

**Summative evaluation of the Minimum Package of Services  
component of the “Social inclusion through the provision of  
integrated social services at community level” modelling project  
in Romania, 2014-2018**

**Evaluation report**

**June 2019**

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## LIST OF ACRONYMS

CATI	Computer Assisted Telephonic Interview
CAPI	Computer Assisted Personal Interview
CASI	Computer Assisted Self Interview
CAWI	Computer Assisted Web Interview
CBS	Community Based Services
CCS	Community Consultative Structure
CCERS	County Centre for Educational Resources and Support
DBR	Desk based research
DiD	Difference-in-Differences
EEA	European Economic Area
EU	European Union
GDSACP	General Directorate for Social Assistance and Child Protection
GoR	Government of Romania
DPH	Directorate for Public Health
HIC	Helping Invisible Children
MPS	Minimum Package of Services
MTR	Mid-Term Review
NAPRCA	National Authority for the Protection of the Rights of the Child and Adoption
NGO	Non-Governmental Organization
QIE	Quality Inclusive Education
PSAS	Public Social Assistance Service
PSM	Propensity Score Matching
SAD	Social Assistance Directorate
SAPA	Social Assistance Public Service
ToC	Theory of Change
ToR	Terms of References
UNICEF	United Nations Children's Fund

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## EXECUTIVE SUMMARY

### BACKGROUND

According to its Theory of Change, **the Minimum Package of Services (MPS) model seeks to demonstrate that the delivery “of a universal package of community-based services (health, education, social protection) in an integrated/coordinated way to children and their families will reduce the equity gaps and the deprivations of children in the targeted area.”<sup>1</sup>**

MPS starts with the identification of many vulnerabilities that are often invisible at community level. In MPS the social work, the community health services and activities to increase school enrolment and to prevent and fight school drop-out are based on a comprehensive evaluation of the children situation and recording the information in database for systematic monitoring of services provided. MPS focuses on two elements: (1) basic (and in most cases prevention focused) services provided at the level of the community by the social worker, community nurse and the school counsellor and (2) the integration of these services based on the strong cooperation of these three professionals. A valuable tool for the assessment of children’s vulnerabilities, their monitoring, case and services management and work integration was the digital application provided to all professionals at community level, named Aurora.

To test if such a model of integrated community-based basic (preventive) services have impact in reducing risk of exclusion for children and their families, by diminishing their vulnerabilities, the intervention has been modelled/ tested and adapted **in 45 communities (from 38 localities) in Bacău county (one of the poorest among the 41 Romanian counties)**. All services and intervention at the level of children and their families are dependent on the implementation of the model by community workers and school counsellors and county level professionals.

The target group of the MPS included all vulnerable children in the targeted communities. As presented in the analysis of the effectiveness (section 4.2 of the present report), **more than 20,900 children have been targeted by the MPS, representing 0.5% of the total proportion of children in Romania and over 15% of the total population of children and Bacău county. The total target group of the model represents as well about 1% of the total number of children at risk of poverty and social exclusion in Romania** (and about 30% of the children exposed at this risk in Bacău County).

### EVALUATION PURPOSE AND OBJECTIVE

In accordance with the Terms of References (ToR), the **purpose** of this evaluation is *„to assess if the assumptions underlying and objectives formulated for the MPS component of the modelling project were validated and achieved, as well as to ascertain whether the MPS brings value about improving the social inclusion of children and their families, especially of the most vulnerable”*. In this context, the idea that the MPS contributes to the social inclusion of (most vulnerable) children and their families is considered as the main assumption of the model evaluated.

Within the purpose and the scope of the evaluation, its **focus** is to assess:

- **how the MPS** component of the modelling project **is addressing the challenges** faced by the children and families in accessing basic services;
- **changes and results of implementing MPS in relation with children, their families and stakeholders at all levels:** local, county, as well national. The effects of the MPS will be assessed **considering and using data form the baseline, the mid-term review and the project implementation (Aurora database) and considering the implementation of other interventions** carried out in the same period, having the same, partially the same or a similar target group;
- how **the MPS can be translated in plans** for national scale-up to cover all the children and families in Romania.

### METHODOLOGY

Considering OECD-DAC criteria<sup>2</sup>, the evaluation specifically addresses the relevance, effectiveness, efficiency, sustainability and impact of the MPS model. For each criterion the evaluation questions are complemented by specific sub-questions/judgement criteria, considering specific threats, obstacles and bottlenecks.

The methodological design of this evaluation was based on a mix of quantitative and qualitative approaches, both capturing gender differences and empowering informants (especially the final beneficiaries), using participatory tools such as focus group and opened/semi-structured interviews, together with surveys and use of administrative data and data generated by the MPS model implementation.

The impact assessment is based on a counterfactual approach using a Difference-in-Difference (DiD) methodology comparing the situation of children from the target communities separated in two groups: (1) **the treatment group**

<sup>1</sup> Theory of Change of the modelling project.

<sup>2</sup> <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

comprising children evaluated in 2015-2016 during the community census, re-evaluated in 2018 and receiving at least one service during the four years of MPS implementation; (2) **the control group** comprising children evaluated in 2015-2016 during the community census and never re-evaluated. According to Aurora database, these children never received any service.

To collect data from all stakeholders, different data collection methods have been used, including:

- an online survey on community workers and school counsellors employed within the MPS
- a face-to-face survey to collect data from the control group for counterfactual evaluation (701 respondents)
- 9 interviews at national level
- 3 interviews at county level in Bacau
- 23 interviews with local stakeholders and professionals involved in the delivery of the MPS at community level
- 5 focus groups with community workers
- 10 focus groups with services beneficiaries in 5 communities: 5 with children and 5 with care-givers.
- 5 case studies of success stories.

## KEY FINDINGS AND CONCLUSIONS

### RELEVANCE

#### *General assessment of the consistency of the activities, outputs, objectives and goals*

In general, this summative evaluation confirms that the MPS needs, problems, assumptions and risks were well identified (at each level assessed). To a considerable extent they were adequately built on previous, similar experiences (e.g. the development, implementation and coordination of an integrated methodology for service delivery). All the following elements of the MPS are highly relevant at their respective level: the community census, services provided, micro-grants, training of the community workers and of other human resources involved, integrated approach and inter-institutional cooperation.

A key issue from the perspective of the internal coherence between needs/problems/activities and expected outcomes, is the availability of certain specialized services outside the scope of MPS, that if not available the expected outcomes are not achieved. The referral and accompanying services cannot generate results if the specialized services required are missing.

The community census is particularly relevant given the lack of comprehensive micro data on children vulnerabilities in Romania. All services delivered by the community workers are considered relevant, among the most valued by the target group being information, counselling on all matters, but especially support to access services and interact with authorities.

However, some assumptions (e.g. full coverage of vulnerable children identified, teams large enough for this purpose) proved less realistic in practice. Similarly, more attention should have been paid to actions (community census, human resources availability and motivation etc.) in urban areas. The previous relevant UNICEF project covered only rural areas and could serve to a limited extent to MPS, thus, a specific analysis might have been needed to adequately underpin the ToC of MPS actions in urban areas (especially Bacau). In this context some of the outcomes envisaged are rather ambitious and impact needs to be sought mainly at individual level, and in communities where the children (and families) treated represent a high percentage among the existing (vulnerable) population.

The coordination and support delivered by county coordinators were particularly relevant as they covered a strong need of the community workers who applied the integrated methodology (involving outreach, case management and an integrated approach). The involvement of the county level stakeholders is important to ensure ownership on the project and its results.

#### *MPS as a modelling project*

MPS is to a good extent in line with the key criteria for model projects. Partners are widely involved, and results are disseminated for scaling-up the MPS approach at national level, however, it needs to be underlined that some actions related to MPS roll-up/scaling-up (in line with the objectives set) are under the responsibility of the relevant Romanian institutions and outside UNICEF's control. The Theory of Change is clear and coherent to a considerable extent and analyses needed to plan the scaling-up the MPS at the level of the main policy makers and decision makers are provided as outputs of the MPS implementation, including baseline, plans for budgets and human resources. A more developed monitoring and evaluation mechanism would have been beneficial for the management team as it would have provided more information on the progress registered towards the set targets/objectives. Further on, a MPS-specific monitoring and evaluation system would have contributed to a better documentation of the project.

## *Relevance of MPS to national policies, strategies, plans and legal framework*

The model objectives and outcomes are fully aligned with the *National Reform Programme* (NRP), the framework platform in coherence with EC milestones of the *European Semester* for defining the development priorities guiding Romania's evolution until 2020, to achieve *Europe 2020 Strategy*.

The modelling project is highly relevant for the two sectoral strategies in the social area: The National Strategy for the Promotion and Protection of Children's Rights 2014-2020 and the Operational Plan for the implementation of this Strategy and the National Strategy for social inclusion and poverty reduction for 2015-2020 and the Strategic Action Plan. Moreover, the MPS model is relevant for the National Strategy to reduce early school leaving and the National Strategy of the Ministry of Education to reduce the school violence, the National Health Strategy 2014-2020, the Romanian Government's National Strategy for the Inclusion of Romanian Citizens Belonging to the Roma Minority 2015-2020.

The MPS is an integrated solution for the implementation of the legal framework in the field of child's rights, social protection, education and community health services and could be further supported by EU funds available for Romania.

The added value consists in generating context-bound interventions within the national framework and policies in the field of education, social protection and health. The model is contributing – with several significant elements – to the actual implementation of the legal and strategic framework in the field of social work, especially child protection.

## EFFECTIVENESS

### *Effectiveness of the model on addressing vulnerabilities of selected beneficiaries*

The analysis of the Aurora databases shows a positive evolution of most of the vulnerabilities of children evaluated in 45 communities in Bacău County (i.e. they were diminished or eradicated). A total number of 28,241 children and women evaluated at T0 received at least one service recommended by Aurora. Although differences between genders are not important, boys are slightly overrepresented as service beneficiaries, but also as vulnerable children.

In a nutshell, the evolution of vulnerabilities registered by Aurora proves that some of the vulnerabilities identified found rapid solutions in the first year of activity of the community workers. 33 out of 42 evaluated vulnerabilities registered a decrease in incidence between the first and second evaluations and for 31 vulnerabilities the trend was maintained on the long term for all children re-evaluated two or three times. For 18 vulnerabilities the incidence among the evaluated 12,478 diminished with 50% or more (up to 100%) in a less than a year (approximately 9 months as prescribed for re-evaluation by Aurora). Positive stories collected during fieldwork support the findings based on statistical analysis of Aurora data.

The key success factors explaining to a large or a very large extent the success of the model, as identified by over 90% of the community workers, school counsellors and other stakeholders involved in the evaluation are:

- The qualified human resources,
- The training of the human resources (in direct correlation with the previous factor),
- The integrated approach,
- The availability of tools and methods adapted to the community workers need,
- Effective communication,
- Support from local authorities,
- Participation of local stakeholders,
- Adaptability to community profile due to the considerable number of services available in the MPS and the design of personalized packages of services for each beneficiary,
- The focus on outreach and the time spent on the field in the community rather than in the office,
- The good cooperation with the county institutions when specialized support was needed,
- The support from UNICEF when delicate issues emerged,

For vulnerabilities not showing a satisfactory progress, three key reasons have been identified by the evaluation:

- More time for service provision can be needed to generate results, especially for behavior and attitude change,
- More community workers may be needed to cover better needs in the community,
- Specialized services (e.g.: access to gynecology health services or the better counselling) can support better results in the context of a difficult access to some beneficiaries.

In conclusion, over 28,000 vulnerable children and pregnant women and mothers received services and as a result 31 vulnerabilities register a reduced incidence after three years of service provision (i.e. very good results have been achieved in addressing vulnerabilities such as: "child without identity document", vulnerabilities related to the health

of children under 1 years old, “children who have dropped out school”, “children from a family with child violence risks”).

For vulnerabilities not showing a satisfactory progress (e.g. “child at a risk of adopting violent behavior”, “child at risk of dropping out”), two main reasons have been identified and these relate to the (i) too short implementation period to generate behavioral and attitudinal change, and (ii) limited practical and professional capacity of community workers. In some cases, more community workers were needed. In other cases, only specialized services outside the scope of the MPS could be effective in treating some vulnerabilities.

#### *Effectiveness of the model on the capacity of community workers and at community level*

Even if the hiring requirements were the same for all the communities included in the model, the level of qualification of local community team members is not the same. The existing variations have affected the implementation of activities, i.e. quality of services provided, time allocated, etc. Among the issues affecting the most the MPS implementation was staff turnover.

Community workers and school counsellors consider to a large or great extent that the MPS experience as a whole helped them to understand better the problems and vulnerabilities of children in the community, to understand better the risk for children and to work better with teenagers, and with vulnerable women, to have better results in their work, to fight better abuse and violence in families and against children.

Training, methodologies and other support inputs have been highly and widely appreciated as being of high quality, interesting and useful by their direct beneficiaries (community workers and country coordinators) and their indirect beneficiaries (stakeholders). The case management system provided by Aurora supports all community workers in planning and providing quality services.

As a result, the MPS model is highly effective in raising the capacity of the community workers employed, by providing training, coordination, methodological counselling and supervision, tools, methods and work materials. Moreover, integrated work proves to be more effective than separate intervention. In the case of 25 vulnerabilities out of the 42 assessed the improvement is higher for beneficiaries from the 19 communities where complete teams were active compared to the average among the 45 communities.

#### *Effectiveness of the model on the capacity of county and local authorities and institutions*

A spillover effect on increasing the capacity of the local authorities and institutions, due to the investments made for the capacity building of community workers, is easily visible in rural communities.

Cooperation between members of the community team (outreach team and the school counsellor) and specialized county services (GDSACP, DPH, CCERA) is appreciated as good and very good by over 90% of the respondents. Therefore, although a progress in the capacity at community level is noticeable, most of this capacity is based on continuity and the good cooperation of the people in place. This to be sustainable requires also a strategy to retain human resources.

Micro-grants and campaigns activities are highly effective. Non-formal activities provided opportunities for children to learn actively and to participate to developed communication, team work and other social and emotional competencies. These activities contributed to rising their awareness on risks of violence, substance abuse etc.

#### *Effectiveness of advocacy*

Overall the advocacy at local level was effective to a good extent, considering the effectiveness of the project in generating visible results for the targeted beneficiaries through adequate community teams. There is room for improvement in this respect, about advocacy actions necessary to ensure that effectiveness is optimal also in terms of capacity of local administration and other community stakeholders.

The advocacy at county level was very effective, as proved by the high appreciation from the community workers for the cooperation with and support from the county coordinators.

The advocacy at national level was effective to a considerable extent. The minimum package of services promoted by UNICEF become a key element of several national social inclusion strategies, laws and subsequent acts with direct applicability and concrete measures provided. The central institutions (Ministries) are still testing and piloting in 139 localities an intervention that is inspired by and similar with the MPS model but is not entirely a replication of the model as proposed by UNICEF.

## *Effectiveness of the identification activity (community census)*

Most of the stakeholders interviewed for the qualitative research conducted for this evaluation, at all levels: local, county and national, consider the needs and vulnerabilities assessment as one of the most essential elements of the model and one of the success factors for the community based integrated intervention.

Still, some bottlenecks have been identified in the process of needs and vulnerabilities assessment, especially in urban areas. In addition, some of the community workers that participated to the community census underlined the difficulty of the process and the first contact and interaction with community members.

## EFFICIENCY

### *Efficiency of resources used*

A total of RON 11,588,538 represents the costs of MPS implementation in 45 communities in Bacău County for 4 years: 2015-2018. This amount represents an average of RON 257,523 per community. The MPS model has used economic resources highly efficiently to achieve the planned outcomes, with the integrated approach proving to be highly cost-effective, given that spending made to identify needs and assess vulnerabilities, micro-grants and county coordination has been used both for social services, community health services and educational services.

Compared to other similar projects or programmes or to standard costs, the model costs are low or very low. Comparing inputs at community level, the average costs of the MPS model at this level, to be covered by local budgets, equals 1.5 of the average wage (RON 4,126 in 2018). Considering that MPS employs three persons/community and provides for training and support from county level, as well as grants for various activities, the way resources are used is highly efficient from the point of view of the value obtained for the inputs invested.

### *Costs for scaling up the MPS model*

The budget needed at the level of one community with one school for replication of the MPS is up to RON 176,053 in the optimal scenario for the first year and RON 169,483 for the next years. The budget needed at the level of a county if scaling up MPS is up to RON 1,779,480 in the optimal scenario for the first year.

The total cost for scaling up the MPS at national level is estimated at RON 1,038,006,910 in the optimal scenario in the first year, associated with employing, training and endowment for the required number of social workers, community nurses, school counsellors and county coordinators at national level. In the next years the total costs for scaling up are estimated at RON 1,005,500,310/year from different budget sources.

Total scaling up costs for social workers, their training, travel, overheads, endowment and coordination represents 1% form the budget of the Ministry of Labor and Social Justice for 2019 (RON 25.09 billion). Total costs for community nurses, their training, travel, overheads, endowment and coordination represents less than 2.9% form the budget of the Ministry of Health for 2019 (RON 9.5 billion). Total costs for school counsellors, their training, travel, overheads, endowment and coordination represents 1.6% form the budget of the Ministry of Educations for 2019 (RON 30.83 billion).

Therefore, costs for scaling-up the MPS model are a small fraction reported to the total budgets of the MoLSJ, MoH and MoE. However, taking into account the effort envisaged for scaling up the MPS model, including the estimated budgets needed, the human resources and the legal and institutional framework changes (especially in terms of institutional practice), scale up the MPS model at once at national level is difficult and several scenarios could be considered: scaling up gradually, starting (a) with the most vulnerable communities in the country, (b) with the most vulnerable counties, (c) with selected regions, (d) only in rural communities, (f) in rural and small urban communities.

## SUSTAINABILITY

### *Sustainability at community and county level*

The community workers and communities' capacity to implement the MPS increased during the four years when UNICEF provided support including funding but also methodologies, training and tools, like Aurora but not only (see answer to evaluation question no. 5). In this context, ensuring budget for the community workers positions and the continuation of the employment of the same persons is the most essential element for the sustainability at local level.

Interviews confirmed the need for the mayoralities to be supported financially by the national budget or other sources (e.g. UNICEF), so that they are supported in maintaining / financing the positions created within the project on a longer term. Without support from the Minister of Health for the community nurses and without external support for a second

social worker, most of the mayoralities strive to ensure salaries for the community workers, but in most cases, these are not at a competitive level and staff turnover will affect negatively the MPS sustainability even in cases where there is a local political and administrative will to continue.

In conclusion, the current context supports the continuation of the MPS implementation. In most of the communes, community workers continued to be employed in 2019, valorizing both the Aurora tool and methodology and all trainings and capacity building activities they benefited from during the last 3.5 years. Moreover, even if cases of staff turnover, the implementation of the MPS can continue, as Aurora tablet was available to SAPS.

### *Sustainability at county level*

A dedicated department for community services has been established by GDSAPC to ensure sustainability for county coordination for the MPS. Regarding the education sector, sustainability of activities at community level can only be ensured at county level, because the legal employer of the school mediator and school counsellor is the CCREA. According to the information gathered in the focus group organized with the county coordinators, as well as the interview with the representative of CCREA Bacău, the sustainability of the project is ensured.

### *Replicability of the model*

The Minimum Package of Services provided in an integrated manner in communities is planned in the national policy, in strategies, due to UNICEF's advocacy. However, its implementation is not fully following the model proposed by UNICEF and the political institutions are still testing and piloting in 139 localities an intervention that is inspired by and similar with the MPS model but is not entirely a replication of the model as proposed by UNICEF.

All similar policy provisions promoting community-based integrated services adapted to each vulnerability case target the entire vulnerable population in a community, not only children. Moreover, the policy is not fully taking over Aurora and not planning community census.

## IMPACT

### *Impact at the level of beneficiaries*

The MPS shows an undeniable positive impact on the vulnerable children in the communities. It has a net impact (computed by comparison of the treatment group with the control group as part of the counterfactual assessment) on children situation, generating a decrease or lower increase of vulnerabilities. Therefore, access to social services, community health care and educational services increased in the targeted group compared to similar children in the communities not receiving services within the MPS.

The MPS has increased the access of children and their families to primary health care (especially vaccination), has helped to reduce abuse and violence against children, has increased school enrolment rate compared to the control group. It also prevented cases of children neglect and risk behavior on substance use among adolescents in comparison with the control group.

Regarding the higher decrease in the treatment group of the total percentage of cases of risk of violence against children, we find that fewer children became vulnerable in terms of exposure to the risk of violence during the MPS implementation in the treatment group compared the control group. This finding shows the joint impact of services (including counselling) and micro-grants activities in rising awareness on the issue of child rights and the violence against the children and it is supported by the qualitative research.

### *Impact at the level of communities, professionals and the public administration*

A strength of the model was its beneficiaries-centered approach focused on prevention, changing the 'business as usual' approach of the social services structures of the mayoralities, based on a reactive process of dealing with cases when people asked the authority for social benefits or when a report was filed in cases of abuse against children.

Therefore, at community level, the MPS has helped raise awareness and mobilize communities to address child vulnerabilities and raised the capacity of community workers to address these issues at community level.

## **HUMAN AND CHILD'S RIGHTS APPROACH. GENDER AND AGE ISSUES.**

Age and gender issues have been considered in providing the services in direct connection to the proportion of vulnerable children and specifically of vulnerable girls. Community workers and school counsellors have been trained

on age and gender specific issues, and according to the interviews, they considered these elements when assessing and addressing vulnerabilities with services.

However, the existences of a vulnerability and the recommended services according to Aurora case management tool proved to be more important than gender consideration, making boys slightly overrepresented as service beneficiaries.

The most significant differences between vulnerable boys and girls appear in the case of school participation related vulnerabilities. More than 59% of the vulnerable children on the school dimension have been boys, with only 41% being girls at the moment of the community census. But it is unclear why boys are more vulnerable than girls overall. Data collected during evaluation could not explain the initial difference between genders. On the other hand, results of service provision, as provided by Aurora database, show effectiveness of service provision in addressing the vulnerabilities, closing the gender gap identified initially. However, even at the end of the MPS implementation, boys remain more vulnerable than girls when analyzing the school related vulnerabilities: school enrolment, drop-out and risk of drop-out.

Still, none of the consulted stakeholders was able to identify and explain consistently the gender gap in favor of girls in school enrolment in primary and lower secondary school among the vulnerable population. One possible factor on the better impact of MPS on girls is that most of the community workers are females, and this can generate more effectiveness in their work with girls and therefore more impact. Another possible explanation for this situation is that pressure to drop-out school to work in the household or even in the market economy is higher for boys than girls.

## LESSONS LEARNED

Among the most important lessons learned from the evaluation of the MPS model are:

- Identifying vulnerabilities, assessing the situation of vulnerable children and their families and monitoring them is instrumental for the design and delivery of the services under MPS. Complete community census and continuing evaluation and monitoring of cases are both needed in the future, including for rolled out interventions, with a view to achieve optimal results.
- The assumption that each community can work with a standard team of community workers needs to be re-assessed, as different communities may have different needs, dimensions and geographic challenges. This evaluation proposes a set of indicators for the calculation of the workload of community workers when the models' costs are analyzed.
- Without specialized additional services overall objectives cannot be fully reached. The minimum package of services is developed to facilitate and provide access to primary services and preventive services, but the effectiveness of services depends on the existence of specialized service providers at local and county level (such as psychological counselling, guidance and training, addiction treatment, kinesiotherapy, speech therapy, support teachers for children with special educational needs etc.).
- One of the biggest challenges of the model implementation in Bacău County was to find trained, competent and available human resources. Model scale up should consider a set of specific measures to recruit, train and maintain staff.
- Probably the second biggest challenge for the sustainability of the model, after ensuring the human resources, is the availability of the local budgets that need to support the costs when employing the social workers (and in some cases the community nurse, if there is no action taken by the MoH). In this context maintaining and intensifying advocacy measures for/during scale up, at both local and national level, are paramount to ensure continuity of services.
- The model should consider different approaches for rural areas, small urban areas and large urban areas, given the significant difference in terms of capacity and situation between them.

## RECOMMENDATIONS

Key recommendations for UNICEF

- The advocacy at national level needs to continue.
- A more detailed presentation of the ToC and the results of the MPS model, in terms of effectiveness and impact targeting national decision makers, is needed to ensure rolling-up and/or scaling-up the model in a coherent way.

- UNICEF needs to upgrade Aurora that is at the moment a very strong instrument for needs assessment and case management to a more powerful instrument for analyzing the recorded data and for monitoring the evolution of the project, including new functions of the tool.
- As presented in the study on costs for scaling up of the CBS model (conducted by PwC for UNICEF), relevant for this evaluation as well, the number of human resources involved in each community needs to be revised for scaling up, considering the rate of vulnerabilities identified and other contextual elements.
- Developing specialized services including mobile services in parallel with MPS could ensure the possibility to improve the results of the referral services.
- Developing dedicated activities and approaches to target the gender issues, including analyzing why boys are more exposed to vulnerabilities related to school access and participation and targeting directly this vulnerabilities with gender specific methods

### Key recommendations for national level decision makers

At national level, **several recommendations can be made for scaling up the MPS implementation:**

- The Ministry of Labor and Social Justice needs to cooperate with Ministry of National Education, Ministry of Health, Ministry of Public Finances, Ministry of European Funds, Ministry of Regional Development and Public Administration and other relevant institutions to promote a functional MPS at national level.
- The integrated approach included in legislation (e.g. the Joint Ministers Order n°393/630/4236 from 2017 for the approval of the Collaboration Protocol for the implementation of integrated community services needed to prevent social exclusion and fight against poverty) needs to be followed by an integrated approach in budgetary planning and financial allocations and by concrete instruments provided for the integration of the social work, community healthcare and the counselling done in schools.
- To ensure the best possible implementation at local level, local administration representatives need to be consulted when policies are designed.
- Integrating MPS with other initiatives, the development of small social infrastructure at local level and the availability of specialized services for referral can generate greater effectiveness and impact.
- The map of available specialized services needs to be available and up to date in each county for the effectiveness of referral and accompaniment services. To make specialized services more available when needed in remote communities, a replicability strategy covering many communities should consider the need to bring these specialized services closer to the most vulnerable beneficiaries. Mobile teams of professionals and services caravans can be a solution in this respect.
- The continuation of the micro-grants and campaigns (or even the activities from the C4D campaigns in the form of micro-grants) exploring one of the following possibilities: (a) as a special grant mechanism within the future programme funded by the European Social Fund (similar to the entrepreneurship grant scheme, based on the selection of a grant manager and a separate, simplified procedure to access EU funds); (b) as a national interest programme at the MoLSJ (similar to the Local Development Programme at the Ministry of Regional Development and Public administration). While the Local Development Programme supports small local infrastructure, the new programme could support small local social interventions); or (c) as a legal obligation for local authorities to support the Minimum Package of Services (if the budgetary burden for social workers is taken over by the MoLSJ, as recommended in section 4.4.2. *Sustainability at national level* below).
- To ensure budgets for scaling-up the MPS model and uniform implementation of the service package at the local level, funding social work at local level and funding school counsellors needs to follow the rules provided by the framework law on decentralization no. 195/2006 and to include funds transferred from the state budget for Public Social Assistance Services and for school counselling. The MPS model, and other projects, including the project “Strengthening the Framework to Increase Public Services Quality and to Support Local Development”, implemented by the Ministry for Regional Development and Public Administration (SIPOCA 9), provided information on cost standardization that can be used for budgetary planning and financial management.
- It is essential to develop a medium and long-term human resources strategy for community workers: social workers for outreach activities, community nurses, school mediators, health mediators and for school counsellors.

- Establishing long term strategies of partnership between national and local authorities and universities for the developing of long-distance learning programmes with modular programmes for social work that could be available for free to workers employed by the local Public Social Assistance Services, even if they are not licensed in social work.
- For better delivery of the services in the field of education, fighting against and preventing school dropouts and early school leaving, a revision of the school counsellors norms needs to be undertaken and school counsellors should be full time present in each school. The general recommendation is to halve the number of children a school counsellor work with, or at least one school counsellor to be present in each school with legal juridical status. Moreover, distance between different schools buildings within the same school (in different villages) needs to be accounted when establishing the workload. Modifications of the legislation on school counsellors are needed to ensure their presence in all schools.
- Scaling-up can be gradual, and each scaling-up scenario needs to be further analyzed in detail with responsible national authorities. Scaling up can options:
  - o with the most vulnerable communities in the country,
  - o with the most vulnerable counties,
  - o with selected regions,
  - o only in rural communities,
  - o in rural and small urban communities
- A comprehensive assessment of the community needs and the vulnerabilities of its members is needed. Without a community census it is almost impossible to identify all vulnerable persons in the community. Because community census conducted within the MPS model was partly effective, considering the huge burden of applying the Aurora questionnaire to the entire population of the targeted communities, a possible solution would be a simplified questionnaire for the community census, allowing for better and easier application and the identification of the most vulnerable persons to be further assessed in detail. Moreover, a community census should be conducted only after a community information campaign that could prepare the population for the census.
- A small number of adjustments are needed for Aurora for an even more effective use of the tool and the hardware, the tables, need to be available for all community workers and these adjustments need to be achieved in cooperation between UNICEF and the national authorities.
- In some cases, services and activities aim to change some mentalities and social norms or address very complex vulnerabilities and results are only visible after a long-term intervention. In this context, replicating the model needs to consider longer period of times for service provision.

### Key recommendations for county level decision makers

**The capacity of county level institutions and of the County Council needs to be developed by creating permanent specialized departments with enough staff for coordinating,** providing methodological support, monitoring, and supervision of the activities of the community teams and school counsellors for the provision of the minimum package of services.

### Key recommendations for local level decision makers

At local level, **several recommendations are made for the continuation of the MPS implementation:**

- The outreach work, using Aurora, needs to continue to ensure the sustainability of results at child and household level
- In urban areas, the use of Aurora needs to be continued and extended to the entire territory and population of the respective cities
- It is essential to ensure the continuation of the work of community workers: social workers and community nurses, by employing them on a permanent basis with a clear outreach focus. Moreover, in communities where not all community workers are employed, the community team needs to be completed.

- Details, as ensuring transportation among villages of the same locality, need to be planned and budgeted,
- It is essential to ensure the continuous training of the community workers: social workers and community nurses to maintain the quality of their work
- To ensure relevance of the minimum package of services, re-evaluations need to be performed. Moreover, we recommend conducting a simplified community census regularly (every 2-4 years) to assess new needs at community level
- Continuing the support for the MPS and simple non-formal activities (like the ones supported by micro-grants) by ensuring limited, but extremely important funds from the local budgets, is key for the sustainability of the results at child and household level, but as well at community level
- Fostering cooperation between the mayoralty and the schools is important for sustainability of the work in the community and to better address the needs.

## 1. OBJECT OF THE EVALUATION AND CONTEXT

### 1.1. MINIMUM PACKAGE OF SERVICES

#### 1.1.1. Description of the intervention

According to its Theory of Change, **the Minimum Package of Services (MPS) model seeks to demonstrate that delivery “of a universal package of community-based services (health, education, social protection) in an integrated/coordinated way to children and their families will reduce the equity gaps and the deprivations of children in the targeted area.”**<sup>3</sup> Besides the Minimum Package of Services (MPS) model, the *“Social inclusion through the provision of integrated social services at community level”* project<sup>4</sup> included a package of activities carried out at the level of the community: the Minimum Package of Services (MPS) model<sup>5</sup> and a package of activities and actions carried out at the level of the schools in the same communities: the Quality Inclusive Education (QIE) model<sup>6</sup>. QIE model is not subject of the present evaluation. According to the Terms of Reference (ToR), *„the object of this summative evaluation covers the MPS component of the modelling project “Social inclusion through the provision of integrated social services at community level” in Romania implemented between October 2014 and December 2018.”*

For MPS to succeed, the change starts with the recognition of many vulnerabilities that are often invisible at community level. In MPS the social work, the community health services and activities to increase school enrolment and to prevent and fight school drop-out are based on the comprehensive evaluations of the children situation and databases in this respect allowing systematic monitoring of services provided. The focus in MPS is on two elements: (1) basic (and in most cases preventive) services provided at the level of the community by the social worker, community nurse and the school counsellor and (2) the integration of these services based on the strong cooperation of these three professionals. A valuable tool for the assessment of children’s vulnerabilities, their monitoring, case and services management and work integration was the digital application provided to all professionals at community level, named Aurora.

To test if such a model of integrated community based basic (preventive) services have impact in reducing risk of exclusion for children and their families, by diminishing their vulnerabilities, the intervention has been modelled/ tested and adapted **in 45 communities (from 38 localities) in Bacău county (one of the poorest among the 41 Romanian counties)**. All services and intervention at the level of children and their families are dependent on the implementation of the model by community workers and school counsellors and county level professionals.

In developing the model UNICEF was supported by a Project Steering Committee set up in 2014, when the main project donors have been approached. **The project has been funded by two different partners/donors** (i.e. 13 communities were covered by French NatCom until December 2017 and 32 communities by Norway Grants until April 2017). **A new partner has been involved since June 2016**, Botnar Foundation, who supports the project implementation in all 45 communities up to the end of 2018. UNICEF cooperation with the Romanian Government and the Ministries and the three partners funding the activities has been fundamental for the development of the model, its approach and theory of change.<sup>7</sup>

The following main activities have been implemented:

- Recruiting and training and county coordinators;
- Supervision of outreach workers;
- Identifying and recruiting community workers;
- Coordinating/integrating working methodologies adjusted and revised for improved reach and impact;

<sup>3</sup> Theory of Change of the modelling project.

<sup>4</sup> The modelling project “Social inclusion through the provision of integrated social services at community level” build on the evidence and lessons learned generated by two previous interventions implemented by UNICEF Romania between 2011 and 2015: the modelling project “First Priority: No More ‘Invisible’ Children!” (Initially entitled “Helping invisible children” (HIC) and later renamed “First Priority: No More ‘Invisible’ Children!”), also referred to as Community Based Services (CBS), and the “School Attendance Initiative” (SAI). Considering the national and county context, in partnership with the concerned line Ministries, UNICEF Romania developed the modelling project “Social inclusion through the provision of integrated social services at community level”. According to the ToR of the evaluation, based on the ToC, “the modelling project was designed to ensure access to integrated community-based services (health, education and social/child protection) and quality inclusive education in one of the poorest counties, Bacău, in 38 localities (out of 93), both in urban and rural areas.”

<sup>5</sup> The model design, objectives and ToC were based on relevant literature in the field of social work and child protection, consultation with stakeholder and UNICEF’s previous experience in implementing a similar model: the modelling project “First Priority: No invisible children!” and the recommendations of the formative and summative evaluations of this model. For further details and detailed recommendations on the “First Priority: No More ‘Invisible’ Children!” see the summative evaluation of the model, drafted in 2017. For the formative evaluations of the HIC and CBS: UNICEF and CERME, 2012, *Helping the ‘invisible’ children (HIC), First formative evaluation*, UNICEF and CERME, 2013, *Helping the ‘invisible’ children (HIC), Second formative evaluation*

<sup>6</sup> The project, with both MPS and QIE models, has been funded by two donors (e.g. 13 communities were covered by French NatCom until December 2017 and 32 communities by Norway Grants until April 2017). A new partner has been involved since June 2016, e.g. Botnar Foundation, who supports the project implementation in all 45 communities up to the end of 2018.

<sup>7</sup> A total of RON 11,588,538 represents the costs of MPS implementation in 45 communities in Bacău County for 4 years of its implementation. A detailed analysis of the budget is presented in section 4.3.1. of this report.

- Mobilizing community networks, coordinate the delivery of MPS;
- Procuring the mobile equipment and medical consumables used for beneficiaries' registration and monitoring;
- Coordinating the development and implementation of micro grants at community level;
- Training the recruited outreach workers and the rest of the outreach workers recruited by public agencies and distribute the mobile equipment;
- Refreshment training, on the job training and capacity development for the outreach workers;
- Technical support for local communities to access the public funding to take over the salaries covered from project.

A detailed presentation and timelines of the activities implemented is included in Annex n°1. Moreover, Annex n°10 includes a detailed glossary and the detailed list of dimensions, vulnerabilities, sub-vulnerabilities and services in Aurora, key information to understand the terminology of the evaluation report.

### **1.1.2. Theory of change**

The modelling project is covering 5 levels of intervention:

1. children and their families, receiving the MPS
2. community workers and professionals, delivering MPS
3. communities, as support for the MPS delivery and beneficiaries of project results/impact
4. county structure for child protection, health and education, instrumental for the proper delivery of MPS at community level, as they are supposed to give support and to supervise the community workers
5. national level, where advocacy for scaling-up the modelling project started even during the modelling project "First Priority: No invisible children!"

The MPS aims to:

- reduce the risk of social exclusion for children and families in targeted areas
- Reduce the level of stigma and discrimination against Roma and increased empowerment of Roma families and children (community level)
- Reduce the rate of children hospitalization (community level)
- Reduce the rate of children separation from families, of institutionalization rate (community level)
- Increase the level of safe behavior knowledge for adolescents (community level)

These outcomes are possible given that:

- All the children at risk and their families in the selected communities are identified;
- Over 85% of the estimated number of households in the 45 targeted communities assessed include families that are monitored and receive integrated/coordinated package of services.

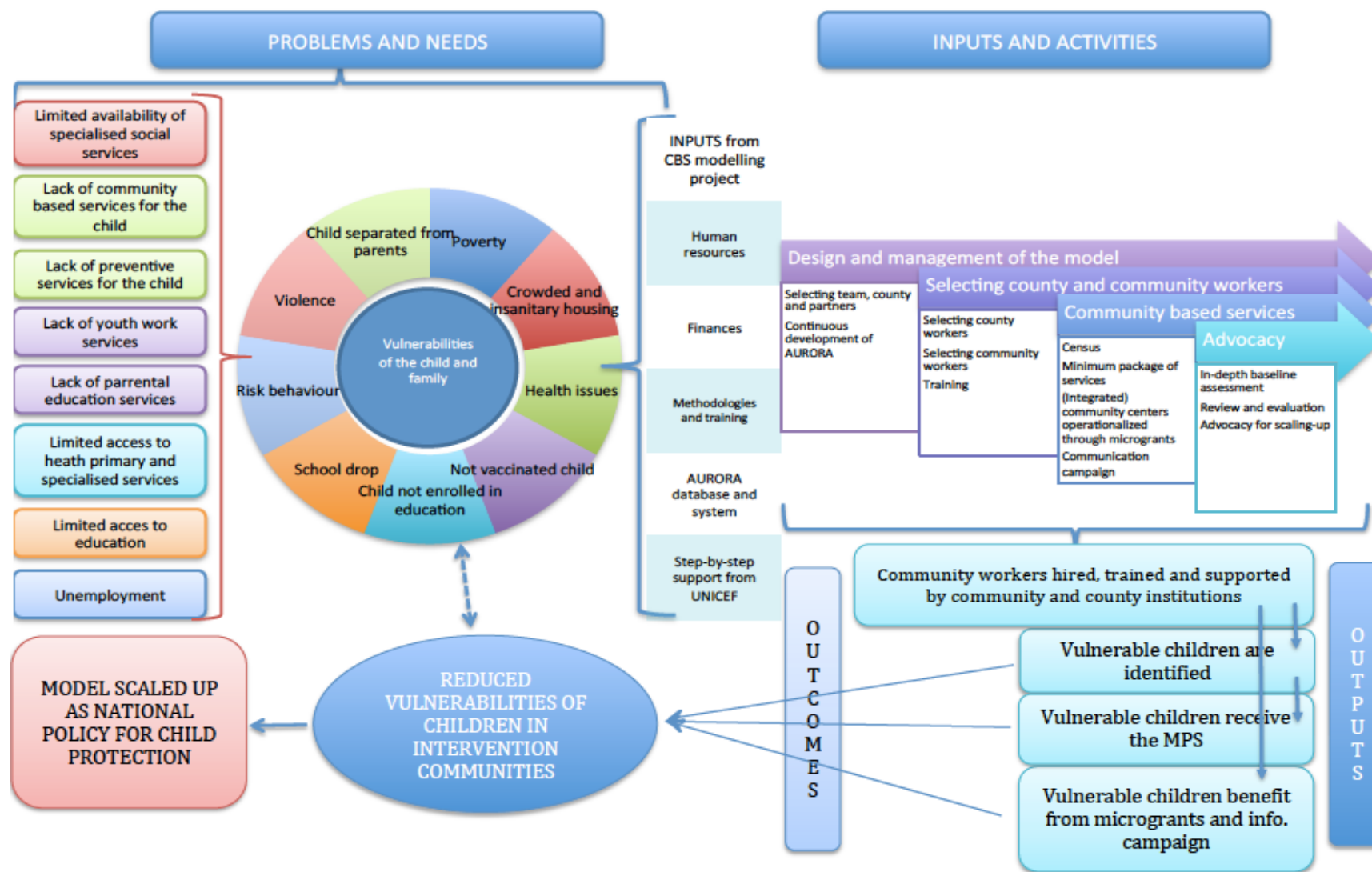
These results are instrumental for the success of the MPS at national level, where, through advocacy based on evidences from reviews and evaluations of the modelling project, UNICEF aims to determine:

- Ownership of the national authorities over the project;
- Replication of the model in other counties or nation-wide;
- Changes in national legislation, policies and secondary legislation, as well as increased resource allocation, based on the model of integrated community service provision for scaling them up at national level as a major strategy for social inclusion and poverty reduction.

The present evaluation will use the realist evaluation methodology, which stresses the importance of CMO (Context, Mechanism, Outcomes) configurations basic to policies / programmes / projects. A realist approach assumes that projects are theories incarnate. That is, whenever a programme/project is implemented, it is testing a theory about what might cause change (even when that theory may not be explicit). In this context, the realist evaluation is one of the best methods to evaluate the effects of a modelling project, as, considering its innovative character, the context, different mechanisms may have an augmented or unpredictable influence on causality paths and outcomes obtained versus outcomes expected. The first task of a realist evaluation is to make the theories within a project explicit, by developing clear hypotheses about how, and for whom, project might 'work'. Developing/reconstructing here the theory of change (ToC) of MPS was carried out with the view to undertake the first step of a realist evaluation.

**In the figure below we present, in a synthetic manner, the MPS's ToC. No adjustments have been needed during the data collection and analysis phases, according to collected data, to the ToC reconstructed during the inception phase of this evaluation.**

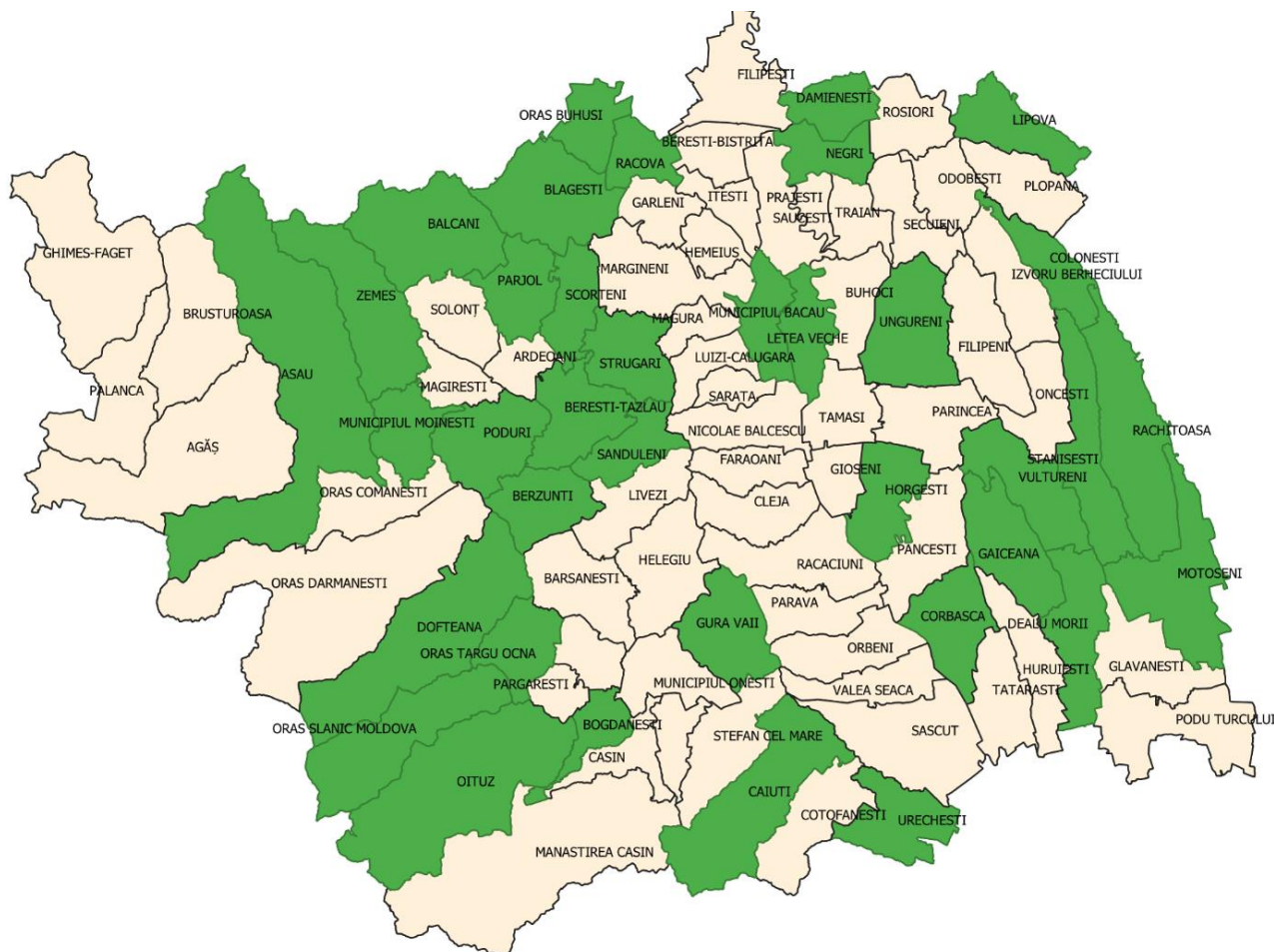
Figure 1. Theory of Change of the Minimum Package of Services model



\*Not all vulnerabilities and needs identified have been addressed by the model, in line with its design.

### 1.1.3. The target groups

The MPS model has been implemented in 45 rural and urban communities in the county of Bacău, selected according to the methodology designed to ensure county representativeness, based on the local development index. The 45 communities are part of 38 localities, four cities and 34 rural areas localities. Each rural locality is considered a community, whereas in urban areas a community is defined as the catchment area of a particular school (school district).



Map 1 Bacău County localities included in MPS model proposed by UNICEF

The target group of the MPS included all vulnerable children in the targeted communities. As presented in the analysis of the effectiveness (section 4.2 of the present report), **more than 20,900 children have been targeted by the MPS, representing 0.5% of the total proportion of children in Romania and over 15% of the total population of children and Bacău county. The total target group of the model represents as well about 1% of the total number of children at risk of poverty and social exclusion in Romania** (and about 30% of the children exposed at this risk in Bacău County).

These children have been evaluated during the community census for needs and vulnerability assessments. The vulnerable children, according to definitions proposed by the MPS mode, have been selected for delivery of preventive, community-based services. Both the definition of vulnerabilities and the selection process are assessed by this evaluation in terms of relevance and effectiveness.

A second target group of the MPS model was formed by the professionals at community and county level: social workers, community nurses, school counsellors, school and health mediators and their county coordinators. They benefit from capacity building activities with the aim to develop their own capacity and the institutional capacity of their employing institutions for a better approach to vulnerable children and their families.

### 1.1.4. Stakeholders

The main stakeholders in the model include institutions organized into three levels – local, county and national. **At local level** the stakeholders involved in MPS and the evaluation are: local public authorities, the mayoralties and the local

councils, civil society organizations, the Community Consultative Structures provided by the law on social work and child protection, community workers (social workers, community nurses, and school and health mediators) and school counsellors, children and their families. *The community workers and school counsellors are the main services provider for the services in the minimum package of services. The local public authorities, the Community Consultative Structures and (if present at local level) the civil society organizations are key stakeholders supporting their work. Without this support professionals at local level would be unable to provide all needed services.*

*The **county stakeholders** are institutions with responsibilities in the system of child care that are important for the shaping, capacity development, methodological support and supervision of professionals at local level, including for the local Public Social Assistance Services (PSAS) ensured by the General Directorate for Social Assistance and Child Protection (GDSACP). Other important stakeholders are the County Centers for Educational Resources and Support (CCERS) in the field of education and the Public Health Directorates (PHD). It is important to underline that while GDSACP and CCERS are under the coordination of the County Council and enjoy a certain level of local autonomy at county level, PHD is the local representative of the Ministry of Health and under stricter coordination by the national policy maker.*

*The role of **stakeholders at national level** was to contribute to the documentation of progress registered in implementing the model; to participate in the evaluation and provide feedback on key recommendations, including key adjustments of the modelling project. The government institutions contributed to the design of the modelling intervention at county level, to the development of methodological support for county authorities, and to the analysis of accumulated evidence. The purpose was for them to adjust primary and secondary legislation and develop strategic programmes and policies, including the National Child Rights Strategies, the Social Inclusion and Poverty Reduction Strategy and the 2014-2020 EU Operational Programmes under the 2014-2020 EU Multiannual Financial Framework.*

In developing the model, UNICEF's Central Project Management Unit was supported by a Project Steering Committee set up in 2014, when the main project donors have been approached. The Steering Committee is an advisory structure for both MPS and QIE models of the project. For MPS implementation the main partners are:

- Central public institutions: Ministry of Labor and Social Justice, National Authority for the Protection of Child's Rights and Adoption, Ministry of Health, Ministry of National Education, Ministry of Regional Development and Public Administration, Ministry of European Funds, Ministry of Youth and Sports.
- Civil society organizations: the Centre for Health Policies and Services, that provided training for community workers, Romanian Centre for Economic Modelling (CERME), PSI that supported UNICEF in the implementation of national and local communication campaigns and AB4 System, the company that developed Aurora software in cooperation with UNICEF<sup>8</sup>.

Stakeholders informed and consulted at **regional and international level** are **Donors (FMO for Norway Grants, the French National Committee for UNICEF, Botnar Foundation)** and UNICEF Regional Office

*From a financial point of view, the budget of the model under evaluation, the MPS, has been ensured by UNICEF Romania and its donors. Other resources (e.g. additional staff to the one supported by UNICEF and material resources) have been provided by the mayoralties in a small number of communities. Half of the school counsellors contributing to the MPS implementation have been employed by CCERS Bacău and supported by the county budget. The other half, like most of the staff involved in the MPS implementation, has been supported by UNICEF.*

Therefore, the evaluation and its outputs have four main categories of intended users:

1. UNICEF which can use the evaluation to promote and/or reshape other models using a similar approach;
2. national decision makers (Ministries and national authorities) which can use the evaluation to assess the need, possibilities and solutions to scale up the minimum package of services;
3. county and local authorities which can replicate and/or continue the activities of the model at county and local level;
4. NGOs that can either support local authorities or replicate the model themselves.

All stakeholders at national and county level have been interviewed for the evaluation. A selection of stakeholders at community level, as presented in the section on methodology, have been involved through interviews and focus groups, in the evaluation. Stakeholders at all levels have been invited to workshops in Bucharest and Bacău to presentations and debates for findings and conclusions validation and to be consulted on recommendations.

After the first draft of the report and recommendations was completed, the findings have been presented and the recommendations have been discussed with the national and local stakeholders involved in the MPS coordination and implementation, during two sessions organized for this purpose (on the 26<sup>th</sup> of June at national level and on the 1<sup>st</sup> of

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<sup>8</sup> Additional partners for QIE coordination are: The National Agency for Equal Opportunities, Romanian Agency for Quality Assurance in Pre-University Education, the Institute of Education Sciences, 'Împreună' Community Development Agency, 'Step by Step' Centre for Education and Professional Development, HOLTIS Association,

July at local level). The clarity, utility and urgency of the recommendations were assessed by the participants. As a result, recommendations were prioritized (see table below) and considered the relevant perspectives expressed. Overall, the recommendations were validated by the participants who emphasized their importance and the need of having them implemented in the shortest timeframe possible, by each responsible institution. Participating stakeholders underlined the importance of financial resources for the continuation of the model, as well as the consultations to be undertaken with local authorities for this purpose and of the availability of Aurora and its results to all relevant decision-makers.

## 1.2 CONTEXT

### 1.2.1. The situation of the target groups

#### In Romania

The 2008-2010 financial crisis had an important negative impact on the quality of life in Romania, reducing the living standards and creating deeper social and economic disparities. In 2008, Romania had the second highest risk of poverty and social exclusion rate in European Union, with a percentage of 44.2%, almost double than the number of the EU average (23.7%).<sup>9</sup> Even if the majority of the macro-indicators were showing an economical growth in the next years, vulnerable groups that were not benefiting from the country's development still existed. Children who live in the rural area have been most affected by poverty.<sup>10</sup> According to Eurostat data, in 2014, approximately half of all children in Romania (50.7%) were living in a household at risk of poverty or social exclusion.<sup>11</sup> Until 2017, the rate of poverty and social exclusion risk for children lost only 9 percentage points, reaching 41.7%.<sup>12</sup>

The social protection system had limited capacity to address this high risk of poverty and social exclusion. The impact of social transfers in reducing poverty was limited and particularly low in reducing child poverty. Although they increased from 18% in 2012 to 20% in 2013, in 2015 their level was at less than half of the EU average<sup>13</sup>. The implementation of the 2011 social assistance reform was seriously delayed<sup>14</sup>.

The transition from institutional to alternative care for children deprived of parental care progressed slowly. Although a foster care system is in place and the number of children in the protection system slightly decreased from 22.798 in 2012 to 21.728 in 2014, a large proportion of children was still hosted in old-style residential institutions. As for the gatekeeping mechanisms, the measure taken to ban institutionalization of children under three years old was not sufficient per se. The country has experienced a severe shortage in the number of social workers available and this has an impact on the measures and services most needed at community level to keep the children within their families or to reintegrate those children already separated from their parents.

Responsibilities have been decentralized, but the budget transfers from national/central level to local level are limited and therefore the administrative capacity of the SAPS to deliver preventive services to children is restricted. The following critical issues are triggered<sup>15</sup>:

- **In the Public Social Assistance Services' (PSAS), social workers spend most of their working hours granting benefits**, to the detriment of other activities/services meant to prevent the child's separation from family.
- **Most services aimed at preventing the child's separation are concentrated at county level**, contrary to the principle of decentralization and the principle of subsidiarity in social assistance, while SAPS are limited to providing benefits.
- **SAPS are poorly developed, especially in rural areas**, with a significant shortage of specialized staff and working methodologies that are barely used.

Romania has the **third highest early school leaving rate in the EU** and is far behind the Europe 2020 target of 11.3%<sup>16</sup>. Educational disparities are exacerbated in rural areas (26.6%) and remain a problem in urban areas (6.2% in cities and 17.4 per cent in towns and suburbs) (OECD 2015). A study published by the World Vision Foundation in 2017 identified the school dropout as a major phenomenon, placing Romania on the first place in the European Union at the number of students abandoning school, mostly, but not exclusively, because of the poor conditions in their household environment and community.<sup>17</sup>

<sup>9</sup> Eurostat, *People at risk of poverty or social exclusion by age and sex*, 2008.

<sup>10</sup> World Bank, 2012.

<sup>11</sup> *Idem*.

<sup>12</sup> Eurostat, 2017.

<sup>13</sup> European Economy, *Macroeconomic imbalances, Country Report – Romania*, 2015

<sup>14</sup> The Social Inclusion and Combating Poverty Strategy and its Action Plan have been adopted in May 2015.

<sup>15</sup> The National Strategy for the protection and promotion of child's rights 2014-2020.

<sup>16</sup> The Eurostat data indicates in 2017 a rate of 18.1%.

<sup>17</sup> Cornelia Novak, Șerban Iosifescu, *Investiție în educația copiilor din mediul rural*, World Vision, Fundația Vodafone, Bucharest, 2017.

The **social health insurance covers only around 86% of the Romanian population** according to the latest data, the main uninsured groups being (i) the work force in agriculture or (ii) the employers in the private sector that don't have an official labor contract, (iii) the self-employed/not registered unemployed people and (iv) Roma people who do not have identity cards.<sup>18</sup> According to the World Health Organization, in Romania, there are 248 doctors per 100 000 inhabitants compared to 347 in the EU, and 581 general primary health care nurses per 100,000, compared to 850 in the EU. The Tuberculosis incidence per 100 000 and AIDS incidence per 100 000 were higher in 2013 than in 1980. Since 1995, the HIV incidence per 100 000 in 2013 is at its highest.<sup>19</sup>

The vast majority of Roma population lives in poverty and is substantially over-represented among the poor. According to EU-MIDIS II, the share of Roma at poverty risk was 70% in 2016. However, the gap to the national average of 25% remains significant. Almost 68% of Roma live in segregated neighborhoods, an indicator of the social exclusion to which they are exposed. Perhaps one of the most alarming facts is that about a third of Roma people live in households that experience hunger (in which at least one person went to sleep hungry at least once in the previous month).<sup>20</sup>

## In Bacău County

At the level of Bacău County, based on the analysis within the County Strategy for the Development of Social Services for the period 2014-2020, in 2014, when the modelling project was developed, several social inclusion issues were salient:

- the risk of poverty and social exclusion is higher for vulnerable groups due to poor access to health services, education and social assistance. The most critical situation is encountered in rural areas, where the quality and number of these services are much lower;
- in the case of Roma children access to education is still poor, two out of ten are not enrolled in a form of education due to the material situation of the family;
- the decrease of the number of professional foster carers by 33% compared to 2006, which led to the need to place more children in institutions;
- high number of children at risk, more than 4,000 cases being handled during 2006-2013, of which 74% are neglect / abuse / exploitation;
- the school population at the county level decreased continuously from 141,636 pupils in the 2004-2005 school year to 120,063 in the school year 2012-2013 and 106,599 in 2014-2015.

At the end of 2013, 74 social assistance providers were active in Bacău County, out of which 40 private and 34 public. Out of the 34 public providers, 30 were accredited services at the level of local authorities - 23 in rural areas serving the 85 communes and 7 in the urban areas.<sup>21</sup> The largest public service provider is the General Directorate for Social Assistance and Child Protection. 45.7% out of the total social assistance services provided by public and private providers in the county were targeting children.<sup>22</sup>

Therefore, Bacău County was selected to test the social inclusion model as it remains one of the poorest, most deprived and marginalized county in Romania. Moreover, an in-depth assessment has been conducted to determine a baseline for the intervention at the level of the selected communities for the model<sup>23</sup>. The results of the survey conducted for this in-depth assessment showed that:

- the average monthly income was RON 1,537 (approx. USD 380. 00), but only 14% of households accessed the guaranteed minimum income (GMI).
- households missed on average 5 out of the 13 items included in the deprivation index. In this respect, only 40% of the households had running water, 32% had indoor sanitation, and 86% had electric power in 2015.
- the number of children per household was 1.57, but 13% had 3 or more children and 20% of the households included children younger than 3.
- 14% children lived in single-parent families, 11% of all children were separated from both parents, out of which 6% of children were in the care of extended family following the temporary migration of at least one parent
- 34% of parents reported using physical punishment to discipline their children at least sometimes if not more often.
- 1% of children lacked an identification document (ID) or birth certificate.

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<sup>18</sup> OECD, *State of the health in EU. Romania*. 2017.

<sup>19</sup> WHO Global Health Study, 2016, *Health Systems in Transition, Romania*.

<sup>20</sup> World Bank, 2018, *Romania Systematic Country Diagnostic, Roma Inclusion*.

<sup>21</sup> County Council Bacău, 2014, *County Strategy for the Development of Social Services 2014-2020*, p.71.

<sup>22</sup> *Ibid*, p. 72.

<sup>23</sup> Voicu, B. & Tufiş, C., 2016, *In-depth assessment of the social, health, and education status of children and their families in target areas of the Bacău County. Baseline report*.

- 98% of all children were registered with a family doctor, while the vaccination rate was recorded at 86%.<sup>24</sup>
- net school enrolment was about 96% in the age group 6-10, and 98% for those 11-14. However, enrolment in pre-school was much lower: 72% for those aged 3 to 5.
- risk for early school leaving was comparable to the national average. Only 85% of those aged 15-18 were still in school, generating a high risk of early school leaving: namely having low chances to be reintegrated in school after age 18.

Despite this situation, the in-depth assessment conducted in 2015 for the modelling project inception revealed the openness and will to develop cooperation with schools, social workers, county-level institutions, and general practitioners in the area.

Policy, socio-economic, institutional and international relevant factors with impact on the target groups of the model and its implementation are presented in Annex n°5

## 2. EVALUATION PURPOSE, OBJECTIVES AND SCOPE AND METHODOLOGY

### 2.1. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

In accordance with the Terms of References (ToR), the **purpose** of this evaluation is „to assess if the assumptions underlying and objectives formulated for the MPS component of the modelling project were validated and achieved, as well as to ascertain whether the MPS brings value about improving the social inclusion of children and their families, especially of the most vulnerable”. In this context, the idea that the MPS contributes to the social inclusion of (most vulnerable) children and their families is considered as the main assumption of the model to be evaluated.

Therefore, the **scope** of the evaluation encompasses:

- the **MPS** component<sup>25</sup> of the modelling project
- the period **October 2014 – December 2018**,
- the **inputs, activities, outputs and outcomes** planned by the Theory of Change (ToC) in this timeframe
- all **45 communities** (e.g. 38 urban and rural localities) from Bacău County where the MPS has been modelled.

Within the purpose and the scope of the evaluation, its **focus** is to assess:

- **how the MPS** component of the modelling project **is addressing the challenges** faced by the children and families in accessing basic services;
- **changes and results of implementing MPS in relation with children, their families and stakeholders at all levels:** local, county, as well national. The effects of the MPS will be assessed **considering and using data from the baseline, the mid-term review and the project implementation (Aurora database)** and **considering the implementation of other interventions** carried out in the same period, having the same, partially the same or a similar target group;
- how **the MPS can be translated in plans** for national scale-up to cover all the children and families in Romania.

Considering the purpose and scope of the evaluation, the use of the evaluation is manifold:

- supporting the **advocacy for scaling-up the MPS at national level** as a governmental policy, using the lessons learned in modelling to design the best possible policy, ensuring that legislation and policies incorporate an adequate focus on child and family and integrated service delivery strategies;
- providing **evidences and data to plan and mobilize resources** from the national and local budgets, as well as for leveraging funds from the EU Structural Funds 2014-2020 and from other sources (EEA & Norway grants or others) to ensure the sustainability at local level and replicability of the model developed at national level;
- providing **best practices and evidences on reliable results to the local and county level public authorities** with responsibilities in the field of social work, health, education, **aiming at the continuity of the model**;
- **informing partners** from parliament and civil society that were involved during the implementation and that can learn about the benefits of MPS and promote it through their respective channels;
- **supporting the fundraising processes** of UNICEF, since the evaluation will be shared with the donors that supported the project, institutional and private, to document what was the effect of investing in the modelling project;

<sup>24</sup> Other data on the health indicators included the fact that on average, a child spends 0.39 days per year in hospitalization. 76% of new mothers reported attending at least four ante-natal consultations (one should read this figure with caution due to the small number of cases that were considered). Less than one percent of new-borns weighed less than 1.5 kg, and 7% were under 2.5 kg.

<sup>25</sup> The model also includes the Quality Inclusive Education component, that is not part of the current evaluation and will be evaluated separately.

- representing a **knowledge management tool**, as well as a **priority topic** of interest within future **horizontal cooperation** initiatives in Europe and Central Asia (**ECARO**) **region and beyond**.

Having in mind the purpose, the scope, the envisaged usage and the focus of the evaluation mentioned above, the evaluation will independently:

- assess relevance, effectiveness, efficiency, sustainability and impact of the MPS component;
- identify and document the key elements that contributed to the MPS success and replicability, as well as main bottlenecks and barriers in implementation;
- document key lessons learned in relation to the MPS implementation and propose recommendations for improvement;
- make recommendations for further actions related to sustainability, scalability of the MPS throughout the country;
- identify the way in which the MPS component is relevant and produced results in addressing issues related to gender, equity and overall advancement of child rights.

### 3. EVALUATION METHODOLOGY

#### 3.1. EVALUATION FRAMEWORK, CRITERIA AND QUESTIONS

Considering OECD-DAC criteria<sup>26</sup>, the evaluation specifically addresses the following categories of questions that are expected to provide accurate insights related to the evaluation objectives, scope and focus.

**Table 1. Evaluation criteria**

DAC criteria	Definition	Question under the criteria (as defined in the Terms of Reference)
<b>Relevance</b>	It measures the extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor	Are the activities and outputs of the modelling project consistent with the overall goal and its objectives? To what extent has the modelling project been developed and implemented in line with the key criteria for model projects To what extent is the modelling project relevant to national policies and programmes and cross-sectoral strategies <sup>27</sup> ?
<b>Effectiveness</b>	It measures the extent to which an aid activity attains its objectives	Did the interventions of the modelling project address the needs identified at the level of the most vulnerable children and families? Are any age and gender issues considered in providing the services? Does the model contribute to the capacity development of the local service providers, including the community workers engaged through project resources to deliver the minimum package of integrated services? Which parts of the modelling project are most and least effective? What factors explain success?
<b>Efficiency</b>	It measures the outputs - qualitative and quantitative - in relation to the inputs.	Does the modelling 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 modelling project? Are the cost implications for scaling up considered?
<b>Sustainability</b>	It is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable	Are the interventions modelled likely to continue when external support is withdrawn? Is the modelling project replicable? Are any adjustments of the model needed for replication? What recommendations could be made to UNICEF and to the GoR to replicate and scale up such a model?
<b>Impact</b>	It measures the positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.	What change did the modelling project determine or influence at the level of beneficiaries (children and their families), communities, professionals, public administration – at local, county and/or national level?

<sup>26</sup> <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

<sup>27</sup> National Strategies on Health and Health Services, on Youth, on the Protection and Promotion of Child Rights, on Social Inclusion and Poverty Reduction, etc.

<b>Other questions</b>	<ul style="list-style-type: none"> <li>- What are the lessons learned at each level of intervention that should be considered for implementation and further replication of the modelling project?</li> <li>- Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?</li> <li>- Are all processes based on a child/human rights approach? Are any age and gender issues considered in providing the services?</li> </ul>
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Under each criteria the questions are complemented by specific ones, considering specific threats, obstacles and bottlenecks. These specific questions have been included as judgement criteria in the evaluation matrix and they are reminded in brief at the beginning of each section presenting the evaluation findings of the present evaluation.

The answers to the questions always aim to identify and describe the lessons learned during implementation relevant for each criteria 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.

### 3.2. EVALUATION METHODS

#### 3.2.1. Evaluation design

##### Methodological mix

The methodological design of this evaluation was drafted based on a mix of quantitative and qualitative approaches, both capturing gender differences and empowering informants (especially the final beneficiaries), using participatory tools such as focus group and opened/semi-structured interviews, together with surveys and use of administrative data and data generated by the MPS model implementation.

The evaluation methodology was developed during the inception phase of the evaluation process and considered the evaluation objectives and the evaluation questions. The methodology aims at reflecting the perspectives of all stakeholders involved at all levels, ensuring a participatory approach to evaluation and triangulation of data. The evaluation matrix (Annex n°2) presents the specific links between the evaluation questions, the evaluation indicators and judgement criteria and the methodology – the combination of quantitative and qualitative methods, but also the data sources.

The present evaluation uses the realist evaluation methodology, which stresses the importance of CMO (Context, Mechanism, Outcomes) configurations basic to the MPS mode. A realist approach assumes that projects are theories incarnate. That is, whenever a programme/project is implemented, it is testing a theory about what might cause change (even when that theory may not be explicit). In this context, the realist evaluation is one of the best methods to evaluate the effects of a modelling project, as, considering its innovative character, the context, different mechanisms may have an augmented or unpredictable influence on causality paths and outcomes obtained versus outcomes expected.

##### The counterfactual approach for impact evaluation

The key challenge of evaluations remains the “attribution” of the change observed to the intervention that has been implemented. Is the change due to the implementation or would it have occurred anyway? The challenge for quantifying effect is finding a credible approximation to what would have occurred in the absence of the intervention, and to compare it with what happened. The difference is the estimated net effect, or impact<sup>28</sup>, of the intervention, on the outcome of interest. The counterfactual situation is purely hypothetical, thus can never be directly observed. For this reason, an effect can never be directly observed, nor can an impact (impact indicators notwithstanding). By contrast, effects and impacts can be *inferred*, as long as the available data allows a credible way to approximate the counterfactual. Difference-in-differences or double difference (DiD) is a counterfactual evaluation method based on the *precondition* that outcome data are available for beneficiaries and non-beneficiaries (assisted and non-assisted children), both before and after the intervention. Effects are obtained by subtracting the pre-intervention difference in outcomes between beneficiaries and non-beneficiaries from the post-intervention difference. The identifying assumption is that selection bias is constant in time. The result of the double difference can be interpreted as a causal effect only if the pre-post trend for non-beneficiaries is a good approximation for the (counterfactual) trend among beneficiaries. DiD is a statistical quasi-experimental technique used in econometrics and quantitative sociology that attempts to mimic an experiment using observational study data, by studying the effect of a treatment/intervention on

<sup>28</sup> Unlike in other evaluation settings, here impacts and effects are perfect synonyms. There is truly no meaningful difference between the two terms, they both refer to the notion of “causal effect”, the difference between the outcome occurred *after* an intervention has taken place and the outcome that would have occurred *in the absence* of the intervention. The popular distinction between “effects” as immediate results and “impacts” as long-run, or wider, effects, has no meaning on this context.

a 'treatment/intervention group' versus a 'control group'. It calculates the effect of a treatment (e.g. MPS provision) on an outcome (e.g. child vulnerabilities) by comparing the average change over time in the outcome variable for the treatment group, with the average change over time for the control group. Therefore, difference in differences uses panel data to measure the differences between the treatment and control group, of the differences in the outcome variable that occur over time.

For this evaluation, the impact is assessed based on a counterfactual approach focused on treated children as presented in detail in the chapter dedicated to methodology and in detail in Annex n°7. The impact evaluation uses a Difference-in-Difference (DiD) methodology comparing the situation of children from the target communities separated in two groups:

1. **the treatment group** comprising children evaluated in 2015-2016 during the community census, reevaluated in 2018 and receiving at least one service during the four years of PMS implementation.
2. **the control group** comprising children evaluated in 2015-2016 during the community census and never reevaluated. According to Aurora database, these children never received any service.

For both groups, the measurement before the intervention, the baseline, is the community census and data have been provided by Aurora database.

Both groups included 701 individuals. The treatment sample was randomly selected from the total treatment group which was evaluated both during the community census and at the end of the studied period (in 2018). The control group was selected from the community census database registered in Aurora using the propensity score matching method (PMS). For both groups the propensity score was computed using the following individual variables: gender, age / year of birth, ethnicity, number of parents of the child present in the household, number of parents of the child that are migrants abroad for work, last graduated school level of the main caregiver of the children, the main occupational status in the last 12 months of the main caregiver of the child, household revenue. To ensure comparable groups, the type of communities have been considered (communities with unequal social development, developed communities, communities with average development level, poor communities, poor & young communities, poor & old communities, urban-developed communities). And individuals in the two samples, the treatment and control group, with matching propensity scores on the selected variables, were proportionally selected from the seven types of communities. In this way the two groups selected are similar and the level of trust in the result of the DiD comparison is high.

For the treatment group the measurement after the intervention have been provided by Aurora databased as they have been assessed in 2018. For the control group the comparable measurements after the intervention have been collected during the evaluation process, through a survey using a questionnaire with questions taken from the Aurora questionnaire.

The results of the counterfactual evaluation are interpreted based on qualitative data collected at all levels, particularly at county and community level, including focus groups with users of services and case studies.

### 3.2.2. Methods for data collection and analysis

#### General approach to data collection

To collect data from all stakeholders, different data collection methods have been used, all levels, as presented in the following table.

**Table 2. Methods for data collection**

Method \ Level	Survey	Interviews	Focus groups (FG)	Case studies	Existing data sources
National level	-	Public institutions: 1. Ministry of Labor and Social Justice (MLSJ) 2. National Authority for the Protection of the Rights of the Child and Adoption (NAPRCA) 3. Ministry of Health (MoH) 4. Ministry of National Education (MoNE)	-	-	National School of Public Health

		<ol style="list-style-type: none"> <li>5. Ministry of Regional Development and Public Administration (AM POR)</li> <li>6. Ministry of European Funds (AM POCU)</li> <li>7. UNICEF</li> </ol> NGOs: <ol style="list-style-type: none"> <li>8. Center for Health Policy and Services</li> <li>9. PSI</li> </ol>			
<b>County level</b>	-	<ol style="list-style-type: none"> <li>1. GDSACP and the County Council</li> <li>2. DSP</li> <li>3. County Centre for Educational Resources and Assistance – CCERA</li> </ol>	-	-	GDSACP PHD CCERA & CSI
<b>Community level</b>	Online survey (community workers and school counsellors employed within the MPS)	In 5 communities <ol style="list-style-type: none"> <li>1. mayor or a representative of the mayor</li> <li>2. member of the Community Consultative Structure</li> </ol> community workers: <ol style="list-style-type: none"> <li>3. social worker</li> <li>4. community nurse</li> <li>5. school counsellor or school mediator etc.</li> </ol>	5 FG with community workers		
<b>Children and caregivers</b>	Survey with control group for counterfactual evaluation (701 respondents)	-	10 FG with services beneficiaries in 5 communities: 5 with children and 5 with care-givers. 1 FG with children and 1 FG with parents in each community	5 case studies	<b>Aurora</b>

All data collection instruments, including questionnaires, interviews and focus groups guidelines have been designed during the inception phase of the evaluation and approved by the evaluation main beneficiary, UNICEF, in November 2018.

## Surveys

Two surveys have been conducted for data collection.

**The first survey was conducted among the members of the control group**, conducted to carry out the counterfactual evaluation based on the difference-in-differences assessment, as presented above. Metro Media Transylvania (MMT)<sup>29</sup> collected data based on Pencil and Paper Interview/Computer Assisted Personal (PAPI/CAP).

The interview period was November – February 2018. The counterfactual sample includes 701 units (children interviewed during the initial census) selected based on their propensity score so that they match the treatment sample (the selection was based on the nearest neighbor method for each of the seven types of communities) which was randomly selected from the treatment group. For the non-responses, the units were replaced with similar new units from the control group to reach the threshold of 701 units. The sample of 701 units corresponds to a margin of error of 3.6% and to a confidence level of 95%, for a random selection from the total counterfactual group identified at the time of the census (12862 units). The treatment sample of 701 units was randomly selected from the treatment group (1,733 units) investigated both at census level (T0) and during September-November 2018 (T1).

**The second survey was conducted online, among community professionals**, using Computer-Assisted Self Interviewing (CASI). Relevant variables used in the baseline study have been included in the questionnaire together with additional questions on the MPS implementation. This survey targeted all community professionals: social workers, community health nurses, health and school mediators and all school counsellors involved in the project have been contacted for the survey. The response rate was 96.21% (127 responses out of possible 132 respondents).

<sup>29</sup> MMT was selected as a sub-contractor for this activity from the bidding phase.

## Exploratory data analysis (descriptive statistics)

For the data recorded into Aurora during the initial Census descriptive statistics has been computed at the level of child and household. Data on children and their families registered by the Aurora data management tool has been used extensively by the evaluation taking into consideration:

- The large number of indicators registered by Aurora that can be used by the evaluation;
- The extensive data collection at the beginning of the project (T0), including information on over 40.000 children in the 45 treated communities;
- The existence of longitudinal data, collected over time in T1 (2016), T2 (2017) and T3 (2018) about over 1.000 children.

The frequency distribution is analyzed since most data recorded are nominal or ordinal variables. Differences between subgroups have been tested so that meaningful and statistically significant differences could be identified, including data on gender mainstreaming, ages targeted and the human rights approach of the MPS model.

## Secondary data analysis

Administrative data will be used as often as possible, according to the evaluation matrix, including:

- Existing data from GDSACP on previous history of treated children if ever registered by GDSACP.
- Existing data form DPH on health indicators at community and county level.
- Existing data form CCERA and CSI useful for the evaluation
- Existing data form the National School of Public Health on avoidable hospitalization of children in the targeted communities.

## Qualitative methodology: interviews and focus groups

The evaluation team conducted **interviews, focus groups and case studies, involving service beneficiaries, community workers and school counsellors, local stakeholders, county stakeholders, national stakeholders from public authorities and partner NGOs.**

Synthetically the qualitative data collection included, according to the planned approached presented synthetically in table n°3 above:

- 9 interviews at national level
- 3 interviews at county level
- 2 focus groups with county coordinators
- 23 interviews at local level
- 5 focus groups with community workers
- 10 focus groups with beneficiaries (children and caregivers)
- 5 case studies at beneficiary/child level

***Concerning the focus groups with children, UNICEF Procedures for Ethical Research Involving Children have been used when planning and carrying out the focus groups with children. The questions and approached when conducting the focus groups with children were age- and context appropriate, focusing on the safety, privacy and protection of children as the main principle. All experts involved in conducting the focus groups with children have experience in working with children and adolescents and have been briefly trained beforehand for data collection by UNICEF staff. Moreover, evaluation experts payed a special attention to explain the purpose of the focus group and to answer all questions raised by children regarding their contribution.***

**The informed consent for the participation to the evaluation was sought from all participants interviewed individually or in the focus groups.**

For the interviews and focus groups at local level communities have been selected in cooperation with UNICEF in order to cover communities with all 3 key services providers employed in 2018 (social worker, community nurse and school counsellor), communities with different development level, urban and rural communities as well, communities with different level of accessibility to specialized services (the average travel/commuting time – depending on distance and infrastructure development - to the services in the city of Bacău), average age of the community, as well as the ethic and religious component.

As a result of all these criteria applied, the following communities have been selected:

- |  |  |
|--|--|
| <p>(a) For interviews with the mayor or a representative of the mayor (municipality secretary, vice-mayor etc.), one additional member of the Community Consultative Structure and the three community workers: the social worker, the community nurse and the school counsellor (or equivalent position, as school mediator, if the case):</p> <ol style="list-style-type: none"> <li>1. Blăgești</li> <li>2. Corbasca</li> <li>3. Horgești</li> <li>4. Moinești</li> <li>5. Urechești</li> </ol> | <p>(b) For focus groups with community workers and school counsellors, reuniting community workers from several communities in the same town/city and community workers from neighboring communities</p> <ol style="list-style-type: none"> <li>1. Bacău</li> <li>2. Balcani</li> <li>3. Buhuși</li> <li>4. Dealu Morii</li> <li>5. Zemeș</li> </ol> |
|--|--|

### Case studies

Case studies have been conducted in the communities selected for interviews with the representatives of the mayoralty, SCC and community workers (Blăgești, Corbasca, Horgești, Moinești and Urechești). Case studies cover different types of impact generated by the project at beneficiary level, using story-telling/story-based approach. Intended to be used in conjunction with the reporting of specific empirical indicators where they are available, story-based approaches are especially useful to capture the broader social benefits of the MPS model, particularly in situations where empirical attribution may be difficult.

### Desk based research (DBR)

The desk-based research (DBR) involves the summary, collation and/or synthesis of existing research rather than primary research. DBR is very effective and can be conducted in starting phase of evaluations as it is quite quick and cheap and most of the basic information could be easily fetched which can be used as benchmark in the research process. For this evaluation DBR includes:

- National laws, policies, action plans etc., county and local strategies, used to define the context of the evaluation, and to answer evaluation questions related to relevance (especially question no. 3) and to sustainability (especially question no. 11 and 12).
- Previous studies drafted as part of the model<sup>30</sup> have been used to define the context of the evaluation and to establish a progress in project implementation. These studies have been especially used for the evaluation of the progress of outcomes and their sustainability at community level.
- UNICEF programme materials, such as country programme documents, strategies, project proposals and reports to the donors and documentation, used to answer evaluation questions related to relevance (especially questions no. 1 and 2) and to sustainability.
- Modelling project documents such as monthly and annual reports of community workers and local coordinators, micro-grants that are currently implemented by the public local authority, used to answer evaluation questions related to effectiveness.
- Evaluations of model project 'First priority: no invisible children', used to define the context of the evaluation
- Financial impact analysis for scaling up model of community-based services at national level, draft report, Pricewaterhouse Coopers and UNICEF Romania, 2015, used to answer evaluation questions related to efficiency.
- Research Report, Community involvement in reducing violence against children project, Violence against children living in rural communities, Population Service International (PSI), July 2015, used to answer evaluation questions related to effectiveness (especially question no. 6)

Complete list of documents is inserted in the bibliography.

### **3.2.4. Limitations and constraints faced by the evaluation**

From the point of view of the evaluation, although the format of the ToC provides a relatively clear picture on how results would be achieved in the modelling project, the complexity related to the various levels of expected results – outputs, outcome and impact – is translated in the complex evaluation matrix. The latter is the product of a sequence of: i) deconstruction of the ToC, ii) analysis of information collected during the inception meetings with UNICEF, iii) and iii) development of the evaluation matrix, including considering various evaluation instruments and methodologies. This

<sup>30</sup> Rapid assessment of the social, health and education status of children and adolescents and their families in one county (Initial Assessment) to inform modelling in "Social inclusion through the provision of integrated social services at community level", the In-depth assessment of the social, health and education status of children and adolescents and their families in one county to inform modelling in "Social inclusion through the provision of integrated social services at community level" (2014) and the Independent mid-term review of the whole modelling project (2016).

evaluation framework is considered to respond best to the objectives and scope of the evaluation, considering availability of information, proposed timeframe, allocated resources and presupposing evaluability of data and information as described in the ToR and during the inception phase. However, certain limitations remain:

- Separation of project outcomes from the results of other interventions in preventive services. The national programme for the development of preventive medical services in the rural area or preventive projects of other NGOs such as SERA, Betania and the Foundation for Community Support (FSC) are examples of such interventions which were implemented only in some communities and not necessarily coordinated.
- Some limitations in this area are created by the fact that it is impossible to separate outcomes related to school participation: attendance, prevention of school dropouts and early school leaving of the MPS from the ones of QIE.
- Other limitation in the area are created by the infrastructure component implemented by Terre Des Hommes supported by Botnar Foundation in all targeted communities. Consultation and participation activities, like the ones implemented through the micro-grants have been implemented to decide on the infrastructure to be built. Moreover, the infrastructure, once built, has the capacity to support the effectiveness and impact of the MPS.
- In all mentioned situations related to other interventions in the targeted communities, the counterfactual analysis will reflect the situation in the absence of MPS project in the targeted communities, without considering the other interventions, and therefore will be able to isolate the outcomes of the MPS to a certain extent.
- A possible spill-over effect of the modelling project in the communities where it was implemented, generating some outputs at the level of the control group, cannot be fully isolated. To exclude as much as possible this spill-over, the counterfactual approach should select a control group from communities where no project activity has been implemented. But for a control group in such communities, there is no baseline data to apply the DiD methodology. Therefore, the spill off effect remains a limitation of the methodological approach.
- Data collection using Aurora, as it was the case for the 2015-2016 baseline data and for the treatment group in 2018 is not perfectly comparable with data collected through the survey of the control group, as proposed for this counterfactual evaluation. Community worker visiting the household can evaluate a child not only based on simple verbal responses to questions, but also considering the entire context of the household. On the other hand, field operators cannot understand the complex personal relationships in the household.
- While changes of the situation of the children can be measured using the counterfactual approach, changes of attitude, values and awareness, both at the level of the children (including adolescents) and their families and at the level of community workers are only based on self-assessment of respondents, as there is no baseline on awareness, attitudes and values and no identified indicators beside beneficiaries' declarations. Therefore, these elements (important outcomes of the communication campaigns, but also of some activities either in the community center or recommended by Aurora) have been evaluated only based on the qualitative approach and methods.
- The capacity of the social workers could be evaluated from a qualitative point of view in a limited way. There are no instruments to evaluate the exact quality of the social workers' work, but it is possible to use proxy indicators: level of education, attendance to trainings, satisfaction of beneficiaries participating to focus groups
- At national level, except for a clear declaration of policy makers, it is difficult to separate the influence of evidence generated by the modelling project and UNICEF advocacy efforts from the influence of other information over the national policies. The evaluation of output and outcomes at national level is possible, but definitive conclusions are difficult to draw.
- In order to evaluate the possible effect of the MPS at community level, administrative data provided by the General Directorate of Social Assistance and Child Protection (GDSACP), the Public Health Directorate (PHD), the Country School Inspectorate (CSI) and the Country Centre of Educational Resources and Assistance (CCERA) in Bacău county have been considered, for the 38 municipalities/communes participating in the MPS model, for the years 2015 ("before" data) and 2018 ("after" data). However, due to several reasons these comparisons could not be used for the evaluation of the effectiveness of the MPS. Most of the administrative data are comparable, but not exactly similar with the vulnerabilities registered in Aurora, as they use slightly different definitions and therefore generated different assessments that were misleading for the evaluation. Considering that large cities have been only partly covered by MPS implementation, the conclusion of the comparison between Aurora database and the administrative data did not cover the same geographical area. Due to lack of data from many communities not covered by community nurses, most of the data provided by the PHD have not been useful, being impossible to compare data provided on a very small number of cases and in uncoherent manner (either absolute figures, or proportions) with Aurora database.
- Not all services provided have been registered in Aurora according to the methodology, as reflected by interviews with community workers and their coordinators, therefore some errors can appear in the evaluation

- of service delivery effectiveness. Although, most of the community workers reported they tried to register all services, they also admitted that the considerable number of possible services makes the task bothersome.
- Due to internal and external migration, many households for the survey among the control group could not be reached and several replacements were needed. The accuracy of the counterfactual evaluation was not affected by the replacements, as the same propensity score was respected for replacements. However, the evaluation was delayed by the need to replace the initial sample of households for the survey among the control group.

### 3.3. ETHICAL ISSUES

Elements related to gender, equity and child rights are considered throughout the evaluation process and in the evaluation report.

The evaluated modelling project is the intervention of a rights-based organization, therefore the evaluation mainstreams gender and human rights considerations throughout, including data collection, analysis and presentation of evaluation findings. It is carried out with a human rights approach and observes the provisions of the respective international regulations. In engaging children in the evaluation, the UN Convention on the Rights of the Child and the UNICEF guidelines for participation of children served as guidance on the ethical implications of children's participation in evaluation. The evaluators proved integrity and honesty in their relationships with all stakeholders and respected the ethical principles of the United Nations Evaluation Group (UNEG) Code of Conduct for Evaluation in the UN System. A basic ethics training of the enumerators and researchers, prior to data collection launch has been conducted within the evaluation team.

Along the data collection, analysis and reporting, in order to ensure the integrity of evaluation, special attention has been paid by evaluators towards respecting the ethical standards of UNICEF, as presented in the "Procedure on Ethical Standards in Data Collection, Evaluation and Research" (April 2015), particularly as concerns: the harms and benefits, informed consent, privacy and confidentiality, payment and compensation, conflict of interests.

Concerning gender, the evaluation analysis aspects related to the place and role of girls in the communities where specific typologies of risks occur. Aspects related to violence against children and/or women are also acknowledged. The report uses 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 methodological design of this evaluation was drafted based on a mix of quantitative and qualitative approaches, both capturing gender differences and empowering informants (especially the final beneficiaries). This has been ensured by using participatory tools such as focus groups and opened/semi-structured interviews. The evaluation team members used their fieldwork competences, addressing the enhancement of informants' participation in the process of data collection and to avoiding directive type of interaction.

The rationale for conducting this evaluation has been clarified at the outset. The evaluators were fully aware that this summative evaluation is conducted with the clear intention to use its results in informing decisions and actions and with the purpose to make relevant and timely contribution to the development of legal and institutional framework in the field of child protection in Romania. Evaluators' obligations included: independence of judgement, impartiality, credibility, avoidance of conflicts of interest, honesty, integrity, accountability, observance of obligations, including the UN Evaluation Group (UNEG) Code of Conduct for Evaluation and the "Procedure on Ethical Standards in Data Collection, Evaluation and Research", confidentiality, avoidance of harm and of wrongdoing, evaluation process transparency and accessibility to those affected by evaluation to all relevant information.

## 4. EVALUATION FINDINGS

Evaluation findings consider the evaluation criteria presenting the answer to each of the evaluation questions considering all indicators, methods used, and data sources presented in the evaluation matrix designed during the evaluation inception phase. At the same time, findings are structured within each evaluation criterion by following the ToC logic, targeting the intervention levels: children and their families, community, county and national level, and the outputs, respectively the expected outcomes and impact.

## 4.1. RELEVANCE

The relevance assessment refers to the extent to which the objectives set by the model respond to the needs and priorities of stakeholders and beneficiaries, and to the extent to which the evaluated model falls within the wider context of national, regional and international public policies in the field. Thus, the relevance assessment aims at analyzing: the validity of the objectives in relation to the needs of the target groups concerned, the coherence between the activities, the expected results and the defined purpose of the intervention, and the long-term effects.

### 4.1.1. Consistency of the activities, outputs, objectives and goals

#### Evaluation question and approach

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

To answer this evaluation question, the evaluation considers the following judgment criteria: the extent to which the activities and outputs envisaged by the ToC were the most appropriate and sufficient to reach the project objectives/outcomes and overall goal. For each specific objective an assessment has been carried on activities undertaken and outputs produced, to identify the extent to which they were sufficient to have the objective achieved. Activities/outputs with a limited contribution to the specific objective, additional activities/outputs needed for the same purpose have been identified.<sup>31</sup>

#### Relevance of the MPS at the level of children and their families

At children/family level the assessment focuses on activities/outputs related to identification and needs assessment/community census, service delivery and other activities (campaigns and micro grants), and to the extent to which these activities and outputs are in line with the problems/needs of this target group. In the table under we present a synthetic version of the theory of change envisaged at this level, considered for this analysis.

**Table 3. Summary of the Theory of Change of MPS at the level of children and their families**

Level	Activities planned	Outputs planned	Outputs produced	Outcomes expected
<b>Children and household level</b>	<ol style="list-style-type: none"> <li>1. Community census to register the beneficiaries and assess the level of vulnerability of children and their families.</li> <li>2. Minimum package of services delivered to eligible children and families.</li> <li>3. C4D campaigns implemented.</li> <li>4. Micro grants</li> <li>5. C4D activities implemented at local</li> </ol>	<ol style="list-style-type: none"> <li>1. All the children at risk and their families in selected communities identified.</li> <li>2. % of the estimated number of households in the 45 targeted communities assessed, families monitored and prioritized cases receiving integrated/coordinated package of services.</li> <li>3. % of target groups for the C4D campaign reached by the campaign activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Over 48,000 households assessed and some 121,000 household members interviewed.</li> <li>2. Almost 22,000 children with vulnerabilities identified.</li> <li>3. Some 5,200 children included in active cases having service plans developed and currently under implementation to receive over 150,000 services/specific interventions.</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduction in the level of stigma and discrimination against Roma and increased empowerment of Roma families and children (community level)</li> <li>2. Reduction of the rate of children hospitalization (community level)</li> <li>3. Reduction of the rate of children separation from families, reduction of rate of institutionalization (community level)</li> </ol>

<sup>31</sup> At **children/family level** the assessment focuses on activities/outputs related to identification and needs assessment/community census, service delivery and other activities (campaigns and micro grants), and to the extent to which these activities and outputs are in line with the problems/needs of this target group. At **community workers level** the assessment focuses on activities/outputs related to recruitment, training, supervision and guidance from county coordinators level, their activity as such (delivery of the joint working methodology) and use of Aurora, including reporting, and to the extent to which these activities and outputs are in line with the problems/needs of this target group. At **community / municipality level** the assessment focuses on activities/outputs related to their involvement in the project (partnerships), recruitment and integration of community workers, integration of project activities (campaigns, micro-grants) in the community / municipality strategies/action plans, plans to ensure sustainability, and to the extent to which these activities and outputs are in line with the problems/needs of this target group (in the light of the set objectives). At **county level / child protection, health and education system at county level** the assessment focuses on activities/outputs related to their involvement in the project (partnerships), recruitment, training and actual supervision/coordination of community workers, plans to ensure sustainability, and to the extent to which these activities and outputs are in line with the problems/needs of this target group (in the light of the set objectives). At **national level** the assessment focuses on activities/outputs related to involvement and partnership with national relevant institutions, advocacy plan and its implementation, plans to use the experience and scale it up, technical support and capacity building for national authorities and to the extent to which these activities and outputs are in line with the problems/needs of this target group (in the light of the set objectives).

	level – adolescents risky behaviors, discrimination.		5. Micro grants in all 45 communities implemented, with some 1,800 children involved in the activities.	4. Increased level of safe behavior knowledge for adolescents (community level) 5. % of children with reduced level of deprivations (community level)
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At the first level of the MPS model's ToC, a wide range of activities were envisaged for children and households, from full needs assessment through a community census, services to be delivered in the form of the MPS, micro-grants to complement the individual/household approach by group activities, to capacity and awareness raising campaigns on key topics such as discrimination and alcohol abuse. **These activities are coherent with the problems and needs of the target group** (at children/mothers/household level – as presented in the complete ToC inserted in Annex n°1)<sup>32</sup>, as the vulnerabilities identified during project implementation are largely in line with the initial diagnostic of the target group.

A key issue from the perspective of the internal coherence between needs/problems/activities and expected outcomes, e.g. the extent to which the former lead to the latter, **is the availability of certain services not provided in the framework of the MPS model (as they would not be a part of a minimum, preventive package), but in whose absence the expected outcomes cannot fully materialize.** While it is acknowledged that for some of the most frequently registered vulnerabilities of the target group, such as overcrowded households or poverty, the MPS did not envisage activities/services, other services would have been necessary for the situation of children to be fully improved and these services need to be put in place by public, responsible institutions. As also the project reports and the data collected in the fieldwork reveal, referral to certain specialized services (e.g. speech therapist, psychologist, family doctor in some communes or specialized medical services, including dentists – in all communes, educational services such as “school after school”<sup>33</sup> and “second chance”, some more material support, kine therapist, nurseries) could yield results/outcomes only when these services were available and /or accessible. .

The community census is particularly relevant given the (lack of) availability of comprehensive micro data on children in need in Romania, however, its dynamic and results (e.g. length, resistance from responders especially in urban areas and especially the 4 times higher number of vulnerable children identified compared to initial project estimations) strongly suggest that its implementation prior to project design would have contributed to a better estimation of inputs needed (especially in terms of human resources/community workers particularly community nurses) for the envisaged objectives to be reached.

All services delivered by the community workers are considered relevant<sup>34</sup>, among the most valued by the target group being information, counselling on all matters (especially on vaccination, support of pregnant women, hygiene, children with disabilities, children with drop out risk, education<sup>35</sup>) but especially as regards the interaction with authorities/services (hospital, identification papers); accompanying services in such context responded to a key need of the target group, not familiar with their rights and where/how to access them. Services offered by community nurse such as information on healthy diet, ensuring regular visits to family doctor, monitoring pregnant women and accompanying them to family and specialized doctors, as well as the hygiene kits made available under micro-grants are widely pointed out as relevant in relation to beneficiaries' needs, as medical care in rural/remote areas is poor.

A limited number of activities/outputs would have been needed<sup>36</sup> and were not/could not be delivered in the framework of the MPS (as they were not envisaged initially) or would have been needed in larger quantities e.g. parental education to vulnerable families, more activities similar to the ones financed under microgrants (especially trips outside communes), free contraception, financial education, transport, supplementary medical equipment/consumables.

### Relevance of the MPS at the level of community workers

At community workers level the assessment focuses on activities/outputs related to recruitment, training, supervision and guidance from county coordinators level, their activity as such (delivery of the joint/integrated working methodology) and use of Aurora, including reporting, and to the extent to which these activities and outputs are in line with the problems/needs of this target group. In the table under we present a synthetic version of the theory of change envisaged at this level, considered for this analysis.

<sup>32</sup> This finding is confirmed also by the survey results.

<sup>33</sup> Most parents indicated that they would need help with the children's homework and community centers, where functional (e.g. Moinesti, Zemes) are considered particularly useful. However, they capacity is very low (30 children in both location) which render “school after school” type of services very relevant.

<sup>34</sup> Based on focus groups with beneficiaries/parents and local authorities.

<sup>35</sup> In the education area the services provided the most are information on the importance of school participation, referral to day centers, monitoring school participation and liaise with schools for this purpose.

<sup>36</sup> Based on interviews with community workers and focus groups with beneficiaries/parents.

**Table 4. Summary of the Theory of Change of MPS at the level of community workers**

Level	Activities planned	Outputs planned	Outputs produced	Outcomes expected
<b>Community workers / Professionals level</b>	<ol style="list-style-type: none"> <li>1. Identify and recruit social workers, community nurses, school counsellors, school mediators and health mediators.</li> <li>2. Train the recruited outreach workers and the rest of the outreach workers recruited by public agencies and distribute the mobile equipment.</li> <li>3. Refreshment training, on the job training and capacity development for the outreach workers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Community workers hired, having capacity and assessing families using the tablet-based application AURORA.</li> <li>2. Community workers ready to deliver integrated services in their communities and having increased capacity to identify and address vulnerabilities leading to social exclusion.</li> <li>3. All of outreach workers using the integrated / coordinated methodology.</li> </ol>	<p>Accredited training package including 7 learning themes and the training on use and practice of the tablet-based application AURORA developed and rolled out</p> <p>All community workers with capacity to deliver integrated services at community level.</p> <p>All community workers trained to provide information and behavioral motivation to adolescents about alcohol consumption.</p>	<ol style="list-style-type: none"> <li>1. Joint working methodology (case management) in place and widely used (% of outreach workers using it)</li> <li>2. % of children with reduced level of deprivations (community level)</li> </ol>

About the community workers /professionals’ level, based on previous experiences, the problems and needs were adequately identified, as well as the risks to implementing the planned activities. However, it seems that the risks related to the quality of human resources available and their stability in medium and long run was underestimated. The high level of this risk needs to be kept in mind in the roll-out plans and measures designed to attract and maintain the professionals should be designed for objectives to be reached. An important measure in this context might be the development of a capacity building approach for new comers, based on a combination between induction trainings (on all relevant topics, including Aurora) and in-house know-how transfer by experienced colleagues and/or country coordinators. For this purpose, the capacity, of coordinators and community workers is to be increased through ToT-type of activities. Such an approach would have a positive contribution to the model sustainability, as the community workers may be able to train PSAS members and thus maintain the utilization of MPS tools beyond the project timeline.

To a large and very large extent, the on-the-job trainings organized by UNICEF (including on the integrated model) were relevant (sufficient and of sufficient quality, as per surveys carried out), the community nurses being the most appreciative in this respect. Overall the profile and qualification of community workers were adequate, however, their more limited number compared to the existing needs poses challenges in terms of achievement of results expected<sup>37</sup>.

The joint working methodology is widely perceived as relevant, by all stakeholders involved in the evaluation (parents, community workers, municipalities, county level and national level institutions).

As needs may differ from community to community, from the perspective of the intervention logic,<sup>38</sup> combining more communities and have them addressed by a complete team of community workers may be considered in the roll-out phase, for a more efficient delivery of services<sup>39</sup>. This approach might be beneficial for micro-grants preparation and implementation, as the interviews carried out revealed that this activity involves a high workload for the community workers.

Based on interviews and focus groups with community workers, they needed to be better capacitated in three areas: parenting (to deliver the related information and counselling services), working with children with special educational needs (e.g. in order to customize as needed the information provided for this specific categories and adequately advise parents on measures to be taken and desired behavior) and project design/management (as the community workers were strongly involved in managing the micro-grants).

### Relevance of the MPS at community level

At community / municipality level the assessment focuses on activities/outputs related to their involvement in the project (partnerships), recruitment and integration of community workers, integration of project activities (campaigns, micro-grants) in the community / municipality strategies/action plans, plans to ensure sustainability, and to the extent

<sup>37</sup> Findings supported by all evidences collected, including the survey results.

<sup>38</sup> This finding is issued from a logic an intervention perspective, only. For its implementation a special financing mechanism should be considered (e.g. financing the social workers teams by a dedicated budgetary line set up at national level), as the current system does not allow payments for services delivered outside the jurisdiction of an administrative territorial unit.

<sup>39</sup> Based on interviews at community levels and with social workers.

to which these activities and outputs are in line with the problems/needs of this target group (in the light of the set objectives). In the table under we present a synthetic version of the theory of change envisaged at this level, considered for this analysis.

**Table 5. Summary of the Theory of Change of MPS at community level**

Level	Activities planned	Outputs planned	Outputs produced	Outcomes expected
<b>Community / municipality level</b>	<ol style="list-style-type: none"> <li>1. Procure the mobile equipment used by the community teams</li> <li>Procure the medical consumables to be used by the community nurses.</li> <li>2. Mobilize community consultative structures (CCS), coordinate the delivery of MPS.</li> <li>3. Identify children priority issues at community level and build the capacity to address them using the community micro grant.</li> <li>4. Develop the Community Centre – through the micro-grants.</li> <li>5. Technical support for local communities to access the public funding to take over the salaries covered from project.</li> <li>6. Coordinate the development of micro grants at community level</li> </ol>	<ol style="list-style-type: none"> <li>1. Partnership agreements with municipalities operational</li> <li>38 municipalities (34 rural and 4 urban) committed to the results of the project.</li> <li>2. Mayors and Secretaries of mayoralty having knowledge about the project objectives and strategies and sensitized about social inclusion.</li> <li>3. 38 municipalities having capacity to receive and manage funding from the project and use it to cover delivery of integrated services.</li> <li>4. Municipal staff able to hire required social assistants and community nurses.</li> <li>5. 100% coverage of the communities with minimum package of services.</li> <li>6. % of positions whose salaries were transferred to public funding.</li> </ol>	<ol style="list-style-type: none"> <li>1. Agreements signed with all municipalities involved.</li> <li>2. Local stakeholders involved and their awareness on project increased.</li> <li>3. All municipalities applied and implemented micro-grants.</li> <li>4. Social assistants and community nurses hired by municipalities. School mediators and councilors hired/integrated into CCRAE organigram.</li> <li>5. MPS delivered – coverage less than 100%.</li> <li>6. A large proportion of position created/filled through projects transferred to public funding (see section on sustainability).</li> </ol>	Ownership of the local authorities over the project.

Having partnerships agreements with involved municipalities is particularly relevant as the municipality support is proved by this evaluation as instrumental for the project effectiveness. The same is valid for the Community Consultative Structures (for which no output is envisaged in the LoI/ToC), whose involvement is very relevant for the perspective of the objectives to be reached, particularly a community-based approach. Under activity 5, particularly relevant were the criteria defined by UNICEF which allowed the identification and hiring of staff in a challenging context (e.g. specific demands of the legislative base and low supply of qualified staff).

At the community/municipality level the existing problems were comprehensively identified from the outset (in the needs analysis) and this facilitated a selection (and, subsequently, implementation) of highly relevant activities. The only improvement which can be brought in this respect, based on the data collected for this evaluation, refers to the capacity of mayoralties to write project proposals for developing services for children and their families. This capacity varies greatly between urban and rural areas. While rural mayoralties have a very low capacity in this respect, urban municipalities (e.g. Moinești) seem to focus on infrastructure projects and do not involve community workers in project preparation, despite having an increased interest in attracting extra budgetary sources. To reach this (intermediate) objective, some specific actions in this area need to be taken into consideration in the future (e.g. a dedicated person/help-desk identifying financing sources for mayoralties and supporting them in the process, in collaboration with country actors in charge with strategic development). The project intervention logic is slightly unclear in this regard, as there is a certain uncertainty about the scope of this problem/activity: applying for the micro-grants available under the project and/or other funding sources, as well (to reflect the overall problem identified “lack of financial resources”).

### Relevance of the MPS at county level

At county level / child protection, health and education system the assessment focuses on activities/outputs related to their involvement in the project (partnerships), recruitment, training and actual supervision/coordination of community workers, plans to ensure sustainability, and to the extent to which these activities and outputs are in line with the

problems/needs of this target group (in the light of the set objectives). In the table under we present a synthetic version of the theory of change envisaged at this level, considered for this analysis.

**Table 6. Summary of the Theory of Change of MPS at county level**

Level	Activities planned	Outputs planned	Outputs produced	Outcomes
<b>County level Child protection, health and education system at county level</b>	<ol style="list-style-type: none"> <li>1. Conduct rapid situation assessment.</li> <li>2. Select the communities where model to be implemented, establish the contact with local partners, agree partnership agreement with local authorities.</li> <li>3. Conduct the in-depth situation analysis in the selected communities.</li> <li>4. Identify and recruit the county coordinators of the outreach workers.</li> <li>5. Train the recruited county coordinators.</li> <li>6. Select partners for increasing capacity of the local and county professionals including the C4D component.</li> <li>7. Supervision of outreach workers.</li> <li>8. Coordinated / integrated working methodologies developed, tested and revised for improved reach and impact.</li> </ol>	<ol style="list-style-type: none"> <li>1. Situation analysis and baseline indicators to measure the impact of the model developed, discussed with the project partners and finalized.</li> <li>2. Trained county coordinators of the outreach workers.</li> <li>3. Communication materials and instruments for the C4D campaigns developed and tested.</li> </ol>	<ol style="list-style-type: none"> <li>1. Initial and in-depth assessment carried out.</li> <li>2. All county coordinators recruited and trained.</li> <li>3. Coordination activities implemented.</li> <li>4. Campaigns carried out.</li> <li>5. Oversight and coordination of the project are included in the County Social Inclusion Coordination Committee (this Committee coordinates the implementation of the Bacau County Social Inclusion Strategy). The local coordination group includes the Prefecture, County Council, representatives of county authorities for social protection, health, education, employment and youth and sports.</li> <li>6. Support to the County and Local Authorities to mobilize national funding.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ownership of the county authorities over the project.</li> <li>2. Joint working methodology (case management) in place and widely used (% of outreach workers using it).</li> <li>3. Intervention at county level documented and recognized as model.</li> <li>4. Model showing impact.</li> <li>5. % of children with reduced level of deprivations (county level).</li> </ol>

At county level the project could focus on a limited number of the problems/needs initially identified (as inserted in the complete ToC, in Annex n°1), as some challenges, related to the high workload and low administrative capacity fall under the jurisdiction of national and county institutions themselves.

The specific activities envisaged at this level focus on county coordinators (recruitment, training including about integrated methodology, implementation of their coordination tasks), county-wide activities (such as the C4D campaigns). These activities, particularly the coordination and support delivered by county coordinators were particularly relevant as they covered a strong need of the community workers who applied the developed methodology (involving outreach, case management and an integrated approach). The involvement of the county level stakeholders is instrumental for ownership on the project and its results to be ensured and thus, from this perspective, including the oversight and coordination of the project in the County Social Inclusion Coordination Committee is particularly relevant.

### Relevance of the MPS at national level

At national level the assessment focuses on activities/outputs related to involvement and partnership with national relevant institutions, advocacy plan and its implementation, plans to use the experience and scale it up, technical support and capacity building for national authorities and to the extent to which these activities and outputs are in line with the problems/needs of this target group (in the light of the set objectives). In the table under we present a synthetic version of the theory of change envisaged at this level, considered for this analysis.

**Table 7. Summary of the Theory of Change of MPS at national level**

Level	Activities planned	Outputs planned	Outputs produced	Outcomes
<b>National level Child protection, health and</b>	<ol style="list-style-type: none"> <li>1. Meeting with national stakeholders (line ministries).</li> </ol>	<ol style="list-style-type: none"> <li>1. Intervention work-plan and budget developed.</li> <li>2. Project coordination mechanisms in place.</li> </ol>	<ol style="list-style-type: none"> <li>1. Work-plan in place through project proposals and progress reports to donors.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ownership of the national authorities over the project.</li> <li>2. No. of counties apply for replication of the model.</li> </ol>

<b>education system at national level</b>	2. Establish the model national steering committee. 3. Identify the local project partners and select project team. 4. Identification and contracting of all externalized project activities. 5. Mid-term assessment of the project implementation. 6. National conference to promote the county model. 7. Advocacy plan at national level. 8. Technical support and capacity building for national authorities (line ministries) to develop and approve the legal instruments required for scale up of the model of provision of integrated services at national level.	3. Project team operational. 4. Tablet-based application (called AURORA) tested and operational. 5. Training package for integrated approach at local level developed, tested and ready to be certified as part of the national accreditation system for professional training. 6. Revised project plan after the mid-term assessment. 7. Cost of the model and influence of the model on the costs in social sector documented. 8. Project evaluation report. 9. Legislation, norms and methodologies at national level approved. 10. National programmes incorporating the model and ensuring funding for the model scale up approved.	2. Human resources in place at all levels and trained and endowed with tools (Aurora). 3. Bi-annual meetings of the Steering Committees, input for these meetings developed in line with project work-plan. 4. Mid-term assessment report. 5. Advocacy meetings organized. 6. Legislation, norms and methodologies at national level developed with UNICEF support. 7. Technical assistance to the Government of Romania to propose policy options and budget identification.	3. Changes in national legislation, policies and secondary legislation, as well as increased resource allocation based on: 4. The model is a major strategy for social inclusion and poverty reduction in Romania. 5. Increased access to a basic package of community-based services for vulnerable children and their families (national level) 6. Reduction in the level of stigma and discrimination against Roma and increased empowerment of Roma families and children (national level) 7. Reduction of the rate of children hospitalization (national level) 8. Reduction of the rate of children separation from families, reduction of rate of institutionalization (national level) Increased level of knowledge and reduced level of stigma and discrimination towards Roma (national level) Increased level of safe behavior knowledge for adolescents (national level) 9. % of children with reduced level of deprivations (national level)
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The outcomes envisaged at national level are ambitious (e.g. they envisage national-wide changes while the intervention is mostly focused on one county and several steps, outside on UNICEF's control, are to be taken to achieve them) and depend to a major extent to the scale up planned after project closure (beyond December 2018). All activities planned and implemented are needed in order to ensure the initially envisaged "causality chain": MPS is known > responsible authorities, at all levels, have ownership on the concept/design and implementation process > MPS proves its efficiency and effectiveness and thus its scalability from this perspective > UNICEF has implemented several advocacy and technical assistance activities to responsible ministries in preparing, though legislation change and identification of financing sources, the model roll-out at national level. Although an outcome/impact at this level may depend on numerous factors outside the UNICEF control, however, this evaluation identified the following gaps to be considered in the future (in the case similar, future intervention or for the model roll-up):

- As for the local level, a partnership agreement could have been signed between UNICEF and line-ministries (either bilaterally, between UNICEF and each line ministry, or a common agreement among all parties), including steps to be taken by both sides with a view to project roll-up or scale-up.
- A roll-up plan with concrete actions and dead-lines could have been drafted and discussed/endorsed by all partners in the last year of the intervention. This might have involved the implementation of other evaluative studies or could have been based on monitoring results.
- Concrete methodology for rolling up (including actions, budgets, templates/tools) could have been developed and made available to the line ministries, accompanied with technical assistance for its implementation.

## 4.1.2. MPS as a modelling project

### Evaluation question and approach

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

To answer this evaluation question, the criteria already set in the ToR for the modelling project were considered, as well as, for each criterion, the set of sub-criteria developed in the evaluation matrix (see Annex n°2).

Considering the innovative character of modelling projects, increased attention has been paid to its initial design (including about the problem/needs assessment based on which the intervention logic, implementation strategy and targets are set) as well as to its monitoring during implementation, aimed to quickly react to changes in the project context, target groups and partnerships. The summary of the findings under this evaluation question are presented in the table below. Criteria for a modelling project have been assessed on a 5 steps scale, and the complete analysis generating the presented assessment are presented under.

In a nutshell, the MPS is to a good extent in line with the key criteria for model projects. Partners are widely involved, and results are disseminated for scaling-up the MPS approach at national level, however, it needs to be underlined that some actions related to MPS roll-up/scaling-up (in line with the objectives set) are under the responsibility of the relevant Romanian institutions and outside UNICEF's control. The Theory of Change is clear and coherent to a large extent and analyses needed to plan the scaling-up the MPS at the level of the main policy makers and decision makers are provided as outputs of the MPS implementation, including baseline, plans for budgets and human resources. A complete monitoring and evaluation mechanism would have been beneficial for the management team as it would have provided more information on the progress registered towards the set targets/objectives. Further on, a MPS-specific monitoring and evaluation system would have contributed to a better documentation of the project, particularly in the context of different reporting obligations to involved donors.

**Table 8. Key findings on the extent to which the MPS model has been developed and implemented in line with the key criteria for model projects, based on authors' analysis of available data**

Normative interpretation of color coding	To a very limited extent 1	To a limited extent 2	To a moderate extent 3	To a large extent 4	To a very large extent 5
Is there a clear <b>theory of change</b> of the model, outlining main hypothesis, inputs, objectives and expected results that are conducive to a scale-up?					
Was there a <b>baseline</b> established initially, or in early stages of the implementation to assess progress against expected results?					
Were all relevant <b>partners</b> involved in the design and implementation of the model?					
Are there any clear specifications related to the <b>human resources</b> required for the implementation of the model?					
Is there an analysis and estimated <b>resources</b> (human, financial, organizational) <b>for scaling up</b> ?					
Was there a clear planned, budgeted and implemented plan to <b>document the practice</b> ?					
Is there a clear <b>termination</b> date and plan of the model?					
Is there a clear <b>monitoring and evaluation</b> mechanism of the model, ensuring proper documentation of progress and lessons learned?					
Are there strategies developed, implemented and budgeted to <b>disseminate</b> results?					

## Criterion 1. 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?<sup>40</sup>

As presented also in the previous chapter, the theory of change of the modelling project is, to a good extent, adequate. Needs and problems were extensively identified from the outset, based on similar interventions and extensive experience of UNICEF in Romania. However, during implementation the community census revealed that the problem was significantly higher than initially envisaged (4 times more vulnerable children were identified compared to the results of the overall assessments) which indicates the imperious necessity of, on one side, improve county level statistics on the dimensions used by Aurora, and on the other side, to undertake specific/in depth/quantitative needs assessments prior (and not during) project design. Further analyses (the mid-term review, namely) confirmed or proposed improvements to the project ToC, including the needs/problems analysis.

Objectives and expected results are rather clearly formulated<sup>41</sup>, however, in some cases (e.g. Objective 2: „Reduction in the level of stigma and discrimination against Roma and increased empowerment of Roma families and children and adolescents” changed in „Improving knowledge and empowerment of families, especially vulnerable ones including Roma to provide a healthier and more protective family environment for children and adolescents”) SMART quality criteria for objectives could have been taken into consideration (particularly the criteria Measurable and Attributable). SMART-er objectives pave the way towards a more adequate indicator system, whose setting is the ultimate quality check for the hierarchy of objective, e.g. if for one objectives no SMART indicator may be set up, this means that the objective is not fully adequate.

In the same vein, while analyzing the internal coherence of the project in the previous section, we experienced difficulties to reconstruct in a single framework (from different donor’s reports) the outputs produced at each level and, consequently, in some cases the outputs identified do not explicitly reflect the activities implemented (e.g. for trainings delivered to community workers and coordinators how many training man days were delivered, meetings of the CCSs, Community centers developed under microgrants, (number of) TA/advocacy meetings/days). Some outputs are formulated not SMART or as indicators (e.g. % of positions whose salaries were transferred to public funding, Municipal staff able to hire required social assistants and community nurses) or results (e.g. Legislation, norms and methodologies at national level approved). Similarly, the coherence between the results and the outcomes could be streamlined (the third objective in the donors-related documents is an output in the overall ToC - Legislation, norms and methodologies at national level approved). Taking into consideration different frameworks for project design and M&E (e.g. Norway Grants framework versus UNICEF Framework<sup>42</sup>) might pose challenges but the principle of ToC is the same, even if they may get different labels (result vs. outcome) and should be applied as such at all levels.

## Criterion 2. Was there a baseline established initially, or in early stages of the implementation to assess progress against expected results?<sup>43</sup>

An “in-depth assessment of the social, health, and education status of children and their families in target areas of the Bacău county” was carried out before the interventions planned started being implemented, on a comprehensive set of indicators relevant for effects and impacts monitoring and evaluation (in all three areas). The values of the indicators were constructed based on data collected from representative samples of children, families, community workers and education professionals. However, as the initial assumption that all vulnerable children and their families in the 45 communities will receive services clear baselines and targets did not verify in practice due to resources at disposal (as presented in the previous section), this baseline could not be later used, by the mid-term review and the present summative evaluation. The mid-term review made a modest contribution in the direction of a baseline adjustment, with a view to facilitate monitoring and evaluation of effects and impacts. The source of this gap is to be found in the quality of the project M&E system (presented in detail below under the last criterion). To ensure that effects and impacts are evaluable during and at the end of the intervention, the monitoring and evaluation indicators are to be clearly set from the outset (when the intervention is planned), their sources clearly identified and related data regularly (at least yearly)

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<sup>40</sup> Objectives and expected results are clearly formulated / Adequacy of initial needs/problems assessment and (prior to project implementation) and of the further analyses carried out (initial assessment and in-depth assessment) – extent to which all needs and problems were identified and categorised / Internal coherence between problems, objectives, outcomes/results expected and needs/activities/outputs / Internal coherence between problems/ objectives, activities and outputs planned and inputs at disposal and estimated / Identification of hypotheses to causal relationships /assumptions and risks.

<sup>41</sup> For this analysis also, the set of objectives and results in the three sets of project proposals/progress reports for the three donors involved were considered.

<sup>42</sup> E.g. As presented in this methodological brief <https://www.unicef-irc.org/publications/747-theory-of-change-methodological-briefs-impact-evaluation-no-2.html>.

<sup>43</sup> The baseline established used the variables / indicators relevant for effects and impacts monitoring and evaluation / The baseline was constructed on the relevant target group/sample of target group / Data was collected to assess the progress compared to baseline, for monitoring purposes / To the extent possible/needed, baseline was adjusted to facilitate monitoring and evaluation of effects and impacts.

collected by the project. If these steps are not taken prior to the ex-post evaluation, the chance to recreate baselines and intermediate values of the most relevant indicators might be low.

However, the data collected during the community census compensated and could be used as baseline for this evaluation, at least about effects on children assisted by the project.

### Criterion 3. Were all relevant partners involved in the design and implementation of the model?<sup>44</sup>

Partnership was at the core of the project philosophy, as it was widely acknowledged that partners' involvement contributed to a large extent to ownership on project activities and results and, ultimately project sustainability and scale up. All existing stakeholders were involved at national level (Ministries of Labor and Social Justice (MoLSJ), Health (MoH) and Education (MoE), Ministry of European Union Funds (MoEF), Regional Development and Public Administration (MoRDPA), National Authority on the Protection of Child Rights and Adoption (NAPCRA)) at county level through County Social Inclusion Coordination Committee (this Committee coordinates the implementation of the Bacau County Social Inclusion Strategy) and at local level through the Community Consultative Structures. The Steering Committee met twice a year, including in March 2019, in the project durability stage and several other meetings and events were organized by UNICEF for advocacy purposes. No relevant stakeholder which should have been identified in the UNICEF partnership structure was identified by the current evaluation, although stakeholders interviewed did not always perceived themselves as key, decision-making actors, especially about the project Steering Committee.

### Criterion 4. Are there any clear specifications related to the human resources required for the implementation of the model?<sup>45</sup>

The initial needs assessment identified the type of human resources needed at local level (community workers, e.g. social assistants, community nurses, school and health mediators particularly in communities with higher percentages of Roma citizens and school councilors) but also at county level (county coordinators). However, as mentioned in the previous section, adjusting the team dimension to the real needs in the community was possible to a limited extent.

In terms of project management estimations about the types and number of needed human resources were made when the project budget was defined. In the framework of this evaluation no evidences were collected regarding possibly insufficient resources (or resources with insufficient capacity) in terms of coordination (at county and national level).

### Criterion 5. Is there an analysis and estimated resources (human, financial, organizational) for scaling up?

In 2015 the "Financial impact analysis for scaling up a model of community-based services at national level" was carried out for UNICEF. This study assessed the financial resources needed for the project scaling up, based on different scenarios involving different volumes of human resources (and combination thereof, e.g. human resources needed for the implementation of each of the three components, or components implemented together). The study did consider the costs related to remuneration involved, including for the county coordinators. However, it seems that the study did not take fully into account the needed organizational resources, and any other costs of activities which, together, contribute to programme effectiveness (micro-grants, campaigns, studies/evaluation, tools, e.g. Aurora).<sup>46</sup>

All these inputs are essential for the effective implementation of the MPS, in any form (under any scenario envisaged) and should be included in any action plan for roll-up prepared for the responsible ministries in Romania (or elsewhere).

Other reserves about the available estimations relate to the fact that the modelling project was implemented in a limited number of communities located in a specific geographical area that do not constitute a representative sample for the entire country. At the same time estimations carried out in 2015 are, at least to a certain extent, obsolete as they were carried out at the beginning of the project and later development (2017-2018 when implementation gained momentum) are not considered. Under the current evaluation (see section 3.3) final calculations were possible based on actual costs incurred during the entire project.

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<sup>44</sup> The completeness of partners involved in the design and implementation of the model, based on comprehensive identification of MPS stakeholders / The relevance of partners involved, based on a stakeholders' matrix assessment / Types and frequency of stakeholder engagement.

<sup>45</sup> The initial needs assessment identified and quantified the human resources needed, at all levels (UNICEF, national, county level, community level) to effectively implement the project (considering also the risks identified in this respect) / The project design took up the needs assessment results in defining the types of human resources needed and their quantification (e.g. number of county coordinators, community workers).

<sup>46</sup> Not including Aurora in the costing model was based on the assumption that Aurora is already fully developed. However, as the section dedicated to sustainability shows, the tool may need adjustments to be used at national scale.

## Criterion 6. Was there a clear planned, budgeted and implemented plan to document the practice?<sup>47</sup>

Although sufficient documentation is in place to understand the project, reconstruct its unfolding and evaluate process, progress, inputs and outputs, a dedicated plan for this purpose was not put in place, and budgeted from the outset. Documenting the practice is a shared responsibility of the community workers involved and county coordinators who reported on their activities on a regular basis and of the UNICEF staff who produced (internally) different monitoring reports for the three donors involved but also more comprehensive documents for other stakeholders and the wide public (“Documenting the Bacau model”, the mid-term review report). Documentation prepared for the works of the Steering Committee also offer information on the implementation of different project activities.

The reports prepared for the donors are informative but, as mentioned under criterion 3, information provided do not always follow the logical matrix in the project proposal, e.g. the outputs and results produced are reported on in different forms (as requested by each donor) and, sometimes, incomplete.

The existence of an MIS (a management information system) would have significantly improved the documentation level of the project. A difference would have been made if at least a clear documentation procedure, to include e.g. reporting templates (already in place at least at community workers level and used by a large part of the local teams), responsibilities, timelines, archiving approach etc. existed and was managed by the project coordinators (at county and national level).

## Criterion 7. Is there a clear termination date and plan of the model?<sup>48</sup>

The project termination date was clear and an exit strategy for the project was put in place in some of the final reports to the donors involved<sup>49</sup>, thus in 2017-2018, towards the end of the project. The actions presented in these exit strategies are steps taken during project implementation to ensure its sustainability, rather than concrete future actions, to be implemented in a given timeframe by named responsible institutions (UNICEF and/or partners). The actions presented have been discussed, agreed and even implemented in partnership with different stakeholders, however, it is important to underline that certain actions, especially about the model roll-up, are under the jurisdiction of the Romanian responsible institutions, and out of UNICEF control. There are no evidences that the exit „strategy” was adjusted during the project lifetime, to consider the experience gained in this process.

## Criterion 8. Is there a clear monitoring and evaluation mechanism of the model, ensuring proper documentation of progress and lessons learned?<sup>50</sup>

A monitoring system allows the on-going / regular data collection and examination of the inputs, outputs and results of a public interventions and provides the management with input for decisions to be taken and ensure efficiency and effectiveness. The monitoring process oversees the general progress of supported activities, facilitates the comparison of performance against targets, and, when former departs from the targets initially set, identifies problems and proposes solutions / corrective actions.

Efforts were made by UNICEF to define the indicators in line with internationally agreed quality standards, however, in several cases the baselines and targets are missing and limited. Efforts have been taken during project implementation to re-assess them. As mentioned under the first criterion, lack of clear baselines and targets does not allow performance monitoring (and thus implementation of correction actions if needed) and evaluation, as performance is defined as “difference between target and progress registered”. A more accurate baseline and target setting could have been attempted, particularly as the modelling project is based on previous, similar interventions which could have provided the relevant data for this purpose. Changes in the theory of change were not followed in changes of the indicators (where needed), however, having a unitary monitoring system when three relative separate reporting processes unfold is a challenge. At child/family level AURORA produces sufficient information to enable UNICEF to monitor outputs indicators under the first objective (of the project proposals delivered to donors).

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<sup>47</sup> Reporting system designed for the project contains the necessary elements: procedures including tools (reporting templates) and process flow (including regularity of reporting), guidelines and support, discharge mechanisms / Reports produced sufficient information as regards developments/practice during project implementation: at community level for the county/national level (UNICEF), at UNICEF level for national stakeholders and donors / Sufficient financial resources were envisaged and deployed for reporting purposes.

<sup>48</sup> An exit strategy was put in place from the outset, including a clear timeline / The exit strategy was adjusted as the case based on real implementation of the project / The exit strategy was discussed (and agreed) with relevant stakeholders (to take up the model) during project implementation.

<sup>49</sup> French Committee and Bodnar Foundation, pages 21, and 26 respectively.

<sup>50</sup> Monitoring and evaluation indicators were set, including targets, considering the baseline set (or adjusted, if the case) and the ToC (initial/adjusted) / Data was regularly collected for the M&E indicators and assessed, including need of additional data/indicators / Data providers are instructed about M&E demands/needs.

Overall, the main monitoring tools are *reports* (of different types, e.g. for progress/activities monitoring, financial monitoring, physical/indicators monitoring) and *on-the spot visits*. In the framework of the project these tools have been used at all levels: both county coordinators and community workers reported regularly on the activities undertaken and monitoring visits at local level have been frequently carried out by both county coordinators and UNICEF responsible personnel. While this monitoring procedure was considered, in general, useful, the frequent requests of different types of reports burdened the community workers and county coordinators, which strengthens the need for an adequate indicators system and a management information system (MIS), interconnected with AURORA but capable of producing different synthetic reports automatically.

Regular reports were issued at project level, for the donors involved and the Steering Committee level, however, following three different tracks for reporting challenges the overall project monitoring, which should be undertaken anyway and facilitate the compilation of donor-level reports.

#### Criterion 9. Are there strategies developed, implemented and budgeted to disseminate results?<sup>51</sup>

The modelling project included the transversal activity “Development of advocacy materials and presentation of results to major stakeholders (government, parliament, the media etc.)” which can be interpreted as a dissemination strategy. The activity has been included from the outset in all three project proposals for the donors involved and the potential of communication and dissemination actions to complement and create synergies with advocacy and awareness raising efforts (e.g. the 3 campaigns targeting behavioral change) and pave the way towards project scaling up.

Numerous dissemination activities were implemented, and no evidences were identified in the framework of this evaluation on other activities needed but not taken into consideration. UNICEF is an established and acknowledged actor at national level in the child protection and integrated community care areas.

### 4.1.3. Relevance of MPS to policies, programmes and cross-sectoral strategies

#### Evaluation question and approach

#### Evaluation question 3. To what extent is the modelling project relevant to national policies and programmes and cross-sectoral strategies?

The relevance of the model vis-à-vis national policies and strategies has been assessed at 3 levels:

1. What are the key elements of the MPS model (objectives/outcomes, activities, outputs at all levels) that makes it relevant for the national strategies? Is the project in line with existing legislation and policies?
2. What is the added value of the MPS as compared to national legislation and policies? How the project can contribute to further planning and mobilizing resources for these strategies implementation?
3. How did the project contribute to an adequate enforcement of existing legal provisions in Bacau County?

To answer the evaluation question, the evaluation team assessed the following aspects, from the perspective of all three sectors involved (e.g. education, health, social/child protection) and considering the integrated, community-level, preventive approach of the project:

- alignment of the objectives/outcomes of the MPS with the objectives of relevant European framework (2021-2027), national/ strategies and policies (national legislation).
- alignment of the MPS activities / outputs and their timeline with actions plans related to relevant national/sectoral/cross-sectoral strategies and policies.
- alignment of the MPS objectives / activities / outputs with Government Programmes.
- alignment of the MPS objectives / activities / outputs with other interventions EU-funded programmes (2021-2027), EEA and Norway grants (2009-2014, 2014-2021), Swiss contribution for EU enlargement.
- alignment of the modelling project objectives / activities / outputs with Conclusions and Recommendation for Romania under the European Semester.
- alignment of the modelling project objectives / activities / outputs with the Sustainable Development Goals.

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<sup>51</sup> A dissemination strategy was put in place from the outset / The dissemination strategy was adjusted as the case based on real implementation of the project / The dissemination strategy was adequately/fully implemented, as per initial plan / Sufficient financial resources were envisaged and deployed for dissemination purposes

## Relevance of MPS to national policies, strategies, plans and legal framework.

### *European Semester and the National Reform Programme*

The model objectives and outcomes are fully aligned with the *National Reform Programme* (NRP), the framework platform in coherence with EC milestones of the *European Semester* for defining the development priorities guiding Romania's evolution until 2020, to achieve *Europe 2020 Strategy*.

Under the 2018 Conclusions and Recommendations for Romania under the European Semester, the high risk of poverty or social exclusion continues to be highlighted, especially among families with children, people with disabilities, Roma, and the rural population particularly affected. From this perspective, the modelling project that is increasing the intervention capacity at community level to reduce equity gaps and vulnerability of children is highly relevant.

The NRP, under the section on Social inclusion and poverty alleviation, has as key action increasing the quality and coverage of social services/facilitating the transition from institutionalized social services to community services, which is coherent with the community level, preventive approach of the project to deliver a minimum package of service in order to reduce the deprivation children suffer especially in rural areas and prevent their institutionalization. The MPS is also in line with Romania's objectives in the field of health as is outlined in the NRP: community care improvement through development of community healthcare services provided by integrated teams as well as improved access to vulnerable groups at health services through National Health Programs (e.g. mother and child).

The *Minimum package* (mandatory social service package delivered by local authorities in communes, towns and cities to fulfil every child's right to development, to combat poverty, to prevent the risk of social exclusion, and to support disadvantaged families with children) is in line with Romania's objectives and main measures in the field of social inclusion, education and health under the European Semester<sup>52</sup>:

- *creation of community integrated intervention teams by developing an integrated approach for providing services, establishing local multidisciplinary teams of specialists and of inter-sectoral cooperation, investment in hiring a large number of better-trained specialists within the social sector, improving coordination in the field of social services.*
- *ensuring equal chances of access and participation to relevant and inclusive education - Implementation of the guaranteed social package for education.*
- *expansion of access to early education, including for the pre-preschool education component.*
- *increasing the access of people, including of the vulnerable groups, at quality medical services, improving the efficiency and financial sustainability of the health system, modernizing the health infrastructure and healthcare network at regional level.*

### *National level: strategies, plans and legal framework*

The modelling project is highly relevant for the two sectorial strategies in the social area: The National Strategy for the Promotion and Protection of Children's Rights 2014-2020 and the Operational Plan for the implementation of this Strategy<sup>53</sup> and the National Strategy for social inclusion and poverty reduction for 2015-2020 and the Strategic Action Plan<sup>54</sup>. Amongst the key areas of the strategies, the project is significantly related through its objectives and activities to three main pillars of these policy documents:

- Strengthening and improving the social services at community level by developing a minimum intervention package as a compulsory responsibility of each local authority as well as by recruiting specialized staff for these local services;
- Development of community teams for integrated intervention to deliver social, health, educational services and community facilitating programmes, especially in the marginalized and poor areas;
- Strengthening child protection services by increasing prevention capacity at community level reconsidering the means to provide support to families to prevent child separation from their parents.

**The strategies explicitly support the provision of a minimum package of intervention necessary and compulsory to be provided in every rural or urban community** and mentions that UNICEF developed and tested such a package through the HIC ("Helping the Invisible Children") model and further through the "First priority: No more invisible children!" model, both precursory and at the base of for the MPS model, currently under evaluation.

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<sup>52</sup> Subchapter 2.5.2 of the 2018 European Semester Convergence Programme p. 23-24

<sup>53</sup> Approved by the Governmental Decision no. 1113/2014 and published in the Official Gazette no. 33 bis. from January 15<sup>th</sup>, 2015

<sup>54</sup> Approved by Governmental Decision no. 383/2015 and published in the Official Gazette no. 463 bis from May 27<sup>th</sup>, 2015.

This minimum package of intervention is in line with the minimum package of social services as regulated by the **Social Assistance Law** no. 292/2011, as well as with the minimum package of social services to be performed by the local public administration mentioned by the Governmental Decision no. 1/2013 and the **Strategy for Strengthening the Public Administration 2014-2020**<sup>55</sup>. Furthermore, in line with the approach of the project, the strategy on poverty reduction enumerates as part of the minimum package of intervention the following: field activities to identify potential beneficiaries and early intervention services, needs assessment of communities, households and vulnerable persons, planning of services using a family and person-centered approach, information and counselling activities, support, referral and monitoring activities.

As an overall approach for the sector, the MPS delivered at local level to prevent the child separation from his/her family is highly relevant and in line with the fundamental principle at the base of the child protection framework law - Law no. 272/2004 on the protection and promotion of child's rights, that families should be supported with services to properly take care of their children and institutionalization should be a last resort measure if the provision of services fail to ensure the welfare of the child.

The MPS model is relevant for the national **Strategy to reduce early school leaving** (adopted in June 2015) which sets out prevention, intervention and compensation measures. Amongst the key programmes of the strategy, the project directly connects, through its objectives to two aims with the objectives to: increase participation in early education and care and develop early detection systems and consolidate remedial support programmes.

The **National Strategy of the Ministry of Education to reduce the school violence** (approved by Ministerial Order no. 1409/2007) recommends the measures to be taken at individual level and in cooperation with family and community, targeting violence between children, between pupils and teachers, between teachers and parents, but also violence in school proximity and family violence.

The **National Law of Education** (law no. 1/2011) stipulates that all children should have the opportunity to reach their full potential. Effective policies need a clear legal framework, inter-sectoral coordination and finance. The modelling project provides operational ways to implement social and educational policies and take benefit of the legal framework by inter-sectoral cooperation and finance.

According to model design, community workers contribute to having a focus on the individual child and family in different contexts (at home, in the community, at school or kindergarten, when parents are working abroad, and other family members are taking care of children) with the participation of various professionals: health mediator, school mediator, teachers, school counsellor. The modelling project strengthens the service user level. Families are supposed to gain access to information and advice. Individual children and families have more complex needs assessed and get support. It also enhances the local service network level, because the community worker is connected to the service providers, school mediator, school counsellor etc.

The modelling project addresses the need to enrich the policy papers with coherent action plans and community-grounded solutions for supporting disadvantaged children. The Education Law (including updates) and Emergency Ordinance no. 9/2018 modifying several regulations in the field of education (*Ordonanța nr. 9/2018 privind modificarea și completarea unor acte normative în domeniul educației*) have a special focus on early childhood education and care, for children with a socioeconomically disadvantaged, or Roma background, or with special educational needs, including disabilities. The modelling project illustrates in Bacau County how the regulatory frameworks and institutional arrangements could work in the benefit of children for service delivery at the county and community level.

For the identification and monitoring of children outside the education system, the Ministry of Education developed a set of procedures (*Early warning system for early school leaving*) project. Aurora collects information about children not enrolled in school, or who abandoned school or is at risk of abandonment and possible services to prevent school dropout, including counselling.

The modelling project is relevant for the **National Health Strategy 2014-2020**. Amongst the key programmes of the strategy, the project directly connects, through its objectives to three aims: 1) health status improvement for mother and child; 2) increasing equitable access to quality health services for vulnerable groups at community level; 3) increase the inter-sectoral collaboration for vulnerable groups.

The project was the first of its kind to address into an integrated manner two of the vulnerable groups in the communities (mother and child). Although the objectives were clearly outlined in the National Health Strategy it takes almost four years to update the legal framework for provision of medical community services. The modelling project could be considered as a pilot for the main recommendation of National Health Strategy in the field of integrated community services. The input collected through pilot project implementation in Bacau contributed for the fine tuning

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<sup>55</sup>Approved by Government Decision No. 909/2014 and published in the Official Gazette no. 834 from November 17<sup>th</sup>, 2014.

of the Emergency Government ordinance 18/2017 regarding medical community services as well as for drafting the methodological norms for medical community services.

More specifically, there is draft National Framework Action Plan for viral hepatitis control 2018-2030 that strengthen the involvement of community health nurses in promoting health education regarding preventative measures against viral hepatitis transmission, highest vaccination coverage against viral hepatitis B and screening of high risk groups against chronic viral hepatitis B and C.

It is worth to be mentioned that MoH has developed a digital app that collects and report relevant information about all vulnerable groups at the community level (risks, services provided and outputs/outcomes?). Once the methodological norms for community health services will be enforced (2019) the app utilization will become compulsory.

**The Romanian Government's National Strategy for the Inclusion of Romanian Citizens Belonging to the Roma Minority 2015-2020** aims at ensuring the social and economic inclusion of Romanian citizens belonging to the Roma minority through integrated policies in the fields of education, employment, health, housing, culture and social infrastructure. Out of the priority actions, the following ones are relevant/important for the current evaluation:

- promotion of specific national programmes aimed to increase the access to early education and prevent drop out,
- measures to improve the socio-economic situation of children and families,
- parental education programmes to strengthen the school-parents relationship,
- development of an identification and reporting system for cases of discrimination and segregation along with campaigns to prevent and combat these phenomena.

#### *European Programmes and funds in Romania*

The delivery of a MPS by outreach workers for vulnerable families and children has been an inspiration and source of good practices to other interventions financed from EU or state budget funds. A Human Capacity Operational Programme (HCOP) project jointly implemented by the MoLSJ, MoE and MoH is funding with 113.076.750 lei the recruitment and hiring of social workers in 139<sup>56</sup> most vulnerable communities, promoting the community integrated services for poverty and social exclusion reduction. Development of community-based services to prevent child separation from its family and to support the de-institutionalization process of children already in state care is the main aim of a call for proposals to develop such preventive services at grass root level that was issued in the beginning of October 2018, with a financial allocation of 45 mil euro also from HCOP funds. Budgetary allocation targeting an increased human capacity at the level of SPAS started to be made available. Order 1902/2018 is allocating 89.216,4 thousand lei in three years (2018-2020) for the payment of a social worker in those communities where such professionals are missing and therefore can't be accredited as social service providers at local level.

Additionally, among future developments in the sector, two other major projects under preparation with NAPCRA leadership are relevant for the present final evaluation:

- at the local level – a project aimed for in-depth evaluation and development of the institutional capacity of the local social assistance services to better fulfil its preventive role and gatekeeping task meant to avoid child separation from their parents and
- at national level – in cooperation with the Ministry of Communication and Informational Society, a project for the development of a national informational system will focus on following children and their families, in all environments: in the family, in preventive services at local level, in the protection system, if separation could not be avoided, and in the process of adoption. Now the design takes into consideration integrating Aurora as part of the system.

The Human Capacity Operational Programme (HCOP) has a dedicated priority to school dropout reduction: Axis 6 "Education and skills", priority 10 "Reducing and preventing early school leaving and promoting equal access to quality" requires integrated measures to prevent early school leaving and projects under the previous budget period 2007-2013 have been focused on the same aim.

Two projects were implemented in line with the modelling project objective in the field of health with funding from Norway Grant 2009-2014 and Swiss grants:

- "Strengthening the National Roma Mediators Network to Improve the Health of the Roma Population" –aiming to strengthen the institutional capacity of local authorities by further developing the network of Roma health

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<sup>56</sup> Romania has in total 3.228 municipalities, cities, communes, counties and sectors. Only in Bacau County there are 93 municipalities (3), cities/towns (5) and communes (85).

mediators and community nurses, with special attention to maternal and child health, reproductive health and multidrug resistant MDR TB tuberculosis.

- “Improving access to social and health services /Integrated social and health services at community level” – aiming to create a functional model of integrated and locally managed social and health services in one or two rural areas (a city and several villages on the area) that have poor development indicators. In this respect, activities included strengthening of the capacity of local authorities and service providers, with special attention to equal access for the entire community and with the aim to improve the cost of service delivery. Home care services have also been part of the project, together with community-based medical and social centers will be established.

### *Government Programs*

The 2017-2020 Government Program mentions as main aim the modernization of the social assistance system, by moving from an approach based on financial incentives to one centered around social service and from assistance provided to individuals to social protection measures aimed to secure the family. The program 2017-2020 stipulates that social assistance provisions should be taken in connection with other provisions in the field of health, education, housing, employment, to raise the level of social inclusion and citizens’ quality of life (page 8).

Among the measures to be considered with priority, the document is mentioning the investment in early childhood, quality health and education services as well as development of community services to support parents or other child caregivers to respond to the basic needs of the children and to preserve family stability. Therefore, one can notice the inspiration given by UNICEF several models, including MPS, for the implementation in a cross-sectorial and preventive manner of basic services in social, health and educational areas for all members of a household in vulnerable situations.

Same governmental document focuses on increasing the educational level of people who dropped out school, especially because of financial reasons (page 24). Multisector approach is highlighted, as a way to make compatible and more effective workforce, education, social inclusions, and medical services in general and in particular for vulnerable people (page 52).

The Government Program 2017-2020 mention Social package for education. It aims at providing development and training opportunities for children from birth until the age of 18. It consists in providing support for parents to enroll children in crèches and preschool, development of the early education system, improvement of quality of education (infrastructure, curriculum, and teacher training).

In the field of health, the current Government programme aims to rehabilitate/ modernize / expand and the integrated social – health community centers as well as to increase the health monitoring of children 5-9 years old.

### *The global approach – the SDGs*

The recently revised Romania’s Strategy for Sustainable Development 2030 reflects the political commitment and main directions for the implementation of the 2030 Agenda adopted at the United Nations Sustainable Development Summit and endorsed by the European Council in “A Sustainable European Future: The EU Response to the 2030 Agenda for Sustainable Development”. The Strategy aims to reduce the number of people living below the poverty line and to develop the system of social protection and assistance, eliminate malnutrition and keep the rate of obesity under 10%, reduce rates of maternal and infant mortality, lower the incidence of infectious and chronic diseases, and prevent and treat cases of substance abuse and mental illness, ensure access by all children to equitable and quality pre-school, primary, and secondary education leading to relevant and effective outcomes. The modelling projects is mirroring these goals in the three sectorial areas and deliver the MPS to achieve them at local level, for the children and adolescents in the vulnerable families.

### *Added value of MPS to national policies, strategies, plans and legal framework.*

The added value consists in generating **context-bound interventions** within the national framework and policies in the field of education, social protection and health. The modelling project has a comprehensive approach at the county level. There are other initiatives focused on county and community collaboration, but at the sectorial level (e.g. in education sector Access to education for disadvantaged children, health) or at a smaller scale (Multifunctional centers for early childhood). The ongoing evaluation done by the Ministry of Education using SABER (Systems Approach for Better Education Results) shows that there are numerous programs established across education, health, nutrition, child protection, and social protection sectors, but few programs offer integrated or co-located services. The modelling project addresses some of the issues, for example: no clear multi-sectorial ECD strategy in place, no institutional anchor or coordination body across ministries and actors, no clear guidelines or mechanisms on delivery of integrated services. The modelling project has developed protocols on delivery of integrated services and demonstrate coordination of local institutions with NGOs and non-state actors.

**The model is contributing – with several significant elements – to the actual implementation of the legal and strategic framework in the field of social work, especially child protection.**

a) First, for the assessment process of vulnerabilities, Governmental Decision no. 691/2015 specifies the obligation of the SAPS to monitor the situation of children in their area and to actively identify the risk situation/vulnerabilities, measuring indicators in several dimensions (from the economic, social and locative situation of the child's family, the level of education and health in the family as well as possible risk behaviors etc.). Aurora, through its methodology, the electronic instrument used for data collection (tablet) and the generated data-base on evaluated households, is providing a highly efficient way of implementing this legal obligation of the local public administration that is in line with all regulated requirements while further allowing monitoring of vulnerable children and families.

b) The data base on local level is also supporting proper implementation of other legal obligations in social assistance and child protection; for instance, the SAPS can have a clear image of all the children in their community that have one or both parents working abroad, together with the support services needed for these children. The local authority can then plan and develop services targeted for the real needs of the children and monitor their situation to assess the progress of the intervention made for each child. Similarly, due to Aurora's capacity to evaluate multiple vulnerabilities, once assessment of all households in the communities is finalized, the data base provides a local mapping of children and families at risk in all dimensions (social, medical, educational) as well as the required services where financial resources should be put to overpass the vulnerabilities.

c) Furthermore, Aurora is an excellent instrument for the case management approach required by the legal framework in the field of child protection. The evaluation areas of Aurora are assisting the social workers to consider all relevant aspects for a correct and comprehensive diagnosis of vulnerable areas and to generate the Service Plan, as required by the Law no. 272/2004 on the protection and promotion of child's rights.

d) From another angle, the integrated approach and intervention of all local professionals as developed in the methodology of the evaluated project (working procedures, county multi-level supervision, common training sessions) is providing an implementation model for the delivery of services in the integrated approach regulated by the common **Order 393/630/4236/2017** of MoLSJ, Ministry of Education (MoE) and Ministry of Health (MoH). The aim of the Order is to provide the framework for a systemic approach of the needs existing in vulnerable communities, linking these needs with the services in different areas to reduce the overlaps, harmonize resources and create a sustainable process to exit poverty and ensure social and economic integration.

The case management enhances the level of collaboration between sectors and respect the principle that services follow the children that is underlined both by the child protection, health and education regulations and strategic documents. The census offers clear data about children's cumulative risk of vulnerabilities within the context of their natural environment in close collaboration with stakeholders.

The legal and policy framework reflect on WHAT are the rights and goals related to children inclusion and education. The project reflects HOW to implement the policy goals and how to cooperate at the community level to reach the goals.

The MPS requires **inter-sectorial work, built on shared vision and action plans at the county level**. In most Romanian communities, different sectors provide their services in isolation from one another. The MPS promotes an integrated services approach: various services combined to comprehensively meet an array of child development needs. Includes services to promote a child's health, nutrition, cognitive development, social development and protection. National legislation and policies provide isolated/sectorial information about the types of education provision and school/ family/ community support. At the national level, in 2018, there was not a clear policy for integrated services.

The modelling project determine the approach of individual cases from different professional perspectives and helps families to get access to services to overcome the problems. The agreement signed by seven institutions represents a necessary platform for the integration of efforts and AURORA facilitates the case management, as a precondition of integrated services in the future. At one hand, the community workers help families to obtain some papers (e.g. birth certificate, to register to the family general practitioners, to have the vaccination certificates) which are necessary to enroll in crèche, kindergarten and school. They also make connection between different service providers and make easier for the families to benefit of services. Families receive information and get help to submit their application for getting financial support for children attending kindergarten ("tichet gradiniță"), to prepare the file for getting the school orientation certificate for the child. There is more than helping the family to get access to the services, it is about helping the family to understand the process and the relationship between some causal factors and children outcomes.

At the local level, the project establishes an enabling environment to ensure transition from cash benefits to service provision (e.g. poor families get help to use the program for school supplies or the social voucher for attending kindergarten, but they also receive training and guidance on parenting issues or, families with children with special needs are referred to SOSF within CJRAE or to the speech therapist, or special schools). It is supposed to help the health

community nurse, as well as the family doctor, to address the specific problems on a more effective manner. Community workers help teachers in kindergarten or schools and counsellors to be better informed about the children and family problems (structure and size of the family, socio-economic status, disabilities, violent behavior, neglect, quality of relationship between mothers and children, the general climate of the family, family members with special educational needs or disabilities, level of education and qualification, learning and reading opportunities at home, etc.).

Social exclusion is a complex and challenging problem. Learners with fewer opportunities remain over-represented among the low achievers on basic skills (PISA results show that the risk of becoming a low-achiever is four times higher for pupils from a weak socio-economic background than from a strong one), show high rates of early schools leaving and insufficient higher education attainment and in general score low on other social indicators.<sup>57</sup> In this context, the MPS aim that community workers play the role of interface between communities and services and could bring not only improved access to education, health services, but also could better address the collective problems of families and communities at a local level, usually involving a focus on community-strengthening.<sup>58</sup>

The approach is consistent with findings at international level that suggest that community-based programmes have the potential to improve child behavior, welfare, and reduce the amount of time spent in care and levels of juvenile crime. For example, Vinson (2009) demonstrated that, where an accumulation of problems makes a serious and sustained impact upon the wellbeing of residents of a disadvantaged area, locality-specific measures may be needed to supplement general social policy. These include programs targeted at individuals living in such disadvantaged localities and facing social exclusion in different spheres of their lives<sup>59</sup>.

*Better Results for Children and Families* (Utting et al. 2014) shows that evidence-based practice has shifted from a narrow focus on developmental milestones to recognizing the need to target the conditions that affect the family's and community's ability to care for their children. The research also recognizes that improvements in outcomes require cross-sector action and the active involvement of children, their families and local communities. Integrated services represent a complex approach, not easy to implement, as showed by different examples at the international level. According to Moore and Skinner (2010), the move towards more integrated service delivery has been driven by a growing awareness of how fragmented services for young children and their families are, and how that fragmentation undermines the capacity of the service system to support children and families effectively. This is especially applicable to young children and disadvantaged families. The families that are most disadvantaged by the fragmentation of the service system are those that are most vulnerable.

### Contribution of MPS to an adequate enforcement of existing legal provisions in Bacău County

As requested by the legislation, the project made possible the employment of at least one social worker in the selected local communities of the county. And the social worker was directly and mainly involved in outreach activities with the vulnerable families and children. Together with the multiple training sessions delivered and the supervision and support from the county level, all generated the necessary capacity at local level for the needs assessment and delivery of the MPS according to those needs. Furthermore, both the evaluation of households and the service provision were coordinated with the health and educational sectors, resulting in more efficient use of local resources aimed to increase access to and delivery of social, health and educational services as required by the sectorial legislation and policies.

From the point of view of the county level, the local mapping of problems and services needed supported the fulfilment of their legal obligation to develop specialized services across the county based on the real, existing necessities in all sectors: social, educational and health. Also, due to supervision performed by all county level structures, better understanding and enhanced methodological coordination foreseen by the law was provided to the local community workers.

In the field of education, all the county school inspectorates develop action plans for each year and school attendance represents a key topic for such action plans. Even if all inspectorates count the number of hours and days when a student was absent at school, it is not always carefully investigated every individual case. Aurora and the inter-professional teamwork make possible to identify the cause why a child is absent and to address the problem. This makes possible not only to use the early warning system for school abandonment, but also to provide the needed counselling or support the child needs.

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<sup>57</sup> IMPACT ASSESSMENT Accompanying the document Proposal for a Regulation of the European Parliament and of the Council establishing 'Erasmus': The Union programme for education, training, youth and sport and repealing Regulation (EU) 1288/2013, 2018, p. 15.

<sup>58</sup> Such examples are in line with policy initiatives worldwide. For example, a policy review in Scotland shows that reforms which provided financial supplements or incentives to parents had no effect or a potentially negative effect on child outcomes. However, they may also lead to positive outcomes for the family and may indirectly have long-term benefits. (2014, <http://www.healthscotland.scot/media/1158/interventions-to-support-parents-of-older-children-03-14.pdf>, p. 8).

<sup>59</sup> Vinson, T. (2009). Markedly socially disadvantaged localities in Australia ACT: Department of Education, Employment and Workplace Relations. [www.socialinclusion.gov.au/Documents/2DisadvantagedLocalities.pdf](http://www.socialinclusion.gov.au/Documents/2DisadvantagedLocalities.pdf).

## 4.2. EFFECTIVENESS

The effectiveness assessment aims to determine to what extent the intervention has reached the objectives, e.g. to what extent the expected results have been achieved. Moreover, in assessing effectiveness, the main factors influencing the achievement of the planned results will be addressed.

### 4.2.1. Effectiveness at beneficiary level

#### Evaluation question and approach

**Evaluation question 4. Did the interventions of the modelling project/MPS address the needs identified at the level of the most vulnerable children and families? Are any age and gender issues considered in providing the services?**

The effectiveness analysis at beneficiary level focuses on 4 main dimensions:

1. Needs assessment through community census
2. Selection of targeted children and families, focused on (selection) approach adopted (including from the perspectives of age, gender, level of needs/vulnerabilities) and its results: children and families treated.
3. Extent to which vulnerabilities identified at T0 have been addressed during the project
4. Qualitative assessment of vulnerabilities addressed as compared to the overall state of affairs in the communities and Bacău County on the relevant dimensions/indicators.

The distribution of both identified children and children benefiting of services by age and gender, but also by (self-reported) ethnicity (as envisaged by the project outcomes) is also analyzed and compared, to understand the extent to which the project focused on these categories.

A critical assessment has been conducted over the identification and selection of active cases process, mainly on the criteria used and factors hampering a focus on most vulnerable categories.

Further on, the vulnerabilities and sub-vulnerabilities mostly addressed and solved by the project are identified based on Aurora data, through quantitative assessment. Whenever possible, further explanations and interpretation were identified through the qualitative data analysis.

Based on administrative data requested from the General Directorate of Social Assistance and Child Protection, the Public Health Directorate, the Country School Inspectorate and the Country Centre of educational Resources and Assistance in Bacău for the 38 municipalities/communes participating in the project, for the years 2015 (“before” data) and 2017/2018 (“after” data) the evolution in the areas addressed by the project at community level have been identified. The results of this assessment are compared to the evolution among treated beneficiaries in the framework of the project, on key indicators.

#### Effectiveness of the model on needs assessment

**Needs and vulnerabilities assessment proved to be very effectively as part of the community census and based on Aurora.** Needs and vulnerabilities of total number of 121,879 persons have been assessed during the community census or after, especially for new-born, new families moving in the community etc. About 23% of the persons assessed are children (28,241). In the case of 74,2%, of the children, representing 20,956 children out of the total number of 28,241 assessed, at least one vulnerability has been identified. Due to the way the vulnerabilities have been defined and calculate based on responses to Aurora questionnaires, all vulnerabilities refer to children except the ones under code 6 referring to pregnant women. Annex n°10 presents the structure of vulnerabilities and sub-vulnerabilities identified.

Considering multiple vulnerabilities, the first assessment of needs and vulnerabilities shows that:

- 25.9% of the total number of children identified (35% of the vulnerable children) had a single vulnerability
- 20.6% of the total number of persons identified (27.7% of the vulnerable children) had two vulnerabilities
- 13.2% of the total number of persons identified (17.7% of the vulnerable people) had three vulnerabilities.
- 1.5% of the total number of persons identified (2.1% of the vulnerable people) had seven or more vulnerabilities.

The frequency of each vulnerability is presented below, with most frequent vulnerabilities underlined.

Table 9. Results of the community census, by vulnerability (children)

Sub-vulnerability	Aurora code	121,879 persons identified and assessed 28,241 children identified and assessed	
		No. of cases	Percentage of vulnerable children out of total no. of children assessed %
Child living in a household affected by income poverty	VULN1a	3,956	14.0
Child living in a household affected by extreme poverty	VULN1b	671	2.4
Child not registered with a family doctor	VULN2	334	1.2
Unvaccinated child	VULN15	397	1.4
Low birth weight child	VULN3a	111	0.4
Child who is not given Vitamin D and iron	VULN3c	188	0.7
Child under 6 months old who is not exclusively breastfed	VULN3d	344	1.2
Child over 6 months old whose diet is not diversified	VULN3e	253	0.9
Underdeveloped child under 12 months old	VULN3f	247	0.9
Child (1-5 years old) who is not given Vitamin D	VULN4b	2,058	7.3
Underdeveloped child under 5 years old	VULN4c	165	0.6
Child with chronic illness	VULN5a	305	1.1
Child living in a household with members suffering from chronic illness	VULN5b	2,500	8.9
Child who is not enrolled in crèche	VULN16	3,670	13.0
Pre-schooler who is not enrolled in kindergarten	VULN17	459	1.6
Child aged between 6 and 9 years who is not enrolled in school	VULN7b	40	0.1
Child aged between 10 and 15 years who is not enrolled in school	VULN7c	37	0.1
Child at risk of dropping out	VULN7d	960	3.4
Child with special educational needs at risk of dropping out	VULN7e	285	1.0
Child who has dropped out	VULN7f	412	1.5
Adolescent with risky behavior in terms of a healthy lifestyle (diet and sports)	VULN8a	7	0.0
Adolescent with risky sexual behavior	VULN8b	1,478	5.2
Underage mother or pregnant underage girl	VULN8c	134	0.5
Adolescent with risky substance use behavior	VULN8d	416	1.5
Child at a risk of adopting violent behavior	VULN8e	314	1.1
Child living in a household with violent behavior risk	VULN8f	1,112	3.9
Child from a family with child violence risks	VULN9a	3,407	12.1
Child from a family with child neglect risks	VULN9b	2,570	9.1
Child living in an overcrowded home	VULN10a	10,371	36.7
Child living in unsanitary conditions	VULN10b	4,351	15.4
Child without an identity document	VULN11	157	0.6
Child with only one parent at home	VULN12a	3,569	12.6
Child with migrant parents	VULN12b	2,570	9.1
Child with both parents absent but with an adult caregiver in the household	VULN12c	1,023	3.6
Child without an adult caregiver in the household	VULN12d	32	0.1
Child with disabilities	VULN13	561	2.0
At-risk child in placement or foster care	VULN14a	54	0.2
Child at risk of being separated from his/her family (any person under 18 years of age who accumulates 7 or more vulnerabilities)	VULN14b	44	0.2
Child at risk of being separated from his/her family (any person under 18 years of age whose mother has underage children who do not live in the household with her but are not in public care either)	VULN14c	639	2.3
Child at risk of being separated from his/her family (any person under 18 years of age whose mother has underage children in public care)	VULN14d	64	0.2

Source: Aurora database

For the pregnant women, the number of cases and proportion of persons assessed as vulnerable is presented in the table below.

**Table 10. Results of the community census, by vulnerability (pregnant women)**

Sub-vulnerability	Aurora code	121,879 persons identified and assessed	
		No. of cases	Percentage of vulnerable children out of total persons assessed %
<b>Pregnant woman not registered with a family doctor</b>	VULN6a	81	0.07%
<b>Pregnant woman who has not benefited from prenatal consultations</b>	VULN6b	106	0.09%
<b>Unintended pregnancy</b>	VULN6c	101	0.08%

*Source: Aurora database*

Beyond numbers, the perception among diverse community representatives, as revealed in the interviews and by evaluators' is that children and their families are affected by poverty, overcrowded, unsanitary and inadequate housing, alcohol addiction of adults and teenagers, absence of parents from household, violence against women and children. The last three categories of vulnerabilities are directly addressed by MPS. The alcohol consumption and the violence have been the subject of dedicated activities in the communication campaigns and micro-grants. The former two categories of vulnerabilities are not directly addressed by MPS services, but they have been addressed through referral services and by providing services that empowered the children caregivers to address them in a more effective way that before the MPS.

Qualitative data collected for the present evaluation, including the interviews and focus groups at community level with community workers, CCS and local administration representatives, confirmed that these are the most important vulnerabilities of children in the communities. 96% of the social workers answering the online survey conducted for this evaluation agree to a large or great extent that the number of children whose needs have been identified has increased, confirming the effectiveness of the needs and vulnerability assessment. Therefore, **the model, in general, and Aurora, in particular, is assessed as very useful for the evaluation of children's vulnerabilities by 79,76% of the community workers and useful for this purpose by 16,66% of the them.**

A small number of situations are not generating a vulnerability assessment registered by Aurora database, as they are not vulnerabilities of the children, although they are important risk factors for children wellbeing. The most important of them, mentioned in interviews, are: alcoholism and substance abuse of family members or unemployment of parents. Although reported in Aurora, because they are answers to questions included in the Aurora questionnaire, these indicators are not included in the formulas used to calculate/assess the existence of specific vulnerabilities. Yet, these are factors that are usually present together with other important vulnerabilities considered by Aurora methodology, like violence against children of children or neglect (often perceived as associated with alcoholism and substance abuse of family members) or poverty (often associated with unemployment).

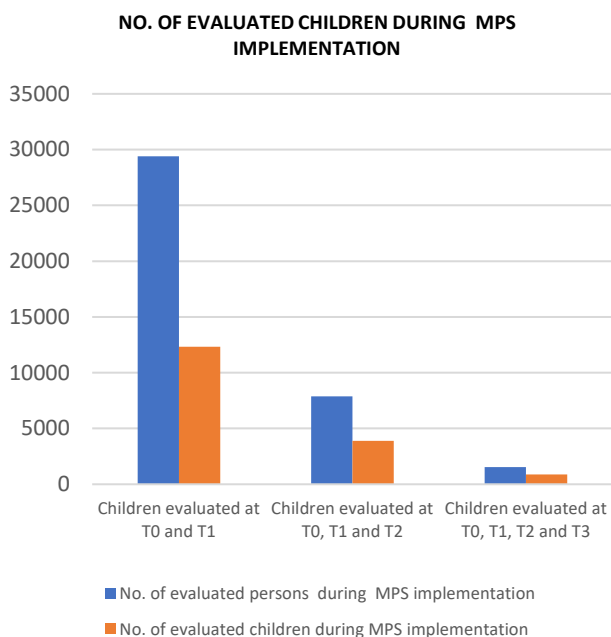
### Effectiveness of the model on selection of services beneficiaries

**The dynamic of cases managed by community workers, presented below, confirmed by qualitative research, shows a shift of focus from vulnerability assessment and monitoring to service provision and organizing small events, group counselling and other activities as part of the micro-grants projects and as part of the communications C4D campaigns. The 'active cases' approach has a great potential to be highly effective (to generate visible effects) for the beneficiaries of services, but when number of vulnerable children are beyond a reasonable number to be covered as "active cases" by one team of community workers many vulnerable children may not be covered by the intervention designed by the model.**

In each of the targeted communities, the community census identified over a hundred of vulnerable children, and in some communities several hundred vulnerable children. During the first assessment using Aurora, 1,059 children with vulnerabilities have been identified in Colonești, 974 in Stănișești, 889 in Horgești, 814 in Corbasca. Less than 200 vulnerable children have been initially identified in Negri, Racova and Scorțeni among the rural communities and in three out of 11 urban communities (two in Bacău and one in Buhuși). As presented in the introductory chapters of this evaluation, the model design is based on the presence of at least three professionals present in the community teams: one social worker, one community nurse and one school counsellor, with added professionals, where possibly and needed: the school and health mediators. However, after the community census, it became clear that the number of

vulnerable children in each community is very high and this generated the need to prioritize cases, to select a smaller number of beneficiaries of services from the larger numbers of vulnerable children.<sup>60</sup>

The reasonable number of service beneficiaries was established in 2017 at 100 children to whom services recommended in the minimum package of services were supposed to be delivered. At this date, prioritizing was recommended to community workers. This number varied however and according to interviews this variation has been determined by several factors: the community needs, cases complexity, the actual number of professionals involved in managing the MPS in the community, the competences and capacity of these professionals, the motivation of the professionals working in the community. The main idea of the selection of services beneficiaries was that community workers will select the 'most vulnerable' 100 children to work with. The 'most vulnerable' children have been defined as children with at least 3 vulnerabilities, including the most delicate and serious ones: children in families with risk of violence against children, children with parents abroad, children at risk of school dropout.



**Figure 2. Evolution of the number of evaluated children using Aurora during MPS implementation**

Source: Aurora database

Due to MPS calendar and methodology and the design of Aurora, most, although not all children have been evaluated and re-evaluated during the following periods (called 'T' in the model jargon):

- for T0 – June 2015-March 2016 – initial assessment within the community census
- and sub-sequent re-evaluations for T1 – end 2016
- for T2 – mid 2017
- for T3 – August-November 2018

The number of children identified in the first year is very high. 29,399 persons have been re-evaluated once, 9 months after the community census, 12,233 being children. The number of persons re-evaluated twice after the social cents (T0), at T1 (after 9 months) and T2 (after 18 months), is 7,881, of which 3,904 children. Yet the number of persons monitored that had vulnerabilities assessed for at least 4 times (including the community census: T0-T1-T2-T3) from 2015/2016 (T0) until 2018 (T3) was 1,528, of which 623 children. Depending on the dynamics of cases and results of the prioritization efforts made by community professionals and validated by county coordinators.

Over 52% of all children assessed initially have not been visited twice by the community workers, but the level of treatment/monitoring and services provided to vulnerable children is different. 68.2% of children at risk of being separated from their family (with 7 or more vulnerabilities) and 64.5% of children living in a household affected by extreme poverty have been monitored and re-evaluated at least once, proving that children in very difficult situations received priority when treated. Monitoring and re-evaluation at least once, as well as services, have been provided to over 66% of children at risk of separation from their family. Over 60% of children with vulnerabilities related to education and school participation, children with disabilities, children from families with child violence risk have been monitored and re-evaluated at least once, receiving services between the evaluations using Aurora. In average 50% of children with vulnerabilities related to their health and 57% of teenagers at risk (including half of the underage mothers or pregnant underage girls) have been monitored and re-evaluated at least once, receiving services for at least 9 months. Somehow less attention has been given to children left at home by their parents. Only 9 out of 32 children without a parent in the household have been monitored and re-evaluated at least once after their identification. The same happened to only 39.80% of children with migrant parents, where 1023 out of 2570 cases have been followed. This

<sup>60</sup> It shall be also noted that the capacity of the community teams has been, in practice, lower than expected. This was generated by several factors like: (1) the problems faced in employing all needed community workers and school counsellor that generated in practice smaller teams than planned; (2) the high turn-over rate of employed personnel; (3) the novelty of the outreach methodology; (4) the designed package of services; (5) and the lack of experience of many of the social workers that limit their capacity to work with very high effectiveness and fast from the beginning; (6) the fact that only the social worker, the community nurse – and, if existing, school and health mediators – do outreach activities, while the school counsellors deliver school based services in the MPS.

statistic is explained by the quality research showing that, at local level, professionals have prioritized cases according to their complexity, not only to the vulnerability 'label'.<sup>61</sup>

### Effectiveness of the model on addressing vulnerabilities of selected beneficiaries

According to the Theory of Change, the minimum package of services combines two complementary approaches: (i) children's rights and (ii) social inclusion. The main vulnerable groups and their specific needs were identified for 14 types of vulnerabilities and a total of 43 specific vulnerabilities. To address these vulnerabilities, the minimum package of community services is organized in seven categories of services, namely identification, needs assessment, information, counselling, accompaniment and support, referral and monitoring and evaluation.

The analysis of the Aurora databases shows a positive evolution of most of the vulnerabilities of children evaluated in 45 communities in Bacău County. **A total number of 28,241 children and women evaluated at T0 received at least one service recommended by Aurora. Considering the type of services provided:**

- **15,411, representing 54.6% of the children and women at risk receiving a service, have been monitored according to registration in Aurora,**
- **15,405, children and women at risk received information, counselling and accompaniment services (representing 54.5% of the children and women receiving a service),**
- **205 children and women at risk, 0.7% received services listed under "evaluation".**
- **the referral was the category of services provided the most, to 15,456 children and women at risk (54.7% of the children and women receiving a service).**

**Information, counselling and accompaniment services were provided almost equally to boys (52%) and girls and women (48%), almost 56% of the boys and 53% of the girls and women have been informed, counselled or accompanied.**

**Although differences between genders are not significant, boys are slightly overrepresented as service beneficiaries, but also as vulnerable children** (exceptions being only the vulnerabilities that are defined only for women and girls, pregnant or mothers). Excepting vulnerabilities related to poverty, where 51.8% of vulnerable children are girls and 48.2% are boys; for all the other vulnerabilities, boys are over 50% of the vulnerable children and they are much more vulnerable than girls when talking about school participation (not being enrolled in school according to their age or being at risk of dropping out of school). In these cases of vulnerabilities related to school participation over 60% of children assessed initially as vulnerable are boys and less than 40% are girls. The disproportion is growing bigger after services provision. In 2018 (based on the database of the fourth evaluation in Aurora, T3) 83.3% of children assessed as vulnerable from the point of view of school participation and receiving services are boys.

**Information, counselling and accompaniment services were provided relatively equally to all ages, with a higher proportion of adolescents receiving information services.** 90.6% of the recipient of counselling and accompaniment services have been Romanian, and 9.4% Roma children, but 72.13% of all Roma children receiving services have been informed, and 53.20% of the Romanian children. **Proportions of treatment according to age, gender and ethnicity for beneficiaries of monitoring and referral services are like the ones calculated for beneficiaries of information, counselling and accompaniment services.**

**Therefore, age and gender issues have been considered in providing the services in direct connection to the proportion of vulnerable children and specifically of vulnerable girls. Community workers and school counsellors have been trained on age and gender specific issues, and according to the interviews, they considered these elements when assessing and addressing vulnerabilities with services. However, the existences of a vulnerability and the recommended services according to Aurora case management tool proved to be more important than gender consideration, making boys slightly overrepresented as service beneficiaries.**

<sup>61</sup> E.g.: children without other vulnerabilities and with at least one parent present in the household didn't catch the attention of the community workers as much as the cases of children with multiple vulnerabilities. On the other hand, 4,499 children living in overcrowded homes have not been monitored or addressed with services after being identified. Considering that this is the most frequent vulnerability, and, in many cases, it is the only vulnerability, taking into account that the vulnerability is not directly targeted by the MPS, it is justified that, when selecting the most vulnerable children to provide them services, community workers decided not to address these children and to focus rather on children with other and multiple vulnerabilities.

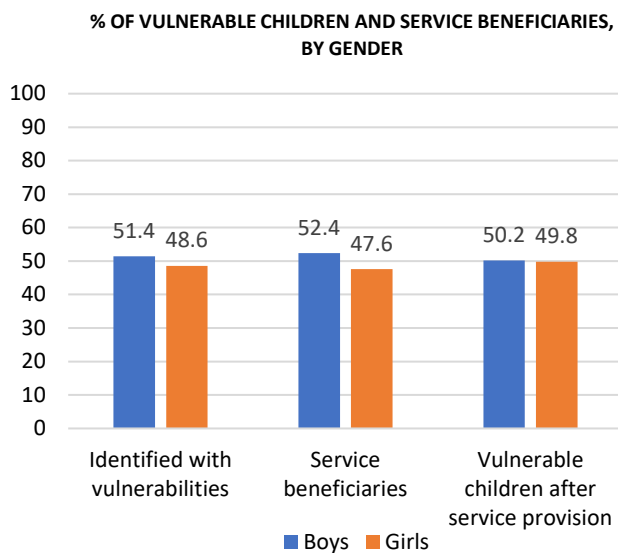


Figure 3. Gender representation of vulnerable children and service beneficiaries

Source: Aurora database

The difference of about 4.8 points between the percentage of boys benefiting from services compared to the percentage of girls appears even more important considering that some vulnerabilities, related to pregnancy and underage motherhood, are specific to girls, and services have been recommended specifically in this case. However, the cases of teenage pregnancy or motherhood are very few (134 cases out of over 28.000 vulnerable children) and cannot influence the overall gender balance.

**The most major differences between vulnerable boys and girls appear in the case of school participation related vulnerabilities. More than 59% of the vulnerable children on the school dimension are boys, with only 41% being girls.**

But it is unclear why boys are more vulnerable than girls overall. Data collected during evaluation could not explain the initial difference between genders. On the other hand, results of service provision, as provided by Aurora database, show effectiveness of service provision in addressing the vulnerabilities, closing the gender gap identified initially.

Overall, one can notice that the gender gap diminishes over time, after service provision and the genders representation in the beneficiary population is more balanced at the end of the project. The remaining difference of about 0.5 points 'in favor' of boys is consistent with the general distribution of the children population in Bacău county, where according to the Romanian National Statistical Institute there are slightly more boys than girls in the population. However, even at the end of the MPS implementation, boys remain more vulnerable than girls when analyzing the school related vulnerabilities: school enrolment, drop-out and risk of drop-out. Still, none of the consulted stakeholders was able to identify and explain the gender gap in favor of girls in school enrolment in primary and lower secondary school among the vulnerable population.<sup>62</sup>

Referral services have been very useful and effective according to the stakeholders interviewed at local and county level, the condition being the availability and accessibility of specialized services. To support referral services in the intervention communities, but with a real value at the level of the county, a map of social services available in the county has been developed. This map was very useful for community workers, and for county coordinators as well.

The following assessments, based on MPS methodology, are drafted under the assumption that children included in the evaluations at T2 and respectively T3 received services included in the Minimum Package of Services for a longer period.

### Intervention, services and results

33 out of 42 evaluated vulnerabilities registered a decrease in incidence between the first and second evaluations and for 31 vulnerabilities the trend was maintained on the long term for all children re-evaluated two or three times. The complete evolution of vulnerabilities is presented in Annex n°3.

**In a nutshell, the evolution of vulnerabilities registered by Aurora proves that some of the vulnerabilities identified found rapid solutions in the first year of activity of the community workers. For all the following vulnerabilities the incidence among the evaluated 12,478 diminished with 50% or more (up to 100%) in a less than a year (approximately 9 months as prescribed for re-evaluation by Aurora):**

1. Child living in a household affected by income poverty

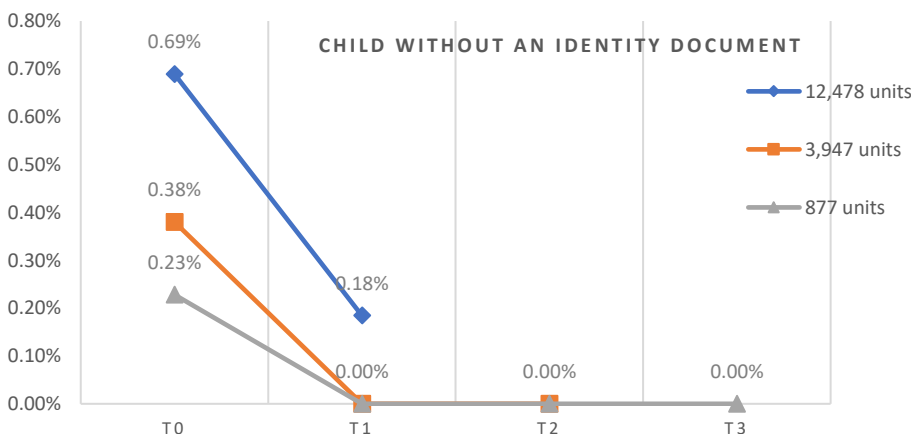
<sup>62</sup> General statistics in Romania shows overall better school participation among girls. But the difference 'in favor' of girls is generated by their higher participation to upper secondary and tertiary education. In the case of primary and lower secondary education, both at national and county level in Bacău, about 51.5% of children enrolled in education at these levels are boys.

2. Child under 6 months old who is not exclusively breastfed
3. Child over 6 months old whose diet is not diversified
4. Underdeveloped child under 12 months old
5. Child who is not given Vitamin D and iron
6. Low birth weight child
7. Child at risk of being separated from his/her family (any person under 18 years of age whose mother has underage children who do not live in the household with her but are not in public care either)
8. Child at risk of being separated from his/her family (any person under 18 years of age whose mother has underage children in public care)
9. Child living in a household affected by extreme poverty
10. Child with special educational needs at risk of dropping out
11. Child not registered with a family doctor
12. Child without an identity document
13. Child who is not enrolled in crèche
14. Adolescent with risky behavior in terms of a healthy lifestyle (diet and sports)
15. Underdeveloped child under 5 years old
16. Child who has dropped out
17. Underage mother or pregnant underage girl
18. Child at risk of being separated from his/her family (any person under 18 years of age who accumulates 7 or more vulnerabilities)

**After the first 9 months (or the first year of the MPS implementation), vulnerabilities incidence continued the decline, but with less spectacular results. Findings from the qualitative evaluation (interviews and focus groups) indicate that remained vulnerable cases are more complex, and more intervention time is needed, as presented in detail below.** According to interviews and focus groups, vulnerabilities have been addressed with administrative measures, eliminating cases of children without identity documents and contributing to the diminishing number of children living in a household affected by income poverty, as access to social benefits have been made possible. Good results in addressing vulnerabilities of infants (under 12 months old) reflect the success of the approach integrating social and health community services.

#### *Effectiveness of addressing administrative and social vulnerabilities*

The vulnerability “**child without identity document**” diminished in the first year (from T0 to T1) from 86 to 23 children and practically disappeared in the second year of implementation, as an indicator of the effectiveness of the basic social work services: reference to administrative offices and assistance to deal with these offices. Although, as mentioned above, there may be an initial overassessment of the number of children without identity documents, there is no doubt the vulnerability disappeared completely in the targeted communities during project implementation.



Source: Aurora database

**Figure 4. Evolution of the vulnerability “child without an identity document” among MPS target group**

Case studies and other stories told during interviews with community workers give us the general idea of the complications and bureaucratic efforts needed to treat this vulnerability that is the key for access to all the other services available.

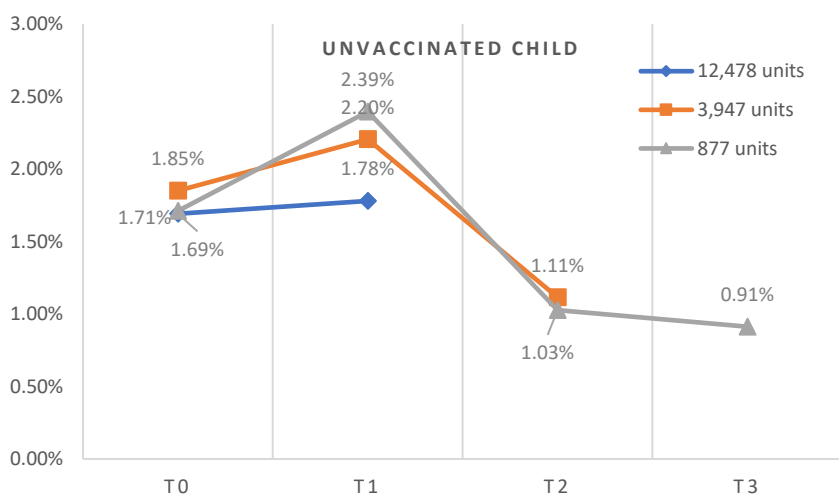
E. has been with his parents in Italy, but he returned to Romania when he got sick, with an eye disease requiring surgery. Abusive parents allowed the child to return to Romania to his grandfather, M., but they didn't provide any paperwork to allow the grandfather to be the legal guardian of E., to ask and receive medical help for him. Confronted with administrative obstacles, the grandfather received help from the community workers to ask the Court to grant him legal rights to represent the child in the relation with healthcare providers. The case lasted for almost two years, during which time the child and his grandfather received constant support from community workers. At the end of the trail in court, grandfather M. received legal rights to decide for E.'s medical treatment and his eyes were operated, in 2017. The same legal rights allowed grandfather M. to enrol E. to school, where he is attending daily, even though he is still under medical treatment for his eyes.

94% of the social workers answering the online survey carried out for the present evaluation agree to a large or great extent that people's access to social services has improved due to the implementation of the MPS and 96% of them agree to a large or great extent that people are better informed after the MPS implementation about their social rights.

### Effectiveness of addressing health related vulnerabilities

The vulnerability: “child under 6 months old who is not exclusively breastfed” disappeared in the first year of implementation. Other health related vulnerabilities of infants (“Low birth weight child”, “Child who is not given Vitamin D and iron”, “Child over 6 months old whose diet is not diversified”, “Underdeveloped child under 12 months old” and “Underdeveloped child under 5 years old”) registered significant decreases (in some cases from over 100 to under 3 cases) in the first months or the first year of MPS implementation. All these are indicators of the effectiveness of the community health services provided as part of the MPS.<sup>63</sup> Confirming the effectiveness of community health services, 91,43% of the community nurses and health mediators answering the online survey agreed to a large or great extent that the number of new-born visited home (in the first year of life) by the community nurse increased. According to interviews at community level, the team work at the level of the community team supported the success and effectiveness of the community health services.

The incidence of “**unvaccinated children**” increased very slightly (5%) in the first year of the MPS implementation, but, among the smaller target group that received services for more than the first year, the percentage of unvaccinated children decreased until 2018 with more than 46%.



Source: Aurora database

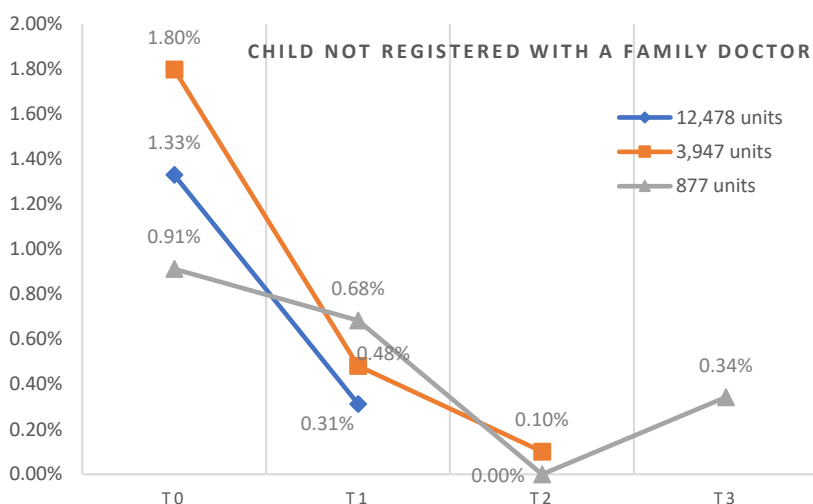
Figure 5. Evolution of the vulnerability “unvaccinated child” among MPS target group

<sup>63</sup> Analysing the evolution of this vulnerability on the same sample of children for a longer time framework is not relevant, as children are no longer in the age range of interest for the evaluation of this vulnerability after more than 12 months.

The situation of an increasing number of unvaccinated children between T0 and T1, meaning in the year 2016, can be linked to a steep decrease of the vaccination rate at national and county level between 2015 and 2016<sup>64</sup>, related to a vaccines' supply crisis in the country and to the effects of anti-vaccination campaigns during that year. In the following years the vaccination rate has increased in the country and in Bacău County, the outcomes of the MPS implementation being in line with the national and regional trend. The counterfactual assessment presented for the evaluation of the impact<sup>65</sup> shows the extent to which the positive outcome on the vaccination rate within the targeted group can be attributed to the MPS model received by UNICEF, compared to a control group of children not receiving services.

On the other hand, the incidence of **“children with chronic illness”**, children living in a household with members suffering from chronic illness and of children with disabilities increased very slightly, and this evolution could be explained by better recognition of the vulnerabilities among the social workers and community nurses. These vulnerabilities cannot be addressed by the MPS and MPS was not designed to address directly these vulnerabilities, but to support and help children and their families in dealing with these vulnerabilities. Over time, increased trust in the assistance and help provided by the community workers encouraged the caregivers of children (responding to Aurora questionnaire) to report more accurately the vulnerabilities related to illnesses and disabilities. This assumption has been confirmed by the qualitative evaluation of the MPS.

The number of **“children not registered with a family doctor”** decreased with 76.5% in the first year and continues to diminish with a slower pace. Considering this vulnerability is also dependent of the availability of a family doctor in the community the progress registered is significant and contributes to a positive assessment of the results of the community health services provided.



Source: Aurora database

Figure 6. Evolution of the vulnerability “child not registered with a family doctor” among MPS target group

Confirming the effectiveness of health services, 91.4% of the community nurses and health mediators answering the online survey agreed to a large or great extent that the number of children receiving medical check-ups at the local family doctor increased. 71.4% of the health professionals in the community team agree to a large or great extent that the number of children health problems (anomalies, dystrophies, etc.) receiving medical consultation at the local family doctor increased.

<sup>64</sup> Data available at the National Institute of Public Health, <http://cnsct.ro/index.php/analiza-date-supraveghere/evaluarea-acoperirii-vaccinale?format=html>

<sup>65</sup> See infra: chapter 4.5. “Impact”.

Case studies show the importance of cooperation of community workers with other organizations, besides UNICEF, active at the level of their communities or the county. SERA Romania Foundation, Community Support Foundation (FSC), Betania have been important partners at local and county level, providing material support to children with disabilities or serious illnesses to facilitate their treatment, in many cases in Iași, hundreds of kilometers away from home. These cases are also a very good example of the cooperation among community workers across services.

An example of good practice has been identified in the case of A, a young mother of two girls, three and six years old, and (at the time of the fieldwork) pregnant with twins. The mother comes from a broken family, her mother having left the country when A. was a teenager (around 13). After A. had lived with the father and grandparents for a while, she left school and followed the mother in Italy. She has never completed compulsory education level as she returned to Moinesti after 2 years (at around 17), entered a relationship and moved to Suceava where she gave birth to the first of the two daughters. As her partner was violent and non-supportive, A. decided to return to her home town (where she gave birth to the second daughter) but had no capacity to arrange that the father pays alimony in accordance with the law. Returned to the home town she became an active case under UNICEF MPS project, and the social worker and community nurse helped her with identity papers (new / updated in line with the new living situation), enrolling both daughters in kindergarten, as well as to the family doctor in the area. Both community workers supported her with the current pregnancy, which was monitored as needed by the family and specialised doctors. The community workers helped her take all necessary pregnancy test, which she wouldn't have done otherwise (or visit the doctor as needed). Further than the permanent information, counselling and support received, she is now also benefiting of all applicable social benefits from the city-hall and continues the legal fight for alimony with the father of her first two daughters. While A. understand the importance of the community workers, fully appreciate their support and follows their pieces of advice, she is aware that with 4 children she is in a risk situation and the chance that she gets a reasonably paid job and becomes independent, at least to a certain extent, is low.

The proportion of “**pregnant women not registered with a family doctor**”, the incidence of “**unintended pregnancies**” and the proportion of “**pregnant women not benefited from prenatal consultations**” decreased in the first year or the second year, but the trend was not maintained. As in the case of children not registered with a family doctor, this vulnerability depends on the activity of the community nurse and the presence of the family doctor in the community.

### *Effectiveness on avoidable hospitalizations*

A responsive health system has a strong primary care component at community level with a pro-active and effective health and social mapping of people vulnerabilities as well as adequate gate-keeping mechanism in place. Potentially avoidable, and ambulatory care sensitive hospitalizations are concepts used to measure the strength of primary health care services provision at community level in addressing in time basic health problems in order to prevent their complication and further treatment in secondary or tertiary care leading to higher costs and decrease in quality of life for the patients (by counting the frequency of specific diagnostics treated in hospitals instead of addressing them properly at lower level of care).

One of the outcomes of this MPS model was to strengthen the integration of health and social service at community level by enabling the team of social, health and educational professionals at community level to address in a synergic manner the basic vulnerabilities of specific population groups in these communities.

As a desired output, we attempted to assess the potentially avoidable, and ambulatory care sensitive hospitalizations by analyzing the hospital admissions (day hospitalizations and in-patient) for children 0-18 from the targeted communities during period 2013-2018, for vaccination-preventable conditions, iron deficiency anemia, nutritional deficiencies, respiratory tract infections, gastroenteritis and other gastrointestinal functional disorders.<sup>66</sup>

This outcome as such wasn't planned at the beginning of the implemented project in targeted communities in Bacau County, although one of the main results of the model was to strengthen the provision of integrated services as the community level aiming to align with one of the National Health Strategy 2014-2020 objectives meaning to decrease the potentially avoidable hospitalizations.

After identifying the diagnostic codes related to potentially avoidable and ambulatory care sensitive hospitalizations from the literature review, the project team made a request to the National School of Public Health and Health

<sup>66</sup> Data have been analyzed for the following diagnosis for avoidable, and ambulatory care sensitive hospitalizations, including: **Vaccination-preventable conditions, diagnosis codes: A15.x-A19.x, A35, A36.x, A37.x, A80.x, B05.x, B06.x, B16.1, B16.9, B18.0, B18. 1, B26.x; Iron deficiency anemia, diagnosis codes: D50.1, D50.8, D50.9; Nutritional deficiencies: diagnosis codes: E40 - E64.x; Respiratory tract infections, diagnosis codes: H66.x, H67.x, J02.x, J03.x, J06.x, J10.x, J11.x, J13, J14, J15.3, J15.4, J15.7, J15 .9, J16.8, J18.1, J31.2; Gastroenteritis and other gastrointestinal functional disorders, diagnosis codes: E86, K21.x, K30, K52.2, K52.8, K52.9**

Management for a dataset regarding hospital episodes (day hospitalization and inpatient care) for children 0-18 years old residing in targeted communities in Bacau County during period 2013-2018.

The dataset was analyzed by calculating the hospitalization rates for targeted population starting with baseline (2013) and comparing with the following years until 2018, to see the differences if any.

Main findings are inconclusive regarding the effectiveness of the MPS model on reducing avoidable, and ambulatory care sensitive hospitalizations:

- there is a high variability / heterogeneity in potentially avoidable, and ambulatory care sensitive hospitalizations among the targeted communities during the observed period;
- in general, communities having low amount of potentially avoidable, and ambulatory care sensitive hospitalizations at the beginning of the observation period has a further decrease of these cases, and communities with a higher amount of potentially avoidable, and ambulatory care sensitive hospitalizations has a further increase in these cases through the observation period;
- the most affected age group of potentially avoidable, and ambulatory care sensitive hospitalizations is 1-5 years old, followed by the age group 0-1 years old, and above 5 years old;
- the number of cases treated outside the county is increasing until 2016 and then is decreasing slowly.
- the average cost per solved case in hospital is increasing during the observation period (at a much higher rate than inflation) suggesting that the hospitalized cases were more complex (it can be also the fact that the hospitals are trying to increase their revenues and up-code the diagnostic codes);

There are several (internal and external) factors that might influence the results and possibly explain this outcome as follows:

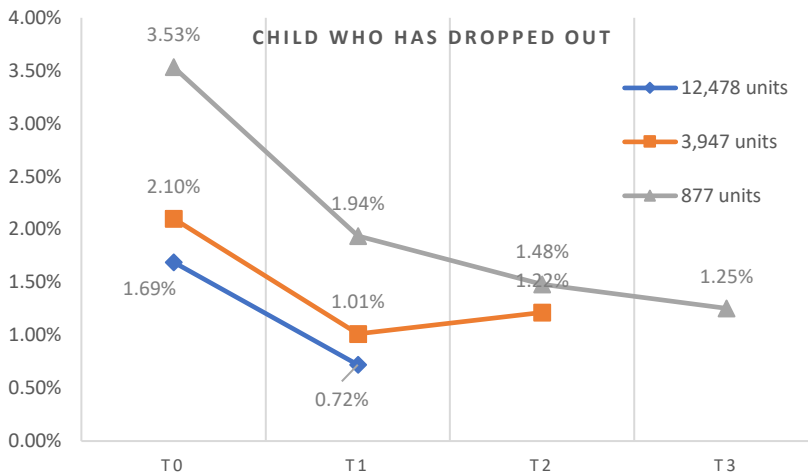
- the period for analysis might be too short to expect changes related to better health provision practices at the community level
- starting with 2013, the National Health Insurance House encouraged the decrease of inpatient cases and the increase of day hospitalization through a certain annual ceiling for the first and a preferential tariff for the second type of hospitalization;
- a large proportion of day hospitalization cases could be solved at primary care level or in outpatient if proper personnel, competences and diagnostic tools are available;
- the health team composition in the targeted communities wasn't homogeneous for the entire period analyzed (availability of community nurse, general nurse and family doctor);
- the specialized knowledge, and medical competences of the health team at primary care level in the targeted communities might varies over the analyzed period;
- the learning curve of the health community team might increase temporary the number of hospitalized cases through faster referrals;
- the health-related behavior of different parent groups as well as medical team decisions are influencing the hospital;
- proximity to the outpatient;
- outpatient well equipped with diagnostic and treatment technology;
- availability of pediatric / infectious diseases beds in the County hospitals;
- hospital incentive to increase budget through hospitalization (especially day – hospitalization);
- hospital coding variability (upcoding / downcoding);

Further studies are necessary to have more conclusive results, and in this respect, a well-organized experimental study can be designed in the future, considering and controlling for some of the limitations mentioned previously as well as for the exposed and control group of communities.

A detailed graphic presentation of the evolution of avoidable, and ambulatory care sensitive hospitalizations among children in targeted communities by the MPS model is presented in Annex n°6.

### *Effectiveness of addressing school related vulnerabilities*

The actual number and percentage of **“children who have dropped out school”** decreases (in the first year, from 1.7% to 0.7%) and the trend is maintained during the three years of intervention. While **“the risk of school dropped out”** is constant or increasing during the MPS implementation, the number of school dropouts decreases, representing a good indicator of the effectiveness of the MPS concerning school enrolment and participation. Concerning school dropout, boys remain more vulnerable than girls.



Source: Aurora database

Figure 7. Evolution of the vulnerability “child who have dropped out school” among MPS target group

78% school counsellor and school mediators answering the online survey carried out for the present evaluation agree to a large or great extent that school dropouts dropped.

The actual number and percentage of children not enrolled in education for their age varies during the period evaluated and it has different evolutions on different ages corresponding to different school cycles. However, a positive trend is emerging, especially in the case of early school cycles: kindergarten and primary school. The trend is negative for secondary school (ages from 10 to 15). In this case, based on documents and legislation analysis and interviews, the reason is the legal provision preventing children that drop out of school to be re-enrolled if they are more than 3 years older than the legal age for a given grade. A child that dropped out of school at 8, in 2<sup>nd</sup> grade, cannot be re-enrolled in education when he is 12 years old. Therefore, due to this legal provision, community services in the MPS cannot address the vulnerability (child not enrolled in education for their age) and the special national programme (“Second Chance”) needs to be implemented for these children.

92.8% of the school counsellor and school mediators consider that participation (enrolment and attendance) to early education (kindergarten) increased due to the model implementation and 81.4% agree to a large or great extent that parents of school-age children participate more often in extra-school education (outdoor activities, excursions, etc.). These indicators of the project effectiveness in addressing some existing issues are very important premises for decreasing the risk of school dropouts in the future.

These results, showing effectiveness of the intervention in schools (especially on dropouts), cannot be attributed only to the MPS implementation, because in the same times in the schools in these communities the Quality Inclusive Education (QIE) model proposed by UNICEF and its partners has been implemented as well. At the moment of this evaluation, it is not possible to insulate the effects of MPS from the ones of QIE on dropouts, but a reasonable explanation needs to consider both contributions to a better school attendance and participation of children. On the other hand, where existing, effects on enrolment to school according to the age of the child are directly related to the intervention in the community.

### Effectiveness of addressing adolescents’ risk behavior

Considering that adolescents’ risk behavior cannot be changed in a short period of time, the progresses made during MPS implementation on reducing at about half the number of “**adolescents with risky sexual behavior**” and the number of “**teenage mothers or pregnant teenage girls**” is impressive. The number of adolescents evaluated with risky sexual behavior decreased from 826, representing 6.6% of the total number of children to 456, representing 3.7% of the total number of children in the first year of the MPS implementation. The number of teenage mothers or pregnant teenage girls decreased from 69 to 31, respectively from 0.6% to 0.2% of the total number of children, in the first year of the MPS implementation. For these two vulnerabilities the results have been achieved from the first year of implementation and the progress continued during the entire project/model implementation period.

Interviews with professionals at local level and focus groups with their coordinators show a special focus of the community workers and, in some cases, the school professionals (school counsellor and mediator) in addressing the issue of teenage pregnancy, by dealing with the adolescents’ sexual behavior. This can be a taboo subject in some communities and for some people, but qualitative research conducted shows that training for community workers and school counsellor is instrumental in approaching this type of issues. **As a result, the community workers and school counsellors, trained to address the issue, provided effective information and counselling to adolescents, both girls**

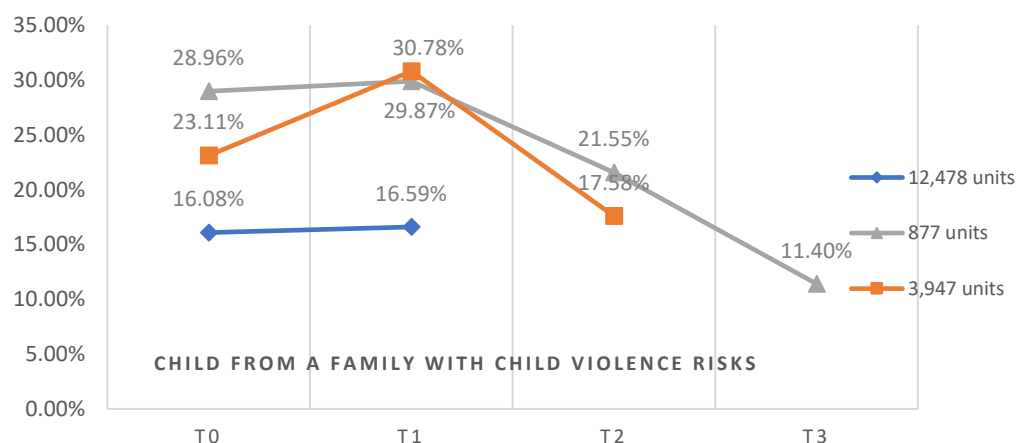
and boys, and as a result, the incidence of teenage mothers or pregnant teenage girls decreased at less than half compared to 2015. While sexual behavior and contraception may be perceived as a difficult and long-term change, data show that available quality, yet simple counselling, can be very effective in this respect.

Despite the communication campaign and activities implemented to prevent alcohol consumption among children, the vulnerability related to substance abuse: “**adolescent with risky substance use behavior**” (including alcohol, cigarettes and drugs consumption) is not showing a progress. Partially this can be explained by the fact that beneficiary adolescents, in the treatment group, grow older and the risk for their specific age is increasing with each year.

### Effectiveness of MPS on violent behavior in households

The number and proportion of “**child from a family with child violence risks**”, considering violence of any kind: verbal, emotional, physical, was virtually constant in the first year of the MPS implementation (from T0 to T1) but decreased in the long term rather sharply from 29% to 11.4% out of 877 children assessed at T3 (in 2018).

The vulnerability assesses the disciplinary methods used and the presence or absence of a positive approach to child behavior. According to qualitative evaluation, violence was one of the most difficult issues to tackle and a taboo subject in some communities and for some people. Moreover, psychological and verbal violence was an easily accepted behavior in the case of some community workers. Therefore, training community workers was the first step in addressing the problem. This training proved on of the most effective parts of the MPS and provided important competences and skills to community workers. They also change their values and attitudes. Compared to no intervention before the MPS implementation, acting, offering counselling to parents on disciplinary methods and information to children on their rights contributed to a change of attitude at the level of parents and at the level of children, that stated to protest. In most cases of success parents changed their attitude towards children when choosing a method to ensure discipline. In the most serious cases, when parents refused to cooperate with the social worker, she was trained to take measures to ensure children’s safety and decrease or eliminate violence risk.

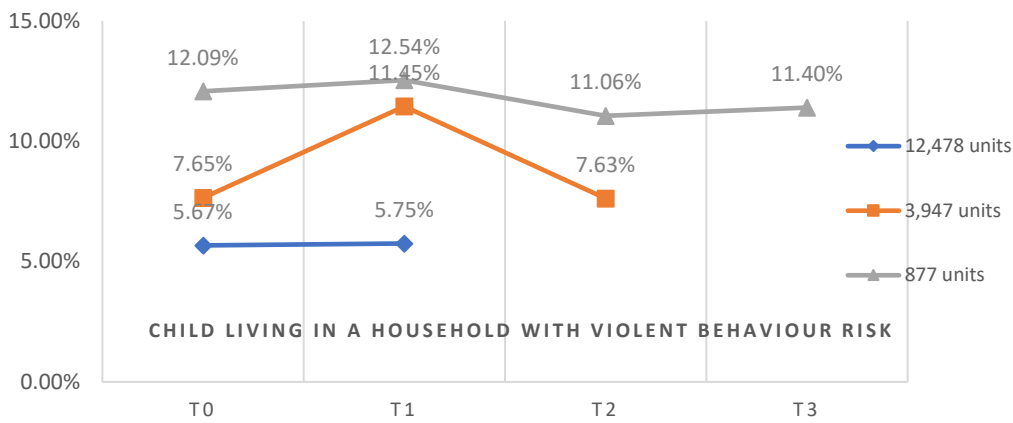


Source: Aurora database

Figure 8. Evolution of the vulnerability “child from a family with child violence risks” among MPS target group

The number and proportion of “**children living in a household with violent behavior risk**” varies very slightly and can be assessed as constant over the three years of intervention. For the large group of 12,478 children evaluated during T0 (most of the cases evaluated in 2015) and T1 (most of the cases evaluated in 2016), there is no visible progress registered in the first year of the intervention. The vulnerability assesses the risk of violence based on violence history of the household members and this is very difficult to change in the long term and practically impossible in less than a year, as underlined by all stakeholders involved in the evaluation.

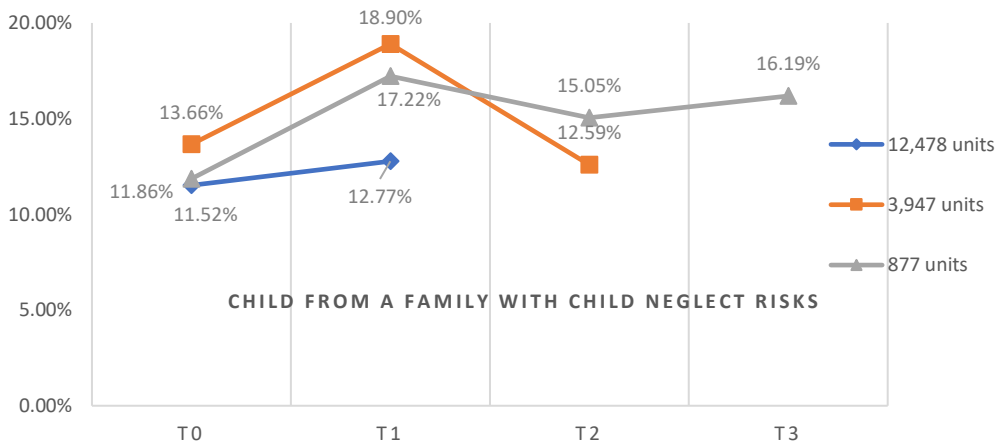
However, if the assessment takes into consideration the smaller group of children receiving services during the tree years of MPS implementation, until 2018, the progress is visible. While 12% out of 877 children have been identified in a family with child violence risks at T0, only 11.4% remained in this vulnerable position at T3. Boys and girls have been and remain equally vulnerable to household / domestic violence.



Source: Aurora database

Figure 9. Evolution of the vulnerability “child living in a household with violent behavior risk” among MPS target group

On the other hand, the number and proportion of “children living in a family with child neglect risks” increased slightly from 11.9% at 16.2%. This is correlated with the increase of the proportion of children with migrant parents, with one or both parents absent from home/the household, elements that is outside the control of community workers. However, as in the case of risky substance use behavior, as children grow older the number of instances parents decide to let them alone, without adult supervision, appear more often. Moreover, as mentioned above, the assessment of child neglect vulnerabilities is not specified well enough and overestimations of its values can occur easily. Interviewed social workers at local and county level confirmed that the vulnerability appeared in the case of many families without real parenting issues.



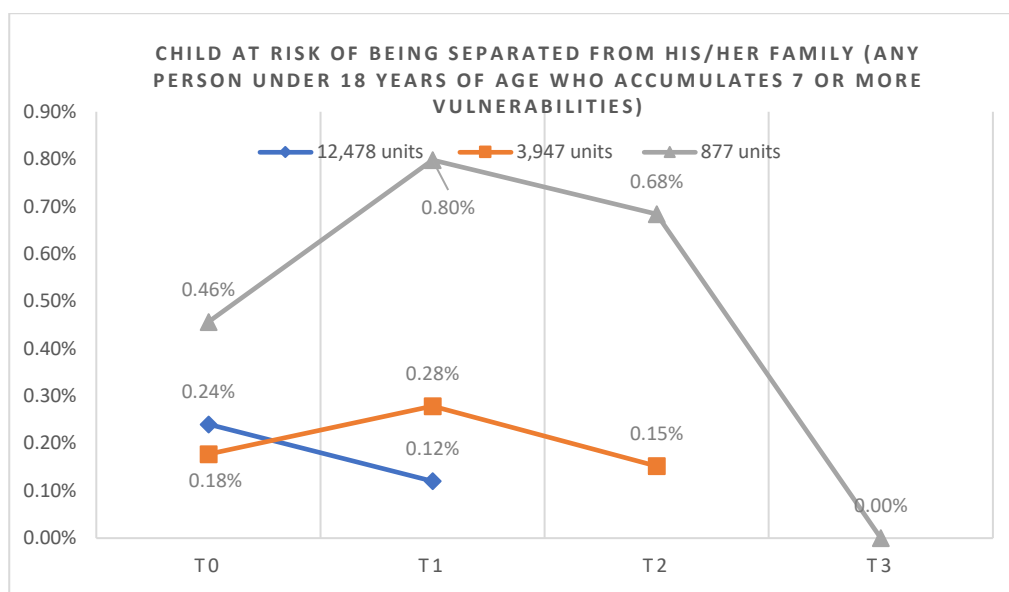
Source: Aurora database

Figure 10. Evolution of the vulnerability “child living in a household with child neglect risk” among MPS target group

Data shows that activities aiming at fighting domestic violence and violence against children, both targeting community workers and the families and children, have had results during the implementation of MPS. Qualitative information collected during the interviews show that community workers are rather skeptical on the success of activities fighting violence against and among children and child neglect, but they are certain that awareness increased among all members of the community as a cumulative result of the MPS and other national and local campaigns, public and private, against domestic and child violence. This is reflected in the increased interest of some parents to learn parenting methods and techniques that will eliminate violence from their disciplining methods and in some children willingness (and sometimes eagerness) to report abuses when happening.

#### Effectiveness of MPS on preventing child separation from their family

The proportion of children in risk of separation from their family giving that they face multiple vulnerabilities (more than 7) decreased significantly over time in the treatment group. This result is due to the positive evolution of most of the other vulnerabilities and 85.71% of the social workers agree to a large or great extent that this specific vulnerability – the risk of separating the children from the family – dropped, demonstrating a general improvement of the situation of children in targeted communities.



Source: Aurora database

**Figure 11. Evolution of the vulnerability “child in risk of separation from the family” among MPS target group**

The small proportion of “**children in risk of separation from their family**” giving that their mother has underage children in public care varies slightly over time in the treatment group.

According to data provided by the GDSACP, the total number of children at risk in placement and foster care is rising with almost 103% at the level of the 38 localities where MPS was implemented. It is also rising among direct services beneficiaries monitored with Aurora. The qualitative research, interviews and focus groups conducted, stressed the fact that the MPS implementation made some of the serious cases of abuse, neglect, violence and other associated vulnerabilities visible and generated a larger number of children separated from their families. Within the MPS, a better and comprehensive assessment of the vulnerabilities in the communities generates a better understanding of the problems and therefore these complex issues continue to be present until all the associated vulnerabilities are resolved. On the other hand, this is integrated in a general trend of less tolerance and more attention payed to situation of child abuse that conduct to a general increase of the number of children at risk in placemen and foster care in the county.

The same trend can explain the rising number of confirmed reports on abuse against children at the GDSACP. This is not in contradiction with the fact that among the MPS target group of beneficiaries the number of children living in a family with child violence risk decreased with almost 60.6%. Considering the activities carried out and services provided as part of the MPS model, this improvement of the situation of children at risk of domestic violence is directly due to the model proposed by UNICEF.

### Results on the long-term

Asked to give a mark for the usefulness of the project for the community, community workers and school counsellors answering the online survey carried out for the present evaluation gave an average mark of 9.5 out of 10, with 71.1% of them grading the usefulness at 10. They assessed that the project covered the needs of vulnerable children in a very large extent. On the same scale from 1 to 10, the average estimation of the coverage of children vulnerabilities made by community workers and school counsellors is 8.6. The average of the same kind of assessment is 8.4 concerning the usefulness of the project for vulnerable women at risk, as the model is focusing on pregnant women and young mothers.

For the vulnerabilities with a positive evolution of number of cases/incidence, as presented above and resulting in table n°12, the assessment shows that referral and assistance services contributed to better access of beneficiaries to specialized services and social benefits.

Success factors have been mentioned during interviews and focus groups and selected as factors explaining in large or a great extent the success of the model by over 90% of the community workers and school counsellors:

- The qualified human resources;
- The training of the human resources (in direct correlation with the previous factor);
- The integrated approach;
- The availability of tools and methods adapted to the community workers need;
- Effective communication;
- Support from local authorities;
- Participation of local stakeholders;

- Adaptability to community profile due to the considerable number of services available in the MPS and the design of personalized packages of services for each beneficiary;
- The focus on outreach and the time on the field in the community rather than in the office;
- The good cooperation with the county institutions when specialized support was needed;
- The support from UNICEF when delicate issues emerged.

Most of the vulnerabilities with a negative or neutral evolution, as presented above and resulting in table nº12, cannot be directly addressed and eliminated (e.g.: disabilities) or treated with the MPS (e.g.: chronic illnesses).

For vulnerabilities targeted with services: (1) school enrolment, (2) risk of dropping out of school, (3) substance abuse or (4) violent behavior among adolescents, three main assumptions have been tested further by the qualitative evaluation and using the survey among community workers and school counsellors, to explain the lack or less effectiveness of the MPS:

- more time for service provision can be needed to generate results, especially for behavior and attitude change;
- more community workers may be needed to cover better needs in the community;
- specialized services (e.g.: access to gynecology health services or the better counselling) can support better results in the context with a difficult access to some beneficiaries.

94.3% of the community nurses and health mediators answering the online survey agreed to a large or great extent that number of pregnant women receiving pregnancy monitoring throughout the pregnancy has increased. This shows, in our opinion, an important effort to monitor pregnancies of vulnerable women. It also shows that work to change behavior of adults related to their own health is a bigger challenge for the outreach community team than changing behavior of children or the one of adults related to children's health.

The risk behavior among adolescents, including violence and substance abuse, is hard to change (and often based on adult examples). Therefore, addressing the behavior of the young person needs an appropriate treatment of the adults' behavior. In these cases, special counselling is needed, and it cannot be developed at community level, especially not in the rural ones. Likewise, special services are needed for prenatal consultations for pregnant women and gynecologists are not available at the level of rural communities.

Asked in the online survey if the time of the MPS was enough to meet the needs of children with vulnerabilities in the community, 30.5% of the community workers and school counsellors agreed that time was enough to a large or great extent, 21.9% disagreed to a large or great extent, 28.1% answer they don't agree nor disagree and 19.5% didn't answered at all. Interviews and focus group clarified and nuanced these opinions, as there was a consensus among stakeholders the time was enough to satisfy simple needs and vulnerabilities, but not enough for the complex and intersectional ones.

Moreover, more community workers present in large communities and communities with many vulnerable children and/or better access to specialized services can increase the number of services beneficiaries and the absolute number of treated vulnerabilities. 46.1% of the community workers and school counsellors answering the survey agreed to a large or great extent that the number of community workers in the outreach team was appropriate, while 35.2% disagreed on the matter to a large or great extent, and interviews and focus group clarified that community scale and profile (number of persons and especially children with vulnerabilities) are very important and should be a factor determining the structure of the outreach team.

As Aurora database shows, the number of active cases treated with services in the long term by a team of only three professionals (social worker, community nurse and school counsellor) in each community decreased each year. Therefore, although highly effective, the work of the small outreach teams has limited results generated by their limited capacity in the context of many children with vulnerabilities identified during the community census conducted in 2015-2016. Moreover, specialized services, not covered by the MPS, are needed, according to interviews and focus groups, to address the most serious vulnerabilities, both the ones related to health, where specialized doctors are needed, and other vulnerabilities, where specialized employment services, trainings, psychological counselling or therapy etc. are needed. In this context, the effectiveness of the MPS is influenced by the availability of these specialized services, and to increase even more the effectiveness and to ensure even better results, a parallel development of these specialized services and a work to make them more accessible to rural remote communities is needed.

## 4.2.2. Effectiveness at community level

### Evaluation question and approach

**Evaluation question 5. Does the model/MPS contribute to the capacity development of the local service providers, including the community workers engaged through project resources to deliver the minimum package of integrated services?**

The evaluation focuses on two main aspects:

1. The extent to which the modelling project determined an increased/adequate capacity among community workers engaged, with a view to deliver the minimum package of integrated services.
2. The extent to which the modelling project contributed to an increase in capacity at system level, among the staff of social protection, education and health departments at country and local level.

Existence and estimations on the level of quality of services provided/service providers at local level have been assessed in the 45 communities where the model was implemented, before and after project implementation. To assess the project effectiveness from this perspective, the baseline has been recreated qualitatively, based on documents at disposal (in-depth assessment and mid-term evaluation), interviews carried out at county and community level, focus groups and surveys among community workers.

About community workers a distinction needs to be made between communities where all existing community workers were involved through the project, or others are involved, too (hired by municipalities/communes). Similarly, a distinction needs to be made between community workers involved in the project but previously acting in the same capacity (hired by the municipalities/communes) or workers with no/limited experience in the field and between local community workers and CWs from other localities. An assessment of the community workers turn-over and competences has been carried out.

Capacity building of community workers was ensured mainly through trainings, but the tools made available (methodology for coordinated/integrated service delivery, Aurora) and the supervision/support of the coordinating teams were also of the essence. All these elements created the necessary preconditions for the community workers to deliver the needed services.

The assessment of capacity considered the following elements:

- Training effectiveness, assessed based on the standard Kirkpatrick model<sup>67</sup>.
- The role of the methodology for coordinated / integrated service delivery, Aurora, and coordination / supervision/support services in strengthening the capacity of the community workers.
- The extent to which the project had a spillover effect in terms of increased capacity in the 45 communities (other members of city-hall staff, local council) and at county level, among the staff members of the county council/city-hall, prefecture, GDSACP, DPH and CCERA, coordinators, through knowledge sharing/management.
- The micro-grants capacity to capitalize on the competences acquired by the community workers and other stakeholders, and to lead to development of other projects and of the community. The evaluation team will analyse, qualitatively, the effectiveness of the 114 micro-grants in terms of community dialogue to solve issues identified through community census and development of other project proposals.

The evaluation of the capacity development includes also the assessment of the community capacity to raise awareness on the prevention of violence and abuse, to promote healthy behaviors, to organize extracurricular activities, to promote non-discrimination, to consolidate of the Community Consultative Structure.

### Effectiveness of the model on the capacity of community workers

The social worker was present in all the communities where the MPS was implemented from the beginning, as specified in the in-depth assessment.<sup>68</sup> However, in order to ensure better capacity at local level, in most of these communities'

<sup>67</sup> Kirkpatrick model evaluates **reaction** (e.g. the degree to which participants find the training favourable, engaging and relevant to their jobs), **learning** (e.g. the degree to which participants acquire the intended knowledge, skills, attitude, confidence and commitment based on their participation in the training), **behaviour** (e.g. the degree to which participants apply what they learned during training when they are back on the job), **results** (e.g. the degree to which targeted outcomes occur as a result of the training and the support and accountability package) – the latter was treated under the previous evaluation question. The other three levels will be assessed based on document review (mainly training reports), triangulated with quantitative data collected through the survey among community workers and qualitative data collected through interviews at county and community level (including coordinators level).

<sup>68</sup> Voicu, B. & Tufiş, C., 2016, *In-depth assessment of the social, health, and education status of children and their families in target areas of the Bacău County. Baseline report.*

local authorities employ different persons to work for the implementation of the MPS, existing social workers remaining members of the SCC and rather office supporters of the outreach workers. Only in the cases where no candidates for the community team have been identified, the existent social workers employed by the mayoralities have been involved in the MPS delivery.

For the baseline, the following information presented by the in-depth assessment is considered<sup>69</sup>:

- Among the social workers already in place in 2015, 33 out of 40 interviewed were living in the locality (including other villages from the commune)
- 25, out of 40, had university degrees. Out of them, only 12 graduated social work studies, most of them employed in urban mayoralities, one graduated sociology, and three psychology
- 36 (90%) out of them believed that people in the community of reference know what they do to a very high extent (14) or at least to a high extent (22). Similar positive views had been present with respect to how much the community trusts social workers, to which extent people ask the social worker for advice and orientation. However, a little more than half of the sample of parents/legal guardians had no idea who is the social worker, 14% know the person but they never spoke. Almost a third of the respondents estimate that the social worker offers very good (9%) or good services (21%). These results show the lack of outreach work and of the personal relationship of the social worker with most of the community.
- The time budgets reported by the social workers included some 17 hours per week doing fieldwork (two thirds discussing with families in need, one third with their neighbors). There was no issue to be salient as importance in the reported patterns of activity. Domestic violence, child-rearing, poverty, drop-out and prevention of school drop-out, alcohol abuse, health issues, and means testing have been reported by roughly 75% of the social workers as frequent and very frequent topics to be addressed in their activity.
- The 29 community nurses employed in Bacău County in 2015 certified through their answers the need for information of local community about their activity. The questionnaire asked them if local people know what a community nurse does. Out of the 29 interviewees, 4 answered “very little”, 12 said “little”, 5 said “a great deal”, 6 chose “to a very great extent”, while 2 did not answered.

In parallel with the in-depth assessment, county coordinators have been recruited since February 2015 and the municipalities included in the project recruited community workers: social workers, social assistants, health mediators, field operators etc. and CCERS started to recruit the school councilors and school mediators since February 2015.

The implementation of the MPS depends greatly on the skills and qualification level of community team members, community workers and school counsellor). **Even if the hiring requirements were the same for all the communities included in the model, the level of qualification of local community team members is not the same as affecting the implementation of activities (quality of services provided, time allocated, etc.).** The hiring process took from a few months to continuous changes of personnel in a small number of communities, and it was adapted to existing conditions of the labor market. Most of the staff was initially employed for a determined period based on a service contract as field operators for the community census and some of these workers have been subsequently hired based on an employment contract in the community teams. But in a small number of cases it took a while until finding a suitable and willing person for some of the positions, issues related to maternity leaves and the mobility of school counsellors employed to carry out activities in several schools affected the stability of the teams.

However, **staff turnover was one of the critical issues affecting MPS implementation.** It was monitored and reported regularly to UNICEF and the table below captures the synthesis of the annual evolution of the community workers employed, following the situation in November 2015, November 2016, October 2017 and December 2018. A complete overview of staff tasks, turnover and training is presented in Annex n°7.

**Table 11. Overview of human resources employed at community level in each year of the MPS implementation**

		Social workers	Community nurses	Health mediators	School counsellors	School mediators	Field operators (2015 / 2016)
Nov. 2015	No. of community workers and school staff - equal to full time employees	46.5	26	0	14	0	23.5
	Total no. of persons employed	61	29	0	14	0	26
Nov. 2016	No. of community workers and school staff - equal to full time employees	42.5	33	3	32.5	27	1
	Total no. of persons employed	56	33	4	33	27	1

<sup>69</sup> Ibid. pp. 70-76.

Oct. 2017	<b>No. of community workers and school staff - equal to full time employees</b>	<b>43.5</b>	<b>38</b>	<b>6</b>	<b>29</b>	<b>25</b>	<b>0</b>
	Total no. of persons employed	52	38	6	30	25	0
Dec. 2018	<b>No. of community workers and school staff - equal to full time employees</b>	<b>44</b>	<b>35</b>	<b>4</b>	<b>37</b>	<b>29</b>	<b>0</b>
	Total no. of persons employed	49	35	4	38	29	0

Source: UNICEF monitoring files

One can notice in the table presented that for the entire period of MPS implementation communities have not been fully covered with personnel. In a small number of communities more than one full time social worker was employed and, in some cases, the social worker employed on a permanent basis by the public administration contributed to the work of the community team supported by UNICEF, increasing the efficiency and effectiveness of the services and monitoring.

In the first year of MPS implementation, in 2015, the number of community workers, especially of social workers is higher because most of them have been initially employed as field operators. Although their title has been changed to social worker in the fall of 2015, not all the persons employed in 2015 as social workers remained in the community teams.

**In 19 out of 45 communities the team including the social worker, the community nurse and the school counsellor has been complete for at least two years between 2016 and 2018. 30 communities had complete teams for at least one year. School mediators were present in 22 communities.**

**In eighth communities (Sănduleni, Slănic Moldova, Ungureni, tree communities in the city of Bacău and both communities in the city Târgu Ocna) a social worker (full time or part time) was missing for at least one year starting with 2016**, after the community census (when a larger number of persons have been mobilized for identification of vulnerable children and needs assessment, but services have not been provided).

**Community nurses have been missing in 15 communities out of 45 for at least one year.** Health mediators have been present in 6 communities. In Dealu Mori in 2016 and in Găiceana in 2017 and 2018 the health mediator was the only professionals working in the field of health, the community nurse being absent in the respective communities for that period.

**School counsellors have been missing in 18 communities for at least one year.** For the school counsellors, national regulations regarding the working norm provide that one school counsellor shall work with 800 students and 400 children at pre-school (kindergarten) level. In rural and small towns most schools do not have this number of pupils. Therefore, school counsellor covers several schools and they are almost never present full time in a school. They are usually present in the community 1-2 days a week. The happy situation in the MPS implementation was the one of three communities placed not far to one another) where one school counsellor was employed to cover the three rural schools. The school counsellors' norm affects the time allocated to student counsellors but also the collaboration with the other members of the community team. In this respect, the summative evaluation can confirm most of the findings of the mid-term review of the 'Social Inclusion through the Provision of Integrated Services at Community Level' Model<sup>70</sup>:

- Usually, the schools that a counsellor must serve are not grouped based on distance to the counsellor's home, which makes it even more difficult for them to carry out the activities.
- Some of the school counsellors hired in the project already teach at those schools and they have been working both as counsellor on a part-time basis and as teachers. This allows them to know better the students, but can also generate a conflict of interests, as the role of the school counsellor is to mediate between teachers and students and their parents.
- The duties of the school counsellors hired under the model and not already teachers in the schools and those of the counsellors employed by CCERA are different in the sense that the former have more limited responsibilities (they don't have to teach).
- Some school counsellors don't hold individual school counselling sessions but only group counselling due to the lack of facilities for that activity.

School mediators have been present in 22 communities. In 20 communities they joined the teams of social workers, the community nurses and the school counsellors. For at least a year, in 8 communities, school mediators have been the only professionals working in the field of education, the school counsellors were not available in the respective communities for that period.

<sup>70</sup> UNICEF, Claudia Petrescu (coord.), 2017, *Mid-term review of the "Social inclusion through the provision of integrated community services at community level" model*, p. 55.

Considering the community workers and school counsellors that remained involved to deliver MPS until 2018, the following situation has been found in comparison with the baseline:

- 78% of the social workers and 76.5% of the community nurses were locals and only the rest (22% of the social workers and 23.53% of the community nurses) were commuting from other localities. This says that most of the community workers grew attached to the locality and may be an active part of community, with extensive knowledge of its needs from the start. However, this is not different from the baseline situation, although in most of the cases community workers have been employed with UNCIEF support after the survey in 2015 for the in-depth assessment.
- 22 out of 50 social workers (44%) have a university degree and 9 (18%) have a college degree, but only 10, representing 27.03% of them, are specialized in social work. In this respect there is no major difference and no progress compared to the baseline reported by the in-depth assessment for the social workers employed by the local public authorities in 2015.
- All community nurses have specialized initial training and the number of community nurses raised from 29 in the entire county to 31 in the selected communities where MPS has been implemented.
- 25 out of 43 of the school counsellor and school mediators were local, but this figure includes 18 school mediators, leaving only 7 out of 25 school counsellors as locals of the intervention community. The presence of many school related professionals is very important, but one must consider that the in-depth assessment interviewed 33 school counsellors in 2015 in schools in the selected communities, and in 2018 only of 25 school counsellors answered a similar survey.
- All school counsellors have a university degree, with 12 being Master graduates. 20 out of 43 of the school counsellor and school mediators have initial training in psychology.
- The time budgets reported by the social workers included 40% of the monthly working time doing fieldwork and providing services in the Minimum Package of Services recommended by Aurora. The proportion of fieldwork is higher in the case of community nurses and lower in the case of school counsellors. This is comparable to the 17 hours/week initially reported in 2015, although the qualitative research shows an important progress concerning the outreach activities and the time spent doing fieldwork
- 94.5% of the community workers and school counsellors say people in the community know what they do (they agree with this sentence to a large or great extent) and 90.6% think people will call them if they need help. These statements have not been verified by a survey among the members of the community. This is a progress from baseline. On the other hand, these statements have not been tested by a survey among service beneficiaries, parents/legal guardians. However, focus groups with children and parents/legal guardians showed that most of the people knows the community team (all present to the focus groups, but to their knowledge, their relatives, friends and neighbors also know the community team members). It is less clear if many persons would call the social worker, the community nurse, the school counsellor or school mediator if in need.

All the county coordinators and community workers, employed at that time, participated to a training (April-May 2015) focused on the general approach of the modelling project, including roles and responsibilities at county and local level, children rights, roles and responsibilities at local level, outreach work and team work, and needs assessment using Aurora, to prepare the community census. To build further the competences of the community team members and to change their behavior to reduce discrimination and stigmatization, training sessions on topics such as reproductive health, discrimination, domestic violence, personal development, etc. were organized.

In total, more than 150 hours of training have been delivered to one social worker beside a 720 hours training on basic social work, more 250 hours of training have been delivered to one community nurse, and more than 120 hours of training have been delivered to a school counsellor. The table below offers a synthesis of the training delivery.

According to the online survey on community workers and school counsellors, 79.7% of the respondents appreciated the quality of the training as very good and the rest as good. No respondent gave an assessment below "good" for training quality. 97.7% of the respondents appreciate to a large or great extent that training was useful and that they use the competences in their day to day activities and 96.9% appreciate to a large or great extent that they built new competences for their everyday work. 97.9% of the respondent appreciate to a large or great extent that they have better results in their everyday work due to the trainings. Superlatives have been used to describe trainings during interviews and focus groups.

**Community workers and school counsellors consider to a large or great extent that the MPS experience helped them:**

- **to understand better the problems and vulnerabilities of children in the community (96.9%),**
- **to understand better the risk for children and to work better with teenagers (97.7%), and with vulnerable women (89.8%),**
- **to have better results in their work (80.5%)**

- **to fight better abuse and violence in families and against children (91.4%)**

However, interviews also showed, in isolated cases, recurring discriminatory attitudes and relatively high tolerance towards domestic violence among some of the community workers, despite the training, other capacity building activities, the experience, and positive appreciation of the training quality and results. This shows that even at the level of community workers attitude change happens slowly and long-term intervention is needed for positive results.

**Methodologies and tools provided as part of the MPS model have been highly appreciated by the community team members and Aurora is appreciated as useful to a large or great extent in providing all types of services: information, counselling, referral, monitoring by over 80% of the community workers and school counsellors** (the general percentage being affected by a less positive, although not negative, evaluation of the instrument made by the school counsellors).

**Aurora is considered very useful in identifying the services beneficiaries by 85.9% of the community workers and useful by 12.9% of the community workers. It is assessed as very useful in selecting beneficiaries by 83.5% of the community workers and useful by 14.1%.** Over 85.9% of the community workers and school counsellors consider that Aurora save time in planning and providing services, although applying the questionnaire could be considered burdensome by some of the community workers as resulted from the interviews. However, some of them have been reluctant at the beginning of the MPS implementation and, for some of them, Aurora questionnaire is still too long and includes too sensitive questions that are not proving enough added value.

**Respondents to the online survey and to the interviews and focus groups with the community team members appreciate they will continue to use Aurora for their work.**

One of the issues limiting the effectiveness of the outreach work of the community workers is the lack of clear rules related to transportation costs and arrangements for the outreach work. In many rural communities the community workers present to interviews and focus groups underlined their need to have rules regarding transportation for fieldwork. In most communities they depend on the discretionary decision of the mayor to allocate a car or they spend their own resources and use personal cars for outreach.

## Effectiveness of the model on the capacity of county and local authorities and institutions

### *Institutional level*

In only four of the 45 communities, social workers previously employed by the mayoralty continued in parallel their administrative work and the outreach work proposed by MPS. In only two communities the social workers previously employed by the mayoralty participated in delivering services without payment from UNICEF, in support to the social worker funded by UNICEF as member of the community team. In most of the targeted communities the social workers and community nurses will stay employed as part of the mayoralty staff, as presented in the sustainability chapter. This is providing for a sustainable rise of the administrative capacity in the field of social work, public health and community integrated services.

A spillover effect on rising the capacity of the local authorities and institutions, due to the investments made for the capacity building of community workers, is easily visible in rural communities. As showed by the interviews in Moinești and the focus group with community workers in the city of Bacău, the spillover effect on institutional capacity is not so easily visible in the case of large Social Assistance Directorates of cities, where the MPS remained a separated task of some social workers and was never integrated as part of the current responsibilities of the entire team. This can be explained by several factors:

- in large cities the needs and vulnerability identification and assessment didn't created a comprehensive database with the target group of the Social Assistance Directorates of these cities, therefore MPS contributed to a lesser extent to capacity rising based on the latest information and its usefulness;
- the number of persons involved in MPS assessments, monitoring and service provision was very small compared to the number of employees of the Social Assistance Directorates, their influence in the teams being very limited;
- due to the previous reasons the work of the community teams in large cities, and especially in Bacău, was less structured and not so well organized as in smaller communities and the instrument provided with UNICEF's support were used less, and as a result the results in terms of institutional capacity are limited.

The county coordinators received technical support from UNICEF Child Protection, Education, Health and Adolescents specialists, and they were included in an intensive capacity building programme to increase their capacity and to prepare the progressive process of being transferred to the local authorities. County coordinators conducted in average one visit per month per community during the MPS implementation to provide guidance and support to the community teams in the delivery of the services.

Cooperation between members of the community team (outreach team and the school counsellor) and specialized county services (GDSACP, DPH, CCERA) is appreciated as good and very good by over 90% of the respondents. More the 70% appreciate this cooperation as very good. Moreover, 50.8% of the community workers and school counsellors assess the cooperation with the care givers of vulnerable children as good and 43.8% as very good. And this cooperation supported the effectiveness of service delivery presented in detail under the answer to the evaluation question no4 (above).

### *Community level*

Among the factors explaining success of the model are effective communication and involvement of different stakeholders in the community, mentioned during interviews and focus groups.

**93.8% of the community workers and school counsellors appreciate as good and very good the cooperation among the members of the community team.** 48.3% of the respondents say they meet regularly as a team weekly or several times a week and 32% say they meet at least monthly or more often, therefore less than 20% of the community workers meet less often than once a month. **Moreover, cooperation has been started and is assessed as very good with other institutions, like courts or the police, with other service providers, like the psychologist invited to the activities organized in micro-grants and with NGOs actives at community level** (Sera, FSC, and Betania etc.) About 90% of the community workers appreciate as good and very good the involvement of the school (93.8%), the community consultative structure and the care givers of vulnerable children (81.3%) and the mayoralty (89.9%); over 71% appreciate as good and very good the involvement of the police and other people in the community, 65.6% appreciate as good and very good the involvement of the family doctor and 60.2% appreciate as good and very good the involvement of the Church in addressing children's vulnerabilities.

Qualitative research (interviews and focus groups) shows this cooperation is important in approaching the most vulnerable and complex cases and all community workers interviewed individually or in focus groups underlined the cooperation among team members have been one of the most important success factors of the MPS implementation. On the other hand, cooperation with other institutions, professionals and NGOs has been instrumental for the effectiveness and impact (see section 4.5) of the MPS as declared by all involved stakeholders, observed and triangulated by evaluators.

Community Consultative Structures (CCS) have been another element envisaged by the MPS as a tool to facilitate cooperation among stakeholders and to support the relevance and effectiveness of services. CCSs are provided by the law and not introduced by MPS model, but, in many communities, they are not functional, and UNICEF's aim was to get real involvement from the stakeholders in analyzing problems and identifying solutions for the most serious cases. According to the online survey with community workers, about half of the communities the CCS meet monthly or more often, but in another third of the targeted communities, CCS meet hardly ever. Despite their promotion as a tool for community involvement, interviews and focus groups show that they are focused and mobilized only when a serious child abuse or disability case is identified, and the community workers consider the need for support from the CCS.

**All community workers and school counsellors answered questions about the effectiveness of Community Centers and they agree to a large or great extent that Community Centers respond to children's needs (85.1%)** and that these centers provide children with interesting and useful activities for children (89%) and parents (81.2%).

**Moreover, qualitative data suggests that micro-grants have been instrumental in supporting social and emotional development of children that benefited from extracurricular/leisure time activities.** In each community 20 to 100 children and 10 to 50 parents benefited each year form micro-grants activities, proving this tool is not only very efficient, but also very effective considering the amount of maximum RON 10,000 provided by the grant. Asked about the MPS activities, all stakeholders: community workers, children, parents and caregivers of children, representatives of the CAS, or the mayors interviewed, mentioned activities conducted during the micro-grants' implementation as the most memorable and effective in changing attitudes.

According to interviews and focus-groups, activities in microgrants have been successful in:

- Rising awareness on children rights
- Rising awareness on violence risks among children
- Rising awareness on discrimination and providing concrete ideas on how to deal with discrimination
- Developing parenting skills and competences
- Improving aspects of the child-parent relationship
- Rising awareness on health risks and risk related to sexual behavior among adolescents
- Developing the social and emotional intelligence of children through leisure time activities
- Developing communication and team work competences among children and adolescents
- Rising confidence and self-esteem among children and adolescents
- Rising awareness on substances and alcohol abuse

- Etc.

Non-formal activities providing opportunities for children to learn actively, by participating in interactive teams and games where the activities most appreciated by beneficiaries (children and their caregivers). Focus groups proved that these activities had at least positive results in rising the awareness on existing problems as part of the attitude change. The behavior change is, as community workers attest, a slower process that have only begun.

### 4.2.3. Most effective parts of the modelling project's MPS component

#### Evaluation question and approach

#### Evaluation question 6. Which parts of the modelling project/MPS are most and least effective? What factors explain success?

The following 'parts' are falling under the scope of this evaluation question<sup>71</sup>, as determined by the inception report during the inception phase of the evaluation:

- services (*already assessed as the main part of the answer to evaluation question n°4*)
- micro grants (*already assessed, part of the answer to evaluation question n°5*)
- campaigns
- advocacy
- training, methodologies & other support inputs/activities for the development of community workers and county coordinators capacity (*already assessed, part of the answer to evaluation question n°5*)
- Identification (community census) (*partly assessed to answer to evaluation question n°4*)
- Aurora (case management system) (*already assessed, part of the answer to evaluation question n°5*).

For parts analyzed under previous evaluation questions to answer the evaluation question a summary of their effectiveness will be provided, including the overall label based on the scale presented above.

Only in the case of "services" an additional analysis is carried out, on effectiveness of service delivery in communities with (1) complete teams versus communities with incomplete teams, (2) stable teams versus teams with high turnover.

Under this evaluation question we carried out dedicated analyses for the following 'parts':

- Campaigns. The evaluation team assesses, mainly qualitatively, the extent to which the C4D campaigns implemented at local level under the MPS component triggered the expected results.
- Advocacy initiatives. The analysis of the advocacy initiatives feeds directly in the recommendations to be issued about the model rollout
- Identification (community census). The evaluation team assesses, based on qualitative data and existing documents (mainly progress reports), the extent to which all children at risk and their families in selected communities were identified.

The factors affecting, positively and negatively the community census (lack of human resources to complete the census in the time at disposal, difficulties to reach families in urban areas) have been assessed based on documents at disposal and qualitative data collected through interviews at all levels.

Overall, internal and external factors influencing the effectiveness of all 'parts' identified will be analyzed, including: social factors, economic factors, financial factors, availability of other services, geography, the legal framework, family structure and household structure, available information and technology for children and adolescents, etc.

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<sup>71</sup> The evaluation question asks for a comparison among these "parts" of the MPS, from the perspective of their effectiveness. Two points are important in this context. The first point refers to the comparability of these parts, which is limited in itself. The analysis concludes on effectiveness of each "part" using the following scale: not effective (0), effective to a limited extent (1), effective to a medium extent (2), effective to a large extent (3), very effective (4) and their comparison will be realised based on the level of effectiveness attributed.

The second point refers to the intersection between this evaluation question and the previous ones, as some of the "parts" are assessed in other assessments:

- services (assessed under EQ 4)
- micro grants (assessed under EQ 5)
- campaigns
- advocacy
- training & methodologies & other support inputs/activities for the development of community workers and county coordinators capacity (assessed under EQ 5)
- identification (community census) (assessed partly under EQ 4)
- Aurora (case management system) (assessed under EQ 5)

### *Effectiveness of services in different community teams' configurations*

In 19 out of 45 communities the team including the social worker, the community nurse and the school counsellor has been complete for at least two years between 2016 and 2018. The effectiveness in services provision in these communities have been compared to the total/average effectiveness on the evolution of vulnerabilities among the identified and treated children. **In the case of 25 vulnerabilities out of the 42 vulnerabilities assessed using Aurora the evolution is better for the services beneficiaries from the 19 communities with complete teams compared to the average among the 45 communities. In communities with complete teams, better results of the intervention through MPS can be seen concerning the registration to the family doctor, the vaccination rate, all health vulnerabilities among babies (excepting "low birth weight child" and "underdeveloped child under 12 months old"), all vulnerabilities of pregnant women, all vulnerabilities related to school enrolment and participation (excepting "child aged between 6 and 9 years who is not enrolled in school"), the child violence risk.** Although many other factors can influence the effectiveness, triangulating this evidence with the information provided by interviews and focus groups allows us to conclude that team configuration is a factor influencing services effectiveness.

Qualitative evaluation conducted, including interviews and focus groups, shows that several challenges arise when one of the community team is not complete. The social worker tries to fill in for the school counsellor on informing and counselling children and their families on the importance of school participation and spends more time coordinating with teachers and the school management, but she/he loses the contact with the children when in school. Likewise, the social worker tries to fill in for the community nurse on providing information and referral, but it is impossible for the social worker to provide detailed counselling or other services. Basic social work cannot be effectively taken over by another member of the community team. In some cases, when a social worker from the MPS community team was missing, most of the local authorities mobilized the other social worker in the administrative structure to take over. However, in all these cases effectiveness and quality of the work and services are perceived as deeply affected by the gaps in the community team.

### *Effectiveness of campaigns*

**The local and county authorities increased their capacity to identify and actively address adolescents' issues, and to work with adolescents.** A national campaign with three TV and three radio spots was implemented to prevent and fight alcohol consumption among adolescents. According the UNICEF's report to Norway Grants, these spots were co-designed with adolescents. The video spots of the campaign were broadcast 1,209 times on TV and the estimated number of potential impressions is over 66,372,000 million.

The spots were viewed 360,198 times on UNICEF Romania YouTube channel. On UNICEF Romania Facebook page, the spots were viewed 1,018,000 times and reached 1,898,062 people. The evaluation of the campaign provided by PSI has shown that 20% of respondents spontaneously recalled the campaign. Among them, over 60% of the respondents correctly identified the message of the campaign and between 88% and 95% agreed with the three pieces of information delivered (even occasional drinking is harmful, drinking can cause neurological problems, drinking can increase the risk of other substance consumption).

As part of the national communication campaigns carried out by UNICEF, the community workers received support for the implementation of interactive activities with children with two main objectives:

- Fighting substances and alcohol abuse among adolescents
- Promoting non-discrimination

Activities included, according to data provided by UNICEF, four training workshops for 175 local professionals from the 45 model communities, two information workshops for 2750 adolescents and 45 initiative groups made of adolescents in the 45 communities (300 adolescents in total) on the campaign against alcohol consumption.

Children and adolescents and have been involved in non-formal learning activities and participated to the creation of a tailored message and communication tools, means and materials to promote the general campaign message in their communities. Parents/caregivers have been informed on the issues, using materials provided by UNICEF partners (PSI, ALIAT) and short movies produced by UNICEF.

UNICEF trained the local professionals so that they can recognize and address all forms of discrimination in their day-to-day activity. To continue to strengthen the capacity of all service providers to identify and avoid discriminatory practices, but also to empower the vulnerable population to respond to discrimination, in 2017 UNICEF developed four so-called 'docu-dramas' based on real cases of discrimination brought to and solved by the National Council against Discrimination. As a result of disseminating these materials anti-discrimination activities have been introduced in the micro-grants projects.

No constant monitoring has been conducted on the communication campaigns. The qualitative research at local level shows that activities under the campaigns have been very well received by children and adolescents and in most of the cases there is no difference perceived between the campaigns and the microgrants.

As in the case of microgrants, non-formal activities provided opportunities for children to learn actively, participating in games and in the projects to further inform their community. They developed communication, team work and other social and emotional competences. Focus groups proved that these activities had at least positive results in rising the awareness on existing problems related to alcohol and discrimination. The behavior change is, as community workers attest, a slower process that have only begun.

### *Effectiveness of advocacy*

Following the trail of the model: “Helping the Invisible Children” (HIC)/“First Priority: No More ‘Invisible’ Children!”, MPS model focused on advocacy in parallel with the intervention at community level and it has been successful in determining some policy changes at national level and administrative practices at county and local level.

Advocacy was conducted at three levels: national, county and local level with different objectives and different target groups and activities and as presented in the table below.

**Table 12. Main advocacy directions of the MPS model.**

	Target group	Objectives	Activities and tools	Effectiveness
<b>National level</b>	<p><i>Main targeted:</i></p> <ul style="list-style-type: none"> <li>- Decision makers (Ministers and State Secretaries of MoLSJ/MoLFSPE, MoH, MoE, Members of the Parliament)</li> <li>- High officials in administrative institutions (the President of the NACPA)</li> </ul> <p><i>Secondary targeted</i> Press and representatives of international and foreign institutions as allies to approach the advocacy main targets</p>	<ul style="list-style-type: none"> <li>- Better definition of the model</li> <li>- <b>Scaling-up the model</b></li> </ul>	<ul style="list-style-type: none"> <li>- Campaigns</li> <li>- Direct meetings</li> <li>- Public events</li> <li>- Conferences, seminars</li> <li>- Field visits</li> </ul>	<i>Effective to a large extent</i>
<b>County level</b>	<ul style="list-style-type: none"> <li>- Decision makers (President and members of the County Council)</li> <li>- High officials in administrative institutions (the Directors of the GDSACP, PHD, CCERA, CSI etc.)</li> </ul>	Supporting MPS implementation at local level	<ul style="list-style-type: none"> <li>- Campaigns</li> <li>- Direct meetings</li> <li>- Public events</li> </ul>	<i>Effective to a very large extent</i>
<b>Local level</b>	<ul style="list-style-type: none"> <li>- Decision makers (Mayors and members of the Local Council)</li> <li>- High administrative officials (Secretaries of the mayoralty etc.)</li> </ul>	Implementing MPS in each community Rising the capacity of the local authorities and the community to answer the needs of the most vulnerable children	<ul style="list-style-type: none"> <li>- Direct meetings</li> </ul>	<i>Effective to a large extent</i>

Source: UNICEF monitoring files

**Overall the advocacy at local level was effective to a large extent**, giving the effectiveness of the project at in generating visible results for the targeted beneficiaries, as presented above (the answer to evaluation question n°4), and given that the effectiveness of the project at community level in rising the capacity of the local administration and other community stakeholders was fairly good, although not optimal (see the answer to evaluation question n°5).

**The advocacy at county level was very effective**, as proved by the high appreciation from the community workers for the cooperation with and support from the county coordinators, as well as from the other county institutions of interest for activities’ implementation (e.g. carrying out activities within the micro-grants).

**The advocacy at national level was effective to a large extent. The minimum package of services promoted by UNICEF become a key element of several national social inclusion strategies, laws and subsequent acts with direct applicability and concrete measures provided** (e.g. the joint Ministers (Labor, Health and Education) order n°393/630/4236 for 2017 for the approval of the Collaboration Protocol for the implementation of integrated community services needed to prevent social exclusion and fight against poverty). **The Human Capital Operational Program 2014-2020 (HCOP) is funding a ‘continuation’ of UNICEF initiative in more than 139 localities, targeting, however, all vulnerable groups, not only children. The Regional Operational Program 2014-2020 (ROP) also includes funds for infrastructure for community-based integrated services.** Therefore, the Minimum Package of Services provided in an integrated manner in communities is planned in the national policy, in strategies, due to UNICEF’s

advocacy. However, its implementation is not following the model proposed by UNICEF. The political institutions are still testing and piloting in 139 localities an intervention that is inspired by and similar with the MPS model but is not entirely a replication of the model as proposed by UNICEF.

Moreover, Aurora is not transposed in the national policy, although it is an important model for the planes of community services development at the Ministry of labor and Social Justice and at the Ministry of Health. The two ministries develop their own applications for the implementation of community-based services.

### *Effectiveness of the identification (community census)*

Most of the stakeholders interviewed for the qualitative research conducted for this evaluation, at all level: local, county and national, consider the needs and vulnerabilities assessment as one of the most important elements of the model and one of the success factors for the community based integrated intervention.

According to initial model design, the vulnerabilities assessment though the community census needed to be done using Aurora in six months (until the end of 2015), after employment of the community workers. Actual implementation was however more complicated than planned. As for many communities identifying the community workers to be employed was an important challenge, the community census took longer than planned and was conducted by both community workers already employed and field operators. Among these field operators, some of the social workers were further recruited. In June 2015 the community census with Aurora's support began and this very large and complex process was finalized in March 2016.

As already mentioned, **the community census is highly appreciated as one of the most important added values of the Minimum Package of Services model**, compared to other similar and/or simultaneous interventions in the field of social work, public health and education, irrespective of the operational limits and challenges it generated. The information it generated was appreciated by most of the representatives of local authorities, but also by the representatives of the county main public services involved (GDSACP, DPH) as highly important. It contributed both to: (1) their own capacity to address social, health, and school enrolment problems (elaboration on this issue under the next evaluation question), and also (2) **the concentration of limited resources available, at community and county level, in order to address better defined vulnerabilities and in some cases 'invisible' vulnerabilities or children for the authorities before the identification process (community census).**

It is very difficult, and it was not one of the main objectives of this evaluation, to measure accurately the level of 'invisibility' of children's vulnerabilities before the intervention. However, any information on risk situations (e.g. risk of dropping out of school the risk of separation of the children from their family, substance use behavior) were completely absent and therefore unknown and ignored by all authorities, institutions and responsible persons in the community.

Still, some bottlenecks have been identified in the process of needs and vulnerabilities assessment. It wasn't completely finalized in urban communities and even for communities where it was finished the results were not completely relevant from the point of view of the model design. Community definition within the "*Social inclusion through the provision of integrated social services at community level currently*" implemented in Bacău County identified each rural municipality with one community and the school catchment areas in the urban municipalities with the urban communities. Therefore, the project did not target urban municipalities entirely, but only parts of them and the coverage was most limited in the city of Bacău. In urban areas, daily local mobility for work and school generates a situation in which children living in the school catchment area are not always the children going to that very school. Children are often going to other schools (e.g. closer to parents' work places). Therefore, implementing the project in urban areas (and especially in the biggest city targeted, Bacău) represented a key challenge. The initial assumption, e.g. that the school catchment area represents the "community", was validated only partially in implementation, as children in the targeted school come also from other catchment areas and children in the catchment area (as assessed during the community census) were enrolled in other schools. While particularly in small rural areas the community census could be completed fast and comprehensively, in urban areas this was not the case. Moreover, **due to the catchment area situation, families with children involved in the community census but enrolled in other schools were not further addressed by the project, and urban communities with very few children in the city of Bacău have been part of the model.**

In addition, some of the community workers that participated to the community census underlined the difficulty of the process and the first contact and interaction with community members, especially when asking for the personal identification number, considering that community census was at least partially conducted in the same time with a national campaign of awareness on data protection. 14.1% of the community workers considered that the reluctance of parents to answer to the Aurora questionnaire was a large or very large problem in the implementation of the model. This generated problems especially in cities, rather than in rural areas. Additionally, was spent for the identification and assessment of all persons in all households, including the ones where local field operators already knew there is no children living and no vulnerabilities to identify. The questionnaire design in Aurora for households with children was not suitable for older households without children, but the mythology and the digital app design included many mandatory questions without relevance for old age no children household.

Furthermore, for equity reasons, all the workers for the community census were payed fees for each Aurora questionnaire filled in, rather than fixed salaries as for the community workers after the census was finalized. According the stakeholders (mainly, but not only, county coordinators) this management arrangement influenced the quality of the needs and vulnerabilities assessment and to some extent made the future social and community work harder for community workers. The first contact with services beneficiaries – the most vulnerable children and their families – was not necessarily made by the community workers. As a result, later during the MPS implementation, when these social workers needed to select the most vulnerable children to work with, they were prone to select children they visited personally during the community census phase, rather than the children they didn't now, in particular when the community worker were not originally locals of the target community.

Moreover, in some cases, the employment of field operators payed based on the Aurora questionnaire filled in generated a certain superficiality of the work, or unjustified formalism, as observed by all stakeholders interviewed, including the community workers themselves. The result was that some of the data collected during the initial needs and vulnerabilities assessment were not accurate. On the issue of superficiality, the example that was mentioned most often by involved stakeholders was the assessment of adolescent with risky behavior and especially with substance use behavior. On the other hand, the most important example given by social workers and their county coordinator on unjustified formalism during the community census is the case of identifying children without identity documents (birth certificate). After starting the service delivery in 2016 social workers discovered that in some cases children appearing initially in Aurora database without identity documents where actually registered and had birth certificates. But, because census methodology asked the field operators to fill in the answer only after verifying the information, children with parents refusing to present their documents, or that were not able to find them during the field operator visit, were reported as not having the documents at all. The same over-reporting/overestimation of vulnerabilities could be possible in the case of disability certificates.

On the other hand, data collected and analyzed for the present evaluation show that, although very well developed (and considered too complex and complicated by some community workers), Aurora still has some shortcomings when determining vulnerabilities, even if the methodology is correctly applied by the field operator or community workers (without superficiality or unnecessary formalism/rigidity). However, service provision is not affected, because the community workers will immediately realize, when addressing the case, the weaknesses in the needs and vulnerabilities evaluation and provide services adapted to the actual situation.

On the other hand, the examples presented below, on potential misrepresentations of some vulnerabilities, could influence the decision of community workers to address the cases, since addressing all children with vulnerabilities was not possible (see next section of this chapter) and a selection of the most vulnerable for service delivery was necessary. Some examples of potential misrepresentations of vulnerabilities:

- children with no vaccination at all and children missing only one of the vaccines in the entire vaccination schema are all considered equally vulnerable according to Aurora;
- violence could be underreported, because despite the methodology there is sometimes difficult to insulate potential victims of domestic violence from their aggressors, and therefore answers/information related to violence can be hidden from the field operator or community worker using Aurora
- on the other hand, children are registered as in families with violence on children in case of any kind of violence, physical, verbal, emotional etc. and at any intensity. Although this is a very important issue, not all forms of violence are equally serious, but without a personal knowledge of the situation the community worker will not be able to identify correctly the problem.
- the number of neglected children could be equally misrepresented and qualitative research conducted for the evaluation shows that most of the interviewed stakeholders estimate that this vulnerability is overestimated. It refers to all children younger than 15 that are sometimes left home alone or with brother and sisters, without an adult. There is no definition of 'sometimes' that will differentiate between once a month and every day. Moreover, if a 14 years old child is left home alone with a 17 years old brother, the vulnerability is registered the same as the case of a 6 years old child that is left alone with no adult or older sibling.

Overcoming all the presented limits, the community census for needs and vulnerability assessment allowed the identification of almost all children with vulnerabilities in targeted communities according to the qualitative evaluation. The quantitative checks of different databases (Aurora and the administrative data) provide information on some errors of overestimations or underestimations of some vulnerabilities. **However, it is important to underline that the community census in targeted communities offered for the first time a clear image of the vulnerabilities they face, and local authorities had the date for decisions based on information, rather than personal impressions and ideas.**

#### 4.2.4. Comparing the parts of the MPS model and key findings on effectiveness of the model

The table below presents a synthesis of the effectiveness evaluation of different 'parts' of MPS model, including short presentations of the most important internal and external factors influencing the effectiveness of each 'parts'

**Table 13. Key findings on the most effective 'parts' of the MPS model**

MPS 'part'	Effectiveness	Reason for the effectiveness evaluation	Factors supporting the effectiveness	Factors limiting the effectiveness
<b>Service provision</b>	<i>Effective to a large extent</i>	Most of the targeted vulnerabilities addressed have been treated with success.  Positive stories are supporting findings based on statistical analysis of the Aurora database.	All the other parts contributed to the effectiveness of the services:  <ul style="list-style-type: none"> <li>- Identification (community census) and case management methodology (Aurora)</li> <li>- Availability of other services for referral</li> <li>- Activities for the development of community workers and county coordinators capacity</li> <li>- Micro-grants and campaigns where synergic with the services provided</li> <li>- Good cooperation between community workers, county coordinators and other stakeholders</li> <li>- The existence of the financial support from UNICEF</li> <li>- Complete teams for services delivery improve effectiveness</li> </ul>	Multiple vulnerabilities  Lack of financial resources (local budgets) limiting the employment of community workers  Lack of available community workers to be employed  Lack of local political will  Lack of availability of other services for referral  Legal framework concerning school counsellors' workload  Very large and complex legal framework in the field of social work
<b>Micro grants</b>	<i>Effective to a large extent</i>	Non-formal activities provided opportunities for children to learn actively and to participate. They developed communication, team work and other social and emotional competences. These activities contributed to rising their awareness on risks.	Interest of children for the activities (non-formal learning, leisure and participative activities)	Timing: the behavior change is slower than awareness rising and need more and repeated intervention
<b>Campaigns</b>	<i>Effective to a large extent</i>		Good cooperation between community workers, county coordinators and other stakeholders	
<b>Advocacy</b>	<i>Effective to a large extent</i>	The central institutions (Ministries) are still testing and piloting in 139 localities an intervention that is inspired by and similar with the MPS model but is not entirely a replication of the model as proposed by UNICEF.	Support from county political and administrative institutions  Support from donors	Political instability (5 Ministries of labor, 5 Ministries of health, 7 Ministers of education have been in office since the beginning of the MPS implementation in 2015)

			<p>Support from public figures becoming National Ambassadors</p> <p>The community-based integrated approach in addressing vulnerable persons and the minimum package of services have been introduced in national strategies, as a result of CBS, the former modelling project promoted by UNICEF</p>	Lack of political and community development vision at local level in some cases
<b>Activities for the development of community workers and county coordinators capacity</b>	<i>Effective to a very large extent</i>	Training, methodologies and other support inputs have been highly and widely appreciated as being of high quality, interesting and useful by their direct beneficiaries (community workers and county coordinators) and their indirect beneficiaries (stakeholders)	Quality of training, methodologies and other support inputs, including step-by-step methodologies for campaigns activities	<p>Start differences in initial training, level of knowledge, experience and competencies of community workers and county coordinators</p> <p>Start preconceived ideas and biases among community workers (and county coordinators)</p>
<b>Identification (community census)</b>	<i>Effective to a large extent</i>	The community census has been extremely relevant and it instrumental as a starting point for the delivery of the minimum package of services in each community, providing all the information needed to select and prioritize service beneficiaries. However, local challenges and bottlenecks affected the effectiveness of the community census and therefore this 'part' of the MPS is evaluated as effective to a large extent (not reaching to the very large extent level)	<p>The use of a dedicated and pre-tested instrument and methodology: Aurora</p> <p>Training provided to community workers and field operators</p> <p>The existence of the financial support from UNICEF</p>	<p>Lack of available community workers to be employed</p> <p>Lack of financial resources (local budgets) limiting the employment of community workers</p> <p>Refusals to participate and to provide data, especially in large cities</p> <p>Geographical factors related to school catchment areas and the actual residence of children in the respective school in urban communities (see details above)</p>
<b>Aurora (case management system)</b>	<i>Effective to a very large extent</i>	The case management system supports all community workers in planning and providing quality services.	<p>The instrument and methodology have been developed in a similar modelling project and pre-tested before being used in Bacău – MPS model</p> <p>It has been developed during MPS implementation.</p>	The complexity of the methodology makes errors possible. In some cases, services provided have not been reported because of the complex methodology.

Source: Authors analysis of available data

### 4.3. EFFICIENCY

Efficiency assessment follows the relationship between the outputs and outcomes of an intervention and the resources used for this purpose. To formulate findings on efficiency, this summative evaluation carried out both the analysis of used resources and their comparison with other cases where similar activities with similar results or other proposed standard costs.

#### 4.3.1. Efficiency of resources used

##### Evaluation question and approach

##### **Evaluation question 7. Does the modelling project use resources in the most economical/efficient manner to achieve expected results?**

To answer this evaluation question, a cost-efficiency analysis has been undertaken. For this purpose, costs per activities/outputs have been calculated, based on budget data available provided by UNICEF.

An average cost per beneficiary and/or community, including all expenditures (direct and indirect) has been calculated, to support budgeting of rollout scenarios. Comparisons of different costs of the model is made to standard costs (or costs calculated by other studies and evaluation) for other (similar) social, health or medico-social/integrated services. Other services that could be prevented by the MPS have been considered as well for cost comparison: standard costs for child protection/care services as per national legislation.

Data are analyzed in the light of the qualitative research (interviews and focus groups at county and community level) findings.

##### Resources used

UNICEF supported costs for the implementation of the MPS model at community/mayorality level, at county level and at national level. Besides financial resources, the MPS model mobilized human resources at all levels, generated a large amount of 'informational resources' in all the tools, including Aurora, it used material resources purchased with the allocated budget and it employed and developed the social capital at the level of the community.

Evaluation findings regarding human resources employed and their capacity building (generating the rise in value of these resources), at community and county level, are presented under the answer to evaluation question n°5. The same section of this report covers the evaluation of the use development, use and usefulness of other resources, except the financial and material ones. This chapter provides findings on the financial resources used, including the material and human resources paid with UNICEF contribution at all levels.

Funds have been provided to UNICEF by several donors. The most important of these donors are: the Norway Government through the Norway Grants<sup>72</sup>, the French Committee for UNICEF<sup>73</sup>, Swiss National Committee for UNICEF, Bodnar Foundation. Private companies and individual donors also contributed to the MPS budget. Many of these donations and sponsorships have been directed to the interventions conducted in Bacău County, for both MPS and QIE.

Most of the financial resources at national level have been used to support the implementation of both models (MPS and QIE), including costs for management, research, campaigns and advocacy. In this context, only selected costs have been used to determine the efficiency of resources used.

**Table 14. Budget of the MPS**

Expense category	2015	2016	2017	2018
Salaries	RON 686.673	RON 1.513.071	RON 2.666.257	RON 2.447.224
Micro-grants	-	RON 348.310	RON 476.660	RON 361.396
Equipment	RON 55.179		-	-
Medical kits	RON 50.849		-	-
Notepads to work with Aurora	RON 484.811		-	-
Integrated training (trainers)	RON 397.255	RON 1.045.355	-	-
Training for community nurses	-	RON 708.740	-	-

<sup>72</sup> A total of EUR 3,285,706 has been granted by the Norway Grants for the implementation of the Minimum Package of Services and the Quality Inclusive Education models in Bacău County.

<sup>73</sup> total of EUR 1,398,000 has been granted by the French Committee for UNICEF for the implementation of the Minimum Package of Services and the Quality Inclusive Education models in Bacău county

Training for social workers	-	RON 29.400	-	-
Training (organizing)	RON 91.035	RON 76.003	-	-
Trainings (materials)	RON 12.639	RON 34.000	RON 80.801	-
Transport to trainings	RON 22.880			-
<b>TOTAL COSTS of MPS</b>				<b>RON 11.588.538</b>

Source: UNICEF monitoring files

**A total of RON 11,588,538 represents the costs of MPS implementation in 45 communities** in Bacău County for 4 years: 2015-2018. This amount represents an average of **RON 257,523 per community**<sup>74</sup>. Given that implementation at local level started in June 2015, this total amount per community could constitute a total average burden of **RON 73,578 per year per community**<sup>75</sup> in combined contributions to staff costs covered by the local budget, staff costs covered by the county and the state budget, training costs, equipment costs and 3 micro-grants for local communities up to RON10,000/year. This total budget doesn't include, however, the cost for 3/5 of the school counsellors and school mediators, the cost for 6 community nurses out of the 35 employed in 2018, the cost for one social worker out of the 44 employed (full time equivalent) in 2018.

If comparing this input with other costs that may be incurred by a mayorality, if the average budget for a community is divided by month, **the average costs of the MPS model at the level of the community equals 1.5 average economy wages (established for 2018 at RON 4,126). Considering that MPS employs three persons/community and provides for training and support from county level, as well as grants for various activities, the way resources are used is highly efficient** from the point of view of the value obtained for the inputs invested.

Determining an average cost/output representing and average cost/beneficiary is more complicated as the total number of persons receiving services, including monitoring of their social, health and educational situation varies during project implementation. However, 3 figures can be taken into consideration:

- If one considers **the total number of persons that received at least one service** recommended by Aurora as part of the MPS, **the average cost/beneficiary (children, pregnant women, mother or another member of the child's family receiving services for to the benefit of the child) is RON 410 for the 3,5 years of intervention and RON 117/year/beneficiary.**
- If we consider the average recommended group of 100 beneficiaries/community receiving services on a regular basis to address serious and multiple vulnerabilities, the average cost/beneficiary is RON 2,575 in total or the 3,5 years of intervention and RON 736/year/beneficiary
- If we consider **the total number of 5,037 active cases of children** (cases marked as active in Aurora database), **the average cost/beneficiary is RON 2,301 in total or the 3,5 years of intervention and RON 657/year/beneficiary**

To model sustainable intervention in the targeted communities, the costs of the MPS model have been deliberately kept at a low level, compatible with the capacity of local budgets. Salaries have been calculated by the mayoralties, respectively by the county level institutions, according to their own organizational salary charts. This decision on resources economy determined that costs for the transportation of community workers in different villages or other operational costs were not included in the budget.

### Efficiency compared to other standard and programme costs

If these costs are compared to budgets and expenditures in projects supported by the European Funds, MPS is highly efficient. The evaluation of the projects with an important component of social work funded by the Sectoral Operational Programme Human Resources Development 2007-2013 computed the average cost per beneficiary at EUR 1,350 per project and EUR 450 per year.<sup>76</sup> The cost is more than double (EUR 12,625 per project and EUR 875 per year) in projects where a large proportion of the target group are Roma.<sup>77</sup> **The cost per beneficiary in a project funded by the European Funds is therefore more than 3 times higher than the cost per active case of the MPS and but 18 times higher than the cost per beneficiary of the MPS if all beneficiaries of at least one service are consider.**

Within the EEA Grants, the RO10 Programme: "Children and Youth at Risk and Local and Regional Initiatives to Reduce National Inequalities and to Promote Social Inclusion" reported 18,022 children direct beneficiaries, 11,757 young

<sup>74</sup> The total budget is divided by 45 to determine the average budget per community

<sup>75</sup> The average cost per community is divided by 3.5 years (from June 2015 to December 2018) to determine the average budget per year per community.

<sup>76</sup> Ministerul Fondurilor Europene, 2015. *A doua evaluare intermediară a POSDRU 2007-2013*, disponibil la: <http://old.fonduri-ue.ro/posdru/images/downdocs/raport.lot.1.pdf> (ultima accesare 18.05.2017), pp. 287-289;

<sup>77</sup> *Evaluare ad-hoc a interventiei POSDRU privind tinerii*, disponibil la: <http://old.fonduri-ue.ro/posdru/images/downdocs/raport.lot.2.pdf> (ultima accesare 18.05.2017), pp. 51-66; *Evaluare ad-hoc a interventiei POSDRU privind populatia roma*, disponibil la: <http://old.fonduri-ue.ro/posdru/images/downdocs/raport.lot.3.pdf> (ultima accesare 18.05.2017), pp. 77-83.

people and 16,393 parents / tutors of children and young people belonging to vulnerable groups having granted access to specific services, respectively a total of 45,990 beneficiaries. In relation to the total amount spent in the program, namely EUR 28,133,803, the unit value of the result representing vulnerable beneficiaries is EUR 611.30. Considering that projects had a duration of approximately two years, **the average unit cost per beneficiary per year in the projects funded by the RO10 EEA Grants program was EUR 305.65 (about 1.375,43 lei). This is two times higher than the costs for an active case addressed within the MPS model.**

Comparing the cost for community based integrated services with other services provided by the social work legal framework we find that: **the cost per active case (RON 657/year/beneficiary) is 3 times lower than the minimum standard cost for counselling and other day care services provided in day centers licensed for social work (RON 2,600/year/beneficiary)** according to Government Decision n°978/2015 on the approval of minimum cost standards for social services.

As shown by the PwC's financial impact analysis<sup>78</sup>, the budgeted amount for micro-grant has been established in 2010 by reference to similar initiatives implemented by NGOs (see World Vision, etc.) and/or grant schemas such as Phare, etc. If at that moment the costs were comparable, 8 years later, in 2018, the micro-grants remained at the same level, without considering the rising costs of goods and human resources involved. Among the grants available now in Romania for similar activities, the most like the micro-grants provided by UNICEF to the mayoralties for non-formal learning, counselling and leisure time activities for children and adolescents are the grants offered by the Ministry for Youth and Sports for the youth NGOs. But in this case the maximum limit for a grant is RON 50,000, 5 times higher than the micro-grants provided by UNICEF. From this point of view the cost of these activities is also highly efficient at the moment.

#### 4.3.2. Added value of the MPS model

##### Evaluation question and approach

##### Evaluation question 8. What is the value added (in terms of financial value) of the modelling project?

The financial added value of the modelling project is given by economies incurred by applying the project approach (preventive, community based, integrated) versus the scenario 'business as usual', e.g. how services (child and social protection, health and education) are delivered to vulnerable families (children and families) outside the project (in the same communities or other communes/communities in Bacau county). To answer this evaluation, question the following analyses will be carried out by the evaluation team:

- The project budget/expenditures are compared to budgets for specialized services in the child protection area, to support (if the case) findings of other studies (such as the PwC financial assessment), about the efficiency of the model compared to the national approach based on specialized services.
- Added value of integrated character and the added value of community-based character: based on qualitative data collected through interviews and focus groups at county and community workers level.
- Economies triggered by utilization of Aurora by community workers, for the same/equivalent results, based on qualitative data collected through interviews and focus groups at coordination and community workers level.

##### Added value compared to avoidable administrative costs

MPS assumes that community-based services in the minimum package are prevention services and, if offered for the right amount of time to the most vulnerable children, risks are not occurring. From this point of view, the model aims at lowering the number of children separated by their family, although there is not possible to prevent or eliminate this risk in just 3 years of services provision. Likewise, the model aims at reducing the number of preventable hospitalizations and reducing the risk and the actual occurrence of school drop-offs.

In comparison, the estimated costs for prevention services are incomparably lower than the cost standards for reactive services. Thus, the cost standard laid down in Government Decision no 978/2015 for each child per year varies as follows: RON 8,075 for foster carers with 3 foster children; RON 12,025 for foster carers with 2 foster children; RON 21,456 for foster parents with a foster child; from RON 24,602 lei to RON 28,847 for residential services. In the same context, the cost of RON 657/ active case/year is 11 times lower than the cost paid to a foster home for each child and 25 times lower than the standard cost for centers for victims of domestic violence, where standard costs are set at RON 16,570.

<sup>78</sup> UNICEF and PwC, 2015, "Financial impact analysis for scaling up a model of community-based services at national level", p. 20.

The average cost for of avoidable hospitalization for a child is RON 1,530 (as per data provide by the National School of Public Health), more than double compared to the cost of RON 657/ active case/year.<sup>79</sup>

### Qualitative assessment of the added value of the MPS model

Community workers stated in interviews and focus groups that, from their point of view, service delivery is sometimes more effective and efficient on the target group than social cash transfers. In some cases, cash benefits lead to perpetuation of the risks and vulnerabilities, e.g. in the case of households where adults are alcoholics, but most often preventive services and cash benefits are complementary, addressing different interconnected vulnerabilities, such as the lack of information about the health risks of poor hygiene and unsanitary housing.

Assessing the added value form the point of view of the integrated approach, we notice that some costs have covered different components integrated by the MPS: social work, public health and education. Therefore, savings could have been generated by the integrated approach when covering costs for trainings of community workers and school counsellors and the development of community centers through micro-grants. The integrated approach is appreciated by all stakeholders as an added value both in terms of effectiveness of identifying, assessing and addressing children's needs and in terms of efficiency of this approach. A joint visit to a household and a team plan in addressing the vulnerabilities of the household avoids duplication of services, efforts and resources used, but also ensures that all needed/recommended services are covered by a community worker and all vulnerabilities are addressed.

Last, but not least, Aurora is a tool that save them time for addressing concrete problems with services for 85.9% of the community workers, that agree with this statement to a large or very large extent. Interviews and focus groups show that some of the community workers appreciate Aurora as very effective in identification and needs assessment, but not so efficient, because of the length and complexity of the questionnaire. However, all of them underline the importance of the case management tool provided by Aurora and the fact that it saves time in planning and delivering services.

### 4.3.3. Costs for scaling up

#### Evaluation question and approach

##### Evaluation question 9. Are the cost implications for scaling up considered?

The analyses carried out to answer this evaluation question continues the estimations made by the 2015 PricewaterhouseCoopers study on the financial impact analysis for scaling up a model of community-based services at national level<sup>80</sup>. The study is based on data produced mainly by the modelling projects preceding the MPS model: Helping the Invisible Children" (HIC)/"First Priority: No More 'Invisible' Children!" (CBS). The different unit costs calculated in 2018 based on the experience of the last three years and the provisions of the Law n°153/2017 on a unitary wage system for staff paid from public funds are used to recalculate the outcome of the model developed by the PwC study. The total costs for scaling up are compared to the actual budgets of the MoLSJ, MoH and MoE to determine the budgetary burden of the scaling up.

#### Community types and other factors for scaling up the MPS model

According to PwC study, "the approach used in calculating the intervention cost of scaling up the CBS model/MPS at national level is based on the common framework for estimating the costs incurred as a result of implementing a "new delivery model"<sup>81</sup>, which involves defining two elements"<sup>82</sup>:

- The content of the MPS delivered in the model – the various types of MPS components, and
- The exact needs of the target population – e.g. estimating the size of the target population and the different degrees to which they require the services included in the MPS model.

In the first stage, six scenarios have been developed by PwC ranging from providing basic social work services in rural areas, with no health or educational services integrated, to complete integrated MPS in rural and urban areas, provided by scenarios 5 (Optimal rural scenario: Implementation of the minimum package of services, optimal version with social

<sup>79</sup> However, if considering avoidable, and ambulatory care sensitive hospitalizations among children in the targeted communities there are no conclusive results of the data analysis. The average cost per solved case in hospital is increasing during the observation period (at a much higher rate than inflation) suggesting that the hospitalized cases were more complex. This is in line with the trend at national level providing for a change in reporting and coding methodology at hospitals level.

<sup>80</sup> UNICEF and PwC, 2015, "Financial impact analysis for scaling up a model of community-based services at national level".

<sup>81</sup> Cost benefit analysis guidance for local partnerships. Public Service Transformation Network, 2014

<sup>82</sup> UNICEF and PwC, 2015, "Financial impact analysis for scaling up a model of community-based services at national level", p. 29

assistance/social worker, health care/community nurse and education/school counsellor components, in rural communities) and 6 (Optimal urban scenario: Implementation of the minimum package of services, optimal version with social assistance/social worker, health care/community nurse and education/school counsellor components, in urban communities").<sup>83</sup>

In the second stage, considering the needs of the target population, a set of indicators, derived from the information generated by HIC/CBS/MPS implementation, has been used "to estimate the volume of effort required at national level for implementing the proposed delivery model"<sup>84</sup>. The workload estimated by PwC for the costing model, using a conservative approach, is 200 vulnerable children/social workers (considering the workload provided by the Law n°292 on Social Work: 300 beneficiaries/social workers and the estimation of a reasonable workload of 100 beneficiaries/social worker based on the HIC/CBS/MPS implementation). Moreover, based on data from the communities participating in HIC/CBS implementation, the PwC study, estimated that approximately 10% of each community child population need one or more of the services included in the minimum package of services. Several additional indicators have been proposed to estimate the level of social risk of the community, generating a potential increase of the number of vulnerable children and therefore affecting the workload of the social worker and other community team members. The set of indicators used to calculate the workload included: the number of children in the community, the type of community (rural or urban), the share of children in total population, population density, share of the population benefiting from the minimum guaranteed income, average unemployment rate.<sup>85</sup>

**To replicate the MPS model and to provide services addressing children and women's vulnerabilities the need for social workers is estimated at 4,000<sup>86</sup>. The estimated number of community nurses required to scale up the modelling project nationwide, is according to PwC around 4,000 community nurses.<sup>87</sup> The required number of school counsellors to scale up the MPS model at national level is estimated at approximately 8,450.<sup>88</sup>**

Concerning the number of county coordinators, within the MPS, one part-time coordinator on social work monitored and supported up to 7 social workers, meaning one full-time coordinator could work with 14 social workers. For the coordinators in the fields of health and education the estimated number of community nurses and school counsellors they could work with can be double compared to the coordinators on social work. On the other hand, considering that the MPS model has been implemented in Bacău county with 7 part-time coordinators on social work, 4 part-time coordinators on community health services and 4 part-time coordinators for school counselling for less than a half of the communities in the county, we can estimate that at the level of each county scaling up the MPS will involve at least 8 full-time coordinators on social work, 5 full-time coordinators on community health services and 5 full-time coordinators for school counselling.

Due to the fact that at the moment the Law n°153/2017 on a unitary wage system for staff paid from public funds provides for salaries that can vary for the same position according to the seniority, professional degree and source of funding (in the case of salaries payed from local budgets), **the costing model for scaling up the MPS proposes a minimum impact scenario, based on minimum costs, and an optimal scenario, based on cost estimated for professionals with average seniority.**

The scenarios and computation of costs for scaling up exclude the micro-grant component at this stage, but it can be considered as an addition to the budget, calculated based on specific assumptions regarding the number of communities and the amounts granted.

### Costs for scaling up the MPS model

Based on the model developed by PricewaterhouseCoopers, estimated value of salaries, services and products have been up-dated according to details presented in annex n°12.

**Based on these cost estimations, the budget needed at the level of one community with one school is up to RON 176,053 in the optimal scenario for the first year and RON 169,483 for the next years.** This amount represents an

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<sup>83</sup> Ibid, p. 29.

<sup>84</sup> Ibid, p. 30.

<sup>85</sup> Ibid, pp. 30-35.

<sup>86</sup> Ibid, p. 35 and World Bank, 2014, "Provision of Inputs for the Preparation of a Draft National Strategy and Action Plan on Social Inclusion and Poverty Reduction (2014-2020)". Considering the workload generated by the level of risk of each community, according to the data provided by PwC study and World Bank, „the need for social workers at national level and for the entire scope of social assistance (e.g. not only preventive services for 'invisible' children) is estimated between 2,300 and 3,600 in rural areas and small towns (with less than 50,000 inhabitants) and 11,000 at national level."

<sup>87</sup> Ibid, pp. 42-43. The estimation of community nurses need was calculated based on the same assumptions used in determining the number of social workers and on the work standards provided by the legal framework in place (Government Decision 459/2010) indicating a number of 500 beneficiaries allocated to a community health nurse.

<sup>88</sup> Ibid, pp. 44-45. The required number of school counsellors was defined by PwC „based on the provisions of the Education Minister's Order 5555/2011 approving the Regulation regarding the organization and operation of centres for educational resources and assistance, according to which a school counsellor should cover a maximum of 800 pupils aged between 6-17 years, and 400 pre-school pupils aged between 3-5 years."

effort for the local budget up to RON 117,838 in the optimal scenario for the first year and RON 112,268 for the next years, including RON 49,080 that are transferred from the Ministry of Health for the community nurse, therefore the impact for the local budget is RON 70,758 for the first year and RON 63,188 for the next years. Costs related to the community level, but not included in the above total, are presented in a separately in the table below. These costs are the ones related to the school counsellors. These costs are covered by the County budget through the CCERA with funds transferred from the Ministry of Education and are up to RON 58,215 in the first year of implementation of the optimal scenario and RON 57,215 for the next years. The total value of the human resources in the optimal scenario is RON 153,375/year/community, with costs divide between the local budget (RON 49,080/year/community), the Ministry of Health transferring to the local budgets (RON 49,080/year/community), and Ministry of Education transferring to the county budget (RON 55,215/year/community). A detailed costing model is presented in Annex n°12.

**The budget needed at the level of a county is up to RON 1,779,480 in the optimal scenario for the first year**, based on the extrapolation of the need for county coordinators form the situation of the MPS model, meaning: at least 8 -time coordinators on social work, 5 full-time coordinators on community health services and 5 full-time coordinators for school counselling. This budget includes RON 831,725/year/county for coordinators on community health services from the state budget at the Ministry of Health and RON 947,755/year/county needed from the counties' budgets in the first year. Total costs after the first year, when endowment is included in the budget, is RON 917,205 in the optimal scenario at the level of the county budgets and RON 819,975 in the optimal scenario at the level of state budget at the Ministry of Health, resulting a total of RON 1,737,180/year/county at county level form different budgetary sources.

Based on the indicators collected and assumptions described previously on numbers of social workers, community nurses, school counsellors and county coordinators needed, the costing model renders a total national estimated annual cost between RON 812,030,571 and RON 963,268,750 in the first year, associated with employing, training and endowment for the required number of social workers, community nurses, school counsellors and county coordinators at national level.

The annual costs associated with employing the GDSACP/DPH/CCERA coordinators are estimated between RON 49,472,640 and RON 64,932,840. The costs associated with employing the GDSACP/DPH/CCERA coordinators and providing them with all necessary capacity (training, transport, and overheads) are estimated between RON 57,501,360 and RON 72,961,560.

The total cost for scaling up the MPS at national level is estimated at RON 1,038,006,910 in the optimal scenario in the first year, associated with employing, training and endowment for the required number of social workers, community nurses, school counsellors and county coordinators at national level. In the next years the total costs for scaling up are estimated at **RON 1,005,500,310/year from different budget sources**.

The total burden related to each of the three sectors involved in MPS is a small fraction in the budget of the ministers in charge for these sectors. Total costs for social workers, their training, travel, overheads, endowment and coordination represents 1% form the budget of the Ministry of Labor and Social Justice for 2019 (RON 25.09 billion). Total costs for community nurses, their training, travel, overheads, endowment and coordination represents less than 2.9% form the budget of the Ministry of Health for 2019 (RON 9.5 billion). Total costs for school counsellors, their training, travel, overheads, endowment and coordination represents 1.6% form the budget of the Ministry of Educations for 2019 (RON 30.83 billion).

## Scaling up scenarios

**Considering the effort envisaged for scaling up the MPS model, including the estimated budgets needed, the human resources and the legal and institutional framework modifications (especially in terms of institutional practice)<sup>89</sup>, there is not possible to scale up the MPS model at once at national level and several scenarios could be considered, as presented in the Annex n°13**

Moreover, none of the proposed scenario and costs for scaling up doesn't include the costs for micro-grants that supported access to specialized services, like psychological counselling, for some of the most vulnerable members of the communities (parents and children) or non-formal learning activities, like trips, for the children. **Considering their effectiveness and impact, it is highly recommended that such activities to be continued.** The micro-grants scheme could be provided in different programme and institutional arrangements:

- as a special grant mechanism within the future programme funded by the European Social Fund (like the entrepreneurship grant scheme, based on the selection of a grant manager and a separate, simplified procedure to access EU funds);

Or

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<sup>89</sup> See section 4.4.2. *Sustainability at national level*

- as a national interest programme at the MoLSJ (like the Local Development Programme at the Ministry of Regional Development and Public administration. While the Local Development Programme supports small local infrastructure, the new programme could support small local social interventions);
- Or
- as a legal obligation for local authorities to support the Minimum Package of Services (if the budgetary burden for social workers is taken over by the MoLSJ, as recommended in section 4.4.2. *Sustainability at national level* below).

#### 4.4. SUSTAINABILITY

The sustainability evaluation seeks to determine whether the benefits of the MPS model can continue after the UNICEF support has been withdrawn, analyzing both the possibilities for continuation of activities, including the local context motivation of the actors involved in their realization and the extent to which the effects of the model can be maintained without support provided by 2018.

Under the same evaluation criterion, the evaluation is also concerned with the MPS model replicability and scaling-up at national level as part of the national policy

##### 4.4.1. Sustainability at community and county level

###### Evaluation question and approach

###### Evaluation question 10. Are the interventions modelled likely to continue when external support is withdrawn?

The assessment focuses on Bacău County and its communities, determining the extent to which the project activities will continue after December 2018. Measures taken by decision making factors (national, county and local level) and actions undertaken by UNICEF to facilitate the continuation of activities are considered.

For this purpose, the evaluation team analyzed the extent to which the necessary preconditions are in place for project continuation:

1. The stakeholders (community workers, coordinators and decision-making factors) have the understanding and capacity to continue activities in the communes addressed
2. The human resources involved in the project will continue activities beyond its completion (community workers and county coordinators are integrated in the local public structures, salaries are budgeted, positions and responsibilities are taken up in the organizational chart of the involved institutions and job descriptions)
3. Procedures for coordination, supervision, monitoring and evaluation of the integrated approach and its effects are in place
4. Aurora management is taken over at county level – responsible persons are nominated and have the capacity to manage the system, funds are allocated for this purpose (human resources and system maintenance, including training)
5. Overall, funds are secured (national budget and or/EU funds) for the project continuation in the addressed communities (further than funds mentioned at previous points, funds for continuous training of CWs, monitoring, evaluation)
6. Measures have been taken to extent the model at Bacau country level.

###### Sustainability ensured at local level

**The qualitative research at local and county level (interviews and focus groups) shows there are positive premises for further implementation of MPS in the targeted communities. These premises are influenced by local, administrative, political and legislative factors and by the existence of financing sources** that will ensure that local and county authorities are able to take over and preserve the community workers positions, set up within the project model proposed by UNICEF, in their organizational chart.

At local level, ensuring sustainability varies from community to community. Some of the mayoralties have taken some measures to maintain the posts created within the MPS model with UNICEF support. In this respect, the interviews and focus groups have confirmed that there are mayoralties that have allocated financial resources from the local budget to ensure the financing of the created posts. In all four rural communities visited for interviews with representatives of the mayors (Blăgești, Corbasca, Horgești, Urechești), the interviewees confirmed that all community workers (social workers, community nurses and health mediators) employed for the MPS delivery will continue the activities carried

out within the model, using all instruments developed within the project, including Aurora. The same has been confirmed for other rural communities where focus groups have been conducted (Asău, Dealul Morii, Zemeș etc.).

**The community workers and community's capacity to implement the MPS has been rising during the four years when UNICEF provided support including funding but also methodologies, training and tools, like Aurora but not only (see answer to evaluation question n°5). In his context, ensuring budget for the community workers positions and the continuation of the employment of the same persons is the most important element for the sustainability at local level.** Moreover, answering the online survey, over 50% of the community workers mentioned that they will continue to use Aurora after the completion of the project (to a very large extent) and 38% (to a large extent).

On the other hand, there are situations where the social workers who continue their employment within the PSAS focus on the current 'business as usual' activity of the PSAS and not necessarily the MPS specific activities. Although in general they do more fieldwork, the project methodology is not applied in its complexity/totality. This happens in Moinești, where interviews with the director of the Social Assistance Directorate (SAD) confirmed this approach and in the city of Bacău, where the focus group with social workers confirms the approach.

Interviews in Moinești (both with representatives of the local authority and with community workers) confirmed that the local administration is considering taking over Aurora to replicate the efforts for the rest of the city, but there is no effective takeover plan, because they hope to use the tool for all categories of social work beneficiaries. Considering the database resulting from the activities carried out within MPS model, Moinești City Hall has proposed to continue gradually the use of Aurora. Thus, within 3-6 months, they have proposed to review all social work files, regardless of the benefit category for which they are prepared. When the files are resumed and completed, the database (Aurora) will be searched and updated, so the resulting data should be common at the end. In this way, a gradual takeover will take the data from Aurora in 6 months, according to the plan presented during the interviews. However, at the time of the interview (February 2019) the Social Assistance Directorate's staff didn't use Aurora and the field research shows that community workers involved in MPS implementation are not fully integrated in the SAD team, as they are constantly called the "UNICEF co-workers". In practice, within the SAD of Moinești, social workers providing services and assisters to adults consult Aurora database to better know and understand the situation of a household. Since 2016 the community workers implementing the MPS were accompanied by 'area social worker' designated by Moinești SAD, so that data will be shared by all the interested parties, covering all categories of vulnerable persons, not just children. Still, Aurora has not been updated with new cases and if its use is not continuous data registered will soon be obsolete.

In this context, in Moinești the sustainability will only partly be ensured. As shown, integrating the work of the MPS community teams, and especially of the social workers – that have been very much focused on providing services to children – in the 'business as usual', day to day activity of a large Social Assistance Directorate in a city is more complicated than in the case of the rural communities.

Furthermore, there is a risk for the sustainability of activities that some of the community workers have been employed in different administrative positions (for example, in the case of Găiceana, where the health mediator has been employed in the town hall on an administrative position, and in the case of Vultureni, where the social worker was also employed in another position). Therefore, where such cases exist, most of the instruments developed and improved within the MPS model (Aurora, the integrated work methodology, Zero Priority Procedure, etc.) will not be used.

Moreover, in two of the rural communities visited for interviews with community workers and community representatives (in Corbasca and Urechești), in February 2019, the school counsellor was not part of the team anymore, although she was present in the community in 2018.<sup>90</sup>

Presented cases show that, without local political will (of the Mayor and the local council) focused in child protection, the increased capacity of community workers and community stakeholders will be capitalized by the social work departments, but the focus on services provided to children can be easily lost. In cities where these social assistance directorates are large, with many employees and beneficiaries, it is easier to overlook the input of two social workers with a different perspective, approach and capacity, compared to rural communities where the social worker trained during MPS needs to coordinate her activity with just another social worker.

On the other hand, the sustainability of the work of community nurses is ensured in most of the communities, but they are carrying out a larger range of activities and providing many additional services beside the ones recommended by MPS. This aspect also applies to other professional but from the perspective of MPS, the focus should be on children and their families, but they cannot and should not ignore the other categories of beneficiaries. Community nurses have

<sup>90</sup> In Corbasca the school counsellor obtained the position of schoolteacher and it was impossible for her to hold two full time jobs, while in Urechești the school counsellor preferred a similar position closer to her hometown.

been employed in most of the communities targeted by MPS (about 35 out of 45 are covered) and, in several cases (12 community nurses and 6 health mediators), payment is ensured by the Ministry of Health payment is ensured by the Ministry of Health, transferring funds for this purpose to local budget, ensuring thus a better financial sustainability and in most cases better wages (based on the regulation of salaries in the health sector) than mayoralties can ensure using their own budget. This is contributing to better motivating the community nurses and creates the premises for long term sustainability. However, community nurses have an extensive list of responsibilities and tasks related to all people in the communities, not only children, pregnant women and mothers. Despite this, the evaluation finds that, in most of the communities, **community nurses can continue their work with the most vulnerable children, pregnant women and mothers and can, as well, conduct all the activities provided by the law on community health assistance**. In large and very vulnerable communities the need for a second community nurse can emerge and in some communities the mayoralty took initiative in employing the human resources needed, but these are insulated cases. In Moinești, the Public Health Department was established at the level of the specialized apparatus of the Mayor of Moinești, ensuring and maintaining the sustainability of health care activities. Within this compartment several key actors serving the municipality (general practitioners, community nurses, health mediators, and dentist) have been employed<sup>91</sup>.

According to the survey among community nurses and health mediators, they will use Aurora to a very large extent (60%) and to a large extent (31%) after MPS conclusion, which confirms the possibility that the application will be taken over. On the other hand, for the health professionals, Aurora is in 'competition' with another online application/system provided by the Ministry of Health. Although filling in both databases is possible, the overlapping of tools is a risk for the continued use of Aurora if and when the Ministry of Health will impose the use of its model and the workload of the community nurse will increase. The two tools include some common indicators, as the one proposed by the Ministry of Health is inspired by Aurora. However, they are very different in many aspects, Aurora covering mainly vulnerabilities of the children, pregnant women and mothers, while the application/system provided by the Ministry of Health covers all target groups of the community nurses and is more focused on activities conducted than on vulnerabilities identified.

On the other hand, in terms of integrated community work, the community nurses responding to the online survey confirmed that the collaboration between the communal institutions (mayoralty, school, medical center) has improved to a very large extent (66%) and to a large extent (26%), which is a positive premise for the continuation of integrated work. 62% of the respondents also confirmed to a very large extent the improvement of the cooperation between the communal institutions and the county institutions with health attributions.

Interviews confirmed the need for the mayoralties to be supported financially by the national budget or other financier (e.g. UNICEF), so that they are supported in maintaining / financing the positions created within the project on a longer term. Without support from the Minister of Health for the community nurses and without external support for a second social worker, most of the mayoralty strive to ensure salaries for the community workers, but in most cases, these are not at a competitive level and staff turnover will affect negatively the MPS sustainability even in cases where there is a local political and administrative will to continue.

Among identifying funding sources for taking over and retaining community workers in communities, some mayoralty representatives have confirmed that they have identified other potential sources of support. They have developed projects for different funding programmes (especially Operational Programme Human Capital 2014-2020). In this respect, sustainability is influenced by the quality of the projects submitted and by the expertise of the mayoralties in accessing European funding. In many cases, due to the lack of a person or department specialized in the writing and implementation of European funded projects, attempts to access funding have failed.

Moreover, without additional funding or external intervention (activities of national wide projects) local budgets cannot afford to support continuous training of community workers. Although their capacity has been developed by MPS activities and trainings, continuous training is key in ensuring a professional approach and quality services and this part of the sustainability at local level is not covered now without external funding.

In conjunction with the measures that are prerequisites for ensuring the sustainability of the activities implemented within the MPS, a series of leisure activities (summer school, children's table, after school) are carried out at the community level in the community day centers that have been endowed during the MPS implementation (through micro-grants awarded within the framework of the MPS or through EEA Grants as part of the CORAI programme). In some communities this includes after school activities and if local budget or the cooperation with another donor or with an NGO allows food and transportation for the students benefiting from afterschool classes or support. These activities allow for the sustainability of the MPS results at the level of the beneficiary children.

Another aspect highlighted for the sustainability of MPS activities can be represented by the improvement of the collaboration between the institutions in the communities and those at the county level. Survey results among social workers indicate that collaboration has improved to a very large extent (50%) and to a large extent (42%). Also, 94% of

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<sup>91</sup> Decision on the Organisational Chart of the Mayoralty of Moinești: [http://www.moinesti.ro/fisiere/pagini\\_fisiere/organigrama\\_hcl035-2018.pdf](http://www.moinesti.ro/fisiere/pagini_fisiere/organigrama_hcl035-2018.pdf)

them consider, in a very large extent (54%) and in a large extent (40%), that the mayoralty pays more attention to solving social problems. In addition, 90% consider in a very large extent (48%) and in a large extent (42%) that the collaboration between the institutions in the community (mayorality, medical office, school) has improved, thus perpetuating the integrated character approach of the project.

From an educational perspective, according to the information gathered, 35% of the counsellors and mediators consider to a very large extent the collaboration between the institutions in the communes and those at the county level, with attributions in the field of education and 56% of respondents confirmed the improvement of collaboration to a large extent. Regarding the collaboration between the institutions in the communities (mayorality, medical office, and school), 93% of respondents consider to a very large extent (40%) or to a large extent (53%) that it has improved. Regarding the takeover of Aurora, according to the survey among school counsellors and mediators, 71% of them confirmed that they would use Aurora to a large or very large extent after the project was completed. These issues are prerequisites for continuing integrated community work.

### Sustainability ensured at county level

According to the information received in the interview with the representative of GDSAPC Bacău, the institution included in its budget the financial resources for the country coordinators in the field of social work and child protection and they continue their activities, as the evaluation team could learn during the focus groups with these very coordinators. **A dedicated department for community services has been established by GDSAPC to ensure sustainability for county coordination for the MPS.**

Moreover, the *County Strategy for the Development of Social Services* foresees the extension of the activities carried out within the MPS at the level of the entire Bacău County. In this respect, the funds needed to implement the activities will be allocated gradually according to the GDSAPC representative. Although there is no concrete plan at the GDSAPC, the interview confirms that case management is extended to the county level using features from Aurora, and case managers within GDSAPC have been provided with tablets to monitor and evaluate the cases that are already in the system. An unplanned sustainable result of the project is the use of the vulnerability assessment grid by the case management staff within the GDSAPC, and the GDSAPC representative anticipates it will become more and more important as the social services will be outsourced, large facilities closed, and the institution will be responsible for monitoring. Together with service monitoring, the very detailed and organized way of monitoring the evolution of children vulnerabilities using Aurora is planned in Bacău County.

Case managers in the General Directorate are, also, using the service map, that have been mentioned as well by community workers in their interviews. The service map is an element that came as a response to the need emerged during MPS implementation: to have a clear image, for local and county professionals, of the specialized social, health and educational services available at county level. The map is mainly used for accompaniment and referral services, but it also serves GDSAPC for planning and monitoring services in the county. The map continues to be used both at county and local level.

Regarding the education sector, sustainability of activities at community level can only be ensured at county level, because the legal employer of the school mediator and school counsellor is the CCREA. According to the information gathered in the focus group organized with the county coordinators, as well as the interview with the representative of CCREA Bacău, the sustainability of the project is ensured. At the end of 2018, CCREA employed on a permanent basis 32 school counsellors and school mediators, all of them previously working within the MPS model. In addition, at county level, 29 additional posts were approved, 13 of which were school mediators, 16 school counsellors, and 3 speech therapists. Therefore, in February 2019, 38 localities in the county of Bacău had a school mediator employed, of which 13 were established within the MPS project.

According to the CCREA representative, given the strengthening of the position of school mediator and school counsellor, as a consequence of the implementation the MPS model, the institution receives requests from more and more school directors to establish school counsellor and school mediator positions. This may be a positive premise for maintaining and ensuring the sustainability of the effects obtained by the MPS model.

The interview with the CCREA representative confirms that at this level resources to train the school counsellors and school mediators have been included in the institution's budget, but the interviewee appreciates the allocation is not enough to cover needs. In addition, the Institute of Educational Sciences (IES) unconditionally offered a training course in the summer of 2018 for other counsellors who were not involved in the MPS. 46 counsellors and mediators participated in this course (on self-knowledge and personal approach).

On the other hand, for schools not included in the MPS, CCREA adapted the job description from the MPS, for both counsellors and mediators, on some integrated aspects of work. Another element of sustainability is represented by the presentation of both the MPS and QIE, as well as the results, and good practices of these models, to the methodical

advisory committees, organized once every 2 months. These committees include both the counsellors who were employed in the project and those who were not involved. In these committees, MPS coordinators have presented the entire model (including tools and good practice elements) so that the information is distributed to others, and they can also apply methods to units that have not been captured in the project.

#### 4.4.2. Sustainability at national level

##### Evaluation questions and approach

##### **Evaluation question 11. Is the modelling project replicable? Are any adjustments of the model needed for replication?**

The answer to this evaluation questions draws on the evidences collected and findings issued under all previous evaluation questions. As such, the replicability analysis and subsequent recommendations will refer to:

1. Community census: the need to carry out this census to complete the existing administrative data and collect data for monitoring and evaluation purposes (including the baseline), needed human (including capacity building, management and coordination), time and technological (software - Aurora and hardware - tablets) resources for this purpose, their costs. Possible risks and best mitigation measures.
2. Complete service delivery (at community, county, national level): needed human resources (including capacity building, management and coordination at national and country level), needed continuous/refreshing training/year, needed technological resources software - Aurora and hardware - tablets), their costs. Possible risks and best mitigation measures.
3. Need of other social services to ensure impact of different services delivered, e.g. (family planning and contraceptive services).
4. Other measures needed to ensure the replicability of the model: legislative changes, institutional changes, and administrative changes.
5. Monitoring and evaluation of service delivery effectiveness and impact.

##### Replicability of the model

**Advocacy activities carried out by UNICEF generated great results in terms of policies.** As already presented, the MPS model is following another model promoted by UNICEF: “First Priority: No More ‘Invisible’ Children!” that generated impact at the level of national policies, visible in the provisions of the National Strategy for the Protection and Promotion of the Right of the Child 2014-2020, the National Strategy for Social Inclusion and Poverty Alleviation 2015-2020, the National Strategy on Health 2014-2020, the National Strategy to reduce early school leaving. However, beside strategic plans, most of the concrete legal provisions adopted in 2016-2018 for the promotion of integrated, community-based services for children and other vulnerable target groups in the field of social work, public health and education, are the result of joint advocacy activities carried out by UNICEF as part of the “First Priority: No More ‘Invisible’ Children!” model until 2015 and MPS model since 2015 onwards.

Among the results of these advocacy activities are the Government Decision no. 691/2015 approving the procedure for monitoring children with parents abroad, the law on community health care: Emergency Government Ordinance no. 18/2017, the Government Decision n° 797/2017 and 417/2018 on Public Social Assistance Services at local level, the Joint Ministers (Labor, Health and Education) Order no. 393/630/4236 from 2017 for the approval of the Collaboration Protocol for the implementation of integrated community services needed to prevent social exclusion and fight against poverty.

Moreover, the Human Capital Operational Program 2014-2020 (HCOP) is funding a ‘continuation’ of UNICEF initiative in more than 139 localities, targeting, however, all vulnerable groups, not only children. Funds to continue implementation through local level projects are available for the mayoralities in the same programme and in the Regional Operational Programme 2014-2020 (ROP), funding integrated community services and facilities for these services for vulnerable and marginalized persons. These European Programme provisions are also the result of advocacy activities.

**Therefore, the Minimum Package of Services provided in an integrated manner in communities is planned in the national policy, in strategies, due to UNICEF’s advocacy.** However, its implementation is not fully following the model proposed by UNICEF and the political institutions are still testing and piloting in 139 localities an intervention that is inspired by and similar with the MPS model but is not entirely a replication of the model as proposed by UNICEF.

Based on interviews at national level and the public documents available, for each of the MPS components, the evaluation finds that:

- All similar policy provisions promoting community-based integrated services adapted to each vulnerability case target the entire vulnerable population in a community, not only children (exception being the Government Decision no. 691/2015)
- Aurora is not transposed in the national policy, although it is an important model for the planes of community services development at the Ministry of labor and Social Justice and at the Ministry of Health. The two ministries develop their own applications for the implementation of community-based services and monitoring of activities and results of services provision.
- A community census is not included as such, as activity, in the project designed developed by the Social Work Department of the Ministry of Labor and Social Justice.  
Likewise, a community census is not required to community nurses for filling in the database of the online tool/system developed at the Ministry of Health.  
Both approaches proposed by the two ministers are based on the assumption that the social worker and the community nurse know the community good enough to identify the vulnerable persons, without a great effort invested in conducting a census.
- None of the projects and policies designed by ministries is based on a detailed methodology and service set/package presented separately from the legal provisions (detailing legal provisions), as proposed by MPS model promoted by UNICEF and included in the case management tool of Aurora. Parts of the joint project of the ministries of labor, health and education, testing and piloting in 139 localities the integrated community approach, are still under development. However, at the moment the project is based on the assumption that licensed social workers, specialists will be employed in the 139 communities and they will have enough competences to do case management and to develop service packages for each beneficiary.
- There is not enough information available, at the moment of this evaluation, to conclude how services provided at local level in the 139 localities included in the above-mentioned joint project will be coordinated and connected with available specialized services at county level.  
The connection between community based and specialized healthcare services is included in the online tool/system developed at the Ministry of Health
- Only a careful monitoring of progress and a thorough assessment of the effectiveness and impact of the model carried out at national level can ensure the success of MPS replication. However, at the moment is not clear if resources have been made available at the respective ministries: MoLSJ, MoH and MoE for monitoring and evaluation.

## 4.5. IMPACT

According to OECD-DAC criteria, the impact measures the positive and negative changes produced by an intervention, directly or indirectly, intended or unintended.

### 4.5.1. Impact assessment

#### Evaluation question and approach

**Evaluation question 13. What change did the modelling project determine or influence at the level of beneficiaries (children and their families), communities, professionals, public administration – at local, county and/or national level?**

The impact is assessed based on a counterfactual approach focused on treated children as presented in detail in the chapter dedicated to methodology and in detail in Annex n°8. The impact evaluation uses a Difference-in-Difference (DiD) methodology comparing the situation of children from the target communities separated in two groups:

3. **the treatment group** comprising children evaluated in 2015-2016 during the community census, reevaluated in 2018 and receiving at least one service during the four years of PMS implementation.
4. **the control group** comprising children evaluated in 2015-2016 during the community census and never reevaluated. According to Aurora database, these children never received any service.

For both groups the baseline, the measurement before the intervention, is the community census and data have been provided by Aurora database.

Both groups included 701 individuals. The treatment sample was randomly selected from the total treatment group which was evaluated both during the community census and at the end of the studied period (in 2018). The control group was selected from the community census database registered in Aurora using the propensity score matching

method (PMS). For both groups the propensity score was computed using the following individual variables: gender, age / year of birth, ethnicity, number of parents of the child present in the household, number of parents of the child that are migrants abroad for work, last graduated school level of the main caregiver of the children, the main occupational status in the last 12 months of the main caregiver of the child, household revenue. To ensure comparable groups, the type of communities have been considered (communities with unequal social development, developed communities, communities with average development level, poor communities, poor & young communities, poor & old communities, urban-developed communities). And individuals in the two samples, the treatment and control group, with matching propensity scores on the selected variables, were proportionally selected from the seven types of communities. In this way the two groups selected are similar and the level of trust in the result of the DiD comparison is high.

For the treatment group the measurement after the intervention have been provided by Aurora databased as they have been assessed in 2018. For the control group the comparable measurements after the intervention have been collected during the evaluation process, through a survey using a questionnaire with questions taken from the Aurora questionnaire.

The results of the counterfactual evaluation are interpreted based on qualitative data collected at all levels, particularly at county and community level, including focus groups with users of services and case studies.

### Impact at the level of beneficiaries

For both groups, the treatment group and the control group, used for the counterfactual evaluation, the following indicators/vulnerabilities have been compared:

- Child with birth certificate.
- Child reintegrated in family after foster care
- Child in foster care or maternal assistance
- Child at risk of family separation - with a parent who has minor children who do not live in the household but are not in the protection system
- Child at risk of family separation - with a parent who has minor children in the protection system
- Child in the family at risk of violence against children
- Child in the family at risk of neglecting children
- Child Enrolment to the family doctor.
- Performing routine medical checks
- Vaccinated child
- Dental hygiene / frequency of tooth washing in children
- Child with a disability certificate
- Adolescent with risk behavior on substance use
- Use of contraceptive methods
- Child at risk of violent behavior
- Overall enrolment in education
- Child never enrolled in education

**Indicators have been selected in order be related to vulnerabilities that have been directly targeted by MPS and comparing the situation of the treated children with the control group based on the counterfactual methodology allows the evaluation team to provide findings on the net impact of the MPS model.**

The table below includes the measurement before the intervention (at the moment of the community census) and after the intervention (2018-2019) for both groups for key vulnerabilities. Highlighted cells mark the variables for which for the treatment group progress was registered at the end of the intervention.

**Table 15. Before and after evolution of the impact variables in the treatment and control group**

Impact variable included in DiD	Treatment (%)		Control (%)	
	Before	After	Before	After
Percentage of children with birth certificate.	99.6	100	98.7	98.3
Percentage of children reintegrated in family after foster care	0.1	0.3	0.4	0.7
Percentage of children in foster care or maternal assistance	1.14	1.10	2.00	1.71
Percentage of children at risk of family separation - with a parent who has minor children who do not live in the household but are not in the protection system	0	0	0	0.6
Percentage of children at risk of family separation - with a parent who has minor children in the protection system	0	0	0	0.1
Percentage of children in the family at risk of violence against children	15.83	7.68	6.6	1.57
Percentage of children in the family at risk of neglecting children	20	28.4	9.1	30.8

Percentage of children enrolled to the family doctor	98.6	99.1		98.4	98.4
Percentage of children performing routine medical checks	60.6	89.3		64.3	74.9
Percentage of children vaccinated	64.6	85.3		68.3	56.5
Percentage of children with a daily tooth washing	47.6	61.1		67.5	82.5
Percentage of children with a disability certificate (from those with disability)	70.8	92.3		81.3	73.3
Percentage of adolescents with risk behavior on substance use (smoking)	2.9	4.9		2.3	14.3
Percentage of adolescents with risk behavior on substance use (alcohol)	0.7	3.4		0.4	7
Percentage of adolescents with risk behavior on substance use (drugs)	0	0		0	0.3
Percentage of children with risk of violent behavior	2.57	0.94		0.86	0.99
Percentage of children/adolescents enrolled in education	77.5	90.8		74.9	85.2
Percentage of children/adolescents never enrolled in education	3.3	1.1		2.4	2.7

Source: Aurora database and survey conducted for the evaluation. N=701

These data show that MPS had a positive net impact, changing in a positive way the situation of:

- children without birth certificate
- children in the family at risk of violence against children
- children not enrolled to the family doctor
- children not performing routine medical checks
- unvaccinated children
- children with disability
- children with risk of violent behavior
- children/adolescents not enrolled in education
- children/adolescents never enrolled in education

Case studies provide stories on how multiple vulnerabilities – e.g. the case of a children with disabilities was separated from her family because of the risk of violence against children – have been addressed by the community team with several services to determine a positive outcome in the child’s life.

ME has been diagnosed with behavioural disorders in the autistic spectrum and initially separated from the family before her father, Ionel, was arrested for aggression and her mother refused to take care of her. ME was reintegrated in the family after foster care and reunited with her father when he was released from prison. He has been evaluated by the social workers and is monitored both by the probation office and the social workers. He remarried and, together with the wife, are rising his daughter. The community workers (social worker, community nurse and school mediator) contacted SERA Romania Foundation for help for the girl’s treatment, and they helped Ionel to prepared documents for the disability certificate and the school orientation certificate. She was in the 8<sup>th</sup> grade when the evaluation visit was payed to her village and attended school in the village with the support of the school counsellor and the school staff (teachers and principal). The community team and the father had contacted already the GDSACP, to enrol her to high school in a special class in Bacău.

There is no positive direct impact on the number and proportion of **children in a family at risk of neglecting children**. However, compared to the control group, a positive effect of the MPS can be seen, as the treatment group has a smaller increase of the incidence of this vulnerability.

The same can be said about the impact of MPS on the number and proportion of **adolescents with risk behavior on substance use (smoking and alcohol)**.

The percentage of children in foster care or maternal assistance decrease among the children in the treatment group, but not compared to the children in the control group. This may be explained by the fact that more attention and better intervention is determining the separation of the children from their family in the first period of intervention. According to qualitative research (interviews at local, county and national level), it is not realistic to expect an impact of the preventive services at this level before tackling first the very serious situations where children are not safe enough in their households. Better identification of vulnerabilities determines also a raised awareness of situations where the separation of the child from family is needed and, although other solutions can be analyzed, proposed and even tried, the separation is the only feasible solution.

Concerning the percentage of children reintegrated in family after foster care, while the figures suggest a negative impact of the MPS, caution to reintegrate a child in the family after foster care could be explained by a better knowledge of the family vulnerabilities. Moreover, one can notice in the table below the difference between the groups is not statistically significant.

For the following impact variables, where a positive impact is demonstrated by the counterfactual assessment, the positive evolution of the vulnerability cannot be reversed in normal conditions

- Percentage of children with birth certificate
- Percentage of children enrolled to the family doctor
- Percentage of children vaccinated
- Percentage of children with a disability certificate (from those with disability)

**As a result, the impact seen in percentage reflects directly the fact that the vulnerability disappeared for most of the treated cases of:**

- **children without birth certificate**
- **children not enrolled to the family doctor**
- **unvaccinated children**
- **children with a disability without a disability certificate**

**To better understand the impact of the MPS considering each individual, rather than the group, the evaluation followed the evolution of children with specific vulnerabilities.** A good or very good evolution of the situation children in the treatment group can be also seen therefore when following the personal history of one child in the case of vulnerabilities where a case once addressed can also reappear.

111 out of 701 children have been identified in 2015/2016 in a family at risk of violence against children, but only 13 of those remained in this situation after the MPS intervention. Compared to the control group, where only 1 child out of 46 remains in the same risk situation, the evolution within the treatment group is very good, but not better. On the other hand, if considering the higher decrease in the treatment group of the total percentage of cases of risk of violence against children, we find that **fewer children became vulnerable in terms of exposure to the risk of violence during the MPS implementation in the treatment group compared the control group.** This finding shows **the joint impact of services (including counselling) and micro-grants activities in rising awareness on the issue of child rights and the violence against the children and it is supported by the qualitative research.**

**Table 16. Before and after evolution of the impact variables in the treatment and control group for selected children with vulnerabilities at T0**

Vulnerability	Treatment (individuals)		Control (individuals)	
	Before	After	Before	After
Child in the family at risk of violence against children	111	13	46	1
Adolescent with risk behavior on substance use (smoking, alcohol and drugs)	8	2	6	4
Children/adolescents not enrolled in education	23	17	1	4

*Source: Aurora database and survey conducted for the evaluation. N=701*

On the issue of adolescents' behavior, 8 adolescents have been identified in 2015/2016 with risk behavior on substance use, but only 2 of those remained in this situation after the MPS intervention. This is a better evolution than registered in the control group.

On education, 23 children never been enrolled in school in 2015/2016, but only 17 of those remained in this situation after the MPS intervention. This is a better evolution than registered in the control group where a number of children that have been enrolled in education in 2015/2016 dropped out or leaved school early in the four-year period under evaluation, and they were not enrolled in education according to their age at the moment of the survey.

**From the perspective of gender, according to existing data, boys start as more vulnerable than girls and the impact of the MPS on boys is lower than the impact on girls, excepting the one on vulnerabilities related to vaccination and smoking, as presented in the table below. Although trained on gender specific issues, community workers were not aware of the differences of impact between genders and the qualitative research did not provided information to clarify this. One possible factor on the better impact of MPS on girls is that most of the community workers are females, and this can generate more effectiveness in their work with girls and therefore more impact.**

Table 17. Aggregated findings of the DiD methodology concerning impact of MPS on different genders

Impact variable included in DiD	Treatment (%)				Control (%)				DiD (%)	
	Before		After		Before		After		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Percentage of children in foster care or maternal assistance	0,86	0,29	0,71	0,29	1,43	0,57	0,1	0,71	1,18	-0,14
Percentage of children in the family at risk of violence against children	7,99	7,85	4,42	2,57	3,42	3,14	0,86	0,71	-1,01	-2,85
Percentage of children in the family at risk of neglecting children	9,56	10,41	13,55	12,27	4,71	4,42	16,12	14,69	-7,42	-8,41
Percentage of children performing routine medical checks	32,24	28,39	42,80	38,52	30,53	33,81	35,52	39,37	5,57	4,57
Percentage of children vaccinated	33,10	31,53	41,65	35,95	35,38	32,95	28,25	28,25	15,68	9,12
Percentage of adolescents with risk behavior on substance use (smoking)	2,18	0,73	1,82	0,36	4,73	1,45	12,73	2,91	-8,36	-1,83
Percentage of adolescents with risk behavior on substance use (alcohol)	0,73	0,00	0,36	0,00	4,00	0,36	5,09	2,55	-1,46	-2,19
Percentage of children/adolescents never enrolled in education	1,28	2,00	0,43	0,57	1,57	0,86	1,28	1,43	-0,56	-2

Having all these said, the MPS shows an undeniable positive impact on the situation of the vulnerable children in the communities.

However, the focus groups conducted with children show that they have limited aspirations and in general no or very few models. The interviews in one of the targeted communities showed that community workers are advising children at 14-15 and their families to seek to continue education at a professional high school in Bacău offering dorms and cafeteria for students. While this is a positive output because it ensures education continuation (at least for the entire mandatory period) and a qualification with employment opportunities at the end, it cannot provide appropriate education for a young person looking to go to university. Children don't have a vision of their family development and, in this case, it is difficult to break the poverty vicious circle.

#### Impact at the level of communities, professionals and the public administration

A strength of the model was its beneficiaries centered approach, changing the 'business as usual' approach of the social services structures of the mayoralties, based on a reactive process of dealing with cases when people asked the authority for social benefits or when a report was filed in cases of abuse against children. The MPS approach started with the needs and vulnerability assessment, conducted with a standard tool, the Aurora questionnaire that limited the subjective evaluation and the influence of personal biases of the social worker. Through households' visits during and after the community census, the MPS model helped local authorities gain more knowledge of the social problems affecting their communities. Thus, it was possible to learn about social problems that the authorities had not identified or had only partially known before the start of the MPS implementation.

Furthermore, the MPS included a list of recommended services / activities to be conducted for each beneficiary, and as presented above it included a generous set of trainings concerning some of the most delicate situations and services to be provided in these cases. Recommended services, as well as the activities recommended for groups of children and parents, as part of the micro-grants projects and communication campaigns, contributed to a visible development of the capacity of most of the local authorities participating to the MPS and of their communities. This is a significant impact, considering that human resources in the field of social work, but also community nurses, were limited compared to the needs in most of the communities, and considering that most social workers had limited competences in the field.

Community workers appreciated the trainings very much and the opportunities provided by the micro-grants, to work with specialized professionals from anti-drug police, with experienced psychologists and counsellors approaching some of the most resistant problems of the communities: alcohol addiction, violence and disciplinary methods etc. Most of the community workers interviewed felt that participating to the MPS in general and the micro-grants in particular was

a learning opportunity for them, not so much because they learned project management, but because they had the opportunity to use new methods in working with the children and their parents and to meet professionals in the field of social work and health that shared some of their expertise with them. Observations made by the evaluators' shows that the learning process is not fully effective, as some of the community workers still hold biases, prejudices and unjustified tolerance to some behaviors that violate child's rights and human rights. But a positive impact of the MPS on the professionalism and competences of the community workers cannot be denied.

Qualitative research (interviews and focus groups) and the online survey with community workers and school counsellors show that a cooperation with all stakeholders at local and county level have been one of the main success factors of the MPS implementation in terms of its effectiveness at the level of children and their families (beneficiaries). Moreover, the data presented on the appreciation of the very good institutional and inter-human collaboration show a positive outcome on institutional and community capacity to deal with the needs and problems of the most vulnerable children.

## 5. LESSONS LEARNED, CONCLUSIONS AND RECOMMENDATIONS

### 5.1. UNEXPECTED OUTCOMES

**Evaluation question 15. Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?**

The evaluation identified in general few unplanned or unexpected outcomes.

The vulnerability “**child living in a household affected by extreme poverty**” diminished in the first year (from T0 to T1) from 3.5% to 0.6% and practically diapered (is registered at 0%) in the third year of service provision (2018). The number of **children living in a household affected by income poverty** decreased from 18.3% (257 children) to 0.7% (6 children) in the third year of service provision (2018).

The rates of the relative and income (absolute) poverty are on a good, downward trend, at national level in Romania and in Bacău country, including the communities that have not been targeted. However, the progression registered among the target group of the MPS is higher than the county average<sup>92</sup>. **This are indicators of the impact of social work services: reference to administrative offices for social benefits and assistance to deal with these offices and, in some cases, although the services have not been included in the minimum package of services, support to access employment services or even directly a job.**

The same positive results have been registered for vulnerabilities: “**child living in an overcrowded home**” and “**child living in unsanitary conditions**”, although these vulnerabilities have not been directly targeted with material support for better housing. However, constant counselling and visits of community workers helped some households to do better in ensuring and maintaining sanitary housing conditions. In very serious cases the social worker also facilitated the provision of special material aid from the mayoralty, like the emergency aid, for families in very poor living conditions. In other cases, community workers also told the evaluation experts they facilitated donations within the communities for the very poor, to complement services offered as part of the MPS with material aid when it was needed, as in cases of children not enrolled to school because they didn't had shoes for cold weather.

### 5.2. CONCLUSIONS

#### 5.2.1 General conclusions

##### Relevance

In general, this summative evaluation confirms that the MPS needs, problems, assumptions and risks were comprehensively identified (at each level) and, to a large extent, adequately built on previous, similar experiences (e.g. the development, implementation and coordination of an integrated methodology for service delivery). All the following elements of the MPS are highly relevant at their respective level: the community census, services provided, micro-grants, training of the community workers and of other human resources involved, integrated approach and inter-institutional cooperation.

<sup>92</sup> Data of the National Statistics Institute (NSI).

A key issue from the perspective of the internal coherence between needs/problems/activities and expected outcomes, e.g. the extent to which the former lead to the latter, is the availability of certain specialized services outside the scope of MPS, but in whose absence the expected outcomes cannot fully materialize. The referral and accompanying services cannot generate results if the needed specialized services are missing.

The community census is particularly relevant given the lack of comprehensive micro data on children in need in Romania. All services delivered by the community workers are considered relevant, among the most valued by the target group being information, counselling on all matters, but especially support to access services and interact with authorities.

However, some assumptions (e.g. full coverage of vulnerable children identified, teams large enough for this purpose) proved less realistic in practice. Similarly, more attention should have been given to particular actions (community census, human resources availability and motivation etc.) in urban areas. The previous relevant UNICEF project covered only on rural areas and could serve to a limited extent as previous experience to MPS, thus, a specific analysis might have been needed to adequately underpin the ToC of MPS actions in urban areas (especially large urban areas like Bacau City). In this context some of the outcomes envisaged are rather ambitious and impact needs to be sought mainly at individual level, and in communities where the children (and families) treated represent a high percentage among the existing (vulnerable) population.

The coordination and support delivered by county coordinators were particularly relevant as they covered a strong need of the community workers who applied the integrated methodology (involving outreach, case management and an integrated approach). The involvement of the county level stakeholders is instrumental for ownership on the project and its results to be ensured.

MPS is overall, to a good extent in line with the key criteria for model projects. Partners are much involved, and results are disseminated for scaling-up the MPS approach at national level. The analyses needed to plan the scaling-up the MPS at the level of the main policy makers and decision makers are provided as outputs of the MPS implementation. The implementation of MPS is planned to continue, but for this summative evaluation some of the monitoring data needed for evaluation, including the baseline and several information on implementation progress, have not been fully available, thus there is room for improvement about a fully-fledged Monitoring & Evaluation and Management Information systems.

At a general level, the MPS is still highly relevant at policy level, despite the time passed since its inception. Romania still must take concrete steps to develop and implement coordinated and integrated policies; in this context prevention remains a major need of the social protection, health and education systems.

The model had a highly valuable contribution in terms of actual implementation of the Romanian legal and strategic framework in the field of social work, especially child protection.

## Effectiveness

Needs and vulnerabilities assessment proved to be highly effective as part of the community census and based on Aurora. Vulnerabilities have been well identified, children with vulnerabilities have become 'visible' to the authorities, communities and services providers, including the community workers.

The most vulnerable children in targeted communities, about 100 children/community, have been selected, based on several criteria proposed by UNICEF. Although the methodology for the selection of active cases has some limits, as it allows for subjectivity to intervene in the process, it also facilitates the prioritization of the most vulnerable cases reflectively (e.g. contextualizing the number of vulnerabilities registered by Aurora) and, thus, counteracting the shortcomings of Aurora's methodology in defining the vulnerabilities (e.g. in the assessment of children vulnerable to violence or neglect, where Aurora dose no difference between different degrees of the problem seriousness).

Over 28,000 vulnerable children and pregnant women and mothers received services and as a result 31 vulnerabilities register less cases after three years of service provision (very good results have been achieved in addressing vulnerabilities like: "child without identity document", vulnerabilities related to the health of babies under 1 years old, "children who have dropped out school", "child from a family with child violence risks").

Success factors for services effectiveness are related to community workers capacity building, cooperation with all stakeholders and the methodology provided by UNICEF.

For vulnerabilities not showing a satisfactory progress (e.g. "child at a risk of adopting violent behavior", "child at risk of dropping out"), two main reasons have been put forward and these relate to the (i) too short implementation period to generate behavioral and attitudinal change, and (ii) limited practical and professional capacity of community workers. In some cases, more community workers were needed. In other cases, only specialized services outside the scope of the MPS could be effective in treating some vulnerabilities.

The model is highly effective in raising the capacity of the community workers employed, by providing training, coordination, methodological counselling and supervision, tools, methods and work materials.

Although a progress in the capacity at community level is noticeable, most of this capacity is based on the good cooperation of the people in place. This can be unsustainable if a strategy to retain human resources is not in place.

Micro-grants and campaigns activities are highly effective. Non-formal activities provided opportunities for children to learn actively and to participating to new games to developed communication, team work and other social and emotional competences. These activities contributed to rising their awareness on risks of violence, substance abuse etc.

The most effective parts of the MPS model (effective to a very large extent) are: the activities for the development of community workers and county coordinators capacity and Aurora (case management system). Other parts of the model: services, micro-grants, campaigns, the community census for the identification of children, the advocacy activities are evaluated as effective to a large extent. The fact that they are dependent on many factors that are not under the control of UNICEF and the community teams makes these 'areas of the MPS model less effective than initially planned, but very effective in relation with their implementation environment.

## Efficiency

The MPS model has used economic resources highly efficiently to achieve the planned outcomes, with the integrated approach proving to be highly cost-effective, given that spending made to identify needs and assess vulnerabilities, micro-grants and county coordination has been used both for social services, community health services and educational services.

Compared to other similar projects or programmes or to standard costs, the model costs are low or very low.

Comparing inputs at community level, the average costs of the MPS model at this level, to be covered by local budgets, equals 1.5 of the average wage (RON 4,126 in 2018). Considering that MPS employs three persons/community and provides for training and support from county level, as well as grants for various activities, the way resources are used is highly efficient from the point of view of the value obtained for the inputs invested.

Theoretically the model has financial added value, as its costs are a lot lower than the costs for reactive services, as foster care in the case of children separated from their family and hospitalizations. However, after just three years of community-based preventive services delivered, there is no visible impact on these indicators (no. of children in foster care or maternal assistance or no. of hospitalizations) to assess a quantifiable financial added value of the MPS.

Costs for scaling-up the MPS model are a small fraction reported to the total budgets of the MoLSJ, MoH and MoE. However, one can notice that, excepting the Ministry of Health, that needs to transfer to local budgets the funds for community nurses, the present legal framework puts most of the burden of the MPS implementation on local and county budgets, which may be challenging from the point of view of sustainability. Moreover, as we used a minimal impact approach of costing for scaling up, some of the costs needed have not been calculated. Among these are: organizational resources, the volume of training necessary to capacitate the human resources involved (especially as their preparation level is similar in other counties), and any other costs of activities which, together, contribute to programme effectiveness (micro-grants, campaigns, studies/evaluation, tools, e.g. Aurora). However, this cost shall have a marginal impact to the total cost for scaling up, as of scaling up the model involves over 24.000 employees at national level and these salaries are the most important component of the calculated budgetary impact.

On the other hand, several options for progressive scaling-up the MPS and the micro-grants are presented by the summative report as possible recommendations for the decision makers.

## Sustainability

The current context supports the continuation of the MPS implementation. In most of the communes, community workers continued to be employed in 2019, valorizing both from the Aurora tool and methodology and all trainings and capacity building activities they benefited from during the last 3.5 years. Moreover, even if cases of staff turnover, the implementation of the MPS can continue, as Aurora tablet was available to SAPS.

As the efficiency evaluation shows, the cost of implementing MPS at each community level is rather small, which favors further implementation, but even these costs can be a challenge for small, less developed communities and counties. Also, the community engagement, the use of a standard case management tool (Aurora) and teamwork create a favorable context for continuing the delivery of the minimum package of services.

Sustainability is better ensured in rural communities than in urban communities, due to the influence the community workers trained by UNICEF have in small institutional structures like the rural mayoralties, compared to large Social Assistance Directorates in cities.

Local stakeholders, including mayors and community workers, are motivated to continue to identify vulnerabilities and service delivery using Aurora, but the capacity of community workers still needs to be developed to ensure that implementation can be achieved without UNICEF support considering not only the service plans, but also the human rights approach. The extent of local initiative and capacity to identify solutions, projects, and funding sources to continue the MPS implementation is heterogeneous among the targeted communities.

The MPS model can be replicated at community level and it is replicable at county and national level. Important steps have been made for the implementation of the model at national level, by the adoption of several legal provisions encouraging the community based preventive minimum package of services approach.

No major adjustments are required for replication of MPS at local level. For scaling-up the model at county or national level two conditions must be realized: (1) the adjustment of the model, as recommended, to make implementation at a large scale feasible and (2) reforms of the social assistance and of the community health services systems, to eliminate existent challenges and bottlenecks that are hamper outputs and outcomes of the model.

Among the most important challenges are the lack of trained, competent and available human resources and the lack of instruments for integrated budgetary planning between the MoLSJ, MoH and MoE.

Moreover, another very important adjustment needed, at the level of the Ministry of Labor and Social Justice, is to make the model viable for the entire vulnerable population in a community, not only children. In this case the revision of the Aurora tool (to assess more vulnerabilities), of the package of services (to answer more vulnerabilities) and the costing model (to include the need for social workers and community nurses for the entire vulnerable population) are needed.

## Impact

The MPS has a net impact (computed by comparison of the treatment group with the control group as part of the counterfactual assessment) on children situation, generating a decrease or lower increase of vulnerabilities. Therefore, access to social services, community health care and educational services increased in the targeted group. The MPS has increased the access of children and their families to primary health care (especially vaccination), has helped to reduce abuse and violence against children, has increased school enrolment rate compared to the control group. It also prevented cases of children neglect and risk behavior on substance use among adolescents in comparison with the control group.

At community level, the MPS has helped raise awareness and mobilize communities to address child vulnerabilities and raised the capacity of community workers to address these issues at community level.

### **5.2.2. Human and child's rights approach. Gender and age issues.**

#### **Evaluation question 16. Are all processes based on a child/human rights approach? Are any age and gender issues considered in providing the services?**

The gender, age and human rights dimensions dimension was considered when planning the Minimum Package of Services. The planning and designing of activities were thought out respecting gender differences and children's rights. Based on previous experiences from the action research carried out during the HIC/CBS model, the possible effects of gender differences that the MPS might have on the different groups involved has been considered. As part of this human right based, gender mainstreaming and age sensitive approach, several elements of MPS are more salient:

- Some of the vulnerabilities are defined as aged related: e.g. vulnerabilities of the babies (0-1 years old), of toddlers or of adolescents. Most vulnerable children have been defined based on vulnerabilities specific to their age and more attention has been given, when the case (when they were present in the community) to babies, toddlers or adolescents with disabilities.
- As school enrolment and other vulnerabilities (as presented above) are age-related, Aurora was designed to define vulnerabilities considering children's age.
- A special attention was given to vulnerable girls, including a special attention to under aged pregnant women and mothers.
- A special attention was given to pregnant women, the only additional target group to children of the MPS, for which vulnerabilities are assessed.
- Ethnicity has been considered, with its implications, and where needed health and especially school mediators have been employed in the community team to reach Roma communities or households.
- Training on human and child's rights and gender issues has been provided to all community workers

- A special campaign against discrimination and numerous activities (part of the micro-grants) against violence have been carried out.
- Activities with children and parents, especially the ones parts of the micro-grants' activities, encouraged overcoming stereotypes about gender roles in society and the family.

Existent data show that, in the case of Roma children, households' poverty decreases more slowly than in the case of Romanian. Slower progress is made in the case of girls compared to boys. The assumption that social work in these cases need to be more focused have been confirmed by the qualitative evaluation methods applied. In the opinion of social workers interviewed, because: parents/adults from the Roma communities have generally less education, social work needs to be done for a longer period and in these cases with the support of a school and/or health mediator, accepted as part of the community, to be effective.

Age and gender issues have been considered in providing the services in direct connection to the proportion of vulnerable children and specifically of vulnerable girls. Community workers and school counsellors have been trained on age and gender specific issues, and according to the interviews, they considered these elements when assessing and addressing vulnerabilities with services.

However, the existences of a vulnerability and the recommended services according to Aurora case management tool identified more boys being vulnerable and made boys slightly overrepresented as service beneficiaries.

The most major differences between vulnerable boys and girls appear in the case of school participation related vulnerabilities. More than 59% of the vulnerable children on the school dimension have been boys, with only 41% being girls at the moment of the community census. But it is unclear why boys are more vulnerable than girls overall. Data collected during evaluation could not explain the initial difference between genders. On the other hand, results of service provision, as provided by Aurora database, show effectiveness of service provision in addressing the vulnerabilities, closing the gender gap identified initially. However, even at the end of the MPS implementation, boys remain more vulnerable than girls when analyzing the school related vulnerabilities: school enrolment, drop-out and risk of drop-out.

Still, none of the consulted stakeholders was able to identify and explain consistently the gender gap in favor of girls in school enrolment in primary and lower secondary school among the vulnerable population. One possible factor on the better impact of MPS on girls is that most of the community workers are females, and this can generate more effectiveness in their work with girls and therefore more impact. Another possible explanation for this situation is that pressure to drop-out school to work in the household or even in the market economy is higher for boys than girls.

### **5.2.3. Lessons learned**

**Evaluation question 14. What are the lessons learned at each level of intervention that should be considered for implementation and further replication of the modelling project?**

#### **Lessons learned from direct work with beneficiaries**

The MPS model has highlighted, since 2015, the importance and value of identifying vulnerabilities, assessing the situation of vulnerable children and their families and monitoring them. At the level of community workers and county coordinators, it was, thus, accepted the need to continue to use Aurora. The same instrumental importance has been associated to the minimum package of services recommended by Aurora and the embedded case management tool of the application.

Experience of the MPS implementation, as well as the one of the HIC/CBS beforehand, proves that the community census, highly needed, is also more time consuming and sometimes more resources consuming than anticipated at the beginning in the MPS design. This means that any replication of the model needs to consider all challenges and bottlenecks presented by this evaluation concerning the community census, to be implemented prior to project design.

The number of vulnerable children in some communities was much higher than expected and, combined with some geographic specificities, this required larger teams. On the other hand, this generated many vulnerable children that could not be addressed after prioritizing active cases of the most vulnerable children in 2017. As a result, the assumption that each community can work with a standard team of community workers needs to be addressed, and other indicators for the calculation of the workload of community workers are taken into consideration by the costing model proposed by the evaluation.

Experience of the MPS implementation, as well as the one of the HIC/CBS beforehand, proves that without specialized additional services overall objectives cannot be reached. The minimum package of services is developed to facilitate and provide access to primary services and preventive services. This package covers only the basic services. In this context,

the effectiveness of referral services has been limited due to unavailability or poor access to specialized services. Thus, community workers and their county coordinators appreciate the fact that the minimum package of services is complete and covers all vulnerabilities identified in communities, but they also state that the effectiveness of services depends on the existence of specialized service providers at local and county level (such as psychological counselling, guidance and training, addiction treatment, kinesiotherapy, speech therapy, support teachers for children with special educational needs etc.).

### Lessons learned at community level

The need for prepared, competent and available human resources is still present and one of the greatest challenges of the MPS model. Moreover, unfortunately, no generally viable solution has been identified through the MPS implementation, as proved by the high turnover of the community workers and school counsellors involved in the MPS provision and implementation.

Local authorities, especially in rural areas, often have little capacity to design and implement measures and services for vulnerable populations. The first limitation is related to the local budget that needs to support the costs when employing the social workers (many communes report that only 5-10% of their budgets is generated locally and that they depend on allocations from the county and national budget). Though, other limitations are also very important and need to be considered when promoting the MPS implementation and replication, either at local level, or as a national policy. They are related to financial flows, the legally provided structure of the mayoralty, and the recruiting and retention policy of each institution or the opportunities for training.

An important lesson learned was that the model must consider different approaches for rural areas, small towns and cities, given the significant capacity and situation gap between them. As designed, the MPS model worked better in rural areas from the point of view of implementation, although it generated good results in urban areas as well. The implementation of the MPS in the city of Bacău cannot be fully assessed, as the model has not been fully implemented with clear division of work between the tasks under the MPS and the other tasks performed by social workers of the city Social Assistance Directorate.

### Lessons learned at county level

Differences in the level of decentralization in various sectors means that county authorities do not have the same level of responsibility and autonomy. So, despite goodwill and interest in developing and expanding cooperation between sectors at county level, progress has been constrained on some issues. Among these, the situation of the school counsellors that have a very limited role on addressing school enrolment, because they are not outreach community workers, could not be solved due to various reasons, including the double coordination of the CCERA by the County Council and the MoE.

Moreover, if joint planning and implementation of services, tasks and activities works well or very well at local level, it is not yet part of the organizational practice at county level in all aspects of the work. Very good cooperation is based on human relationships, making many processes faster and smoother. However, institutions at county level built little capacity to work together with other people that the ones involved in the MPS implementation. The same is the case of the vertical cooperation between the county and local authorities. There is a very good cooperation at technical level between the community workers and their county coordinators, but the organizational capacity was not fully built for institutional cooperation. Progress has been made and it is part of the evaluation of the MPS effectiveness. However, based on the qualitative research, one can say that the impact is a lot more visible at the level of the individual professionals, than it is at the level of institutional processes.

## 5.3. Recommendations

The recommendations formulated by the evaluation team are based on the findings and conclusions of the evaluation and inspired by the ideas and recommendations provided by stakeholders interviewed at all level (community, county and national). After the first draft of the report and recommendations was completed, the findings have been presented and the recommendations have been discussed with the national and local stakeholders involved in the MPS coordination and implementation, during two sessions organized for this purpose (on the 26<sup>th</sup> of June at national level and on the 1<sup>st</sup> of July at local level). The clarity, utility and urgency of the recommendations were assessed by the participants. As a result, recommendations were prioritized (see table below) and considered the relevant perspectives expressed. Overall, the recommendations were validated by the participants who emphasized their importance and the need of having them implemented in the shortest timeframe possible, by each responsible institution. Participating stakeholders underlined the importance of

**financial resources for the continuation of the model, as well as the consultations to be undertaken with local authorities for this purpose and of the availability of Aurora and its results to all relevant decision-makers.**

**To promote the great relevance and effectiveness, UNICEF needs to implement several recommendations:**

- A more detailed presentation of the ToC and the results of the MPS model, in terms of effectiveness and impact, national decision makers, is needed to ensure rolling-up and/or scaling-up the model in a coherent way.
- Small adjustments of the ToC and the methodology, to simplify some very important and relevant elements, like the community census, to make the model scalable, are needed. In this respect: the community census can be simplified (see recommendations under on sustainability).
- As presented in the study on costs for scaling up of the CBS model (conducted by PwC for UNICEF), relevant for this evaluation as well, the number of human resources involved in each community needs to be revised for scaling up, to reach the larger number of vulnerable children possible.
- The advocacy at national level needs to continue.
- Developing specialized services including mobile services in parallel with MPS is needed to create the assumption for even better results of the referral services.
- Developing dedicated activities to target the gender issues, including analyzing why boys are more exposed to vulnerabilities related to school access and participation and targeting directly this vulnerabilities with gender specific methods

**For further effectiveness of the model, greater availability of human resources needs to be ensured by the national authorities:**

- Modifications of the legislation on school counsellors are needed to ensure their presence in all schools.
- The development of a comprehensive human resources strategy for MPS is covered by the recommendation on adjustments needed for scaling up the model.

**Given their effectiveness and success, micro-grants and campaigns (or even the activities from the C4D campaigns in the form of micro-grants) can continue, in several institutional forms:**

- as a special grant mechanism within the future programme funded by the European Social Fund (similar to the entrepreneurship grant scheme, based on the selection of a grant manager and a separate, simplified procedure to access EU funds);  
Or
- as a national interest programme at the MoLSJ (similar to the Local Development Programme at the Ministry of Regional Development and Public administration. While the Local Development Programme supports small local infrastructure, the new programme could support small local social interventions);  
Or
- as a legal obligation for local authorities to support the Minimum Package of Services (if the budgetary burden for social workers is taken over by the MoLSJ, as recommended in section 4.4.2. *Sustainability at national level* below).

Integrating MPS with other initiatives, the development of small social infrastructure at local level and the availability of specialized services for referral can generate greater effectiveness and impact. This is possible with the involvement of all stakeholders.

To prove the financial efficiency and added value of the preventive integrated community-based services, UNICEF can initiate the additional research on the added value of these activities concerning avoidable hospitalization, avoidable separation of the children from the family and the added value of preventive services vs. social cash transfers. The summative evaluation framework (time and resources didn't allow for an in-depth study in this respect, but it finds out that these studies are needed and methodologies in this respect can be developed based on the exploratory exercise on avoidable hospitalization carried out for this report.

**To adapt MPS to respond better to modelling project criteria, especially concerning using monitoring, UNICEF needs to implement several recommendations.**

The target of the following recommendations is the Ministry of Labor and Social Justice. To implement these recommendations, the Ministry of Labor and Social Justice needs to cooperate with the Ministry of National Education, Ministry of Health, Ministry of Public Finances, Ministry of European Funds, Ministry of Regional Development and Public Administration and other relevant institutions.

**To ensure budgets for scaling-up the MPS model and uniform implementation** of the service package at the local level, funding social work at local level and funding school counsellors needs to follow the rules provided by the framework law on decentralization no195/2006 and to include funds transferred from the state budget for Public Social Assistance Services and for school counselling. The MPS model, and other projects, including the project “Strengthening the Framework to Increase Public Services Quality and to Support Local Development”, implemented by the Ministry for Regional Development and Public Administration (SIPOCA 9), provided information on cost standardization that can be used for budgetary planning and financial management.

**For reasons related to budgetary impact, scaling-up can be conceived in steps, and each scaling-up scenario needs to be further analyzed in detail with responsible national authorities:**

- Scaling up gradually, starting with the most vulnerable communities in the country
- Scaling up gradually, starting with the most vulnerable counties, covering all communities in the targeted counties
- Scaling up gradually, starting with the most vulnerable regions, covering only rural communities first
- Scaling up gradually, starting with the most vulnerable regions, covering all communities in the targeted regions
- Scaling up gradually, starting with rural communities at national level
- Scaling up gradually, starting with rural and small urban (under 20,000 inhabitants) communities at national level

**Evaluation question 12. What recommendations could be made to UNICEF and to the GoR to replicate and scale up such a model?**

**For scaling-up the model, adjustments of the model needed for replication are:**

- A comprehensive assessment of the community needs, and the vulnerabilities of its members is needed, as proved by all interviews at local, county and national level. Without a community census it is almost impossible to identify all vulnerable persons in the community. Because community census conducted within the MPS model was partly effective, considering the huge burden of applying the Aurora questionnaire to the entire population of the targeted communities, a possible solution would be a simplified questionnaire for the community census, allowing for better and easier application and the identification of the most vulnerable persons to be further assessed in detail. Moreover, a community census should be conducted only after a community information campaign that could prepare the population for the census.
- Service delivery can be ensured in communities at a good quality level only if community workers are identified and trained and included in a system of supervision and guidance from county level. This is only possible if the conditions for replicability related to human resources in the field of social work and community healthcare, presented below, are at least partly meet. The training module proposed by UNICEF for community workers is an important starting point in this respect.
- A small number of adjustments are needed for Aurora for an even more effective use of the tool and the hardware, the tables, need to be available for all community workers.
- For better delivery of the services in the field of education, fighting against and preventing school dropouts and early school leaving, a revision of the school counsellors workload needs to be undertaken and school counsellors should be present in each school. The general recommendation is to halve the number of children a school counsellor work with, so that at least one school counsellor will be present in each school with legal personality. Moreover, distance between different schools buildings of the same school structure (in different villages) needs to be accounted when establishing the workload.
- ensuring transportation among villages of the same commune, needs to be planned from the beginning, because the challenging work generating by the interaction with vulnerable persons in difficult working conditions can discourage even motivated community workers.
- The map of available specialized services needs to be produced and updated in each county for the effectiveness of referral and accompaniment services. To make specialized services more available when needed in remote communities, a replicability strategy covering many communities needs to consider the need

to bring these specialized services closer to the most vulnerable beneficiaries. Mobile teams of professionals and services caravans can be a solution in this respect.

- Although, as the present evaluation shows, effectiveness and impact are visible after 2-3 years of integrated services provision, in some cases services and activities intend to change some mentalities and social norms or address very complex vulnerabilities and results are only visible after a long-term intervention. In this context, replicating the model needs to consider longer period of times for service provision.
- To ensure the best possible implementation at local level, local administration representatives need to be consulted when designing the policies.
- The integrated approach included in pieces of legislation (e.g. the Joint Ministers Order n°393/630/4236 from 2017 for the approval of the Collaboration Protocol for the implementation of integrated community services needed to prevent social exclusion and fight against poverty) needs to be followed by an integrated approach in budgetary planning and financial management and by concrete instruments provided for the integration of the social work, community healthcare and the counselling done in schools.
- It is essential to develop a medium and long-term human resources strategy for community workers: social workers for outreach activities, community nurses, Roma school mediators and for school counsellors. This strategy shall include at least:
  - o Providing incentives for social workers, community nurses and school counsellors employment in remote areas, similar to the ones provided to doctors through housing or support for commuting;
  - o Providing systematic training of all social workers employed by the local Public Social Assistance Services, even if they are not licensed in social work. As already underlined, the training module proposed by UNICEF for community workers is an important starting point in this respect;
  - o Establishing long term strategies of partnership between national and local authorities and universities for the developing of long-distance learning programmes with modular programmes for social work that could be available for free to workers employed by the local Public Social Assistance Services, even if they are not licensed in social work

**At county level, the capacity of county level institutions needs to be developed by creating permanent specialized departments with enough staff for coordinating,** methodological support, monitoring, and supervision of the activities of the community teams and school counsellors.

**To upgrade AURORA to a powerful instrument for analyzing the recorded data and for monitoring the evolution of the project it would require new functionalities.** These functionalities can be clustered into two main groups depending on the intended activity: analysis or monitoring. On analysis:

- Since Aurora records data related to individuals in four different sections: households, individuals, vulnerabilities and services it needs a user interface that would allow a user to select individuals (using some criteria) and to also select variables (from each of the four sections) and to download them as a matrix: individuals (lines) and variables (columns).
- Since Aurora records for each individual time series it would also be useful to have, in the user interface, the possibility to select different time intervals, time moments and monitoring waves (T0, T1, etc.)
- Since Aurora records data for many individuals and for many variables, one needs to be able to impose restrictions on these variables for facilitating the download (only) of the required cases (E.g. Selection of the community, Selection of the gender, Selection of the birth year, etc.)

On monitoring, Aurora would need a new feature that would allow a user to retrieve data in an aggregated form, in a visual manner. Such a functionality would allow a user to create dashboards which would present the information in a structure and easy to understand manner. Such a dashboard would present the most relevant information and would allow the user to analyze the evolution of different phenomena between different two-time points. The user would be able to compare visually the monthly/quarterly evolution of the selected variables and would be able to guide the implementation of the project and correct quickly where adjustments are required. To develop such a control panel, the following steps would be required:

- Selection of the most important variables (phenomena) that need to be tracked.
- Selection of the appropriate graphical representation for obtaining the needed insights.
- Design of the control panel, the visual template (structure, positioning and order of the included graphs).

- Design of the time-series graphs (when selecting a certain graph, a new dashboard would need to open with the graph presented at different time points).

At local level, **several recommendations can be made for the continuation of the MPS implementation:**

- The outreach work, using Aurora, needs to continue to ensure the sustainability of results at child and household level
- In urban areas, the use of Aurora needs to be continued and extended to the entire territory and population of the municipality
- To ensure continuous relevance of the minimum package of services, re-evaluations need to be continued. Moreover, we recommend conducting a simplified community census regularly (every 4-8 years) to assess new needs at community level
- It is instrumental to ensure the continuation of the work of community workers: social workers and community nurses, by employing them on a permanent basis. Moreover, in communities where not all community workers are employed, the community team needs to be completed.
- It is essential to ensure the continuous training of the community workers: social workers and community nurses to maintain the quality of their work
- Details, as ensuring transportation among villages of the same locality, need to be planned from the beginning, because the challenging work generating by the interaction with vulnerable persons in difficult working conditions can discourage even motivated community workers
- Continuing the support for the MPS and simple non-formal activities (like the ones supported by micro-grants) by ensuring limited, but extremely important funds from the local budgets, is key for the sustainability of the results at child and household level, but as well at community level
- Fostering cooperation between the mayoralty and the schools is important for sustainability of UNICEF work in the community and to better address the needs.

Prioritization of recommendations in line with the consultations with the national and local stakeholders

Priority	Needed action	Recommendation
<b>Recommendations for UNICEF</b>		
1	Advocacy	The advocacy at national level needs to continue  A more detailed presentation of the ToC and the results of the MPS model, in terms of effectiveness and impact, national decision makers, is needed to ensure rolling-up and/or scaling-up the model in a coherent way
2	Study on added value	To prove the financial efficiency and added value of the preventive integrated community-based services, UNICEF can initiate the additional research on the added value of these activities concerning avoidable hospitalization, avoidable separation of the children from the family and the added value of preventive services vs. social cash transfers
3	Upgrade Aurora	UNICEF needs to upgrade Aurora to a powerful instrument for analyzing the recorded data and for monitoring the evolution of the project, including new functions of the tool that is at the moment a very strong instrument for needs assessment and case management.
4	Adjustments of the ToC	Small adjustments of the ToC and the methodology, to simplify some very important and relevant elements, like the community census, to make the model scalable, are needed. In this respect: the community census can be simplified (see recommendations under on sustainability)

5	Revising the number of community workers/community	As presented in the study on costs for scaling up of the CBS model (conducted by PwC for UNICEF), relevant for this evaluation as well, the number of human resources involved in each community needs to be revised for scaling up, to reach the larger number of vulnerable children possible
6	Developing/providing specialized mobile services	Developing specialized mobile services in parallel with MPS creates the assumption for even better results of the referral services
7	Developing dedicated activities to target the gender issues	Developing dedicated activities to target the gender issues, including analyzing why boys are more exposed to vulnerabilities related to school access and participation and targeting directly this vulnerabilities with gender specific methods
<b>Recommendations for national decision makers</b>		
1	Cooperation	The Ministry of Labor and Social Justice needs to cooperate with the National Authority for Childs Right Protection and Adoption, Ministry of National Education, Ministry of Health, Ministry of Public Finances, Ministry of European Funds, Ministry of Regional Development and Public Administration and other relevant institutions to promote a functional MPS at national level
2	Consulting local stakeholders	To ensure the best possible implementation at local level, local administration representatives need to be consulted when designing the policies.
3	Integration of budget planning	The integrated approach included in pieces of legislation (e.g. the Joint Ministers Order n°393/630/4236 from 2017 for the approval of the Collaboration Protocol for the implementation of integrated community services needed to prevent social exclusion and fight against poverty) needs to be followed by an integrated approach in budgetary planning and financial management and by concrete instruments provided for the integration of the social work, community healthcare and the counselling done in schools.
4	Integrating MPS with other initiatives	Integrating MPS with other initiatives, the development of small social infrastructure at local level and the availability of specialized services for referral can generate greater effectiveness and impact
5	Developing the map of available specialized services at national level	The map of available specialized services needs to be available and up to date in each county for the effectiveness of referral and accompaniment services. To make specialized services more available when needed in remote communities, a replicability strategy covering many communities needs to consider the need to bring these specialized services closer to the most vulnerable beneficiaries. Mobile teams of professionals and services caravans can be a solution in this respect.
6	Continuation of micro-grants	The continuation of the micro-grants and campaigns (or even the activities from the C4D campaigns in the form of micro-grants) exploring one of the following possibilities: (a) as a special grant mechanism within the future programme funded by the European Social Fund (similar to the entrepreneurship grant scheme, based on the selection of a grant manager and a separate, simplified procedure to access EU funds); (b) as a national interest programme at the MoLSJ (similar to the Local Development Programme at the Ministry of Regional Development and Public administration. While the Local Development Programme supports small local infrastructure, the new programme could support small local social interventions); or (c) as a legal obligation for local authorities to support the Minimum Package of Services (if the budgetary burden for social workers is taken over by the MoLSJ, as recommended in section 4.4.2. <i>Sustainability at national level</i> below).

7	Budget reform	<p>To ensure budgets for scaling-up the MPS model and uniform implementation of the service package at the local level, funding social work at local level and funding school counsellors needs to follow the rules provided by the framework law on decentralization no195/2006 and to include funds transferred from the state budget for Public Social Assistance Services and for school counselling. The MPS model, and other projects, including the project “Strengthening the Framework to Increase Public Services Quality and to Support Local Development”, implemented by the Ministry for Regional Development and Public Administration (SIPOCA 9), provided information on cost standardization that can be used for budgetary planning and financial management.</p>
8	Human resources strategy developed	<p>It is essential to develop a medium and long-term human resources strategy for community workers: social workers for outreach activities, community nurses, Roma school mediators and for school counsellors. This strategy shall include at least:</p> <ul style="list-style-type: none"> <li>- Providing incentives for social workers, community nurses and school counsellors employment in remote areas, similar to the ones provided to doctors through housing or support for commuting;</li> <li>- Providing systematic training of all social workers employed by the local Public Social Assistance Services, even if they are not licensed in social work. As already underlined, the training module proposed by UNICEF for community workers is an important starting point in this respect;</li> </ul> <p>Establishing long term strategies of partnership between national and local authorities and universities for the developing of long-distance learning programmes with modular programmes for social work that could be available for free to workers employed by the local Public Social Assistance Services, even if they are not licensed in social work</p>
9	Modifying the workload for school counsellors	<p>For better delivery of the services in the field of education, fighting against and preventing school dropouts and early school leaving, a revision of the school counsellors norms needs to be undertaken and school counsellors should be full time present in each school. The general recommendation is to halve the number of children a school counsellor work with, so that at least one school counsellor will be present in each school with legal personality. Moreover, distance between different schools within the same legal person (in different villages) needs to be accounted when establishing the workload.</p> <ul style="list-style-type: none"> <li>- Modifications of the legislation on school counsellors are needed to ensure their presence in all schools</li> </ul>
10	Designing scaling-up strategies	<p>Scaling-up can be conceived in steps, and each scaling-up scenario needs to be further analyzed in detail with responsible national authorities. Scaling up can be considered gradually, starting:</p> <ul style="list-style-type: none"> <li>- with the most vulnerable communities in the country,</li> <li>- with the most vulnerable counties,</li> <li>- with selected regions,</li> <li>- only in rural communities,</li> </ul> <p>in rural and small urban communities</p>
11	Designing the community census for scaling-up	<p>A comprehensive assessment of the community needs, and the vulnerabilities of its members is needed. Without a community census it is almost impossible to identify all vulnerable persons in the community. Because community census conducted within the MPS model was partly effective, considering the huge burden of applying the Aurora questionnaire to the entire population of the targeted communities, a possible solution would be a simplified questionnaire</p>

		for the community census, allowing for better and easier application and the identification of the most vulnerable persons to be further assessed in detail. Moreover, a community census should be conducted only after a community information campaign that could prepare the population for the census.
12	Updating Aurora for scaling-up	A small number of adjustments are needed for Aurora for an even more effective use of the tool and the hardware, the tables, need to be available for all community workers and these adjustments need to be achieved in cooperation between UNICEF and the national authorities.
13	Designing scaling-up in a reasonable timeframe	In some cases, services and activities intend to change some mentalities and social norms or address very complex vulnerabilities and results are only visible after a long-term intervention. In this context, replicating the model needs to consider longer period of times for service provision.
<b>Recommendations for the county level decision makers</b>		
1	Capacity development = specialized departments for MPS coordination	The capacity of county level institutions needs to be developed by creating permanent specialized departments with enough staff for coordinating, methodological support, monitoring, and supervision of the activities of the community teams and school counsellors.
<b>Recommendations for the local/community level decision makers</b>		
1	Using Aurora and doing outreach	The outreach work, using Aurora, needs to continue to ensure the sustainability of results at child and household level
2	Extending the model in large cities as Bacău	In towns and cities, the use of Aurora needs to be continued and extended to the entire territory and population of the community
3	Ensuring human resources	It is instrumental to ensure the continuation of the work of community workers: social workers and community nurses, by employing them on a permanent basis. Moreover, in communities where not all community workers are employed, the community team needs to be completed.
4	Ensuring support for human resources	Details, as ensuring transportation among villages of the same locality, need to be planned from the beginning, because the challenging work generating by the interaction
5	Ensuring trained human resources	It is essential to ensure the continuous training of the community workers: social workers and community nurses to maintain the quality of their work
6	Conducting a simplified community census regularly	To ensure continuous relevance of the minimum package of services, re-evaluations need to be continued. Moreover, we recommend conducting a simplified community census regularly (every 4-8 years) to assess new needs at community level
7	Support for non-formal activities	Continuing the support for the MPS and simple non-formal activities (like the ones supported by micro-grants) by ensuring limited, but extremely important funds from the local budgets, is key for the sustainability of the results at child and household level, but as well at community level
8	Fostering cooperation between the mayoralty and the schools	Fostering cooperation between the mayoralty and the schools is important for sustainability of UNICEF work in the community and to better address the needs

