reducing early school leaving?
- Are the project interventions in the health sector aligned with the National Health Strategy?
How are project interventions aligned with other policies and interventions that promote increasing child participation in decision-making?

2. To what extent are the interventions consistent with the relevant national and international norms and standards to which that institution/government adheres?

Sub-questions:

- To what extent are the social services consistent with the quality and cost standards for social services?
- To what extent are educational interventions consistent with the norms and principles specified in the Education Law or other relevant legislation?
- Are the project interventions in the health sector aligned with the national health legislation?
- To what extent are the interventions of CFCI consistent with its international standards?

3. To what extent are the interventions complementing, harmonized and co-ordinated with others, and the extent to which the intervention is adding value while avoiding duplication of effort?

Sub-questions:

- To what extent are the services provided consistent and complementary with the services provided by other public institutions, NGOs or private providers in the localities covered by the project?
- To what extent are educational interventions harmonized/complemented with other similar types of interventions implemented by schools or local authorities?

- To what extent the project interventions in the health sector are harmonized/complemented with other health services/interventions in schools or communities?

4.3. Effectiveness

1. Did the interventions of the project address the needs identified at the level of the most vulnerable children?

Sub-questions:

- To what extent have the ICC's services (medical, social, and educational), educational activities addressed the needs identified in the communities at the beginning, particularly regarding the most vulnerable and marginalised groups, including gender considerations?
- To what extent have the ICC services (medical, social, and educational), the educational activities, and the parenting education services had a high coverage for socio-economically disadvantaged children and families, including addressing gender disparities?
- To what extent have the ICC services, educational activities, and parenting education services meet the needs of the most vulnerable children and disadvantaged families?
- Did the project interventions in the health sector address the needs of the most vulnerable children? Were the health services financed through the project well-directed and needed by most vulnerable children?
- To what extent have the Action Plans for the CFCI addressed the needs of child participation at the local level?
- To what extent have the activities developed under CFCI included vulnerable children?

2. Does the project contribute to the capacity development at school level for the teachers?

Sub-questions:

- What is the project's contribution to increasing the institutional capacity of schools to address the diversity of vulnerabilities faced by children and their families?
- How does the project help the teachers to implement better inclusive education that considers human rights, gender equality, and equity?

2. Which parts of the project are most and least effective? What factors explain success?

Sub-questions:

- What are the project's activities most effective? Why?
- What are the project's activities least effective? Why?
- What are the project's most/ least effective activities in promoting human rights, gender equality, and equity? Why?
- Which activities have significantly improved the access to integrated services at the local level particularly for marginalised groups? Are there differences between municipalities?
- What factors explain the success of ICCs?
- What were the main challenges in implementing the ICCs services?
- Which activities have significantly impacted access, quality, and educational outcomes in pre-primary, primary, and lower-secondary education?
- What factors explain the success of educational activities?
- What were the main challenges in implementing the educational activities?
- Which are the activities that improved the child participation at local level?
- What factors explain the success of the child participation activities at local level?
- What were the main challenges in implementing the child participation activities?

4.4. Efficiency

1. Does the project use the resources in the most economical/efficient manner to achieve expected results?
Sub-questions:
 - Are the allocated resources (human resources, financial ones) adequate to achieve the proposed outcomes of the project?
 - Are the allocated resources adequate to support the delivery of integrated services at local level?
 - Are the allocated resources adequate to support the local teams in providing integrated services that promote participation in quality early childhood education and reduce absenteeism and early school leaving across the five communities?
 - Are the allocated resources adequate to support the child participation in decision-making processes at local level?
 - What other resources are needed to improve the outcomes or have a smoother implementation?
2. What is the value added (in terms of financial value) of the project?
Sub-questions:
 - What is the added value of investing in ICCs and related educational activities?
 - What was the added value of the health services financed through the project?
 - What was the added value of the CFCI?
3. Are the cost implications for scaling up considered?
Sub-questions:
 - What are the costs of scaling up the model (with different scenarios) at the national level?
 - Is there an analysis and estimated resources (human, financial, organizational) for scaling up?
 - How could these costs be covered by the local or national budget or EU funds?
 - How does the project consider not to duplicate the existing services provided through the health insurance system?
 - Is the cost of social services intervention comparable to similar initiatives implemented in similar contexts?

4.5. Sustainability

1. What are the interventions modelled that are most likely to continue when external support is withdrawn?
Sub-questions:
 - To what extent can the ICC and related socio-educational services/activities continue in the context of the withdrawal of external funding and expertise?
 - To what extent the health services provided through the project could be offered after the end of the project?
 - To what extent the educational activities provided by teachers through the project could be offered after the end of the project?
 - To what extent the activities of the Action Plans of CFCI could be implemented after the end of the project?
 - What is the capacity of local authorities to support the integrated services provided by ICCs after project funds end?
 - Which activities were implemented to ensure the sustainability of integrated services provided by ICCs after the project's lifetime?
2. Is the project replicable? Are any adjustments of the model needed for replication?

Sub-questions:

- To what extent the integrated services provided by ICCs through the project could be extended to other communities?
- To what extent the health services provided through the project could be extended to other communities?
- Could the findings and recommendations related to the health sector be used to further improve access to basic services and achieve universal health coverage?
- To what extent the educational activities for teachers provided through the project could be extended to other communities?
- To what extent the CFCI could be extended to other communities?

3. What recommendations could be made to the GoR to replicate and scale up such a model?

Sub-questions:

- What are the main lessons learned through the project implementation?
- What are the main factors that trigger the implementation of the ICC concept at local level?
- What are the main challenges in implementing the ICC concept at local level?
- What are the main factors that trigger the implementation of the CFCI concept at local level?
- What are the main challenges in implementing the CFCI concept at local level?

4.6. Impact

1. What change did the project determine or influence at the level of beneficiaries (children and their families), professionals, communities, public administration – at local, county and/or national level?

Sub-questions:

- What are the main changes the project influences in the beneficiaries' (children and their families) lives?
- What are the main changes the project influences in the community?
- What are the main changes the project influences in the professionals and public administration capacities?
- What is the impact of the training activities for staff in the selected schools on the schools' capacity to provide quality and inclusive early childhood and primary education and care services?
- How does the Child-Friendly Cities Initiative impact local decision-making mechanisms? How have children's voices, needs, experiences, and priorities been integrated into decision-making?
- To what extent has the implemented model improved the social services provision at the local level?
- What are the benefits of ICCs at the community/locality level beyond their role in ensuring integrated services, among others?
- What is the social innovation brought by the project model in integrated services?
- What is the social innovation brought by the CFCI in child participation?
- What are the main changes in policies/ programmes/ policy instruments the project influences at national level?

4.7. Other questions

1. What are the lessons learned at each level of intervention that should be considered for implementation and further replication of the project?
2. Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?

5. Methodology

5.1. Description

In the elaboration of the methodology for evaluation of the modelling project “Romania for Every Child” we considered some basic principles in order to ensure a comprehensive and efficient process: participatory approach, comparability of data within the project (analysis of data in relation to the baseline studies), and triangulation of information. The report will use gender-sensitive, child-sensitive, and human rights-based language throughout, and whenever possible, disaggregation of data by gender, age, ethnicity, and income, will be made.

The proposed evaluation approach is as participatory as possible, involving stakeholders at all levels, including children and their families, in the evaluation through discussions, consultations, provision of comments on draft deliverables/ main results. In the process of data collection, a special attention will be given to obtaining information and grasping the perspectives of all stakeholders involved in the process directly or indirectly, both locally, and at county and national level, so as to ensure the impartiality and representativeness of all views expressed throughout the evaluation. The proposed methodology allows the participation of all actors and their opinions regarding coherence, impact, efficiency, effectiveness, relevance and sustainability of the model and this will be fully reflected in the final document. This evaluation enables stakeholders to actively participate in improving the model by offering solutions to various problems that may have occurred during implementation. This could be used in the scale-up process of the model in other communities.

The evaluation will take into consideration all elements of the modelling project both for Integrated Community Centres, inclusive education and Child Friendly Cities Initiatives, management, monitoring and evaluation, dissemination, and advocacy. In order to evaluate the model, we will use both objective data (from secondary data analysis, needs assessment, Child Rights Situation Analysis, administrative data, survey) and subjective representations on impact of model’s activities. These subjective representations are designed to show whether the effects of the model’s activities are perceived as successful by beneficiaries, knowing that the success of a project is often measured through the eyes of its beneficiaries.

Recording the progress in the implementation of the model requires a constant comparison with existing data before the implementation (baseline study). Where possible comparability of data will be pursued.

The evaluation is based on the triangulation of information, given that the analysis is based on multiple sources of information and data, the reliability of which in some cases is weak, which could negatively impact the quality of the evaluation. By using complementary research methods, adapted to the objectives of evaluation (survey, qualitative research, secondary data analysis), our approach responds to both the requirement of using mixed methods of collecting and analysing data and the need to ensure the validity of results.

The proposed methodology, based on the indicative approach, norms and minimal requirements defined by the ToR, is built on two phases:

- 1) reviewing the existing locally available data at local level and surveying and in-depth interviewing the beneficiaries (children and parents), the staff involved, and representatives of local authorities. This phase is mainly linked to the first two objectives of the Romania for Every Child project, respectively first two outcomes.
- 2) interviewing the national and county level stakeholders (NGOs and public authorities’ representatives, relevant experts) and reviewing the national policies and the available data,

programme reports, and analyses generated by UNICEF related to priorities of children. This phase is primarily tied to the third objective and its related outcome and will look particularly at those successful aspects which define Romania for Every Child and might support a sustainable scaling up at national level.

5.1.1. Inception

The development of the Inception report is based on the analysis of the project documents, as well as statistical data regarding social services, health, and education in both counties.

The general project documents analysed include:

- project proposal
- technical reports – 1. Intermediary Technical Report no. 4 for the period 01.01.2023-30.06.2023; 2. Final Technical Report for the period 01.07.2023-31.01.2024

For Integrated Community Centre the analysed documents are:

- need assessment analysis for ICCs in five municipalities
- services improvement plans for ICCs in five municipalities
- ICC model documentation
- Report Assess the level of beneficiaries' satisfaction with the services received in the Integrated Community Centres from Bacău County (Bacău, Moinesti, Colonești and Corbasca) and Brașov County (Brașov Municipality)

For Child Friendly Cities Initiative, the documents analysis includes the following (not exhaustive list):

- Child Friendly Cities Initiative brochure
- Child Friendly Cities Initiative toolkit
- Child Friendly Cities Initiative M&E Framework
- Child Friendly Cities Concept for Romania
- Activities reports/ minutes
- Documents about National Coordination Body (NCB) for the Child Friendly Cities Initiative
- Documents about Local Steering Committee (LSC) for the implementation of the Child Friendly Cities Initiative in Romania
- Documents about Local Coordinating Unit (LCU) for the implementation of the Child Friendly Cities Initiative in Romania
- Documents about Children's Local Councils (CLC)
- Child Friendly Cities Initiative INDEX
- Memorandum of understanding between UNICEF and each of the five municipalities
- Child Rights Situation Analysis (SitAn) for the five communities involved in the project
- Action plans for the five communities involved in the project

Other documents analysed are:

- Bacău County Council. 2021. Bacău County Sustainable Development Strategy for the period 2021-2029.
- Brașov County Council. 2021. Brașov County Sustainable Development Strategy for the period 2021-2029.
- Brașov Social Assistance Directorate. 2022. Report on the development level of social services in Brașov municipality

- Braşov Social Assistance Directorate. 2023. The updated Strategy for the development of social services in the municipality of Braşov for the period 2023-2033
- The Needs Analysis for Integrated Community Centres and Development of Optimization Plan for Providing Specialized Services in Bacău, 2021
- The Needs Analysis for Integrated Community Centres and Development of Optimization Plan for Providing Specialized Services in Braşov, 2021
- The Needs Analysis for Integrated Community Centres and Development of Optimization Plan for Providing Specialized Services in Coloneşti, 2021
- The Needs Analysis for Integrated Community Centres and Development of Optimization Plan for Providing Specialized Services in Corbasca, 2021
- The Needs Analysis for Integrated Community Centres and Development of Optimization Plan for Providing Specialized Services in Moineşti, 2021
- The optimisation plan for ICC Bacău
- The optimisation plan for ICC Braşov
- The optimisation plan for ICC Coloneşti
- The optimisation plan for ICC Corbasca
- The optimisation plan for ICC Moineşti
- European Commission. 2023. Education and training monitor 2023.
- FRA. 2022. Roma in 10 European Countries. Main results. Luxembourg: Publications Office of the European Union.
- Ministry of Education. 2023. Report on the state of pre-university education in Romania 2022-2023.

5.1.2. Data collection

The proposed methodology includes a mix of methods and instruments for data collection, as follows:

Quantitative data (primary data, collected during the evaluation)

- Survey with beneficiaries of the integrated services provided by the Integrated Community Centres (children and parents)
- Web-based survey with teachers (from school and kindergartens)
- Web-based survey with children on participation (U-Report)

Qualitative data (primary data, collected during the mid-term review):

- In depth interviews with local project coordinators
- In depth interviews with staff from ICCs
- Focus groups with staff from ICCs
- Focus group with county coordinators
- Focus groups with service beneficiaries (children and their families)
- Focus groups focus groups with children from the Children's Local Councils
- In depth interviews with local stakeholders (mayor, school director, social workers from mayoralties, doctor and CFCI local stakeholders – members of the Local Steering Committees / Local Coordination Units/ CFCI Local Experts)
- In depth interviews with county-level stakeholders
- In depth interviews with national stakeholders
- In depth interviews with representatives of the National Coordinating Body (NCB) of CFCI

Secondary data analysis:

- Secondary analysis of UNICEF project's reports and documents
- Secondary data analysis of statistical data
- Context analysis (policy analysis, documents analysis etc.)

Phase 1. Reviewing the existing locally available data at local level and surveying the beneficiaries and in-depth interviewing the beneficiaries and the staff involved, and representatives of local authorities

The desk review and secondary data analysis (started from the Inception phase and will continue) is focused on the local context analysis of the implementation of the Integrated Community Centres and Child Friendly Cities Initiative (CFCI) and it will include:

- Analysing the available baselines and all the relevant available data collected during the project (ICCs reports, needs assessment reports, CFCIs reports, SitAn, reports from local coordinators, technical project reports etc.).
- Analysing available disaggregated data on children, especially data on excluded and deprived children living in the analysed communities, health, and education in the period June 2021- January 2024 from the UNICEF project documents, National Statistics Institute, local administration institutions etc.
- Mapping of the existing services for children (social, health, education, etc.) provided at the local level (in ICCs, schools, local social services units managed by public or private providers) in the period June 2021- January 2024.
- Analysing of legal, administrative and any other measures for implementing ICC and CFCI
- Analysing the local public finances to see how child-related expenditures are reflected in budgets in the period June 2021- January 2024.
- A review of laws, policy documents, research and other resources related to child rights and well-being produced by civil society, authorities, universities, etc. that could affect the project

Primary data collection – quantitative methods

The quantitative methods will include three surveys with various types of beneficiaries of the activities developed within the *Romania for Every Child* model project – children, parents and teachers.

A. Survey with beneficiaries of integrated services provided by ICCs in five communities

The survey will be implemented in all 5 ICCs using TAPI (Tablet Assisted Personal Interview) approach. An investigator will stay in the one ICC five days divided into two consecutive weeks and will interview all parents and children aged 12 years old at least. The days and weeks will be discussed with the ICCs' coordinators in order to have a higher number of beneficiaries.

Considering the characteristics of the population that benefit from ICCs' services and the high number of rural communities included in the modelling project, vulnerable groups (children with disabilities, Roma children, children with SEN etc) will be included in our research. Children with disabilities and Roma children are two target groups particularly addressed by Romania for Every Child model.

TAPI approach ensures a better representativeness of the targeted beneficiaries of the modelling project and better quality of collected data. Considering the difficulties of data collection from the beneficiaries of ICCs' services mentioned in the Report *Assess the level of beneficiaries' satisfaction with the services received in the Integrated Community Centres from Bacău County (Bacău, Moinesti, Colonești and Corbasca) and Brașov County (Brașov Municipality)* and in the discussions with UNICEF's staff, the better option for collecting reliable data is to use an approach that include face to face interaction with the respondent.

The survey with beneficiaries will include as main dimension: the services received (medical, social, educational) from the ICC, perceptions on the quality of the services, impact of the received services on parents/ family, impact of the received services on children.

B. Web-based survey with teachers (from school/ kindergartens / nursery)

Inclusive education was one of the main components of the model developed in the educational activities of all ICCs and in schools, kindergartens, and nurseries from urban areas. The on-line study will target 370 teachers from schools and 132 teachers from kindergartens and nursery and will complete the information from in-depth interviews and focus groups.

The on-line questionnaire will collect information on the: perception related the activities developed during model, impact of the carried-out activities on teaching methods and teachers' skills, on collaboration between school and family, on students, impact of parents' education workshops on their relations with students.

Specialized platforms will be used for data collection (e.g., LimeSurvey). Their main advantages are the flexibility, ease of use by the respondents and the ability to export data in formats that enable subsequent statistical analysis (e.g., Excel, SPSS, etc.).

Web-based research involves several steps: (1) designing the on-line questionnaire, (2) sending an information letter to school principals explaining the purpose of the research and providing the questionnaire link, (3) disseminating the questionnaire through the online discussion groups with teachers, which are used to facilitate the implementation of the project activities. (4) data collection by sending invitation by discussion groups and reminders (both on-line and by phone, if necessary); (5) data cleaning ; (6) data analysis. The first stage consists of designing the instrument for data collection and the template – specific to on-line platforms, followed by testing both the instrument and the template in a pilot data collection. The next stage, involving the elaboration of an exhaustive list of participants in the study and of an official letter of invitation to the survey - is very important, since the success of such an approach lies in the validity of the contact list. The actual data collection involves contacting specialists through technical facilities provided by the chosen option. To ensure a high response rate we intend to send two reminders within three days interval from the initial contact and to contact the school principals s by phone, where on-line reminders have failed. To ensure the development of relevant conclusions, it is necessary to have the participation of at least 100 teachers in the on-line study.

C. Web-based survey with children on child participation (U-Report)

Child Friendly Cities Initiative represents one of the core components of the model. According to UNICEF documents CFCI defines *"a city, town, or commune in which the voices, needs, priorities and rights of children are an integral part of public policies, programmes, and decisions. The vision is that every child and young person enjoys their childhood and reaches his/her full potential within their cities/ towns/ communities. The guiding principles are the best interest of the child; dignity; participation and ownership; life and survival; non-discrimination and equity; transparency and accountability; interdependence and indivisibility."*

The on-line survey with children from the 5 communities that received the title of candidate for child friendly city/town/commune. The survey will be addressed to all the children from the 5 communities included in the project with a focus on the members of the Children's Local Councils (90 children) The main items of the questionnaire addressed to children focus on the level of their participation in decision related various activities at home, school or in community.

Qualitative methods

The individual interviews and the focus groups will be conducted both with beneficiaries and services staff and local authorities from local level.

Focus groups for beneficiaries of ICCs (children and parents)

FG will investigate in-depth the most important aspects related to the adequacy of the support/services received, the accessibility of the services at local level, in what extent the services helped the beneficiaries, particularly the children in the realisation of their basic rights or on how their needs should be addressed, the perceived impact of the received services (from ICCs and schools/ kindergartens/ nursery) on children and their families.

In each locality two focus groups will be organised:

- one with children (at least 12 years old) with 6 to 8 participants
- one with parents with 6 to 8 participants

Will be organised 10 FG in total with at least 60 participants (at least 30 children and 30 parents).

The GDPR rules will be applied for all participants. For the children, the consent for FG's participation will be completed and signed by their parents.

The interviews and the focus groups with model's staff

The aim is to investigate the adequacy of the services provided and the gaps in delivering the services, if any, the coordination of the interventions at local level (from the perspective of the represented sector), the targeting of the services and intervention, particularly for the most vulnerable children, the success/failure factors in implementing the model at local level, the appropriateness of the resources and the effectiveness in their use, the changes produced by the project on beneficiaries/ professionals/ communities / public authorities at local level, if and how the model could be implemented without external funding, the capacity of the local authorities to ensure adequate resources, recommendations for scaling up, main lessons learned and unplanned outcomes.

The interviews and the focus groups with staff will be conducted face-to-face and/ or online and the selection of the respondents will aim at ensuring the saturation of information from all major categories of the operational and executive staff of ICCs, relevant public institutions involved, service providers as well as independent professionals, if the case.

Thus, in each municipality will be conducted:

- 5 interviews (25 interviews in total)
- one focus group in each locality (5 FGs in total) with 6-8 participants

A focus group with the county coordinators of the model will be carried out too.

All the staff, local coordinators and county coordinators will be included in the interviews or focus groups.

Interviews with local authorities

The *interviews with local authorities* will be conducted in all 5 municipalities with the mayor/ decision makers and the employee in charge with the coordination of the social services at local level. The interviews aim to collect data about the impact of the model on the community, on the capacity of public services and on the beneficiaries, challenges in implementing the model, the benefits of implementing the model and lessons learned.

A total of 10 interviews will be carried out.

For the Child Friendly Cities Initiative (related to the 2nd objective and outcome of the project) will be carried out focus groups with participant children (members of children's local councils) and in-depth interviews with

the CFCI stakeholders (members of the Local Coordination Committees/ Local Coordinating Unit, CFCI local experts).

Focus groups with the children

Will be carried out focus groups with children from the Children's Local Councils from the five localities (1 in each location). The main topics of discussion will be related to the impact of Child Friendly Cities Initiative at local level (on children and on public authorities), the changes in the decision-making process in case of decisions affecting the children's rights, the lessons learned, the factors that contribute to a successful implementation, the main challenges in the implementation, recommendations for scale up.

A total of 5 focus groups with 6-8 participants will be carried out. The participants will be selected randomly (every 2 people from the alphabetical list of members of the Children's Local Council).

In-depth interviews with CFCI stakeholders at local level

In-depth interviews with local decision makers involved in Local Steering Committee (LSC) and Local Coordinating Unit (LCU) will be carried out.

The main topics of discussion will be related to the impact of Child Friendly Cities Initiative at local level (on children and on public authorities), the changes in the decision-making process in case of decisions affecting the children's rights, the lessons learned, the factors that contribute to a successful implementation, the main challenges in the implementation, recommendations for scale up.

A number of 15 in-depth interviews will be carried out (three per each of the five localities). The participants will be selected randomly from the alphabetical list of members of the Local Steering Committee (2 persons will be selected: the 2nd and the 10th from the list) and Local Coordinating Unit (1 person will be selected: the 1st from the list).

Phase 2 - Interviewing the national and county level stakeholders

This phase is linked to the third objective of the Romania for Every Child model and its related outcome. The input of this phase, in conjunction with the main findings and conclusions from phase 1, will provide a base for drawing the lessons learned in relation to the Romania for Every Child implementation and for proposing recommendations for improvement and making the conclusions and recommendations for further actions related to sustainability, scalability of the Romania for Every Child as a whole or elements of it throughout the country.

In-depth interviews with stakeholders at county level

The *interviews with stakeholders at county level* will be conducted with decentralised institutions in charge with the major sectors (child protection, social protection, education, and health), as well as NGO's representatives or representatives of other relevant public institutions which play a significant role in child protection area, either in coordinating the efforts in child protection (e.g. County Council) or playing a key role in keeping children safe and protecting them (e.g. the county police inspectorate in each of the two counties).

The interviews with the county level representatives will focus on the main evaluation objects (relevance, effectiveness, efficiency, and impact) as well as on complementarity with other initiatives and programmes targeting children and their families. Another key aspect is the sustainability of such model.

About 5-7 interviews will be conducted in each county, thus the total will be 10-14 interviews. One person will be selected from each institution.

In-depth interviews with stakeholders at national level

The *interviews with the stakeholders at national level* will include the aspects touched in the interviews conducted with the stakeholders at county level but the focus will be on sustainability, scalability of the Romania for Every Child as a whole and on the coherence of the model and its components within the current public policies addressing the children and their families. The respondents at national level will include NGOs representatives, representatives of the main public institutions (MoH, MoLSP, MoE, MoIEF, NACRPA) having a key role in designing and implementing the public policies targeting children and their families.

At least 8 interviews should be conducted with the stakeholders at national level. One person will be selected from each institution.

Interviews with stakeholders from the National Coordination Committee of CFCI

Interviews with stakeholders from the National Coordination Committee of CFCI will be focused on the impact and replicability of the CFCI at national level.

A number of 2 in-depth interviews will be developed. Two persons will be selected from the list of the National Coordination Committee of CFCI who were most involved in the project activities.

5.1.3. Analysis and reporting

Data analysis will be made following the evaluation criteria. The collected data will be triangulated in order to increase the reliability of the information.

Validation of the results of the evaluation with main local stakeholders

An online meeting will be organised for each of the five locations to discuss the results of the evaluation. During these meetings, the evaluation team will present the main findings of the project evaluation to local stakeholders (ICCs staff involved, public authorities, children, and their families), and will collect their feedback and comments. These validation workshops will be conducted prior to submitting the final evaluation report to UNICEF.

5.2. Limitations and risks

The risk factors for the evaluation's implementation can be grouped into two main categories: internal factors (related to aspects concerning the execution of the planned activities) and external factors (related to the general socio-economic framework).

Internal factors:

- The level of objectivity of respondents in their answers to questionnaires, interviews, and focus group
- Risks related to obtaining consent from parents for minors to respond to the questionnaire
- Risks in reaching the proposed sample size for the research activity conducted through primary data collection, especially regarding the subsample of children
- Risks in obtaining full access to disaggregated data on the situation of children living in communities impacted by the program.

External factors:

- Risks related to ensuring the participation of local authority representatives in the research, given that data collection overlaps with activities related to the preparation and organization of election sessions scheduled for this year

The mitigation strategies for these risks include:

- The survey with ICCs' beneficiaries (children and parents) will be conducted face to face to increase objectivity and to obtain the parents' consent for their children. The survey operator will explain the questions to the respondents and will provide additional details if needed.
- To reach the subsample of children for the survey, the field team will coordinate with the ICCs staff to disseminate the information in the communities. Additionally, the survey operators will be present at the ICCs in different days.
- The proposed workplan takes into consideration the election periods to avoid overlapping with the election processes.

The limitations of the methodology are mainly related to the availability of our respondents, especially the most vulnerable children, the availability of data, and time constraints. To meet the deadlines and overcome the obstacles regarding the availability of stakeholders, if necessary, some of the interviews or focus groups may take place online. The team will ensure that the voice of the most vulnerable children is heard, even in the case of the survey, finding solutions for them to have access to the questionnaire and providing support for completion.

Another potential risk is that of possible bias in survey responses which could occur due to the use of different data collection methods (TAPI, web-survey) and potential differences in access to technology among children and their parents. To overcome it, the evaluation team will implement a thorough training program for survey administrators to ensure consistency in the administration of TAPI method. Additionally, provide equal opportunities for all children to participate by offering alternatives for those with limited access to technology.

Also, conducting in-depth interviews, focus groups, and surveys across multiple locations with various stakeholders can be time-consuming and resource intensive. The evaluation team will prioritize key stakeholders and focus on obtaining quality data rather than an extensive quantity. The team will also consider, where possible, leveraging technology for efficient data collection and analysis and will collaborate with UNICEF and local actors to streamline the process.

The reliance on administrative data may pose challenges due to potential inaccuracies, delays, or gaps in the available information. Such challenges will be overcome by collecting data from multiple sources and triangulating the information obtained through different data collection methods: desk research, and primary data collection (qualitative and quantitative data).

The evaluation may be limited by the availability of relevant data, especially when it comes to sensitive issues such as gender, equity, discrimination, and child rights. Data collection in these areas can be challenging, and there may be gaps in the information available. To address potential data gaps in gender, equity, discrimination, and child rights, we will ensure our data collection methods capture a comprehensive range of experiences related to gender, equity, discrimination, and child rights. This includes designing surveys and interviews that are sensitive to these issues and ensuring diverse representation in our sample. Additionally, we will consult with experts and stakeholders to identify specific concerns and gaps related to these issues, which will help tailor our data collection and analysis processes.

The evaluation covers a specific period from June 2021 to January 2024. This time frame may limit the ability to assess the long-term impact of the Romania for Every Child model. To address the limitation of the evaluation covering only the period 2021-2024, our evaluation will look at the impact of the project intervention 6 months after its ending. The proposed data collection instruments are focused on gathering information about the long-term impact of the project. We will incorporate a contextual analysis in our report that explores the potential long-term outcomes of the project.

The evaluation focuses on five municipalities: Bacău, Moinești, Colonești, Corbasca, and Brașov. While this allows for a more detailed analysis, it may not fully capture the diversity of experiences and challenges faced by children and families across Romania, nor the way similar organizations and public authorities operate in other parts of the country. This could pose various challenges for scalability. To address the limitation of not capturing the full diversity of experiences and challenges across Romania we will engage with a wider range of stakeholders to gather diverse perspectives and experiences. This will help in understanding the variability in experiences and challenges. At the same time, we will examine how the project's outcomes and processes can be adapted to various regional contexts across Romania, considering specific regional challenges and opportunities.

The evaluation relies on subjective interpretations of the data, which can introduce bias and variability in the results. Different evaluators may have different perspectives and interpretations, which can affect the reliability of the evaluation. However, the team is highly trained and has extensive experience in evaluation of children dedicated programs, policies, and projects. This can secure an overall impartial stance.

The evaluation is conducted in a real-world setting, which means that there are many external factors that cannot be controlled. Changes in government policies, economic conditions, and social dynamics can all impact the effectiveness of the Romania for Every Child model.

The evaluation may not be able to adapt to changing circumstances or unexpected findings. Once the evaluation design is set, it can be difficult to modify it to capture new information or to explore unexpected findings. However, the team's experience and expertise will minimize the negative potential effects and will be able to include in a flexible manner new insights and new information.

6. Workplan

6.1. Deadlines

Several deliverables will be provided during the whole activity:

Deliverables	Deadlines
Inception Report including evaluation methodology and data collection instruments	31 May 2024
Revised data collection instruments after pre-testing	15 June 2024
Draft evaluation report per UNICEF standards	15 October 2024
A PowerPoint presentation of the preliminary findings and conclusions of the summative evaluation	20 October 2024
Final Evaluation Report (including an executive summary and a bibliography), complying with UNICEF Evaluation Report Standards	30 November 2024
A PowerPoint presentation summarizing key findings of the summative evaluation, relevant policy issues and recommendations	30 November 2024

All deliverables will be submitted to UNICEF in English language.

The detailed timetable is available in Annex 4.

6.2. Evaluation management plan

The roles and responsibilities of the main stakeholders in the evaluation process are as follows:

External stakeholders

- At the local level: children and their families, CFCI key stakeholders, professionals in ICCs, members of the communities, and local public authorities from urban and rural localities from municipalities involved in the project county are already informed about the evaluation process. They are expected to contribute during the data collection process and some to provide feedback on the draft report.
- At the county level: The county, where relevant, and other county authorities (health, education, child protection)
- At the national level: MoH, MoLSP, MoE, MoIEF- and other stakeholders (relevant NGOs, academia, mass media, donors, etc.) will participate in the evaluation through discussions, consultations, provision of comments on draft documents, and some will address the recommendations made by the evaluation in collaboration with UNICEF.

UNICEF Country Office

- The UNICEF focal point for the evaluation is the Programme Specialist for Partnerships, who ensures that the evaluation process is carried out in accordance with UNICEF policies and provides technical support throughout the process.
- The Programme Specialist on Partnerships manages the evaluation on behalf of the office. The Local Implementation Specialist, the local implementation team, sectoral specialists (Health, Education, Child Protection, Child Rights Monitoring), Communication for Social Change Officer, and Communication and Fundraising Manager serve as key informants throughout the evaluation process. They liaise with the evaluation team, provide initial briefings to the selected team on the framework and expectations of the evaluation, provide feedback on the evaluation design and research tools and review all reports and deliverables. Additionally, they facilitate contact with county and local stakeholders involved in the evaluation exercise and ensure access to complementary background documents for the desk review and all necessary documents throughout the evaluation process.

Evaluation team

- The evaluation team has the overall responsibility for successfully completing all phases of the evaluation, including inception, development of tools and methodology, data collection, and reporting.
- They manage and conduct all consultations, meetings, focus groups, and interviews with key informants, handling logistics related to travel, and making financial and other arrangements necessary for the evaluation's implementation.
- Additionally, the evaluation team ensures that deliverables and invoices are submitted in a timely manner.

Name of Staff	Position Assigned	Role in the evaluation process
Claudia Petrescu	Project Coordinator	Coordination of the team, involvement in methodology development, data collection, data analysis, and evaluation report preparation.

Daniel Arpinte	Child protection expert	Responsible for child protection and social services areas. Involvement in developing data collection instruments, context development, data collection, data analysis, and evaluation report preparation.
Sebastian Țoc	Education expert	Responsible for the education area. Involvement in developing data collection instruments, context development, data collection, data analysis, and evaluation report preparation
Florentina Furtunescu	Health expert	Responsible for the health area. Involvement in developing data collection instruments, context development, data collection, data analysis, and evaluation report preparation.
Victor Druga	Financial expert	Responsible for the CFCI and budgeting areas. Involvement in developing data collection instruments, context development, data collection, data analysis, and evaluation report preparation.
Adriana Neaguț	Researcher	Responsible for the methodology development, CFCI area and web-survey creation. Involvement in developing data collection instruments, context development, data collection, data analysis, and evaluation report preparation.
Flavius Mihalache	Researcher	Involvement in developing data collection instruments, context development, data collection, data analysis, and evaluation report preparation
Mădălina Manoilă	Researcher	Involvement in quantitative data collection, data analysis, and evaluation report preparation
Dana Țălnar-Naghi	Researcher	Involvement in developing data collection instruments, context development, data collection, data analysis, and evaluation report preparation

7. Quality assurance and ethical aspects

7.1. Quality assurance

Securing quality assurance is crucial for the current evaluation. By adhering to a comprehensive framework that integrates various standards and guidelines developed by UNICEF, the team and the coordinator of the evaluation ensures that the project is effective, efficient, and meet the needs of the children, communities, and stakeholders they aim to benefit.

Quality assurance involves the systematic monitoring and evaluation of practices, policies, and procedures throughout each phase of the evaluation process, with the aim of improving the quality and credibility of the evaluation. This includes several activities (UNFPA 2024) like:

- Aligning the evaluation with organizational objectives and values
- Ensuring appropriate evaluation questions and methodologies are used
- Promoting meaningful stakeholder engagement
- Assessing the evaluation's consideration of child rights, human rights, gender equality, and ethical dimensions

Ensuring the quality and credibility of the assessment is crucial. A dedicated team of evaluators plays a crucial role in securing quality assurance throughout the evaluation process. By systematically monitoring and evaluating practices, policies, and procedures at every stage, the team strives to secure the overall quality of the evaluation. One of the key pillars of this quality assurance effort is aligning the evaluation with the

organization's objectives and values. By anchoring the evaluation in the core mission and vision of UNICEF the team will ensure that the assessment remains relevant and impactful. One crucial aspect of ensuring quality assurance is the Global Evaluation Report Oversight System (UNICEF 2020), which serves multiple objectives such as providing senior managers with independent assessments of evaluation reports, strengthening internal evaluation capacity, reporting on the quality of evaluation reports, and contributing to organizational learning through meta-analysis of good quality reports. To secure quality assurance in evaluation for UNICEF projects, several key strategies and systems are in place to ensure the high standards established through the UN Evaluation Group (UNEG 2016) are met.

Moreover, the team of evaluators focuses on using appropriate evaluation questions and methodologies. By selecting the right tools and techniques for data collection and analysis, they guarantee the validity and reliability of the evaluation results. The methodology will be validated also by the Quality Assurance Committee of RIQL.

Another vital aspect is the promotion of meaningful stakeholder engagement. Engaging stakeholders throughout the evaluation process not only enhances the quality of the assessment but also fosters a sense of ownership and among those involved. Throughout the evaluation process the team will involve participants of RfEC during interviews, focus-groups, quantitative surveys. The local stakeholders will be consulted on the results of the evaluation process through online meetings, their feedback being used in the final evaluation report. For community engagement projects, UNICEF has developed Minimum Quality Standards and Indicators that define the scope of practice for engaging communities. These standards are aligned with the current evaluation project and focus on essential quality criteria recognized by communities, governments, practitioners, and researchers and can be used to ensure that stakeholders are part of the evaluation process.

UNICEF's Revised Evaluation Policy from 2023 outlines a comprehensive quality assurance strategy to ensure the evaluation function delivers high-quality, credible, and useful evidence. The policy also emphasizes the importance of evaluation use and uptake, with a focus on ensuring evaluation findings inform decision-making, programming, and policy. This includes requirements for management responses to evaluations and tracking the implementation of evaluation recommendations. The team and their coordinator are aware and consider the guidelines set in this evaluation policy for the current inception report/ design of the evaluation (UNICEF 2023).

Furthermore, the team diligently assesses the evaluation's consideration of human rights, gender equality, and ethical dimensions, in accordance with the *UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis*. Ethical issues are expanded further in the next section. By incorporating these critical perspectives into the evaluation framework, the team ensures that the assessment is comprehensive, inclusive, and ethically sound. Through their collective expertise and commitment to excellence, the team of evaluators acts as the guardians of quality assurance, safeguarding the integrity and credibility of the evaluation. The research team has extended expertise in education, health, social protection, children's rights, and child participation.

7.2. Ethical aspects

The Project Coordinator has ensured all experts are aware of and adhere to UNICEF's Policy on Conduct Promoting the Protection and Safeguarding of Children. Moreover, each expert is aware of the principles contained by Convention on the Rights of the Children Rights and will ensure their work is in full accordance with it. Additionally, each expert has proven the highest conduct based on ethical standards required by their professional field. For the current application, a holistic approach to ethics will ensure the best conduct according to existing ethical standards and regulations is met, together with anticipatory assessment of

potential risks and consequences. The project follows the Charter of Fundamental Rights of the European Union, the GDPR, the European Convention on Human Rights, as well as The European Code of Conduct for Research Integrity.

ECA Standard Operating Procedures (SOPs) for Quality Assurance and Ethical Standards in UNICEF-supported Research, Studies, and Evaluations (RSEs) towards Measurable Results for Children in the ECA Region will be applied. UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis. The evaluation process will be conducted in full accordance with the UNEG Ethical Guidelines for Evaluation (including UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis).

Ethical aspects related to data collection & data protection during interviewing/ FG/ survey as well as fieldwork

Throughout the evaluation process, the following core principles will be adhered to, ensuring a comprehensive ethical approach and the safeguarding of child rights.

Respect: All evidence generation activities (data collection, analyses) will ensure respect for all persons. Individuals will be regarded as autonomous agents, and the evaluation process, as well as the staff involved, will prioritize, and acknowledge the values, preferences, beliefs, and capacity for self-legislation of autonomous individuals. This encompasses their ability to make judgments, express opinions, and make choices.

Beneficence: Actions involved in evidence-generating activities will prioritize the **well-being** of individuals, communities, or society at large. Throughout the evaluation process, the principle of reciprocity will be respected, ensuring that the evidence produced is shared with participants. This allows them to validate findings, understand their role in context, and potentially benefit from the disseminated knowledge.

Non-maleficence: The evaluation team is fully aware about the principle of non-maleficence residing in doing no harm, avoiding harm or injury to participants, both through acts of commission or omission. Throughout the evaluation process, the team will prioritize the privacy and safety of participants, actively identifying and addressing any potential adverse effects stemming from their involvement.

Justice: Careful consideration was applied in assessing the suitability of the proposed methods for selecting participants, with the aim of preventing unfair distributions of the burdens and benefits associated with evidence generation.

Throughout the evaluation process, the following procedures will be considered:

- a) **Concerning prejudices and benefits:** an evaluation of all the risks and benefits involves a thorough analysis of the context and the development of specific methods in this regard. This includes minimizing stressful situations or circumstances, ensuring safety and protection, and safeguarding personal data.
- b) **Informed consent** will be obtained from participants and from their legal representatives, where needed. In all cases the team of experts will ensure that all information about the research process and output will be fully understood by the participants. Moreover, throughout the data collection process researchers will develop an on-going consent approach by answering any question from the participants during and outside the FG/ interview situation.

The following main aspects will be considered when designing and asking for informed consent:

- Informed consent/assent forms will be designed, or process will be applied so that to reflect the capacities and competencies of the participants, considering aspects such as literacy, language, age, gender, etc.

- Detailed explanation on the evidence generation purpose and what is expected from participants.
 - Emphasizing that the participation is voluntary and that the participants can withdraw at any time.
 - Emphasizing that the information provided by participants is private; explaining of who will have access to their data and in what form.
- c) **Privacy and confidentiality** will be ensured for all participants. The team of experts will develop strategies and protocols to deal with possible breaches of these principles in the fieldwork, as well as during interviews and focus groups. The best practices to give voice to any marginalised participant in the research process, with a particular care to address children representation will be ensured. Participants will be informed about who will have access to their private data and in what form.
- d) **Personal data and doing no harm:** No data that can lead to the identification of respondents. For the newly generated data, interview and FG data will be anonymised, such that respondents cannot be identified. Appropriate anonymization methods (either categorisation or removal of identifiers) will be employed through a carefully and well-informed design process. To maintain the data integrity along the process, an anonymisation protocol of direct, as well as of weak and strong indirect identifiers will be developed.
- e) **Payment and compensation:** No payment or compensation are foreseen under the present formative evaluation.

Ethical aspects concerning the in-depth interviews and FG that will be addressed during the initial design of the interview/ FG guides, during fieldwork, as well as after the data collection has ended.

- f) **Data storage.** Data collected during the qualitative interviews will be stored on a designated repository which will be password protected. The current project will also make general use of the recommendations for archiving data from CESSDA ERIC.
- g) **Potential conflict of interest.** At the time of the current application there are not any conflicts of interest that could affect the research process. If any situation that could be perceived as a potential conflict of interest should arise, the project coordinator will immediately inform UNICEF, together with a plan to address the raised concerns. Furthermore, the team of experts has substantial experience in dealing with similar projects.

Ethical issues concerning institutional collaboration during the evaluation process

None of the team members will be implicated during the process in any of the current or future conflicts that may arise between the relevant local stakeholders, and that could affect the quality of their work or could sustain a lack of objectiveness, political partisanship, or any non-alignment with known ethical standards.

Ethical issues concerning data interpretation, dissemination of results, and future implication of the analysis

The experts are highly trained in data interpretation strategies and can accurately assess the credibility of data sources and the accuracy of the available input, result, and consequence indicators, as well as their adequacy for the current analysis.

The research team will show respect for differences relating to culture, religion, age, gender, and local customs by adapting the research tools (questionnaire, interview, focus-group guides to each specific case). The methodology and research instruments will be submitted for approval by an ethical review board.

The analysis will be carried out from a human rights perspective and consider aspects related to equal opportunities, mainly the provisions of Law 272/2004 concerning the protection and promotion of children's rights. Given that children are actively involved in the process, the evaluation n will take into account the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination

against Women, the Convention on the Elimination of All Forms of Racial Discrimination and the UNICEF guidelines for the participation of children, which provides clear initial guidance for ethical implications of children's participation in programmes, research and evaluations: i) All rights guaranteed by the convention will be available to all children without discrimination of any kind. Equity and non-discrimination are two emphasised elements. ii) The best interests of the child will be a major factor in all actions concerning children. This puts the duty on evaluators who encourage children's participation to consider carefully how this supports the best interest of each child. iii) Children's views will be considered and considered in all matters that affect them. They will not be used merely as data from subjects of investigation.

The data collection and analysis methods will be responsive to equity, gender equality and human rights (especially children's rights). The report will use gender-sensitive, child-sensitive, and human rights-based language throughout, including data disaggregated by sex, age, and ethnicity.

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9. Annexes

Annex 1 – ToR

Introduction

UNICEF Romania started over the last 3 programme cycles to design, test, implement and evaluate local interventions aiming to further improve the availability, accessibility and quality of integrated basic and specialized services- including health, education and social services- for children and families in vulnerable communities in Romania. Part of this progressive strategy is also the project “Romania for every Child” implemented in the period 2020 – 2023 that is the subject of the evaluation. The project, while building on the basic integration and coordination of services that guarantee a constant monitoring of vulnerable children and their families and cross-sectoral referrals via community teams, aims to increase the availability and accessibility of more specialized services, while working to improve their quality. Such an integration of basic community-based services with more specialized health, education and social services into a continuum – as a core novel element of the project – was implemented through modelled Integrated Community Centres (ICCs) in a selected group of target municipalities (in Brasov and Bacau). In the same municipalities the project tested, for the first time in Romania, the globally recognised “Child friendly cities initiative” to strengthen the accountability, specifically of mayors in participating municipalities/towns/communities, to fulfilling rights of all children in their constituencies. The key to this component is principled and structured child participation.

List of Acronyms:

AROPE	At Risk of Poverty or Social Exclusion
CCERA	County Center for Educational Resources and Assistance
C4D	Communication for Development/Social Change
CCS	Community Consultative Structure
CSI	County School Inspectorate

DCT	Direct Cash Transfer
DPH	Directorate for Public Health
EU	European Union
FRA	Fundamental Rights Agency
GDP	Gross Domestic Product
GDSACP	General Directorate for Social Assistance and Child Protection
GoR	Government of Romania
ICC	Integrated Community Centre
MoH	Ministry of Health
MoLSP	Ministry of labour and Social Protection
MoE	Ministry of Education
MoIEF	Ministry of Investments and European Funds
MPS	Minimum Package of Services
NIS	National Institute of Statistics
NGO	Non-Governmental Organization
RfEC	Romania for Every Child
QIE	Quality Inclusive Education
UNEG	United Nations Evaluation Group

1. Background and context of the evaluation

Situational overview

Romania has a resident population of 19 million (National Institute of Statistics (NIS), 2022), out of which 3.62 million are children. Since 2015, the number of children has been decreasing due to external migration and declining birth rate. Over 47 per cent of children live in rural areas, with lower living standards and more precarious access to quality social services as compared to urban population.

Three in ten children in Romania (28.2 per cent, EUROSTAT, 2021) are affected by severe material and social deprivation. Besides, Romania has the highest rate of children at risk of poverty or social exclusion in the European Union (41.5 per cent) and it increased for the second consecutive year, almost doubling the EU average (23.8 per cent). In 2022, Romania was reclassified as a high-income country (per capita income of USD 14,170 (World Bank (WB)), after a downgrade to upper-middle income country in 2021. Romania's economy performed better than expected in the first half of 2022, growing at 5.8 percent (WB). However, annual inflation rate was at 15.32 per cent (October 2022). Although the country has achieved impressive growth and prosperity over the past two decades, the shocks induced by the COVID-19 pandemic and the war in Ukraine exposed structural vulnerabilities in the economy that include persistent disparities in economic opportunities across regions and between urban and rural areas. Raising inflation in Europe and Central Asia induced the deterioration of the economic situation in many countries in the region, including in Romania. UNICEF's recent research (Innocenti, 2022) estimated 110,000 Romanian children are likely to fall into poverty if the same level of support to vulnerable households is maintained.

Children are the most affected by poverty: almost one third of children in Romania live in persistent poverty, and their risk of perpetuating these vulnerable circumstances is much higher than for any other age group.

Despite a constant decrease in the past ten years, 42,000 children were still separated from their families with almost 25% living in institutions. Among the main causes of separation are poverty, abuse, and disability. Another key issue is the one of children left behind by migrant parents seeking employment abroad but clear data on the number of children left behind in Romania is not available.

Infant mortality in Romania remains the highest in EU, being more than double than the EU average, both for neonatal and post neonatal components. Almost three quarters of deaths are due to preventable causes (essentially perinatal conditions in neonatal and respiratory diseases in post neonatal phases). Under-five mortality remains also the highest in EU, being marked mostly by acute respiratory diseases and injuries and traffic.

Vaccination coverages are dropping to worrying levels (under 90% for polio and under 75% for other) with a measles outbreak killing 22 persons in 2018 alone. The sector overly focusses on the most expensive specialized tertiary segment while funds flowing into primary health care are insufficient. Access to basic services is a challenge, particularly for vulnerable children and families.

Besides, data clearly shows that specific challenges in accessing services exist for the most vulnerable groups in society, which include rural children, children and families belonging to the Roma minority and children living with disabilities.

In terms of territorial disparities, as per Ministry of Health data, the infant mortality rate is 60 % higher in rural areas compared to urban areas. Inequities exist in relation to the area of residence and health services coverage leading to a lower primary care coverage in rural areas throughout the country. In general, services tend to be concentrated both in quality and quantity in urban areas and outreach to rural areas is weak.

Education has seen significant improvements, yet key disparities remain. Enrolment rates of Roma children in preschool education is lower than the national average by 47 percentage points. An estimated 400,000 children aged 6-18 years are out of school and the rate of completion of compulsory education is decreasing. Roma children are six times more likely than other children not to complete secondary education. With an early school-leaving rate of 18.1% in 2017, Romania is far from meeting the EU target of 11.3%, with early school leaving more prominent in rural areas and 77% of young Roma aged 18-24 as early school leavers. The causes are poverty, social exclusion, discrimination, including school segregation: more than 26% of Roma students learned in segregated classes (i.e. in classes with all or almost all students being Roma). Romania has made important progress regarding access to early education (80% of children currently enrolled in ECE facilities). However, the country still faces a significant equity gap (children with disabilities, Roma children, children from poor families and children from rural areas are least likely to access and participate in quality education).

A 2018 study on Roma children's needs supported by UNICEF analysed the difference between Roma children's social status and non-Roma as concerns housing, infrastructure, education, health, and employment and made a comparison between the situation in 2018 and 2012. Roma citizens show poor participation in the formal labour market and high participation in the informal labour market, which means that they cannot benefit from social security mechanisms.

Roma children as well as children with disabilities tend to be excluded from early interventions on account of cost, geographical location, or stigma. They often enrol late in primary school and begin with an academic disadvantage making it difficult for them to catch up.

Equity gaps that start in the early years, widen progressively throughout children's school careers and beyond, thereby transmitting poverty and marginalization from one generation to the next. The lack of a quick, effective, and relevant national response to the issue of school participation of children with special educational needs and children with disabilities acts not only as a denial of their fundamental right to education, but also as a significant bottleneck to their access on the labour market and social inclusion. Considering all of the above, testing and promoting quality inclusive education is key.

At national level, deprived communities are faced with all these problems simultaneously, making it almost impossible to break the cycle of exclusion without external support and interventions. An integrated and coordinated approach is needed to improve educational attainment, professional integration capacities and labour market access, as well as access to quality basic services for vulnerable groups. There is also a need to enhance access to education since that is the strongest tool for lifting marginalized adults and children out of social and economic poverty.

Children with disabilities face daily discrimination that starts at birth and carries through early childhood, due to entrenched social exclusion resulting from multiple barriers, in the form of negative attitudes and lack of adequate policies and legislation. They are hindered from realizing their rights to healthcare, education, and employment. Obstacles include lack of training for teachers, prejudice, social stigma and inadequate understanding by teachers, parents and society, as well as a lack of services and support. In Romania, data on children with disabilities have significant differences according to the sources.

2. Description of the object of the evaluation: Romania for Every Child

In the above-described context of Romania, UNICEF believes that the best way to ensure that children are supported to fulfil their potential is to provide a continuum of services from prenatal period until 18 for them and their families. UNICEF's past programming experience in the country has clearly shown that for basic health, education and social services to be effective, they need to be coordinated at local levels, i.e. aiming for a meaningful, adapted integration of services.

This approach was amply tested across the county of Bacau in a total of 45 communities, funded under the EEA Norway financial mechanisms 2009-2014. At the same time, it is clear that there is a strong need for more specialized health and social services, i.e. going beyond the integrated community teams. Therefore, while building on the basic integration and coordination of services that guarantee a constant monitoring of vulnerable children and their families and cross-sectoral referrals via community teams, the proposed project aims to increase the availability and accessibility of more specialized services, while aiming to improve their quality.

Such an integration of basic community-based services with more specialized health, education and social services into a continuum – as a core novel element of the project – will be achieved through modelled Integrated Community Centres (ICCs) in a selected group of target municipalities (in Brasov and Bacau).

Nevertheless, it is important to mention that ICC beneficiaries will come not only from the four municipalities, but also from the 11 communes surrounding the four territorial-administrative units that will accommodate the ICCs. This is a major aspect of the new UNICEF model, allowing a greater number of children and families to benefit from basic and specialised services. All 11 communities were selected from the following surrounding administrative units: Horgești, Pîncești, Ungureni, Buhoci, Lipova, Vultureni, Motoșeni, Dealu Morii, Stănișești, Răchitoasa, Scorțeni, Ardeoani, Măgirești, Poduri, Berești Tazlău, Zemeș, Solonț, Doftana and Darmanesti. A needs assessment was simultaneously carried out focusing mainly on the specialised services required and on an optimisation plan for the development of those services. The analysis and

research activities are both part of the project and were performed in the first months of project implementation. There is an additional clarification further on concerning the fact that the four municipalities that accommodate the ICCs have not been selected for their caseload, but rather because they meet certain criteria related to geographic coverage and the inclusion of both urban and rural areas, etc.

Precisely, ICCs are a co-location for basic social integrated services provided by the community professionals (social worker, community nurse, in cooperation with school mediator and school counsellor). Currently, the ICC can (only) offer a single-entry point for beneficiaries – including a common data base (AURORA) for all community workers and is conducive for the joint case management setup. At the same time, the concept of ICCs has the potential to ensure a further connection to a broad range of much more specialized services (that are currently not in reach for too many of the vulnerable children and families) from different sectors.

With the above in mind, the proposed model project tested the expansion of ICCs to ensure access to a broad range of services, based on the needs assessment of population and filling in the identified gaps in specialized services in various areas.

In other words, the ICC was home also for specialized services through:

- i) (scenario for rural area) contracting by the municipality of specialists or service providers from a higher/county or national level to ensure services at local level, and/or
- ii) (scenario for urban area) organizing the provision of specialized services to fill in the existing gaps.

While ICCs exist, they have not been formally operationalized, tested, monitored and evaluated in a way that would allow evidence-based lessons learned, offering a tested approach for a streamlined national scale-up.

Poverty and social exclusion deprive children of their childhood and hinders them from fully developing their capacities to contribute in a substantial way to the economic and social development of their country. The social inclusion of vulnerable groups is positively associated with strengthened social cohesion and benefits whole societies. In the long term, the proposed project will contribute to ensuring that all children targeted by the model- especially vulnerable children such as children belonging to the Roma minority, children living with disabilities and those growing up in rural areas – are socially included. By improving access to quality education (including early learning), health and social services, the project will break the intergenerational cycle of poverty and exclusion, and create a positive cycle of development, opportunity, and inclusion.

Through a more equitable distribution of opportunities, the proposed project was expected to reduce inequalities and ultimately lift vulnerable children and their families out of social and economic poverty and to improve their quality of life. The project also aimed at addressing discrimination and negative social norms especially towards the inclusion of Roma children and children with disabilities.

UNICEF modelled, for the first time in Romania, the globally recognised “Child friendly cities initiative” to strengthen the accountability, specifically of mayors in participating municipalities/towns/communities, to fulfilling rights of all children in their constituencies. The key to this component is principled and structured child participation. This included a comprehensive process making the voices, needs and priorities of children an integral part of public policies, programmes and decisions in their city, thereby able to influence their lives and future.

Specific objectives of the project

State up to three SMART – that is Specific, measurable, achievable, realistic, within the timeframe - specific objectives.

(1) At least 3,400 vulnerable children and 3,000 parents and caregivers living in Brasov and targeted localities from Bacau county (Moinesti, Bacau, Colonești, Corbasca and other at least 11 rural municipalities) are benefitting from integrated community based and specialized services (social assistance, health and (early) education) , organised in 5 Integrated Community Services Centres (ICCs).

(2) The 5 targeted cities/towns/communes (Braşov in Brasov County and Moineşti, Bacau, Corbasca and Coloneşti in Bacau County) are committed to fulfilling child rights as articulated in the UN Convention on the Rights of the Child by making the voices, needs and priorities of children an integral part of public planning, policies, programmes, and decisions influencing their lives and future.

(3) The experiences, best practices and lessons learnt (including the data generated and the costing) from the project are documented and shared with national authorities to be used for developing relevant national laws and policies for (digital) integrated and community services.

This is where UNICEF sees its comparative advantage play an important role. Having invested in relevant “on-the-ground-work” in recent years while collaborating with a complex web of national stakeholders to influence high-level policy dialogue, we consider to be able to reach results beyond the delivery of services for the children and families that live in the areas targeted by the project services. We aim to use their experience to learn, monitor, document, evaluate and share – not least via the project Steering Committee – and thus effect change on a larger scale.

Theory of change

Optimizing health and social services through innovation & participation to promote the wellbeing of all children in Romania

OUTCOME 3: Relevant national laws and policies for (digital) integrated and community services are evidence-based, inclusive, adequately financed.

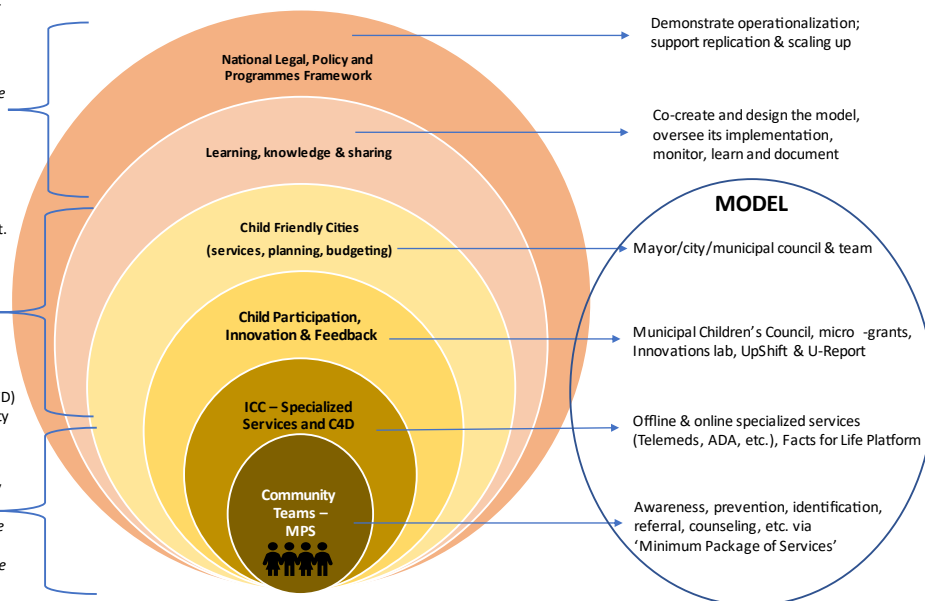
- Create a hub for co -creating & learning exchange
- Communications products and strategy: advocate for change across governance levels

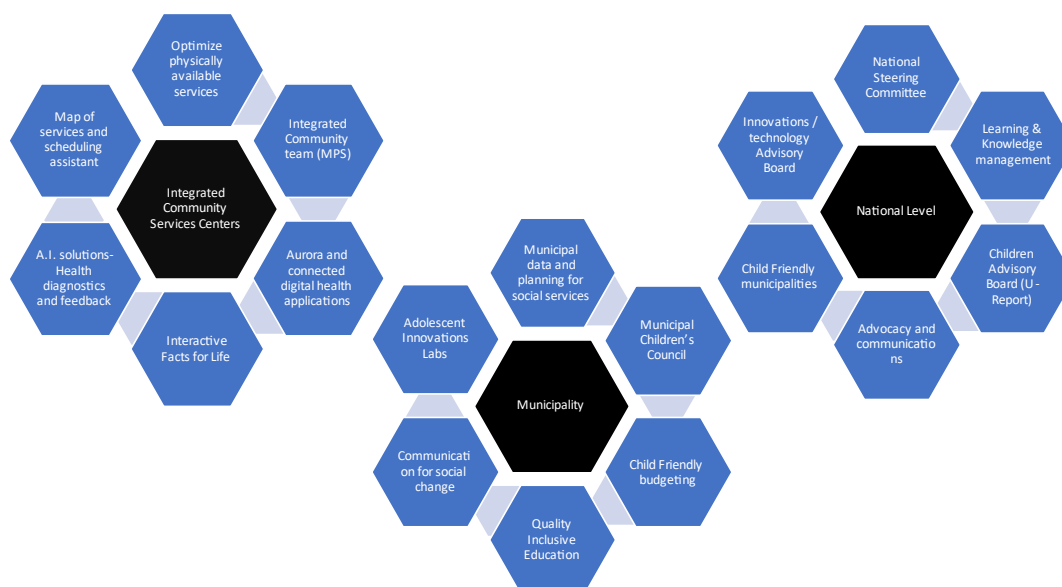
OUTCOME 2: Every child in target municipalities is valued, respected and treated fairly and the voices, ideas and priorities of every child are heard and considered in local decision -making & development.

- Strengthen local commitment, coordination, planning, governance and accountability
- Develop and implement a strategy for talent development and for empowering adolescents to become local change agents.

OUTCOME 1: All vulnerable children (incl. Roma/CWD) and families targeted are benefitting from community basic and specialized services, incl. access to comprehensive health promotion and education.

- Develop and test the virtual integrated community services centers
- Human-centred digital health solutions to improve availability, accessibility and quality
- Continue the development of the AURORA for case management, planning and monitoring





3. Evaluation purpose

The evaluation will serve to assess if the assumptions underlying, and objectives formulated for Romania for Every Child were validated and achieved as well as to ascertain whether the project contributes to promoting the child rights to quality services.

The final evaluation Romania for Every Child of is a key element in the process of promoting the scale-up of the RfEC at national level. The evidence generated by the interventions at community level and the lessons learned will be used for advocacy and policy advice with authorities and stakeholders at local and national levels to ensure that legislation and policies incorporate an adequate focus child and family centred and integrated service delivery strategies. UNICEF will use the evidence to advocate for and provide technical assistance to the line ministries: Ministry of Labour and Social Protection, Ministry of Family, Ministry of Health and Ministry of Education in developing and amending policies related ensuring the access of children and their families to a continuum of prevention and specialized services. The evidence generated will also be used to mobilize resources from the national and local budgets, as well as for leveraging funds from the new EU Structural Funds 2021-2027 of the Resilience and Recovery Plan to ensure the sustainability at local level and replicability of the model developed at national level.

In line with the UNICEF global evaluation policy the envisaged summative independent evaluation will be conducted towards the end of the implementation period as intended in the initial project documents. It comes as part of the agreed UNICEF Country Programme 2023-2027 Costed Evaluation Plan and evaluation, and it is the first evaluation per se of this modelling intervention.

UNICEF Romania working closely with UNICEF Regional Office for Europe and Central Asia and Government of Romania (GoR) are expected to use the evaluation as a knowledge management tool, as well as a priority topic of interest within future horizontal cooperation initiatives in our region and beyond.

4. Evaluation objectives

The exercise will independently:

- Evaluate relevance, effectiveness, efficiency, sustainability, impact and coherence of the Romania for Every Child model;
- Identify and document the key elements that contributed to the Romania for Every Child success and replicability, as well as main bottlenecks and barriers in implementation;
- Document key lessons learned in relation to the Romania for Every Child implementation and propose recommendations for improvement;
- Make recommendations for further actions related to sustainability, scalability of the Romania for Every Child as a whole or elements of it throughout the country.
- Identify the way in which the Romania for Every Child model is relevant and produced results in addressing issues related to gender, equity, diversity and non-discrimination and overall advancement of child rights

5. Evaluation scope and focus

The overall scope of the evaluation is to assess how the Romania for Every Child model is addressing the challenges faced by the children and families from 50 schools included in the project. Elements related to gender, equity and child rights are to be considered throughout the evaluation process and in the evaluation report.

The evaluation will cover the period January 2020 – December 2023 based on the Theory of Change. The focus will be on the 5 municipalities

The evaluation should:

- Assess the Romania for Every Child development, dynamics and results since its inception up until now (2018-2022);
- Look at the different components implemented within Romania for Every Child in the period January 2020 – December 2023 from a results-based management approach;
- Identify programme implementation main achievements, in relation to the Romania for Every Child goals, opportunities and constraints encountered in implementation, lessons learned from implementing partners' documentation/research initiatives.
- Underline the most efficient elements that could be the core of future scaled-up interventions;
- Single out the successful elements that should be integrated in the relevant public policies;
- Identify complementarity with other initiatives and sustainability opportunities under the current national framework in child rights and in line with European guidelines;
- Evaluate Romania for Every Child results also from a gender and ethnical perspective, assess if the Intervention has provided improvements. The evaluation should assess if Romania for Every Child is addressing effectively, and efficiently ethnic disparities related to the access to services and their quality
- Analyse if ethical aspects were overall considered and promoted by Romania for Every Child.

Potential limitations and risks

The evaluators will have to factor in several potential limitations and risks that may be encountered when conducting the current summative evaluation:

- The implementation at municipality level was very much related to the local context, capacity, opportunities, and limitations that were very different
- The model implementation was impacted by the COVID-19 pandemic and by the effects of the refugee and economic crisis
- The concept of the ICCs though defined at the beginning of the project suffered alterations that were inherent to the location and instead of one model each of the municipality should be considered as a typology

6. Evaluation questions

Considering OECD-DAC criteria¹, the evaluation will specifically address the following categories of questions which are expected to provide accurate insights related to the objective of the evaluation, scope and focus. The questions below should be complemented by specific ones considering specific threats, obstacles and bottlenecks if this is considered of strategic importance regarding objectives of the summative evaluation. Also, the questions should aim to identify and describe the lessons learned during implementation from the perspective of having the intervention scaled up and to identify the elements that were relevant from the gender, equity and child rights perspective.

Questions related to relevance:

- Are the activities and outputs of the project consistent with the overall goal and its objectives?
- To what extent has the project been developed and implemented in line with the key criteria for model projects (annex 6)
- To what extent is the project relevant to national policies and programmes

Questions related to coherence:

- to what extent are the interventions aligned with other interventions in sectors that are influencing
- to what extent are the interventions consistent with the relevant national and international norms and standards to which that institution/government adheres
- to what extent are the interventions complementing, harmonized and co-ordinated with others, and the extent to which the intervention is adding value while avoiding duplication of effort

Questions related to effectiveness:

- Did the interventions of the project address the needs identified at the level of the most vulnerable children?
- Does the project contribute to the capacity development at school level for the teachers
- Which parts of the project are most and least effective? What factors explain success?

Questions related to efficiency:

- Does the project use resources in the most economical/efficient manner to achieve expected results?
- What is the value added (in terms of financial value) of the project?
- Are the cost implications for scaling up considered?

¹ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Questions related to sustainability:

- What are the interventions modelled that are most likely to continue when external support is withdrawn?
- Is the project replicable? Are any adjustments of the model needed for replication?
- What recommendations could be made to the GoR to replicate and scale up such a model?

Questions related to impact:

- What change did the project determine or influence at the level of beneficiaries (children and their families), professionals, communities, public administration – at local, county and/or national level?

Other questions

- What are the lessons learned at each level of intervention that should be considered for implementation and further replication of the project?
- Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?
- Are all processes based on a child/human rights approach? Are any age and gender issues considered in providing the services?

7. Evaluation methodology

The approach of the evaluation will be as participatory as possible. Stakeholders at all levels, including children and their families, will be offered an opportunity to participate in the evaluation through discussions, consultations, provision of comments on draft deliverables and some will reply to the recommendations made by the evaluation in the management response. In gathering data and views from stakeholders, the evaluation team will ensure that it considers a cross-section of stakeholders with potentially diverse views to ensure the evaluation findings are as impartial and as representative as possible.

The evaluation will apply the UNEG norms and standards², and the UNEG ethical guidelines³, including UNICEF Procedure for Ethical Standards in Research, Evaluation, and Data Collection and Analysis (effective as of 1st April 2015), to ensure quality of evaluation process. Moreover, the evaluation should mainstream gender and human rights considerations throughout. Aspects related to violence against children and/or women will also be acknowledged. The report should use gender-sensitive, child-sensitive and human rights-based language throughout, and whenever possible, disaggregation of data by gender, age, ethnicity and income, should be made.

The evaluation team will propose the methodology design which should demonstrate impartiality and lack of bias by relying on a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and using a mixed methodological approach (e.g. quantitative, qualitative, participatory) to ensure triangulation of information through a variety of means.

As concerns evaluability, the theory of change and data available allow for the assessment of the progress achieved and the review of the modelling project results. In this context, the evaluation will consider the existing baselines and will also use relevant available data collected within the modelling project, such as: ICCs reporting instruments, reporting from local coordinators; monitoring reports, including UNICEF

² UNEG Norms and Standards for Evaluation ,(2016), <http://www.unevaluation.org/document/detail/1914>

³ UNEG Ethical Guidelines for Evaluation. 2008, <http://www.unevaluation.org/document/detail/102>

monitoring field trips and experience exchanges. All these data sources are assessed as highly reliable, since control mechanisms have been in place at all data collection levels

The evaluation will use mixed methods and could integrate:

- Primary quantitative data, collected through survey among users of services, staff working in services and/or communities. The evaluation will seek to collect disaggregated data based on the following criteria: geographical – county and community levels; gender – boys/girls; ethnicity; age groups. Nevertheless, when considering the survey for users of services the evaluation team will have to consider the quantitative survey conducted (in-depth assessment) to generate relevant data about the beneficiaries of services
- Secondary data analysis of: i) trends referring to education available through existing administrative data; ii) existing reports on costs and financing of services from both UNICEF and other sources; iii) longitudinal data from municipality based reporting; iiiii) data regarding the beneficiaries gathered by the project partners.
- Qualitative data, obtained through interviews and focus groups with key informants in the government, public authorities at county and local levels, partner organizations (civil society and intergovernmental organizations), service beneficiaries, staff working in schools and with different stakeholders in the evaluation.

Additionally, together with the data sources, a contact list of all relevant stakeholders, project implementing partners and consultants will be made available to the evaluation team once a contractual agreement has been made.

The quality assurance process will consist in the following steps: review of research tools prior to collecting the data, review of all deliverables and corrective actions recommended. The tools should be pre-tested. All the tools and deliverables will be reviewed by the Programme Specialist for Partnerships and the Local Implementation Specialist.

8. Evaluation workplan and deliverables

The evaluation process will include an [inception phase](#) during which a detailed evaluation framework and an inception report will be prepared. The evaluation framework will build on the Theory of Change. It will provide details on how to respond to the evaluation questions, which indicators to use, sources of verification.

This phase may include and/or be developed in parallel with the [comprehensive analysis of available information](#) – desk review: including national laws, policies, action plans etc., county and local strategies, reporting materials from ICCs and coordinators; monitoring reports, including UNICEF monitoring field trips and experience exchanges. This phase may also include initial interviews with key stakeholders at national level (including relevant line ministries) and at municipality and county level.

It is expected that [data collection](#) will start after submission and approval of inception report, including proposed methodology and instruments.

By end of data analysis, a draft evaluation report is to be submitted according to UNICEF standards ([^https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL\(2\).pdf](https://www.unicef.org/evaluation/files/UNICEF_adapated_reporting_standards_updated_June_2017_FINAL(2).pdf)) and Global Evaluation Report Oversight System (GEROS) template (http://www.unicef.org/evaluation/files/UNEG_UNICEF_Eval_Report_Standards.pdf). After submission of

comments from UNICEF and key stakeholders, a final evaluation report no more than 80 pages without annexes, including an executive summary⁴ and a bibliography annex, are to be submitted for review.

Phases and time frame	Expected activities
Inception Phase	
February 2024	Inception meeting
April 2024	Submission of the draft inception report including methodology and instruments
May 2024	Comments on draft inception report and finalization of the inception report
Data collection	
Mid-June 2024	Pre-testing of the instruments
July - August 2024	Field data collection
Reporting	
October 2024	Submission of the draft report
October 2024	A PowerPoint presentation of the preliminary findings and conclusions of the summative evaluation for the meeting with key stakeholders, discuss and finalise the recommendations (to be organized by UNICEF)
November 2024	Submission of the final evaluation report
November 2024	A PowerPoint presentation summarizing key findings of the summative evaluation, relevant policy issues and recommendations
Dissemination	
November 2022	Launch of the evaluation report in a dedicated workshop that will include all the relevant stakeholders and the policy makers that have a role in possible promoting of the scale-up and of policy revisions proposed by the report

All deliverables will be submitted in English language:

- Inception Report incl. evaluation methodology and data collection instruments finalized by 31 May 2024
- Revision of data collection instruments after pre-testing by 15 June 2024
- Draft evaluation report per UNICEF standards by 15 October 2024
- A PowerPoint presentation of the preliminary findings and conclusions of the summative evaluation by 20 October 2024
- Final Evaluation Report (including an executive summary and a bibliography), complying with UNICEF Evaluation Report Standards by 30 November 2024
- A PowerPoint presentation summarizing key findings of the summative evaluation, relevant policy issues and recommendations by 30 November 2024

Evaluation team will participate in the meeting with major stakeholders to present the findings and preliminary conclusions and recommendations, discuss and finalize the recommendations and in the launch of the final evaluation report.

9. Ethical issues

⁴ Recommendations for 'Writing a good Executive Summary' are attached in Annex 2.

The ECA Standard Operating Procedures (SOPs) for Quality Assurance and Ethical Standards in UNICEF-supported Research, Studies and Evaluations (RSEs) towards Measurable Results for Children in the ECA Region will be applied. UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis will be followed as the study involves human subjects and the analysis of sensitive secondary data, as follows: basic ethics training of the enumerators and researchers, an external ethical review, harms and benefits, informed consent of the respondents, ensuring privacy and confidentiality during the data collection process, protocols for de-identification, storage, access, and protection of data, conflict of interests.

The evaluation process will be conducted in full accordance with the UNEG Ethical Guidelines for Evaluation (including UNICEF Procedure for Ethical Standards in Research, Evaluation and Data Collection and Analysis). The evaluation team will show respect for differences relating to culture, religion, age, gender and local customs by adapting the evaluation tools (interview, focus-group, case study guides to each specific case). In support of observing the evaluation ethics, all the evaluation methodology and tools will be submitted for approval by an ethical review board. Main principles to be observed are in annex 7

10. Evaluation team, required experience and credentials

The independent evaluation team, institution/organization and/or consortium should be built of national and/or international experts/. The team should be led by an experienced evaluator with international work experience to be supported by at least two experts in education.

The evaluation team will have to comply with the Ethical Code of Conduct for Evaluation on the UN System (UNEG/FN/CoC[2008])⁵ and UNEG ethical guideline.

Competencies required from the members of the evaluation team are a combination of a number of years of experience in the subject area and of evaluation methods as per below:

- Advanced university degree in health, educational sciences and social sciences
- Comparative knowledge on health, social protection, education, child rights and on reforms and policy debates in these areas;
- Familiarity with rights-based approaches and with principles of gender mainstreaming;
- Good knowledge and expertise in designing and conducting evaluations, knowledge management and research;
- Proven experience in conducting data collection for various research, qualitative and quantitative data collection, incl. participatory approaches and methods; proven ability to conduct interviews, focus group discussions and writing reports for publication; proven experience in conducting desk reviews and field visits; everything above related to evaluation process experience
- Strong analytical and conceptual thinking;
- Excellent oral and written English language skills, demonstrable with samples of publications (evaluation reports, relevant research, etc.); ability to synthesize complex information into key messages;
- Ability to work in a multi-disciplinary team and establish harmonious and effective working relationships;
- Familiarity with the work of the United Nations an asset;
- Availability for work within the proposed time frame;
- Ability to communicate and expertise in cooperation with different stakeholders, professionals, communities, families and children.

⁵ Ethical Code of Conduct for Evaluation on the UN System (UNEG/FN/CoC[2008]), <http://www.unevaluation.org/document/detail/100>

Successful applicants will provide samples of evaluations conducted; those should include, but not be limited to programme & policies evaluations.

11. Roles and responsibilities of stakeholders in the evaluation process

External stakeholders

- At local level: children and their families, professionals in ICCs and members of the communities, and local public authorities from urban and rural localities from municipalities involved in the project county are already informed about the evaluation process and are expected to contribute during data collection process and some to provide feedback on draft report.
- At county level: county council where relevant and other county authorities (health, education, child protection)
- At national level: MoH, MoLSP, MoE, MoIEF- and other stakeholders (relevant NGOs, academia, mass media, donors, etc.) will participate in the evaluation through discussions, consultations, provision of comments on draft documents and some will address the recommendations made by the evaluation in collaboration with UNICEF.

UNICEF Country Office

- The UNICEF focal point for the Evaluation is the Programme Specialist for Partnerships who ensures that the evaluation process is carried out as per UNICEF policies and provide technical support to the evaluation throughout the process.
- The Programme Specialist on Partnerships is the manager for the evaluation on behalf of the office. The Local Implementation Specialist and the local implementation team, sectoral specialists (Health, Education, Child Protection), Communication for Social Change Officer, Communication and Fund Raising Manager are the key informants throughout the evaluation process: liaise with evaluation team and provides initial briefing to the selected team on the framework and expectations of the evaluation; provide feedback on evaluation design and research tools and all reports and deliverables; facilitate contact with county and local stakeholders included in the evaluation exercise; facilitate access to complementary background documents to be included in the desk review and to all necessary documents throughout the evaluation process.

Evaluation team

- Has the overall responsibility for successful completion of all phases of the evaluation including inception, incl. tools and methodology, data collection and reporting;
- Manages and carries out all consultations, meetings, focus groups and interviews with key informants, including logistics related to travel, financial and other arrangements that are related to the implementation of the evaluation;
- Submits deliverables and invoices in a timely manner.

12. General conditions

Reporting. The contractors will report to UNICEF Specialist for Partnerships and will work closely with UNICEF Education Specialist and Local Implementation Specialist.

Payment calendar. Considering the tasks and timeframe mentioned above, fees will be paid in three instalments after submission of deliverables and upon approval by UNICEF Specialist for Partnerships as follows:

- 10% of the contract plus the amount estimated to cover the cost of field data collection but not more than 20% of the total contract cost upon approval of inception report
- 40% of the contract upon approval of the draft report;
- The balance to will be paid after submission and approval by UNICEF of final report and all requested deliverables.

Ownership. UNICEF will have sole ownership of all final deliverables; no parts of the methodology will be reproduced without the permission of UNICEF.

13. Evaluation budget and source of funding

A detailed budget for the evaluation will be part of the financial proposal from the evaluation teams when they express their interest for conducting the evaluation. The estimated budget does not include organization of consultative meetings with stakeholders and launch of the report, which will be covered by UNICEF separately.

14. Annexes

Annex 1.



Annex 6

Questions related to the model dimension (i.e. scale-up prospects):

- Is there a clear **theory of change** of the model, outlining main hypothesis, inputs, objectives and expected results that are conducive to a scale-up?
- Was there a **baseline** established initially, or in early stages of the implementation to assess progress against expected results?
- Were all relevant **partners** involved in the design and implementation of the model?
- Are there any clear specifications related to the **human resources** required for the implementation of the model?
- Is there an analysis and estimated **resources** (human, financial, organizational) for scaling up?
- Was there a clear planned, budgeted and implemented plan to **document** the practice?
- Is there a clear **termination** date and plan of the model?
- Is there a clear **monitoring and evaluation** mechanism of the model, ensuring proper documentation of progress and lessons learned?
- Are there strategies developed, implemented and budgeted to **disseminate** results?

Annex 7

The following main principles will be observed along the evaluation process that will provide for a complete ethical approach and assurance of child rights protection:

Respect: All evidence generation activities (data collection, analyses) will ensure respect for all persons. Individuals will be treated as autonomous agents. The evaluation process and staff will give weight to autonomous persons' values, preferences, and beliefs and recognize their capability for self-legislation, their ability to make judgments, to state their opinions and to make choices.

Beneficence: Actions within evidence generating activities will promote the well-being of individuals, communities or society as a whole. Along the evaluation process the concept of reciprocity will be observed, thus the evidence generated will be conveyed back to the participants within the process so that they may triangulate findings, contextualize their participation and potentially gain from the knowledge disseminated.

Non-maleficence: The evaluation team is fully aware about the principle of non-maleficence residing in doing no harm, avoiding harm or injury to participants, both through acts of commission or omission. Along the evaluation process, the evaluation team will respect the privacy of participants, their safety and will identify any possible negative impacts arising from participation.

Justice: Due reflection was given to determining the appropriateness of proposed methods of selecting participants so that the unjust distributions of the burdens and benefits of evidence generation is avoided.

Along the evaluation process, the following specific procedures will be taken into account:

Concerning prejudices and benefits: evaluation of all the risks incurred and benefits by performing a detailed analysis of the context and elaboration of specific methods in this respect; minimizing the stressful situations or circumstances, assuring safety and protection, protection of personal data.

Informed consent: All the participants will be sought for informed consent (this aspect will be seen before starting interviews or focus-groups and after the purpose of interview/ meeting has been explained). The national legislation regarding the age or circumstances which allow for informed consent will be observed.

Evidence generation involving children and young people under the age of 18 must take into account their competencies and the circumstances relating to their autonomy. Where consent is required from a parent, guardian, caregiver or person responsible for the child's or the individual's well-being, where possible, and reflecting their capacities, assent will be sought from the child or the individual themselves.

The following main aspects will be considered when designing and asking for informed consent:

- Informed consent/assent forms will be designed or process will be applied so that to reflect the capacities and competencies of the participants, considering aspects such as literacy, language, age, gender, etc.
- Detailed explanation on the evidence generation purpose and what is expected from participants.
- Emphasizing that the participation is voluntary and that the participants can withdraw at any time.
- Emphasizing that the information provided by participants is private; explaining of who will have access to their data and in what form.

Privacy and confidentiality: In sensitive contexts, identified where participants are likely to be highly vulnerable, due care will be paid to ensuring participants' privacy during and after the data collection process (safe and friendly environment conditions, respect given for any particular request for confidentiality of data e.g. Presence/lack of presence of parents, caregiver, etc.). Confidential data that is collected will be securely stored, protected and archived. Participants will be informed about who will have access to their private data and in what form.

Payment and compensation: No payment or compensation are foreseen under the present formative evaluation.

Conflict of interests: Due care will be shown to identify and avoid any possible conflict of interests that may occur during the evaluation process (at the level of the evaluation team, participants to evaluation process – interviewees, etc.).

For the report writing phase the evaluation team will make sure that respondents are not individually identifiable in the report or through the analysis (unless they have expressly asked to be identified).

Annex 2 – Evaluation matrix

Criteria and evaluation questions	Indicators	In-depth evaluation questions	Data collection methods	Data sources
Relevance				
Are the activities and outputs of the project consistent with the overall goal and its objectives?	<ul style="list-style-type: none"> - Percentage of project activities and deliverables completed on time and within scope. - Number of changes/improvements made to activities during project implementation. - Achievement rate of specific objectives/ indicators. - Percentage of human resources who complete training programs successfully. 	<ul style="list-style-type: none"> - Are the activities and deliverables set out in the project sufficient to achieve its overall and specific objectives? - Are changes/ improvements made in activities and deliverables during the project implementation to ensure the achievement/ a better achievement of the project's overall goal and specific objectives? - Is the selection and training of human resources adequate to provide integrated services in the targeted communities? 	<ul style="list-style-type: none"> Secondary data analysis Documents' analysis Interview 	<ul style="list-style-type: none"> UNICEF secondary data UNICEF reports Interviews
To what extent has the project been developed and implemented in line with the key criteria for model projects?	<ul style="list-style-type: none"> - Existence of a documented theory of change outlining hypotheses, inputs, objectives, and expected results. - Number of people involved in the project implementation and stakeholders (local, county, and national level) aware of ToC. - Number of changes made to the theory of change during implementation. - Number of significant differences between the initial model and its local implementation. - Number and nature of differences observed among the 	<ul style="list-style-type: none"> - Is there a clear theory of change of the model, outlining main hypothesis, inputs, objectives and expected results that are conducive to a scale-up? - What are the main changes of the model's theory of change during its implementation? Why did these changes occur? - Was the integrated services model provided as intended at the local level regarding staff, resources, and available services? - What are the differences between the initial model and its implementation at the local level? - What are the main differences between the 5 developed ICCs at the local level? 	<ul style="list-style-type: none"> Secondary data analysis Document analysis Interview Focus group 	<ul style="list-style-type: none"> UNICEF secondary data Interviews (staff, local authorities, stakeholders at county and national level) Focus group (staff, county coordinators)

	<ul style="list-style-type: none"> 5 developed ICCs at the local level. - Degree of adherence to the CFCI concept in local implementations. - Number of relevant partners involved in the design and implementation of the model. - Existence of a baseline established initially or early in implementation. - Number of staff meeting the specified requirements for the implementation of the model. - Number of people involved in the project implementation and stakeholders aware of the duration and plan of the model. - Existence of a clear monitoring and evaluation mechanism. - Existence of a dissemination strategy for the project results. - Existence of a clear, planned, budgeted, and implemented plan for documenting the practice. 	<ul style="list-style-type: none"> - Was the CFCI concept implemented as intended at the local level regarding staff, resources, and child participation? - Were all relevant partners involved in the design and implementation of the model? - Was a baseline established initially, or in the early stages of the implementation, to assess progress against expected results? - Are there any clear specifications related to the human resources required for the implementation of the model? - Is there a clear termination date and plan of the model? - Is there a clear monitoring and evaluation mechanism of the model, ensuring proper documentation of progress and lessons learned? - Are strategies developed, implemented, and budgeted to disseminate results? - Was there a clear planned, budgeted and implemented plan to document the practice? 		
To what extent is the project relevant to national policies and programmes	<ul style="list-style-type: none"> - Number of project outcomes that directly support national objectives in these areas. - Percentage of ICC activities that improve access to quality early childhood education and care, reduce early school leaving, enhance social services, and improve health services. 	<ul style="list-style-type: none"> - To what extent is the project results relevant to the national policies, strategies and programmes in child protection, social protection, education (including early childhood) and health areas? - To what extent do the activities implemented in the Integrated Community Service Centres (ICC) contribute to the national objectives of improving access to 1) 	<p>Document analysis</p> <p>Interview</p>	<p>UNICEF documents</p> <p>Interviews (stakeholders at county and national level, UNICEF staff)</p>

	<ul style="list-style-type: none"> - Percentage of services provided in health, social services, and education that meet national or international quality standards. - Number of findings and recommendations implemented that contribute to achieving universal health coverage in early childhood. - Degree of alignment of CFCI activities with policies that stimulate child participation and the National Strategy for Child Rights Protection and Promotion "Protected Children, Safe Romania" 2023-2027. 	<ul style="list-style-type: none"> quality early childhood education and care, reducing early school leaving / 2) social services/ 3) better health services? - To what extent do the services (health, social services, education) provided in the project meet quality standards? - To what extent the findings and recommendations related to the health sector could contribute to achieving universal health coverage in early childhood? - To what extent the CFCI is relevant for the policies that stimulate child participation/ for the National Strategy for Child Rights Protection and Promotion "Protected Children, Safe Romania" 2023-2027? 	<ul style="list-style-type: none"> Focus group Policy analysis 	<ul style="list-style-type: none"> Focus group (staff, county coordinators) National strategies, policies
Coherence				
To what extent are the interventions aligned with other interventions in sectors that are influencing the same potential outcomes?	<ul style="list-style-type: none"> - Number of project interventions that align with the objectives of the National Strategy for Child Rights Protection and Promotion "Protected Children, Safe Romania" 2023-2027. - Number of project interventions that are aligned with national policies promoting integrated services. - Number of project interventions aligned with policies promoting quality early childhood education and care. - Number of National Health Strategy goals addressed by the project interventions. 	<ul style="list-style-type: none"> - To what extent are the project interventions aligned with the National Strategy for Child Rights Protection and Promotion "Protected Children, Safe Romania" 2023-2027? - How are project interventions aligned with other policies and interventions that promote integrated services? - How are project interventions aligned with other policies and interventions that promote increasing participation in quality early childhood education and care, improving basic skills, and reducing early school leaving? - Are the project interventions in the health sector aligned with the National Health Strategy? 	<ul style="list-style-type: none"> Document analysis Interview Focus group Policy analysis 	<ul style="list-style-type: none"> UNICEF documents; studies, reports of various relevant public and private interventions Interviews (stakeholders at county and national level, UNICEF staff) Focus group (staff, county coordinators) National strategies, policies

	<ul style="list-style-type: none"> - Number of project interventions promoting child participation in decision-making aligned with relevant policies. 	<ul style="list-style-type: none"> - How are project interventions aligned with other policies and interventions that promote increasing child participation in decision-making? 		
<p>To what extent are the interventions consistent with the relevant national and international norms and standards to which that institution/government adheres?</p>	<ul style="list-style-type: none"> - Percentage of social services that meet or exceed national quality standards. - Percentage of educational interventions that comply with the norms and principles specified in the Education Law or other relevant legislation. - Percentage of health sector interventions that align with national health legislation. - Percentage of CFCI interventions that meet international standards. 	<ul style="list-style-type: none"> - To what extent are the social services consistent with the quality and cost standards for social services? - To what extent are educational interventions consistent with the norms and principles specified in the Education Law or other relevant legislation? - Are the project interventions in the health sector aligned with the national health legislation? - To what extent are the interventions of CFCI consistent with its international standards? 	<p>Document analysis</p> <p>Interview</p> <p>Focus group</p> <p>Policy analysis</p>	<p>UNICEF documents; studies, reports of various relevant public and private interventions</p> <p>Interviews (stakeholders at county and national level, UNICEF staff)</p> <p>Focus group (staff, county coordinators)</p> <p>National strategies, policies</p>
<p>To what extent are the interventions complementing, harmonized and co-ordinated with others, and the extent to which the intervention is adding value while avoiding duplication of effort?</p>	<ul style="list-style-type: none"> - Number of services provided by the project that are consistent with services offered by public institutions, NGOs, or private providers in the localities covered by the project. - Number of educational interventions that are harmonized with similar interventions by schools or local authorities. - Number of health sector interventions that are 	<ul style="list-style-type: none"> - To what extent are the services provided consistent and complementary with the services provided by other public institutions, NGOs or private providers in the localities covered by the project? - To what extent are educational interventions harmonized/complemented with other similar types of interventions implemented by schools or local authorities? - To what extent the project interventions in the health sector are harmonized/complemented with other 	<p>Document analysis</p>	<p>UNICEF documents; studies, reports of various relevant public and private interventions</p>

	<p>harmonized with other health services or interventions in schools or communities.</p> <ul style="list-style-type: none"> - Number of medical, education, and social service components provided as intended. 	<p>health services/interventions in schools or communities?</p> <ul style="list-style-type: none"> - Were all components (medical, education, social services) provided as intended? 		
Effectiveness				
<p>Did the interventions of the project address the needs identified at the level of the most vulnerable children?</p>	<ul style="list-style-type: none"> - Percentage of community needs identified at the beginning that have been addressed by ICC services (medical, social, educational) and educational activities. - Percentage of socio-economically disadvantaged children and families reached by ICC services (medical, social, educational), educational activities, and parenting education services. - Number of interventions specifically targeting the most vulnerable children and disadvantaged families. - Number of vulnerable children reached by the health services provided. - Number of health sector interventions that addressed the needs of the most vulnerable children. - Number of child participation initiatives included in the CFCI Action Plans. 	<ul style="list-style-type: none"> - To what extent have the ICC's services (medical, social, and educational), educational activities addressed the needs identified in the communities at the beginning? - To what extent have the ICC services (medical, social, and educational), the educational activities, and the parenting education services had a high coverage for socio-economically disadvantaged children and families? - To what extent have the ICC services, educational activities, and parenting education services meet the needs of the most vulnerable children and disadvantaged families? - Did the project interventions in the health sector address the needs of the most vulnerable children? Were the health services financed through the project well-directed and needed by most vulnerable children? - To what extent have the Action Plans for the CFCI addressed the needs of child participation at the local level? - To what extent have the activities developed under CFCI included vulnerable children? 	<p>Secondary data analysis</p> <p>Survey</p> <p>Interview</p> <p>Focus group</p>	<p>UNICEF secondary data.</p> <p>Survey with children Survey with parents Survey with teachers U-Report</p> <p>Interviews (staff, local authorities, stakeholders at county and national level)</p> <p>Focus groups (children, parents, staff, county coordinators, Children Consultative Counties)</p>

	<ul style="list-style-type: none"> - Number of vulnerable children participating in CFCI activities. 			
Does the project contribute to the capacity development at school level for the teachers?	<ul style="list-style-type: none"> - Number of school staff trained in identifying and addressing the diverse vulnerabilities of children and their families. - Number of programs or initiatives implemented in schools to support vulnerable children and their families. - Number of teachers trained in inclusive education practices. - Teacher satisfaction rate with the training and support received for inclusive education. 	<ul style="list-style-type: none"> - What is the project's contribution to increasing the institutional capacity of schools to address the diversity of vulnerabilities faced by children and their families? - How does the project help the teachers to implement better inclusive education? 	<p>Secondary data analysis</p> <p>Interview</p> <p>On-line survey</p>	<p>UNICEF secondary data.</p> <p>Interviews (staff, local authorities, stakeholders at county and national level)</p> <p>Survey for teachers</p>
Which parts of the project are most and least effective? What factors explain success?	<ul style="list-style-type: none"> - Satisfaction rates with activities/ services among beneficiaries. - Number of beneficiaries per project activity. - Number of beneficiaries per project activity per each municipality. - Number of integrated services accessed as a result of specific project activities. - Satisfaction rate of beneficiaries on what aspects of ICCs are most helpful. - Number and nature of reported challenges in implementing ICC services (e.g., logistical issues, funding shortages). - Satisfaction rate of teachers and students on the most effective 	<ul style="list-style-type: none"> - What are the project's activities most effective? Why? - What are the project's activities least effective? Why? - Which activities have significantly improved the access to integrated services at the local level? Are there differences between municipalities? - What factors explain the success of ICCs? - What were the main challenges in implementing the ICCs services? - Which activities have significantly impacted access, quality, and educational outcomes in pre-primary, primary, and lower-secondary education? - What factors explain the success of educational activities? - What were the main challenges in implementing the educational activities? 	<p>Document analysis</p> <p>Interview</p> <p>Focus groups</p> <p>Survey</p>	<p>UNICEF documents.</p> <p>Interviews (staff, local authorities, stakeholders at county and national level)</p> <p>Focus groups (staff, children, parents)</p> <p>Questionnaires (children, parents, teachers).</p>

	<p>aspects of educational interventions.</p> <ul style="list-style-type: none"> - Number and nature of challenges faced in implementing educational activities (e.g., resistance to change, resource limitations). - Number of child participation initiatives implemented. - Number of children actively participating in local decision-making processes. - Satisfaction rate of children and facilitators on what made participation activities effective. - Number and nature of challenges encountered in implementing child participation activities (e.g., cultural barriers, lack of interest). 	<ul style="list-style-type: none"> - Which are the activities that improved the child participation at local level? - What factors explain the success of the child participation activities at local level? - What were the main challenges in implementing the child participation activities? 		
Efficiency				
Does the project use the resources in the most economical/efficient manner to achieve expected results?	<ul style="list-style-type: none"> - Percentage of proposed outcomes achieved with the current allocation of human and financial resources. - Number of beneficiaries of integrated services delivered successfully with current resources. - Number of interventions successfully implemented in the five communities with the current resource allocation. 	<ul style="list-style-type: none"> - Are the allocated resources (human resources, financial ones) adequate to achieve the proposed outcomes of the project? - Are the allocated resources adequate to support the delivery of integrated services at local level? - Are the allocated resources adequate to support the local teams in providing integrated services that promote participation in quality early childhood education and reduce absenteeism and early school leaving across the five communities? 	<p>Secondary data analysis</p> <p>Document analysis</p> <p>Interview</p> <p>Focus group</p>	<p>UNICEF secondary data.</p> <p>Interviews (stakeholders at county and national level, UNICEF staff)</p> <p>Focus group (staff, county coordinators)</p>

	<ul style="list-style-type: none"> - Number of child participation initiatives successfully supported with current resources. - Satisfaction rate of local teams and children on the adequacy of resources for participation in decision-making processes. - Number and type of additional resources recommended by stakeholders to improve project outcomes and implementation. 	<ul style="list-style-type: none"> - Are the allocated resources adequate to support the child participation in decision-making processes at local level? - What other resources are needed to improve the outcomes or have a smoother implementation? 		
What is the value added (in terms of financial value) of the project?	<ul style="list-style-type: none"> - Number and type of improvements in community health, education, and social outcomes attributable to ICCs and related educational activities. - Child participation rates in local decision-making processes. 	<ul style="list-style-type: none"> - What is the added value of investing in ICCs and related educational activities? - What was the added value of the health services financed through the project? - What was the added value of the CFCI? 	<p>Secondary data analysis</p> <p>Interview</p> <p>Focus group</p>	<p>UNICEF secondary data.</p> <p>Interviews (stakeholders at county and national level, UNICEF staff)</p> <p>Focus group (staff, county coordinators)</p>
Are the cost implications for scaling up considered?	<ul style="list-style-type: none"> - Number of documents on costs for scaling up the model. - Number of detailed resource estimation reports for scaling up the model. - Number of funding sources to cover the cost of scaling up the model at national level. - Percentage of project interventions that align with, but do not duplicate, existing 	<ul style="list-style-type: none"> - What are the costs of scaling up the model (with different scenarios) at the national level? - Is there an analysis and estimated resources (human, financial, organizational) for scaling up? - How could these costs be covered by the local or national budget or EU funds? - How does the project consider not to duplicate the existing services provided through the health insurance system? 	<p>Secondary data analysis</p> <p>Interview</p>	<p>UNICEF secondary data.</p> <p>Interviews (staff, local authorities, stakeholders at county and national level, UNICEF staff)</p>

	<p>services provided through the health insurance system.</p> <ul style="list-style-type: none"> - Number of services that can be financed from existing public funds. 	<ul style="list-style-type: none"> - Is the cost of social services intervention comparable to similar initiatives implemented in similar contexts? 		
Sustainability				
<p>What are the interventions modelled that are most likely to continue when external support is withdrawn?</p>	<ul style="list-style-type: none"> - Number of ICC that will continue the activity after the end of the project. - Number of services/ activities provided in each ICC in six months after the end of the project. - Number of beneficiaries of ICC services per each service in six months after the end of the project. - Number of activities of the Action Plans of CFCI implemented in each community in six months after the end of the project. - Number of local authorities that continue to implement the integrated services in six months after the end of the project. 	<ul style="list-style-type: none"> - To what extent can the ICC and related socio-educational services/activities continue in the context of the withdrawal of external funding and expertise? - To what extent the health services provided through the project could be offered after the end of the project? - To what extent the educational activities provided by teachers through the project could be offered after the end of the project? - To what extent the activities of the Action Plans of CFCI could be implemented after the end of the project? - What is the capacity of local authorities to support the integrated services provided by ICCs after project funds end? - Which activities were implemented to ensure the sustainability of integrated services provided by ICCs after the project's lifetime? 	<p>Secondary data analysis</p> <p>Interview</p> <p>Focus group</p>	<p>UNICEF secondary data.</p> <p>Interviews (staff, local authorities)</p> <p>Focus group (staff, county coordinators)</p>
<p>Is the project replicable? Are any adjustments of the model needed for replication?</p>	<ul style="list-style-type: none"> - Number of communities expressing interest in adopting the ICC model. - Number of health service programs piloted or replicated in other communities. 	<ul style="list-style-type: none"> - To what extent the integrated services provided by ICCs through the project could be extended to other communities? - To what extent the health services provided through the project could be extended to other communities? 	<p>Secondary data analysis</p> <p>Interview</p>	<p>UNICEF secondary data.</p> <p>Interviews (staff, local authorities, stakeholders at</p>

	<ul style="list-style-type: none"> - Number of health policy recommendations adopted at the national or local level based on project findings. - Number of educational activities and resources shared and implemented in new communities. - Number of communities adopting the CFCI model. 	<ul style="list-style-type: none"> - Could the findings and recommendations related to the health sector be used to further improve access to basic services and achieve universal health coverage? - To what extent the educational activities for teachers provided through the project could be extended to other communities? - To what extent the CFCI could be extended to other communities? 	Focus group	<p>county and national level)</p> <p>Focus group (staff, county coordinators)</p>
What recommendations could be made to the GoR to replicate and scale up such a model?	<ul style="list-style-type: none"> - Number of documented lessons learned reports or case studies. - Number and type of challenges reported by local teams during ICC implementation (e.g., resource limitations, resistance to change). - Number and type of challenges reported by local teams during CFCI implementation. 	<ul style="list-style-type: none"> - What are the main lessons learned through the project implementation? - What are the main factors that support the implementation of the ICC concept at local level? - What are the main challenges in implementing the ICC concept at local level? - What are the main factors that support the implementation of the CFCI concept at local level? - What are the main challenges in implementing the CFCI concept at local level? 	<p>Interview</p> <p>Focus group</p>	<p>Interviews (staff, local authorities, stakeholders at county and national level)</p> <p>Focus group with staff/ county coordinators</p>
Impact				
What change did the project determine or influence at the level of beneficiaries (children and their families), professionals, communities, public administration – at local, county and/or national level?	<ul style="list-style-type: none"> - Percentage of children and families reporting improved access to health, education, and social services. - Number and type of community-level improvements in health, education, and social areas. - Number of professionals reporting improved skills and knowledge post-training. 	<ul style="list-style-type: none"> - What are the main changes the project influences in the beneficiaries' (children and their families) lives? - What are the main changes the project influences in the community? - What are the main changes the project influences in the professionals and public administration capacities? - What is the impact of the training activities for staff in the selected schools on the schools' capacity to provide quality and 	<p>Survey</p> <p>Interview</p>	<p>Questionnaires (children, parents, teachers).</p> <p>Interviews (staff, local authorities, stakeholders at county and national level)</p>

<p>Are all processes based on a child/human rights approach? Are any age and gender issues considered in providing the services?</p>	<ul style="list-style-type: none"> - Number of unplanned negative outcomes reported by stakeholders. - Number of services and activities tailored to different age groups and genders. 			
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Annex 3 – Data collection instruments

1. Survey

1.1. Questionnaire for children

We are conducting a study on the lives of children in your community and the activities they participate in at integrated community centres. Your responses are very important for us to better understand what the children liked in the centres, and if the activities they participated in have helped them. Your responses are confidential, and there are no right or wrong answers. We value your honest opinion.

Thank you for your participation!

ICC. Integrated Community Centre

LOC. Residence locality (where you live)

AGE. Age in completed years

GRADE. What grade are you in? grade 98. I don't go to school

GEN. Gender

1. Male 2. Female 3. Non-binary 4. Other

TIME. How long have you been coming to the centre (ICC)? *(Single response)*

1. Less than 3 months
2. 3-6 months
3. 6-12 months
4. More than a year
5. I don't remember

FREQ. How often do you come to the centre?

1. Daily
2. 2-3 times a week
3. Once a week
4. Less often

FAM1. Do you have any siblings?

1. Yes → Go to FAM2
2. No → Go to SERV

FAM2. And do they also come to activities at the centre?

1. Yes
2. No

SERV. Which of the following activities have you participated in/are you participating in at the centre?

(Interviewer: Do not read the response options! Let the child answer, and then categorize their answers in the categories below by selecting all options that apply)

1. Kinesiotherapy / physical therapy
2. Speech therapy / logotherapy
3. Psychological counselling
4. Information and counselling activities (topics: health education, vaccination, nutrition, substance use, family planning, first aid, dental hygiene, positive discipline)
5. Parenting education courses
6. Ophthalmology

7. Paediatrics
8. Gynaecology
9. Educational activities for children (e.g., help with their homework)
10. Workshops with children on children's rights
11. Experience exchange with children from other localities
12. Ex
13. Non-formal activities (e.g., to combat violence)
14. Other services. Specify.....

RESC. For each of the following statements, please select the response that best fits your situation: As a result of going to the centre,	Yes	No	Not applicable (have not benefited)
1. My mobility has improved as a result of the recovery therapies I participated in	1	0	98
2. I am able to speak better (to pronounce words more clearly)	1	0	98
3. The relationship with my school colleagues has improved	1	0	98
4. I have learnt to express my emotions better	1	0	98
5. The relationship with my parents has improved	1	0	98
6. I have learned to provide first aid	1	0	98
7. I have learned what discrimination is and how to recognize it	1	0	98
8. I know my rights better	1	0	98
9. My health is better	1	0	98
10. I learned how to eat healthy	1	0	98
11. I wash my hands more frequently	1	0	98
12. I brush my teeth more frequently	1	0	98
13. The relationship with my teachers has improved	1	0	98
14. The relationship with my colleagues at school has improved	1	0	98
15. I am absent from school less often	1	0	98
16. I have better results at school	1	0	98

LIKE. What did you like most about the centre?

.....

CHANGE. If you could change something about the centre, what it would be?

.....

LIFE. How has your life changed as a result of going to the centre?

- a) It has worsened → Go to WRS
- b) It has remained the same
- c) It has improved → Go to IMPR

WRS. How has your life worsened as a result of going to the centre?

.....

IMPR. How has your life improved as a result of going to the centre?

.....

1.2. Questionnaire for parents

This study is part of UNICEF's "Romania for Every Child" project and seeks to gather information about families and children's lives in your community. Your responses are essential for understanding how the activities carried out by UNICEF in your locality responded to local needs.

If you agree to participate in this study, we invite you to respond to a questionnaire of approximately 10 minutes. Your honest answers will be of great help to us. Your responses will be confidential and used only for statistical analysis. There are no right or wrong answers; we are interested in your experience as a beneficiary of UNICEF services, just as you perceive it.

Thank you for your contribution!

ICC. Integrated Community Centre

LOC. Residence locality (where you live)

AGE. Age in completed years

GEN. Gender

1. Male 2. Female 3. Non-binary 4. Other

BEN. Who in your family is benefiting from the ICC services? (Select all options that apply)

1. Me
2. My child/ children
3. My partner/ husband/ wife
4. Another member of my family

TIME. How long have you been receiving services from the ICC? (Single response. Please think of the member of your family who has been benefiting from ICC services for the longest time)

1. Less than 3 months
2. 3-6 months
3. 6-12 months
4. More than a year

REC. How did you/ other members of your family come to benefit from the centre's services? (Single response)

1. I saw an advertisement/ presentation of the centre (e.g., on Facebook) and I went directly to the centre
2. They were recommended by a family member
3. They were recommended by a friend/ neighbour
4. They were recommended by a teacher
5. They were recommended by a municipal employee
6. They were recommended by staff from the centre
7. Other (specify):.....

SERV. Which of the following services have you or other members of your family benefited from/ are currently benefiting from within the centre?

1. Kinesiotherapy / physical therapy
2. Speech therapy / logotherapy
3. Psychological counselling

4. Information and counselling activities (topics: health education, vaccination, nutrition, substance use, family planning, first aid, dental hygiene, positive discipline)
5. Parenting education courses
6. Ophthalmology
7. Paediatrics
8. Gynaecology
9. Educational activities for children (e.g., help with their homework)
10. Workshops with children on children's rights
11. Experience exchange with children from other localities
12. Non-formal activities (e.g., to combat violence)
13. Other services. Specify.....

USE. How useful have each of the following services been for you or a member of your family who has benefited from them at ICC?	Not at all useful	Slightly useful	Useful	Very useful	Not applicable (have not benefited)
1. Kinesiotherapy / physical therapy	1	2	3	4	97
2. Speech therapy	1	2	3	4	97
3. Psychological counselling	1	2	3	4	97
4. Information and counselling activities (topics: health education, vaccination, nutrition, substance use, family planning, first aid, dental hygiene, positive discipline)	1	2	3	4	97
5. Parenting education courses	1	2	3	4	97
6. Ophthalmology	1	2	3	4	97
7. Paediatrics	1	2	3	4	97
8. Gynaecology	1	2	3	4	97
9. Educational activities for children (e.g., help with their homework)	1	2	3	4	97
10. Workshops with children on children's rights	1	2	3	4	97
11. Experience exchange with children from other localities	1	2	3	4	97
12. Non-formal activities (e.g., to combat violence)	1	2	3	4	97

EVAL1. For each of the following statements, please select the response that best fits your situation:	Yes	No	I don't know
1. I believe that the centre provides sufficient services	1	0	98
2. The services provided by centre are of good quality	1	0	98
3. The services provided by centre are helpful to me	1	0	98
4. As a beneficiary of centre, I was treated with dignity and respect	1	0	98
5. I feel understood and respected by the staff providing me with services within the centre	1	0	98
6. Through the services offered, the centre has helped me when I needed it most	1	0	98

EVAL2. Thinking about the centre of which you or a family member are a beneficiary, how do you rate the following aspects?	Very poor	Poor	Neither good nor poor	Good	Ver good	I cannot assess
1. Equipment provision	1	2	3	4	5	98
2. Access to the building (for people with disabilities)	1	2	3	4	5	98
3. Staff's level of training	1	2	3	4	5	98
4. Number of staff	1	2	3	4	5	98
5. Communication with the staff	1	2	3	4	5	98

RESP. To what extent do you agree with the following statements: <i>As a result of participating in ICC services...</i>	To a very small extent	To a small extent	To a great extent	To a very great extent	Not applicable (have not benefited)
1. I have learned to be more responsive to my child/ children's needs	1	2	3	4	97
2. My relationship with my child/ children has improved	1	2	3	4	97
3. I have learned to provide first aid	1	2	3	4	97
4. I have learned what discrimination is and how to recognize it	1	2	3	4	97
5. As my children received help with their homework within the ICC, I had more time to take care of the household	1	2	3	4	97
6. My and my family's health has improved	1	2	3	4	97
7. I have visited my family doctor more often	1	2	3	4	97

RESC. To what extent do you agree with the following statements: <i>As a result of participating in ICC services..</i>	To a very small extent	To a small extent	To a great extent	To a very great extent	Not applicable (have not benefited)
1. My child/ children have easier access to rehabilitation therapies	1	2	3	4	97
2. My child/ children/ have more accurate pronunciation	1	2	3	4	97
3. My child / children started to integrate better into the peer group at school	1	2	3	4	97
4. My child/ children have learned how to express their emotions	1	2	3	4	97
5. My child/ children were involved in more non-formal activities	1	2	3	4	97
6. My child/ children are more attentive to hygiene	1	2	3	4	97

7. My child/ children brush their teeth more frequently	1	2	3	4	97
8. My child/ children know their rights better	1	2	3	4	97
9. My child/ children are absent from school less often	1	2	3	4	97
10. My Child/ children have better results at school	1	2	3	4	97
11. My child/ children are more tolerant towards those who are different	1	2	3	4	97

LIFE. How has your life changed as a result of benefiting from ICC services?

- a) It has worsened → Go to WRS
- b) It has remained the same → Go to REC
- c) It has improved → Go to IMPR

WRS. How has your life worsened as a result of participating in ICC activities?

.....

IMPR. How has your life improved as a result of participating in ICC activities?

.....

REC. What are the main aspects you think should be improved within the services offered by ICC to better meet your and/or your family's needs?

.....

OCUP. What is your occupation?

- 1. In school/training
- 2. Full-time employed
- 3. Part-time employed or occasional (daily worker, seasonal worker)
- 4. Self-employed
- 5. Unable to work due to a disability
- 6. Unemployed
- 7. Homemaker
- 8. Retired
- 9. Other (specify).....

EDUC. Last level of education completed?

- 1. No education
- 2. Primary - up to 4th grade or less
- 3. Lower-secondary - up to 8th grade or less
- 4. Vocational school
- 5. High school (without baccalaureate)
- 6. High school (with baccalaureate)
- 7. Post-secondary non-tertiary education
- 8. University (BA, MA, PhD)

MEM. How many people live in your household, including yourself? people

CHILD. How many children (under 18 years old)?

OLD. How many people aged over 65 years old?

MAR. Marital status?

1. single
2. married
3. widowed
4. divorced
5. cohabitation / consensual union

LOC1. The type of housing you live in is...?

1. Owned
2. Rented with a contract
3. Rented without a legal contract
4. Informal housing (e.g., squatting)
5. Owned by a family member
6. Owned by someone else
7. Social housing
8. Elderly housing – contract with usufruct clause
9. Elderly housing – contract with maintenance clause
10. Other. Which?

LOC2. What is the total number of living rooms (excluding kitchen, bathroom, and hallways)?

1. One
2. Two
3. Three
4. Four
- Five or more

VEN1. The average monthly income of your household (total income of family members per month) is:

1. Under 1000 lei
2. Between 1001 and 2000 lei
3. Between 2001 and 3000 lei
4. Between 3001 and 4000 lei
5. Between 4001 and 5000 lei
6. Between 5001 and 6000 lei
7. Between 6001 and 7500 lei
8. Over 7501 lei

VEN2. What are the main sources of income for your household? (Multiple response)

1. Salaries
2. Pensions
3. Incomes from agriculture
4. Incomes from self-employment
5. Social assistance
6. Child allowances
7. Other. Which?

ETN. Your ethnicity is:

1. Romanian
2. Roma
3. Hungarian
4. Other

1.3. Questionnaire for teachers

Educational Staff Questionnaire involved in Activities A1.4 or A1.5

This study is part of UNICEF`s” Romania for Every Child” and seeks to evaluate the experiences of educational staff in activities that aim to promote quality inclusive education (A1.4) and early childhood care and education (A1.5). Your responses are essential for assessing the effectiveness of these programs. Please spend 5-10 minutes answering a few questions. Your responses will remain confidential and will be analysed statistically.

Q1. Gender

1. Male 2. Female 3. Non-binary 4. Other

Q2. Ageyears

Q3. What is your current educational unit? (Select from the dropdown list of beneficiary schools)

1. Liceul Tehnologic Dumitru Mangeron, Bacău
2. Școala Gimnazială Ștefan Luchian, Moinești
3. Creșa Primii Pași, Moinești
4. Școala Gimnazială Constantin Platon, Bacău
5. Școala Gimnazială Alecu Russo, Bacău
6. Școala Gimnazială Nicu Enea, Bacău
7. Școala Gimnazială Domnița Maria, Bacău
8. Școala Gimnazială nr. 10, Bacău
9. Școala Gimnazială Tristan Tzara, Moinești
10. Școala Gimnazială nr. 13, Brașov
11. Școala Gimnazială nr. 15, Brașov
12. Grădinița nr. 5, Brașov
13. Grădinița cu program prelungit nr. 9, Brașov
14. Grădinița cu program prelungit nr. 26, Brașov

Q4. At what level of education do you teach? (Single option, choose the option that fits best)

1. Ante-preschool
2. Preschool
3. Primary
4. Middle school
5. High school

Q5. How many years of experience do you have in the education system? years

Q6. How many years have you been teaching in your current educational unit? years

Q7. You are

1. Permanent teacher 2. Substitute teacher

Q8. Did you participate in the activities of the "Romania for every child" project, implemented by UNICEF?

1. Yes No → STOP the SURVEY

Q9. How satisfied are you with the following ? Please rate the activities you participated in on a scale of 1 to 5 where 1 (very dissatisfied) and 5 (very satisfied). If you did not participate, please choose "not applicable". One response for each row.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Not applicable/I have not participated in this activity
1. Group discussions with other teachers regarding the training needs of teachers for quality inclusive education	1	2	3	4	5	97
2. Training workshops for school staff to apply the toolkit for inclusive education	1	2	3	4	5	97
3. Training workshops for school staff on the topic of socio-emotional skills	1	2	3	4	5	97
4. Training workshops for school staff on the topic of parental education	1	2	3	4	5	97
5. Mentoring and support program for the implementation of parenting education programs	1	2	3	4	5	97
6. Extracurricular activities regarding inclusive education and social-emotional skills	1	2	3	4	5	97
7. Training courses for acquiring digital skills and using new online tools	1	2	3	4	5	97
8. Mentoring and support program for developing digital skills (face-to-face and online meetings)	1	2	3	4	5	97
9. The training program dedicated to staff in nurseries and kindergartens.	1	2	3	4	5	97
10. Teaching equipment and materials adapted to early childhood education and care for indoor activities	1	2	3	4	5	97
11. Teaching equipment and materials adapted to early childhood education and care for outdoor activities	1	2	3	4	5	97

Q10. Did you implement the following activities? (Multiple response)

1. Parental education sessions
2. Extracurricular activities for early education (kindergarten)Extra-curricular activities for schools (primary and lower secondary)
3. None of these

Q11. To what extent do you think the following kits purchased are useful for providing quality inclusive education?

	Not useful at all	Slightly useful	Useful	Very useful	Don't know
1. Educational kit - inclusive school	1	2	3	4	98
2. Educational kits - outdoor recreation activities	1	2	3	4	98
3. Educational Kits – STEM	1	2	3	4	98
4. Educational Kits for Mathematics	1	2	3	4	98

Q12. To what extent do you agree with the following statements regarding the impact of the “Romania for every child” project, on teachers and the educational process:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strong agree	Don't know
1. The project's activities provided useful skills to teachers.	1	2	3	4	5	98
2. The activities carried out created a more inclusive school environment	1	2	3	4	5	98
3. The activities carried out within the project changed the way online tools were integrated in the teaching-learning process.	1	2	3	4	5	98
4. The activities carried out improved the teaching methods	1	2	3	4	5	98
5. The activities carried out improved the teachers' skills to develop extracurricular activities	1	2	3	4	5	98
6. The number of extracurricular activities developed in school increased	1	2	3	4	5	98
7. The training programs dedicated to staff in nurseries and kindergartens was able to be put into practice at the level of ante-pre-school/pre-school groups.	1	2	3	4	5	98
8. The teaching equipment and materials adopted for indoor early childhood education and care contribute to the provision of quality inclusive education	1	2	3	4	5	98
9. Equipment and teaching materials adopted for outdoor early childhood education and care contribute to the provision of quality inclusive education	1	2	3	4	5	98

Q13. To what extent do you agree with the following statements regarding the impact of the “Romania for every child” project, on students:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strong agree	Don't know
1. The activities carried out within the project improved the students' experience at school in general.	1	2	3	4	5	98
2. The activities carried out within the project improved the participation in education of children with SEN.	1	2	3	4	5	98
3. The activities carried out within the project improved the participation in education of socio-economically disadvantaged children (including Roma)	1	2	3	4	5	98
4. The activities carried out within the project improved the involvement of children with SEN.	1	2	3	4	5	98
5. The activities carried out within the project improved the results of socio-economically disadvantaged children (including Roma)	1	2	3	4	5	98
6. The activities carried out within the project increased the educational aspirations of the students.	1	2	3	4	5	98
7. Training programs for nursery and kindergarten staff have improved the experience of children at nursery/kindergarten.	1	2	3	4	5	98
8. Training programs dedicated to nursery and kindergarten staff contributed to the creation of an inclusive environment (including for children with SEN)	1	2	3	4	5	98

Q14. To what extent do you agree with the following statements regarding the impact of the “Romania for every child” project, on parents

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strong agree	Don't know
1. The activities carried out within the project improved the family-school relationship.	1	2	3	4	5	98
2. The activities carried out within the project increased parents' involvement in supporting their own children (emotional, for homework etc.).	1	2	3	4	5	98

3. Student's parents come to school/kindergarten more often to discuss about their children	1	2	3	4	5	98
4. Students' parents participate more often in extracurricular activities	1	2	3	4	5	98

Q15. To what extent do you think the project's activities contribute to capacity development at the school level?

1. To a very small extent
2. To a small extent
3. To neither a small nor a great extent
4. To a great extent
5. To a very great extent

98. I don't know

Q16. What extent are you satisfied with the following aspects? Please rate the activities you participated in on a scale of 1 to 5 where 1 (very dissatisfied) and 5 (very satisfied). If you did not participate, please choose "not applicable".

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Not applicable
1. The content of activities (courses, trainings, mentoring, toolkits)	1	2	3	4	5	97
2. Quality of training and workshops	1	2	3	4	5	97
3. The expertise and competency of trainers	1	2	3	4	5	97
4. The relevance of the activities to your professional development	1	2	3	4	5	97

Q17. Which activities carried out in the project do you think will help you the most in the future? Please explain your answer.

.....

1.4. Questionnaire for child participation (CFCI component) - for U-report

I. About me

M1. I am years old

M2. I am a boy a girl non-binary other

M3. I live in ... [name of the city/town/village]

M4. I am in grade (4th from 12th grade) I don't go to school

II. HOME- My home and the people I live with

II.1 Which of the following best describes the home you live in?

- I live with my family
- I live in a foster home or children's home
- Another situation, please describe

H2. Compared to others your age, what is your current level of participation in the following activities?
(Home participation)

	Full participation	Somewhat limited	Very limited	Unable	NA	NR
a. Social, play or leisure activities with family members at home (e.g., games, hobbies, "hanging out")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Social, play or leisure activities with friends at home (can include conversations on the phone or internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family chores, responsibilities, and decisions at home (e.g., involvement in household chores and decisions about family activities and plans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Self-care activities (e.g., eating, dressing, bathing, combing, or brushing hair, using the toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating with others at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL

S2. How long do you usually spend travelling to school?

- Less than 15 minutes 16 to 30 minutes Up to an hour More than an hour Other

S4. How safe do you feel on your way to and from school?

- Not at all safe Not very safe Quite safe Very safe

S5. How much do you agree with each of these sentences?

	Very strongly disagree						Very strongly agree
a. My teachers care about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If I have a problem at school my teachers will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I have a problem at school other children will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. My teachers listen to me and take what I say into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. At school I have opportunities to make decisions about things that are important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S6. Compared to others your age, what is your current level of participation in the following activities? (School participation)

	Full participation	Somewhat limited	Very limited	Unable	NA	NR
a. Educational (academic) activities with other students in your classroom at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Social, play and recreational activities with other students at school (e.g., "hanging out," sports, clubs, hobbies, creative arts, lunchtime, or recess activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Moving around at school (e.g., to get to and use bathroom, playground, library or other rooms and things that are available to other students your age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using educational materials and equipment that are available to other students in your classroom/s or that have been modified for you (e.g., books, computers, chairs, and desks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating with other students and adults at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participating in decision-forums, committees, councils at school level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY

C1. How satisfied are you with the local community where you live?

0 = Not at all satisfied 1 2 3 4 5 6 7 8 9 10 = totally satisfied

C2. How much do you agree with each of these sentences?

Very strongly disagree

Very strongly agree

a. I feel safe when I walk around in the area I live in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b.	In my area there are enough places to play and have a good time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	If I have a problem, there are people in my local area who will help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Adults in my local area are kind to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	In my local area, I have opportunities to participate in decisions about things that are important to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Adults in my area listen to children and take them seriously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. In the past six months, how often have you...

	Never	Less than once a week	Once a week	Several times a week	Doesn't exist in the community
a. Used a community centre for activities or events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Used a library for borrowing books, studying, or using resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Used recreational facilities like sports centres, swimming pools, or gyms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Used parks, playgrounds, and green spaces for playing and spending time outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Used public transportation, such as buses, minibuses, trams, trains etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. In the last six months have you experienced unfair treatment or discrimination because of your age, gender, race, ethnicity, disability, religion, or sexual orientation at school?

Never Once More than once

C8. In the last six months have you seen at school or in your community someone being unfairly treated or discriminates against because of his/her age, gender, race, ethnicity, disability, religion, or sexual orientation?

Never Once More than once

C9. In the past year have you participated in any voluntary work or community service? Voluntary work means doing something to help others or the community without getting paid for it.

Never Once More than once

C10. In the past year have you participated in information campaigns on environmental protection, greening, or other environmental protection activities

Never Once More than once

C11. How much do you agree with each of these sentences about your community?

	Very strongly disagree						Very strongly agree
a. I can learn and grow in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel good about my future here.							
c. I can achieve my goals here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I want to help my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My community supports my dreams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C12. Compared to others your age, what is your current level of participation in the following activities? (Community and participation at local level)

	Full participation	Somewhat limited	Very limited	Unable	NA	NR
a. Consultation by local authorities specifically tailored for children to provide input on policies and services that affect them (online, face-2-face, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participation as member of local decision-making bodies or committees where they can directly influence policies and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Engaging in creative and artistic activities are used to express their views and ideas for local decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participation in dedicated public events and meetings specifically for children to share their views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Providing input and feedback as part of groups comprised of children who use local services to improve those services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participating in decision-forums, committees, councils at a national level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Focus groups

2.1. Focus group with staff

Presentation of the research topic and its purpose.

The moderator will briefly present the research topic and the purpose of its research. The main rules for conducting a focus group will also be explained and the consent form for participating in the focus group will be presented. The moderator will clarify any questions from the participants.

Introduction

Each participant in the focus group will make a short presentation, including their role in ICC, professional background.

Relevance

What were the main services and types of support provided by ICC? *Each component should be detailed. In addition, activities that have been implemented in schools and kindergartens will be detailed.*

Did any changes occur during the implementation of integrated services provided by ICC? Has the pandemic impacted project implementation? If yes, what changes were made to the implementation compared to the initial plan? *Each change should be detailed.*

Were there any services/type of support that were insufficiently supplied? If yes, how was the access of beneficiaries prioritized? *Each component should be detailed.*

Were the resources (equipment, funds) adequate for fulfilling your daily activities?

Was there any staff shortage or vacant positions during the operation of the ICC? If yes, how it was managed?

How would you describe the relevance of ICC activities for outcomes that are national targets, such as improving access to and participation in quality early education and reducing early school leaving?

Coherence

How would you describe the ICC relationship with other services providers (GDSACP, NGOs, other PSSAs), schools, family doctors and local authorities?

Were there any changes in collaboration during project implementation with any of these services providers and local or county authorities? *If mentioned, both positive and negative aspects should be detailed and explained.*

How would you describe the collaboration with the local authorities and relevant institutions from surrounding localities with families and children benefiting from services provided by ICCs?

How was the ICC intervention coordinated with the intervention of these social/ health/ educational services providers/institutions?

How the ICC staff ensure the compliance of the services provided with the specific standards and the legislative provisions?

How do ICC services differ from other social, health and educational projects and programmes? What do they bring in addition to existing initiatives?

Effectiveness

Who are the main categories of disadvantaged/vulnerable children/families in your locality? Are there any particularities compared to other similar localities in your area?

What are the main challenges faced by these disadvantaged/vulnerable families and children? *Even if not mentioned, the situation of children with disabilities and Roma children, as well as children at the intersection of multiple risks will be discussed.*

But who are those for whom intervention and support are the most difficult?

If a child or family needed multiple services from the ICC, how did they go about receiving the support?

How did the main components of the ICC interact at the local level? Did the staff work together?

How do you define a successful intervention for a family or child receiving support from the ICC?

What are the project's activities most effective? Why?

What are the project's activities least effective? Why?

Which activities have significantly improved the access to integrated services at the local level?

What factors explain the success of ICCs?

What were the main challenges in implementing the ICCs services?

Which activities have significantly impacted access, quality, and educational outcomes in pre-primary, primary, and lower-secondary education?

What factors explain the success of educational activities?

What were the main challenges in implementing the educational activities?

How is the ICC perceived by the community?

How would you describe the collaboration between the ICC and other local institutions such as schools, medical offices, social work?

Efficiency

How would you assess the results and impact of the ICC compared to the used resources?

What is the added value (in terms of financial value) of investing in ICC related to education/ health/ social services?

Would be ICC scalable at wider level considering the needed running costs?

Sustainability

How the ICC can be run after project funding ended? How should funding be ensured for ICCs?

Which services (health, education, social services) have been offered in ICC after the completion of the project?

Do local authorities have the capacity to support the services offered in ICC? What can be done to support them in ensuring the sustainability of ICCs? What can be done to scale up the ICC model? What improvements should be made? Which are the main features that should be kept?

Is there any change to the current legislative framework that should be promoted to ensure the scale up of the ICC model?

Impact

Could you describe which are the most important benefits of the ICC for the beneficiaries, both children and their families?

Which was the impact of the ICC at local level? *To be discussed the impact for the local authorities, schools, other social assistance providers, ICC staff*

Lessons learned

What are the main lessons learned during the implementation of the services and activities in ICC?

Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?

2.2. Focus group with coordinators at county level

Presentation of the research topic and its purpose.

The moderator will briefly present the research topic and the purpose of its research. The main rules for conducting a focus group will also be explained and the consent form for participating in the focus group will be presented. The moderator will clarify any questions from the participants.

Introduction

Each participant in the focus group will make a short presentation, professional background and general and specific responsibilities as coordinators.

Relevance

What were the main differences between ICCs in terms of staff and services provided? *Each component is discussed.*

Did any changes occur during the implementation of the services provided by ICCs? *Each component should be detailed. **Only for Bacău coordinators:** Which ICC performed better? Why?*

What kind of support was most frequently provided to the ICCs staff?

Coherence

How would you describe the ICCs relationship with other local or county services providers (GDSACP, NGOs, other PSSAs), schools, and local authorities?

Were there any changes in collaboration during the project implementation with any of these services providers and local or county authorities? *If mentioned, both positive and negative aspects should be detailed and explained.*

How would you describe the collaboration with the local authorities and relevant institutions from surrounding localities with families and children benefiting from services provided by ICCs?

How do the ICC's staff ensure the compliance of the services provided with the specific standards and the legislative provisions? *Each component should be detailed.*

How do ICC's services differ from other social and educational and health projects and programmes? What do they bring in addition to existing initiatives?

Effectiveness

To what extent have the ICC services, educational activities, and parenting education services meet the needs of the most vulnerable children and disadvantaged families?

Who are the main categories of disadvantaged/vulnerable children/families in the localities covered by the ICCs' services or activities? Are there any particularities compared to other similar localities at county level?

If a child or family needed multiple services from the ICC, how did they go about receiving the support?

How did the main components of the ICC interact at the local level? Did the staff work together? *Each component should be detailed. Examples of multisectoral intervention should be asked.*

How do you define a successful intervention for a family or child receiving support from the ICC? *Perspective of each component is asked.*

How would you describe the collaboration with the ICCs' staff? *Each component will be discussed.*

Efficiency

How would you assess the results and impact of the ICC compared to the used resources? *Each component will be discussed.*

Would be ICC scalable at wider level considering the needed running costs?

Sustainability

How the ICC can be run after project funding ended?

What is the capacity of local authorities to support the integrated services provided by ICCs after project funds end?

What can be done to scale up the ICC model? What improvements should be made? Which are the main features that should be kept? *Each component should be detailed.*

Is there any change to the current legislative framework which should be promoted to ensure the scale up of the ICC model?

Impact

Could you describe which are the most important benefits of the ICC for the beneficiaries, both children and their families? *Each component should be detailed.*

Which was the impact of the ICC at local level? *To be discussed the impact for the local authorities, schools, other social assistance providers, ICC staff*

What are the benefits of ICCs at the community/locality level beyond their role in ensuring integrated services, among others?

What is the social innovation brought by the project model in integrated services?

Lesson learned

What are the lessons learned at each level of intervention that should be considered for implementation and further replication of the project?

Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?

2.3. Focus group with children

Presentation of the research topic and its purpose

The moderator will briefly present the research topic and the purpose of its research. The main rules for conducting a focus group will also be explained and the consent form for participating in the focus group will be presented. The moderator will clarify any questions from the participants.

Introduction

Each participant in the focus group will make a short presentation, including first name, age, the school she/he is attending, etc.

General questions

What is the first thing that pops into your head when you hear education?

Relevance

What are the most important issues that children like you face in your community? Please share your experiences and challenges. Where do you search for answers and support to solve them?

How do you spend your free time (after school/ ICC/ park etc.)?

How do you feel about the place where you go for help, like the ICC? Do you like it?

What activities do you enjoy doing the most? What didn't you like?

How did you feel when you participated in the activities of the ICC?

Coherence

Imagine you must tell someone in another town what an ICC is. How would you do it? What do you usually do in ICC? *If not mentioned, specialized services such as physiotherapy, speech therapy, psychological counselling, and non-formal education will be listed.*

Do you like the people who work at the ICC? Do they help you when you need it?

Have you noticed anything good happening in your life since you started going to the Centre? Like maybe feeling happier or learning new things?

Effectiveness

Have you ever had any trouble getting to the ICC or using the services there?

How does what you learned at the ICC help you at school/ in the everyday life?

What you usually do in school and what do you like at your school?

In what kind of extracurricular activities are you involved at school? Who develop these extracurricular activities?

How would you describe your relationship with the teachers from your school?

How would you describe your relationship with your classmates?

How would you describe your relationship with your parents?

Sustainability

What else do you think the ICC could do to help kids like you in the community?

Do you have any ideas for making the ICC better for kids?

Is there anything you think the ICC should do differently?

Is there anything else you want to say about your experiences at the Centre?

Impact

How did you feel when you participated in the activities of the centre?

Have you made new friends at the ICC?

What is your favourite thing about going to the Centre? What do you enjoy doing there?

Do you think the ICC helps you with school or learning? Can you tell us about a time it helped you?

Summarize key points discussed during the session and offer any additional thoughts or questions they might have.

2.4. Focus group with parents

The moderator will briefly present the research topic and the purpose of its research. The main rules for conducting a focus group will also be explained and the consent form for participating in the focus group will be presented. The moderator will clarify any questions from the participants.

Introduction

Each participant in the focus group will make a short presentation, including first name, age, workplace, number of children.

Relevance

What type of services have your child/ren or you received at the ICC?

How would you describe your overall experience with the services provided by the ICC? How would you describe the children's experience?

What about the activities for children and parents implemented in schools and kindergartens? *if they have received parenting courses at school, they will be asked about their experience*

What aspects of the services do you find most valuable for your child/ren and family?

Coherence

How useful do you find the information and materials provided at ICC for each specific topic? *Will be mentioned if not brought up: health education, vaccination, nutrition, substance abuse, family planning, dental hygiene, positive discipline, first aid.*

Effectiveness

To what extent have the services received at ICC met the needs of your child/children? What about the needs of you or other family members?

What are the needs of your child/children that were not addressed at the ICC and why?

What challenges, if any, have you encountered in accessing or utilizing the ICC services?

Do you have any suggestions for how the ICC could better meet the needs of families in your community?

How do you feel about the place where you and your family get help, like the Community Services Centre?
Do you think it's helpful?

What's the best thing about the ICC for you and your family? What do you appreciate the most?

Is it easy for you to get to the ICC and use the services there? Have you had any problems?

Do you like the people who work at the ICC? Do they provide good support and assistance?

Sustainability

What suggestions do you have for improving the ICC's activity or the services it offers?

Is there anything you think the ICC should do differently to better help families like yours?

Impact

In what ways do you think the ICC services have positively impacted your family's well-being?

Have you noticed any positive changes in your family since you started going to the ICC? Like feeling more supported or having more help?

Can you share a specific example of how the ICC has helped your family?

Did you participate in parental education sessions at school/ kindergarten or ICC? If YES, how did you feel at these parental education sessions? Did these parental education sessions help you to better understand your child/ren needs?

Summarize key points discussed during the session and offer any additional thoughts or questions they might have.

Is there anything else you want to share about your experiences with the Centre and how it has impacted your family?

2.5. Focus group with children from the Children's Local Councils

The moderator will briefly present the research topic and the purpose of the research. The main rules for conducting a focus group will also be explained and the consent form for participating in the focus group will be presented. The moderator will clarify any questions from the participants.

Introduction

Each participant in the focus group will make a short presentation, including first name, age, school.

Effectiveness

Could you kindly provide us with a brief overview of the steps involved in establishing the council?

In what activities of the Children's Local Council have you been involved?

To what extent has the Action Plan for the CFCI in your locality addressed child participation at local level?

To what extent have the activities developed under CFCI included vulnerable children?

Which are the activities that contributed to an improved child participation at local level?

What factors explain the success of the child participation activities at local level?

What were the main challenges in implementing the child participation activities?

Have you received adequate training and capacity building to fulfil your role as a member of the children's local council?

Impact

Do you consider that there are some changes in your life since you have become member in the Children's Local Council? If YES, what are these changes?

Do you observe any changes in teachers'/local authorities' attitudes towards the members of the Children's Local Council? Please describe.

Do you feel that public authorities are more responsive to children's needs since the CFCI was introduced? Why or why not?

To what extent the proposals coming from the Children's Local Council have been considered by the public authorities in the realization of the budget or in the realization of other activities/ projects at local level?

Can you provide examples of specific improvements or changes resulting from the CFCI in children's life from your community?

Have you observed any changes in your community since the CFCI was introduced?

How do you feel about being involved in the decision-making process related to children's rights?

Can you share an example of a time when you felt your input made a difference in a decision that affected children's rights?

What do you think has been the most successful part of the CFCI in your community?

Decision-Making Process

How have decision-making processes evolved in your community when addressing issues that impact children's rights?

Have there been instances where children's input significantly influenced decisions related to their rights?

How has your involvement in the Children's Local Council changed your perspective on community decision-making?

Are there any ways through which the children's participation in the Children's Local Council's activity has made a difference in decisions taken by the public authorities?

Lessons Learned

What valuable lessons have been learned through the implementation of the CFCI and/ or during the activity of Children's Local Council?

Have there been any unexpected outcomes or challenges that provided important insights?

Have you faced any challenges while participating in the CFCI? If so, can you share them with us?

What do you think could be improved in the CFCI to make it more effective for children? Do you think the working methods of Children's Local Council should be adapted to be more child-friendly? If yes, how would you suggest changing them?

How do you think the city or community can improve data collection for monitoring and evaluating the impact of the CFCI?

What role do you think children should play in the monitoring and evaluation process of the CFCI?

Recommendations for Scaling Up

Based on your experiences, what advice would you give to other children's local councils looking to expand their impact and reach more children in the community?

3. In-depth interviews

3.1. Interview guide for local project coordinators

The moderator will briefly present the research topic and the purpose of the research.

Introduction

Please briefly describe your role in the “Romania for Every Child” modelling project?

Relevance

Are changes/ improvements made in activities and deliverables during the project implementation to ensure the achievement/ a better achievement of the project’s overall goal and specific objectives?

Is the selection and training of human resources adequate to provide integrated services in the targeted communities?

Was the integrated services model provided as intended at the local level regarding staff, resources, and available services?

What are the differences between the initial model and its implementation at the local level?

Coherence

To what extent are the services provided through RfEC project consistent and complementary with the services provided by other public institutions, NGOs or private providers in the localities covered by the project?

To what extent are educational interventions of RfEC harmonized/complemented with other similar types of interventions implemented by schools or local authorities?

To what extent the project interventions in the health sector are harmonized/complemented with other health services/interventions in schools or communities?

There were any changes in collaboration during the project implementation with other service (social, health, education) providers and local or county authorities? *If mentioned, both positive and negative aspects should be detailed and explained.*

How would you describe the collaboration with the local authorities and relevant institutions from surrounding localities with families and children benefiting from services provided by ICCs?

Effectiveness

Who are the families and children most in need at the local level? Even if not mentioned, the situation of children with disabilities and Roma children, as well as children at the intersection of multiple risks will be discussed.

What are the main challenges faced by these disadvantaged/vulnerable families and children?

Are there any particularities compared to other similar localities in your area?

But who are those for whom intervention and support are the most difficult?

How do you provide families with the services they need?

To what extent have the ICC's services (medical, social, and educational) addressed the needs identified in the communities at the beginning?

If a child or family needed multiple services from the ICC, how did they go about receiving the support?

How did the main components of the ICC interact at the local level? Did the staff work together?

How do you define a successful intervention for a family or child receiving support from the ICC?

What were the main challenges in implementing the project at local level? If you could change something, what would it be? What would help you do your job better?

What are the ICC's services/ activities most effective? Why?

What are the ICC's services/ activities least effective? Why?

Which services/ activities have significantly improved the access to integrated services at the local level?

What factors explain the success of ICCs?

Efficiency

Are the allocated resources (human resources, financial ones) adequate to achieve the proposed outcomes of the project?

Are the allocated resources adequate to support the delivery of integrated services at local level?

Are the allocated resources adequate to support the local teams in providing integrated services that promote participation in quality early childhood education and reduce absenteeism and early school leaving across the five communities?

Are the allocated resources adequate to support the child participation in decision-making processes at local level?

What other resources are needed to improve the outcomes or have a smoother implementation?

What is the added value (in financial terms) of investing in ICCs / related educational activities and CFCI?

Sustainability

To what extent can the ICC and related socio-educational services/activities continue in the context of the withdrawal of external funding and expertise?

What is the capacity of local authorities to support the integrated services provided by ICCs after project funds end?

Which activities were implemented to ensure the sustainability of integrated services provided by ICCs after the project's lifetime?

What can be done to scale up the ICC model? What improvements should be made? Which are the main features that should be kept?

To what extent the activities of the Action Plans of CFCI could be implemented after the end of the project?

To what extent the CFCI could be extended to other communities? What improvements should be made? Which are the main features that should be kept?

Impact

How is the ICC perceived by the community?

What main changes does the project influence in the beneficiaries' (children and their families) lives?

What are the main changes the project influences in the community?

What are the main changes the project influences in the professionals and public administration capacities?

What is the impact of the training activities for staff in the selected schools on the schools' capacity to provide quality and inclusive early childhood and primary education and care services?

How does the Child-Friendly Cities Initiative impact local decision-making mechanisms? How have children's voices, needs, experiences, and priorities been integrated into decision-making?

To what extent has the implemented model improved the social services provision at the local level?

What are the benefits of ICCs at the community/locality level beyond their role in ensuring integrated services, among others?

What is the social innovation brought by the project model in integrated services?

What is the social innovation brought by the CFCI in child participation?

What are the main changes in policies/ programmes/ policy instruments the project influences at national level?

Lessons learned

What are the main lessons learned during the implementation of the services and activities in ICC?

Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?

3.2. Interview guide for staff

The moderator will briefly present the research topic and the purpose of the research.

Introduction

Please briefly describe your role in ICC and the ICC's activity.

What is the best thing about working in the ICC?

Effectiveness

Who are the families and children most in need at the local level? *Even if not mentioned, the situation of children with disabilities and Roma children, as well as children at the intersection of multiple risks will be discussed.*

What are the main challenges faced by these disadvantaged/vulnerable families and children?

Are there any particularities compared to other similar localities in your area?

But who are those for whom intervention and support are the most difficult?

How do you provide families with the services they need?

To what extent have the ICC's services (medical, social, and educational) addressed the needs identified in the communities at the beginning?

If a child or family needed multiple services from the ICC, how did they go about receiving the support?

How did the main components of the ICC interact at the local level? Did the staff work together?

How would you describe your ICC relationship with other services providers (GDSACP, NGOs, other PSSAs), schools, local authorities?

How do you define a successful intervention for a family or child receiving support from the ICC?

What were the greatest challenges you faced as a social worker/social/community nurse/ school mediator/school counsellor in your activity? How did you overcome them?

What were the main challenges in implementing the ICCs services? If you could change something, what would it be? What would help you do your job better?

Have you received any training during your work in ICC? *If yes, please specify the type of training, and its adequacy.*

What are the ICC's services/ activities most effective? Why?

What are the ICC's services/ activities least effective? Why?

Which services/ activities have significantly improved the access to integrated services at the local level?

What factors explain the success of ICCs?

Efficiency

Were the resources (equipment, funds) adequate for fulfilling your daily activities?

Were the allocated resources adequate to support the delivery of integrated services at local level?

What is the added value (in financial terms) of investing in ICCs and related educational activities?

Sustainability

To what extent can the ICC and related socio-educational services/activities continue in the context of the withdrawal of external funding and expertise?

What is the capacity of local authorities to support the integrated services provided by ICCs after project funds end?

Which activities were implemented to ensure the sustainability of integrated services provided by ICCs after the project's lifetime?

What can be done to scale up the ICC model? What improvements should be made? Which are the main features that should be kept?

Impact

How is the ICC perceived by the community?

What main changes does the project influence in the beneficiaries' (children and their families) lives?

What are the main changes the project influences in the community?

What are the main changes the project influences in the professionals and public administration capacities?

Lessons learned

What are the main lessons learned during the implementation of the services and activities in ICC?

Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?

3.3. Interview guide for local authorities

The moderator will briefly present the research topic and the purpose of the research. The questions will be adapted according to the respondent's involvement in the project and their field of activity.

Introduction

Can you describe briefly the activities developed in your community through the project "Romania for Every Child"?

Effectiveness

What are the main social problems in your community?

Who are the families and children most in need at the local level?

What are the main challenges faced by these disadvantaged/vulnerable families and children at the local level?

What is the estimated proportion of vulnerable children among the total children at the local level? Have there been any changes in the recent years?

How the local authority provides vulnerable families the services they need? What steps have the authorities taken in recent years to address the needs of vulnerable children and families?

How was the ICC established in your community? What were the greatest challenges during the establishment period of the centre?

What kind of services are provided through ICC?

How the local authorities collaborate with the ICC? And how do they collaborate with the authorities from surrounding localities?

How would you describe the relationship with the county authorities/institutions?

What kind of adjustments to the centre's activities could be made in the future to better meet the needs of the local community?

What are the project's activities most effective? Why?

What are the project's activities least effective? Why?

Which activities have significantly improved the access to integrated services at the local level? Are there differences between municipalities?

What factors explain the success of ICCs?

What were the main challenges in implementing the ICCs services?

Which activities have significantly impacted access, quality, and educational outcomes in pre-primary, primary, and lower-secondary education?

What factors explain the success of educational activities?

What were the main challenges in implementing the educational activities?

Education – only for local authorities from urban areas

What is the project's contribution to increasing the institutional capacity of schools to address the diversity of vulnerabilities faced by children and their families?

How does the project help the teachers to implement better inclusive education?

Efficiency

Are the allocated resources adequate to support the delivery of integrated services at local level?

Are the allocated resources adequate to support the local teams in providing integrated services that promote participation in quality early childhood education and reduce absenteeism and early school leaving across the five communities?

Are the allocated resources adequate to support the child participation in decision-making processes at local level?

What other resources are needed to improve the outcomes or have a smoother implementation?

Sustainability

To what extent can the ICC and related socio-educational services/activities continue in the context of the withdrawal of external funding and expertise? How should funding be ensured for ICCs? Is there any change to the current legislative framework which should be promoted to ensure the scale up of the ICC model?

To what extent the health services provided through the project could be offered after the end of the project?

To what extent the educational activities provided by teachers through the project could be offered after the end of the project?

What is the capacity of local authorities to support the integrated services provided by ICCs after project funds end?

Which activities were implemented to ensure the sustainability of integrated services provided by ICCs after the project's lifetime?

To what extent the integrated services provided by ICCs through the project could be extended to other communities?

To what extent the educational activities for teachers provided through the project could be extended to other communities?

Impact

How important is the ICC for the vulnerable children and their families?

How is the ICC perceived by the local community?

What main changes does the project influence in the beneficiaries' (children and their families) lives?

What are the main changes the project influences in the community?

What are the main changes the project influences in the professionals and public administration capacities?

What is the impact of the training activities for staff in the selected schools on the schools' capacity to provide quality and inclusive early childhood and primary education and care services?

Lessons Learned

What are the lessons learned at each level of intervention that should be considered for implementation and further replication of the project?

Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?

3.4. In-depth interview with local decision-makers for CFCI

The moderator will briefly present the research topic and the purpose of the research.

Introduction

Can you describe briefly the activities developed in your community through the project "Romania for Every Child"?

Can you briefly describe what represent the candidate title for child friendly city/town/commune for you?

Effectiveness

What are the activities developed under CFCI component in your community?

How has the collaboration between children, local authorities, and other stakeholders enhanced the initiative's success?

Are there specific strategies or approaches that have proven particularly effective in achieving the initiative's goals?

To what extent have the Action Plans for the CFCI addressed of child participation at local level?

To what extent have the activities developed under CFCI included vulnerable children?

Which are the activities that improved child participation at local level?

What factors explain the success of the child participation activities at local level?

What were the main challenges in implementing the child participation activities?

Efficiency

Are the allocated resources adequate to support the child participation in decision-making processes at local level?

What other resources are needed to improve the outcomes or have a smoother implementation?

What was the added value of the CFCI for your community?

Sustainability

To what extent the activities of the Local Action Plan for Children could be implemented after the end of the project?

To what extent the CFCI could be extended to other communities?

What are the main lessons learned through the project implementation?

What are the main factors that supported the implementation of the CFCI at local level?

What are the main challenges in implementing the CFCI at local level?

Impact

How does the Child Friendly Cities Initiative impact local decision-making mechanisms? How have decision-making processes evolved when addressing issues that impact children's rights?

How have children's voices, needs, experiences, and priorities been integrated into decision-making?

What is the social innovation brought by the CFCI in child participation?

Can you provide examples of specific improvements or changes resulting from the CFCI in children's life from your community?

What do you think about the changes you have seen in your community since the Child Friendly Cities Initiative was introduced?

Have there been instances where children's input significantly influenced decisions related to their rights?

Lessons Learned

What valuable lessons have been learned through the implementation of the CFCI in your community?

Have there been any unexpected outcomes or challenges that provided important insights? Have you faced any challenges while participating in the CFCI? If so, can you share them with us?

What do you think could be improved in the Child Friendly Cities Initiative to make it more effective for children? Do you think the working methods of Children's Local Councils should be adapted to be more child-friendly? If yes, how would you suggest changing them?

3.5. Interview guide for stakeholders at county level

The moderator will briefly present the research topic and the purpose of the research. The questions will be adapted according to the respondent's involvement in the project and their field of activity.

Introduction

Can you describe briefly your / your institution's involvement in the project "Romania for Every Child?"

Effectiveness

To what extent have the ICC's services (medical, social, and educational) addressed the needs identified in the communities at the beginning?

To what extent have the ICC services (medical, social, and educational) had a high coverage for socio-economically disadvantaged children and families?

Thinking about socio-economically disadvantaged children (including Roma and children with disabilities), what do you think ICC can additionally provide?

Given the challenges of increasing pre-school and school attendance and participation, reducing early school leaving and enhancing education results at the county level, to what extent do you think ICCs can improve these outcomes?

To what extent have the activities developed under CFCI included vulnerable children?

What are the project's activities most effective? Why?

What are the project's activities least effective? Why?

Which activities have significantly improved the access to integrated services at the local level? Are there differences between municipalities?

What factors explain the success of ICCs?

What were the main challenges in implementing the ICCs services?

Which activities have significantly impacted access, quality, and educational outcomes in pre-primary, primary, and lower-secondary education?

What factors explain the success of educational activities?

What were the main challenges in implementing the educational activities?

Which are the activities that improved the child participation at local level?

What factors explain the success of the child participation activities at local level?

What were the main challenges in implementing the child participation activities?

For education

What is the project's contribution to increasing the institutional capacity of schools to address the diversity of vulnerabilities faced by children and their families?

How does the project help the teachers to implement better inclusive education?

Efficiency

How would you assess the resources needed for ICC to achieve its goals?

What are the costs and benefits of implementing the program at the county level?

How would you assess the cost-benefits ratio of the project intervention compared to similar initiatives (the project components/ activities should be discussed)?

Which project activity/component do you consider as having the best cost-benefits ratio?

Coherence

To what extent do you consider the services offered through the ICC were complementary to programmes implemented at the county/ municipality level?

To what extent are the project interventions aligned with the National Strategy for Child Rights Protection and Promotion "Protected Children, Safe Romania" 2023-2027?

How are project interventions aligned with other policies and interventions that promote integrated services?

How are project interventions aligned with other policies and interventions that promote increasing participation in quality early childhood education and care, improving basic skills, and reducing early school leaving?

Are the project interventions in the health sector aligned with the National Health Strategy?

How are project interventions aligned with other policies and interventions that promote increasing child participation in decision-making?

Relevance

Are there differences between the ICCs at the local level? Please develop.

To what extent do the activities implemented in the Integrated Community Service Centres (ICC) contribute to the national objectives of improving access to 1) quality early childhood education and care, reducing early school leaving / 2) social services/ 3) better health services?

Impact

What are the main changes the project influences in the professionals and public administration capacities?

How would you describe the impact of the ICC at the county level? What about the Child Friendly Initiative?

Do you consider that UNICEF project has had any influence on public policies (social assistance, education, health) provided at county level, particularly on those targeting disadvantaged children (*Roma and children with disabilities are discussed if not mentioned*)?

What is the impact of the training activities for staff in the selected schools on the schools' capacity to provide quality and inclusive early childhood and primary education and care services?

How does the Child-Friendly Cities Initiative impact local decision-making mechanisms? How have children's voices, needs, experiences, and priorities been integrated into decision-making?

Sustainability

How can the services offered through ICCs continue and expand their activity at the county level?

How ICCs can be replicated at county level? (*To be discussed on components/services*)

What is the capacity of local authorities to support the integrated services provided by ICCs after project funds end?

3.6. Interview guide for stakeholders at national level

The moderator will briefly present the research topic and the purpose of the research. The questions will be adapted according to the respondent's involvement in the project and their field of activity.

Introduction

How can you briefly describe the “Romania for Every Child” project?

Relevance

To what extent is the project results relevant to the national policies, strategies and programmes in child protection, social protection, education (including early childhood) and health areas?

To what extent do the activities implemented in the Integrated Community Service Centres (ICC) contribute to the national objectives of improving access to 1) quality early childhood education and care, reducing early school leaving / 2) social services/ 3) better health services?

To what extent the findings and recommendations related to the health sector could contribute to achieving universal health coverage in early childhood?

Coherence

To what extent are the project interventions aligned with the National Strategy for Child Rights Protection and Promotion “Protected Children, Safe Romania” 2023-2027?

How are project interventions aligned with other policies and interventions that promote integrated services?

How are project interventions aligned with other policies and interventions that promote increasing participation in quality early childhood education and care, improving basic skills, and reducing early school leaving?

Are the project interventions in the health sector aligned with the National Health Strategy?

Sustainability

How could initiatives such as those carried out by UNICEF in the framework of Romania for Every Child project be sustainable given the completion of the project?

How could these costs be covered by the local or national budget or EU funds?

Scalability

Considering the costs and benefits of implementing such a project at the national level, do you think that the Romanian government could assume the implementation of such a program?

Romania has the highest percentage of poor children and young people, a high number of early school leavers, low competences at reading, mathematics, and sciences, etc. By providing integrated social, educational and health care services, this project has proven its ability to solve some of the above problems. To what extent can such a programme be supported or embraced by the government?

3.7. Interview guide for CFCI stakeholders at national level

The moderator will briefly present the research topic and the purpose of the research. The questions will be adapted according to the respondent's involvement in the project and their field of activity.

Introduction

How can you briefly describe the Child Friendly Cities Initiative?

Relevance

How does the Child-Friendly Cities Initiative impact local decision-making mechanisms? How have children's voices, needs, experiences, and priorities been integrated into decision-making?

To what extent the CFCI is relevant for the policies that stimulate child participation/ for the National Strategy for Child Rights Protection and Promotion "Protected Children, Safe Romania" 2023-2027?

What was the added value of the CFCI?

Coherence

To what extent are the project interventions aligned with the National Strategy for Child Rights Protection and Promotion "Protected Children, Safe Romania" 2023-2027?

How are project interventions aligned with other policies and interventions that promote increasing child participation in decision-making?

Sustainability

To what extent the CFCI could be extended to other communities in Romania?

How could Child Friendly Cities Initiative such as this carried out by UNICEF in the framework of Romania for Every Child project be sustainable given the completion of the project?

How could these costs be covered by the local or national budget or EU funds?

3.8. Interview guide for national project coordinator and CFCI component coordinator

Relevance

Are the activities and deliverables set out in the project sufficient to achieve its overall and specific objectives?

Are changes/ improvements made in activities and deliverables during the project implementation to ensure the achievement/ a better achievement of the project's overall goal and specific objectives?

Is the selection and training of human resources adequate to provide integrated services in the targeted communities?

Is there a clear theory of change of the model, outlining main hypothesis, inputs, objectives and expected results that are conducive to a scale-up?

What are the main changes of the model's theory of change during its implementation? Why did these changes occur?

Was the integrated services model provided as intended at the local level regarding staff, resources, and available services?

What are the differences between the initial model and its implementation at the local level?

What are the main differences between the 5 developed ICCs at the local level?

Was the CFCI concept implemented as intended at the local level regarding staff, resources, and child participation?

Were all relevant partners involved in the design and implementation of the model?

Was a baseline established initially, or in the early stages of the implementation, to assess progress against expected results?

Are there any clear specifications related to the human resources required for the implementation of the model?

Is there a clear termination date and plan of the model?

Is there a clear monitoring and evaluation mechanism of the model, ensuring proper documentation of progress and lessons learned?

Are strategies developed, implemented, and budgeted to disseminate results?

Was there a clear planned, budgeted and implemented plan to document the practice?

Coherence

Which were the most important challenges in project implementation?

There were any changes in collaboration during the project implementation with other service (social, health, education) providers and local or county authorities? *If mentioned, both positive and negative aspects should be detailed and explained.*

How would you describe the collaboration with the local authorities and relevant institutions from surrounding localities with families and children benefiting from services provided by ICCs?

Effectiveness

To what extent have the ICC's services (medical, social, and educational), educational activities addressed the needs identified in the communities at the beginning, particularly regarding the most vulnerable and marginalised groups, including gender considerations?

To what extent have the ICC services (medical, social, and educational), the educational activities, and the parenting education services had a high coverage for socio-economically disadvantaged children and families, including addressing gender disparities?

To what extent have the ICC services, educational activities, and parenting education services met the needs of the most vulnerable children and disadvantaged families?

Did the project interventions in the health sector address the needs of the most vulnerable children? Were the health services financed through the project well-directed and needed by most vulnerable children?

To what extent have the Action Plans for the CFCI addressed the needs of child participation at the local level?

To what extent have the activities developed under CFCI included vulnerable children?

What is the project's contribution to increasing the institutional capacity of schools to address the diversity of vulnerabilities faced by children and their families?

How does the project help the teachers to implement better inclusive education that considers human rights, gender equality, and equity?

Which parts of the project are most and least effective? What factors explain success?

What were the main challenges in implementing the ICCs services?

What were the main challenges in implementing the educational activities?

What were the main challenges in implementing the child participation activities?

Impact

What are the main changes the project influences in the beneficiaries' (children and their families) lives?

What are the main changes the project influences in the community?

What are the main changes the project influences in the professionals and public administration capacities?

What is the impact of the training activities for staff in the selected schools on the schools' capacity to provide quality and inclusive early childhood and primary education and care services?

How does the Child-Friendly Cities Initiative impact local decision-making mechanisms? How have children's voices, needs, experiences, and priorities been integrated into decision-making?

To what extent has the implemented model improved the social services provision at the local level?

What are the benefits of ICCs at the community/locality level beyond their role in ensuring integrated services, among others?

What is the social innovation brought by the project model in integrated services?

What is the social innovation brought by the CFCI in child participation?

What are the main changes in policies/ programmes/ policy instruments the project influences at national level?

Annex 4 – Workplan

Evaluation steps	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Kick off meeting										
Discussions with UNICEF staff										
Desk review										
Inception report - 1st draft										
Revised data collection instruments after pre-testing										
Inception report - revision										
Data collection										
Data analysis & evaluation report preparation										
Evaluation report - 1st draft										
PowerPoint presentation of the preliminary findings and conclusions of the summative evaluation for the discussions with community stakeholders										
Evaluation report - revised										
PowerPoint presentation summarizing key findings of the summative evaluation, relevant policy issues and recommendations										