

Evaluation of UNICEF's Capacity Development Strategy in Bosnia & Herzegovina 2002-2004

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Acronyms and abbreviations

APP	Annual Project Plan
ARI	Acute Respiratory Infection
BiH	Bosnia and Herzegovina
CD	Capacity Development
CEDAW	Convention on Elimination of Discrimination against Women
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States (UNICEF region)
CfC	Council for Children
CP	Country Program
CPP	Child Protection and Participation
CR	Child Rights
CRC	Convention on the Rights of the Child
CSD	Child Survival and Development
DFID	Department for International Development (UK)
EAR	Extended Annual Review
FBiH	Federation of Bosnia and Herzegovina
GDP	Gross Domestic Product
GNP	Gross National Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HR	Human Rights
HRBAP	Human Rights Based Approach to Programming
IDPs	Internally Displaced Persons
IMEP	Integrated Monitoring, Evaluation and Research Plan
IMR	Infant Mortality Rate
Logframes	Logical Frameworks
MoH SW	Ministry of Health and Social Welfare
MoH	Ministry of Health
MoHRR	Ministry for Human Rights and Refugees
MTR	Mid-Term Review
N/A	Not Applicable
NGO	Non Governmental Organization
OHCHR	Office of the High Commissioner for Human Rights
OHR	Office of the High Representative
OPV	Oral Polio Vaccine
ORS	Oral Re-hydration Solution
ORT	Oral Re-hydration Therapy
OSCE	Organization of Security and Co-operation in Europe
PDA	Policy Development and Advocacy
PHI	Public Health Institute
PPA	Project Plan of Activities
RBM	Results Based Management
RS	Republika Srpska
SCUK	Save the Children UK
SITAN	Situation Analysis
SPA	State Plan of Action
UNHCHR	United Nations High Commissioner for Human Rights
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. EXECUTIVE SUMMARY

Background and purpose

The 2002-2004 Country Program (CP) goal of UNICEF Bosnia & Herzegovina was “to improve the capacity of the Government of Bosnia and Herzegovina and civil society to fulfill and protect the rights of children and women”. This evaluation at the end of the CP cycle served to inform the next Country Program 2005-2008, through an assessment of UNICEF BiH’s capacity development strategy. The *objectives* of the evaluation were to assess the effectiveness of capacity development activities within three selected interventions, as well as the relevance of the activities carried out given the wider arena of possible interventions. The evaluation provides an assessment of the capacity development strategy within the Country Program design, and documents strengths and challenges for the future Country Program.

The first project, “*Increased knowledge and skills of health professionals on prevention and adequate treatment of acute respiratory infections, diarrhea, dehydration and nutritive anemia*” consisted of training for doctors and nurses to enhance their capacity to identify and properly treat the above mentioned common early childhood diseases, together with provision of protocols, equipment and materials for professionals and parents.

The second project, “*A multidisciplinary approach to combating domestic and other forms of violence against women and children*”, consisted of a series of training for professionals dealing with violence – police, social workers, health workers, judges and NGOs. The purpose of the project was to raise awareness of the issue of intra-family violence and provide practical guidance on how to assist victims, and to create increased cooperation between institutions dealing with victims.

The third intervention evaluated is called “*Capacity building for monitoring and implementation of children’s rights in Bosnia & Herzegovina*”. This program worked on three levels - on government level to train government officials on child rights issues and to provide support to the newly established Council for Children. On NGO level networking and conferences were supported, and on community level support was extended to child rights workshops for children and child care providers. The program also included training of journalists. The aim was increased awareness of child rights on all levels, improved cooperation between government and NGO sectors and increased capacity for advocacy for child rights.

Rationale and methodology

Within a human rights framework, UNICEF considers that three types of capacities need to be developed within state institutions and individuals for sustained change: *responsibility, authority and resources* – human, economic and organizational. Capacity gaps in all three areas were taken into account for the evaluation of the effectiveness and relevance of the capacity development (CD) efforts.

The Human Rights Based Approach to Programming (HRBAP) was recently introduced in the UNICEF BiH CP, and an assessment of the approach was not possible at this stage. However, HRBAP implicitly became a part of the evaluation, since a good *process*, which enhances participation, empowerment, local ownership and sustainability is essential for both HRBAP and successful capacity development efforts.

For accountability, it was important to focus on tangible results, and to present findings within a Results Based Management (RBM) framework (activities distinguished from outputs, outcomes and impact). Yet it was not possible to find sufficiently precise data relating to the developed logframes and indicators in the BiH CP, and it was difficult to clearly distinguish results in accordance with the RBM system.

To respond to these challenges, results of different CD actions were throughout the evaluation looked upon in their broader definitions of responsibility, authority and resources, to be determined through dialogue with staff and partners and within the particular project context. Consideration was given to different levels of results, but results were related to how interventions were practically planned and implemented, which in many cases varied considerably from e.g. logframe schemes. Project processes were analyzed through the Triple A cycle (1-

analysis of a situation and decisions for action, 2 - *action*, 3- *assessment* of the results, feeding into a new analysis). The method for data collection was mainly qualitative, since such processes are not readily measured in numbers or figures.

Data sources were UNICEF project implementers as well as participants in project activities. For the health project, doctors and nurses were interviewed in 8 focus groups in various locations across the country. For the violence project, observation was conducted and in all 29 police officers, social workers, health workers, judges and prosecutors were interviewed across the country. For the child rights program, observation was conducted and 4 focus groups with children and youth, 2 focus groups with teachers and 2 with journalism students were carried out in various locations and according to involvement in activities organized by different NGOs. Within the scope and strategy of this evaluation, data collection from beneficiaries such as e.g. children and parents recipients of health care services or victims of intra-family violence was not possible.

Data collection methods included: desk review, key informant interviews, focus group and semi-structured interviews with participants in training, on-site observation, material analysis, expert interviews and a workshop conducted with UNICEF partners.

Key conclusions and recommendations

The health project

Conclusions

- the project can be considered effective at the output level of increased knowledge
- the chosen focus contributed to awareness of the need for additional knowledge in the health care field
- sustained improvement in service delivery is unlikely, since training was a one-off event, and since the capacity gap in lack of authority of nurses was not addressed
- project constraints and strategies for how to go from increased knowledge to better services have not received sufficient reflection

Recommendations

- include pedagogic strategies for improving cooperation between different health care professions in the training sessions
- make efforts to increase cooperation between partners in RS and partners in the Federation
- invest in developing broader capacities within the health sector through mapping capacities and identifying entry points for change of a more systemic nature

The violence project

Conclusions

- at the output level, the project is successful according to stated goals
- awareness raising of professionals is a key entry point
- achieved change in behavior and practice is likely to be sustainable in the medium term
- increased NGO performance has been achieved as a consequence of the project
- the project is appropriate, but requires additional efforts to achieve potentially great wider relevance
- society needs to recognize service providers legitimate interference in the issue, and superiors have to grant them authority to do so, which is most often not the case today
- a multi-disciplinary perspective and a unified approach requires more work in the selected areas

Recommendations

- discuss how to reach teachers/pedagogues with the same information
- given the importance of strong NGOs for successful continuation of the project locally: ensure capacity building for NGOs in new project areas
- support a needs assessment of safe houses and other means of victim protection in the country
- address capacity gaps in responsibility, authority and organizational resources - develop inter-institutional cooperation agreements, protocol development or more formalized model approaches to case management

The child rights program

Conclusions

- the program is not effective according to stated outputs throughout, but effective in terms of other achievements - increased awareness of child rights, improved cooperation between government and NGOs and partially increased capacity for advocacy for child rights
- the program is relevant because of its potential effects - progress is slow due to the long-term nature of the intervention
- the child rights workshops for children are excellent examples of concrete capacity development within a human rights framework
- efforts at the three levels of government, professionals and community are laudable, but connection between them need to be improved - build up of individual capacity should be connected to CD efforts for increased (local) government responsibility
- CD strategies pursued for each group are too narrowly defined

Recommendations

- develop strategy document for child rights workshops to aid duplication of the model
- seek for ways to increase government responsibility through supporting cooperation between child rights NGOs and government at municipal level, or through increasing advocacy capacities of NGOs
- review training for professionals to see how it can be better integrated into the program
- review the setup of the Council for Children to find possible entry points for change inducement
- develop organizational capacities of NGOs and relevant government institutions, specifically looking at information sharing, strategy development and institutionalized learning
- search to support leadership education for young volunteers

The Country Program strategy of capacity development

Conclusions

- the Country Program is effective in terms of 'getting things done' - UNICEF BiH results are strong in the area of human resource development
- goals are clearly formulated, appropriate sectors are targeted, appropriate methods are used and interventions overall have led to the targeted change at the output level
- efforts are practical and make use of UNICEF's comparative advantage
- the Country Program does not ascertain that 'the rights things are getting done'
- justification for CD choices is not clear enough, due to inadequate assessment of partners' capacities and inconsistencies in planning documents
- there is a strategy gap between planning for the immediate service and planning for achieving the long term goal of improved capacity of government and civil society to fulfill children's and women's rights
- interventions have been pushed in the direction of short-term, tangible results, whereas the largest capacity gaps might sometimes lie elsewhere
- more focus is needed on organizational capacity for partners, especially strategic planning, process documentation and institutional learning

Recommendations:

- review usage of the RBM system
- develop more strategic and comprehensive CD efforts - identify the most crucial capacity gaps with partners, address motivation issues, develop strategies for addressing capacities in the field of authority and responsibility through addressing policies, and adapt CD efforts to the needs of the organizations they support
- develop new methods for process documentation
- develop a process with partners of institutional learning, where planning and assessment systems are better integrated

2. INTRODUCTION - PURPOSE

Evaluation serves UNICEF's goal stated in the Medium-Term Strategic Plan (2002-2005) to make Country Programs of Cooperation more effective in terms of focus and implementation strategies. Globally within the UNICEF system, it has been established that there is a need to move away from project level evaluations towards strategic and policy-oriented evaluations.¹ This evaluation at the end of the Country Program cycle in BiH serves the specific aim of informing the next Country Program.

At UNICEF in Bosnia & Herzegovina, the Country Program runs from 2002 to the end of 2004. UNICEF BiH has in this time period undertaken several research studies and evaluations of projects. In anticipation of the new country program, it was felt that a comprehensive review was necessary to assess progress made, reflect on challenges and use lessons from the past experience to inform planning for the future. The evaluation took place simultaneously with the process of planning the new country program. This report documents the evaluation process as well as the findings and analysis derived from the document review, interviews and other data collected, workshop and discussions conducted. The evaluation process has the dual purpose of enhancing program implementation as well as providing an assessment of achievements so far.

The present Country Program goal is *"to improve the capacity of the Government of Bosnia and Herzegovina and civil society to fulfill and protect the rights of children and women"*. The evaluation assesses UNICEF BiH's capacity development² strategy. It focuses on three selected projects with strategic implications for the Country Program as a whole, and includes an assessment at project level as well as a comprehensive, broader-looking analysis.

Simultaneously with the evaluation process, actions were initiated to strengthen monitoring and evaluation capacity within the UNICEF office as well as with partners. Partly as a product of, and partly as an input to these processes, the evaluation contributes with reflections on the broader categories of "capacity development" and strategies for establishment of institutional learning processes for UNICEF BiH and partners.

The evaluation report will serve as a basis for internal discussions about strategies and outcomes of the Country Program within the UNICEF BiH office in order to inform the next Country Program 2005-2008. In addition, one version of the report will be shared with external stakeholders for discussion at the Annual Review, which UNICEF BiH will hold in December 2004 with partners.

¹ See UNICEF: *Country Programme Evaluation - Methodology and Guidance Development*

² The term "capacity development" is chosen as the preferred notion of this evaluation over "capacity building", as the first notion more strongly indicates that capacity might already exist that can be further developed. When the term "capacity building" has been used explicitly in project documents or the like, this term is used also in the evaluation report.

3. BACKGROUND: UNICEF IN BOSNIA & HERZEGOVINA

The aftermath of the war in Bosnia & Herzegovina left the country with 13 political units and 181 ministries, posing the greatest constraint to implementing state level policies and contributing to continued systemic violations of human rights, in particular rights to health, basic education and social protection services. The social welfare sector in Bosnia & Herzegovina is not equipped to adequately assist women and children in need of assistance and protection, and lack of financial resources and institutional fragmentation aggravates the situation. There is a desire in many quarters to adopt improved practices. At the same time, there is a widespread feeling of helplessness at the level of service provision. Professionals such as social workers, nurses, police etc. cite lack of funds, rigidly hierarchical structures and low societal recognition as reasons for this feeling. In many institutions (governmental and non-governmental) there is a certain degree of self-complacency. Even if previous standards of education and service provision in Yugoslavia were high, challenges of today's Bosnia demand quite different skills, resources and organization - something which is not always sufficiently taken into account.

In recent years there has been a growth of non-governmental organizations, pushing participation onto the agenda of various social services. However, NGOs tend to work in isolation, rather than as part of a broader policy framework, and their work is of uneven quality. Real-term cooperation between NGOs and government beyond the level of formalities is still rare except in some cases at the local level. Wider political problems have thus far not allowed the kind of country-wide reforms that are needed in the social sectors, and civil society is still too fragmented and weak to push for such changes.

The present Country Program (CP) is based on the global UNICEF strategy of Human Rights Based Approach to programming. The CP goal is to improve the capacity of the government and civil society to fulfill and protect the rights of children and women.³ There is explicit focus on capacity building of duty bearers and a new focus on capacity building of rights holders to claim rights, although outcomes and outputs are largely formulated along the lines of traditional UNICEF responses. Implementation operates on the three levels of policy, capacity building of professionals at municipal levels and support to community based responses.⁴ Changes as a result of adoption and operationalization of the Human Rights Based Approach to Programming have not yet been assessed.

Strategies to reach the CP goal of improved government and civil society capacities include advocacy to increase understanding of how to promote children's and women's rights, mobilization of civil society, strengthening of NGO networks, policy dialogue and consensus building, technical interventions to strengthen government's capacity and building capacity of NGOs to manage development work within their communities.⁵ The Extended Annual Review carried out in March-April 2003 endorsed an adoption of a multidisciplinary approach to child protection and early childhood development, and recommended an increased focus on activities and projects for young people.

Programming is divided into three sections: Child Survival and Development (with projects on Early Childhood Development and Child-Friendly Basic Services), Child Protection and Participation (with projects on Social Protection, Transformation of Institutional Care, and Mine Risk Education and Mine Victim Assistance), and Policy Development and Advocacy (with projects on Policy Development on CRC and CEDAW and Social Mobilization and Advocacy).⁶

³ UNICEF: Master Plan of Operations 2002-2004, p.12

⁴ UNICEF: *Bosnia and Herzegovina 2003 Annual Report*, p. 43

⁵ UNICEF: Master Plan of Operations 2002-2004, p.13

⁶ See Appendix 6: Country Program Strategic Intent Scheme

4. EVALUATION OBJECTIVES AND QUESTIONS

The aim of the evaluation process is to provide a comprehensive assessment of UNICEF BiH's capacity development strategy in the Country Program 2002-2004. To this end, the effectiveness of capacity development activities is assessed, as well as the relevance of these activities given the wider arena of possible interventions. The evaluation seeks to provide a better description of present capacities and to document existing strengths and opportunities to be grasped in the future Country Program.

In order to assess capacity development efforts throughout the Country Program in a strategic and efficient manner, three subprojects have been chosen for a more in-depth assessment:

- 1) Management of early childhood diseases - Early Childhood Development
Goal: *"increased knowledge and skills of health professionals"*
- 2) Strengthening child protection mechanisms at local level - Child Protection and Participation
Goal: *"increased knowledge and skills of professionals"* (police, judiciary, social workers)
- 3) CRC policy development and social mobilization and advocacy - Policy Development and Advocacy
Goal: *"increased capacity of Council of Children and MoHRR to operationalize State Plan of Action and monitor child rights", "improved mechanisms for communities and children to participate in monitoring and advocacy for CRC"*

The evaluation questions are the following⁷:

1. *Are capacity development efforts effective according to stated goals at the output level?*
 - Are goals clearly formulated?
 - Did capacity development interventions target the appropriate actors?
 - Were the methods appropriate for the capacity development objectives?
 - Did the capacity development interventions lead to the specified change?
2. *Are capacity development efforts in the three projects relevant?*
 - Did UNICEF make use of its comparative advantage⁸?
 - Did the intervention lead to a change in individual and/or organizational performance?
 - Was the intervention the appropriate choice related to other capacity gaps (gaps in responsibility, authority, human, economic and organizational resources)?
 - Was the intervention appropriate given the extent of the challenge versus the resources and time frame for action?

Findings are presented first in relation to each project, and afterwards the general strategy of capacity development is assessed, with findings, conclusions and recommendations relating to the Country Program as a whole.

⁷ The evaluation questions have been somewhat altered in relation to the questions posed in the Terms of Reference (see Appendix 1). These alterations are a consequence of the evaluation process, which showed that some questions could not be answered or were not applicable in context, and some additional information came forward which needed to be included to provide a fuller picture of efforts.

⁸ = bringing together government, the international community and NGOs, enabling NGOs to provide leadership - UNICEF MTR Conclusion.

5. METHODOLOGY

5.1 Rationale

5.1.1 Capacity development

Capacity development (CD) has become an important concept in the world of international development. The aim is to provide support to enable persons, organizations and institutions in the developing world to take care of democratic, economic and social development themselves (as opposed to e.g. directly providing services or building institutions). At first, capacity development was often interpreted as training. As more and more capacity development projects were tried out and evaluated, it became clear that CD efforts usually have to include multiple strategies in order to achieve long term effects of improved performance. Such strategies may include e.g. advocacy, organizational development, network strengthening and so on.

Within a human rights framework, UNICEF has also moved away from regarding CD as training. UNICEF considers that three types of capacities need to be developed within state institutions and individuals for sustained change. These three capacities are:

- Responsibility - the persons responsible for respecting, protecting and fulfilling a particular right accept this responsibility
- Authority - state and society recognize that the responsible persons should act to respect, protect and fulfill a particular right authority may include legal, moral, spiritual or cultural responsibility
- Resources - those responsible have the resources to respect, protect and fulfill a right - three different kinds of resources are required:
 - human - skills, motivation, knowledge, experience
 - economic - natural resources, tools, equipment, technology
 - organizational - institutions, administrative structures, formal and informal rules⁹

Capacity gaps in all three areas need to be taken into account in evaluating the effectiveness and relevance of a CD effort. Especially organizational resources are often neglected in CD processes, as improvements within organizations are less visible and tangible than e.g. the development of a new policy or improved individual skills. A strong organization is able to tap the capacities of its individual members, to share those capacities with others, to assimilate capacities and to institutionalize them.¹⁰ In this evaluation report, “organizational development” refers to the process of strengthening such ability.

Practically, capacity development in the UNICEF BiH Country Program also moves beyond the previously common outlook on CD as mere training. The evaluation looks at how these more comprehensive efforts are planned, carried out and combined for strategic results, through the perspective of the three capacities mentioned above.

The “Triple A Process” is a model of a project or program cycle, which can be used to analyze UNICEF capacity development strategies. The Triple A process starts with 1) an *analysis* of a situation leading to informed decisions for action, then 2) *action* is carried out, and finally 3) an *assessment* of the results of the action is undertaken, which feeds into a new analysis of the situation and so on. The capability to analyse a situation and to learn from the results represent important parts of capacity development.¹¹ Normally, a CD effort aims at strengthening a particular component of the Triple A process. The evaluation of CD efforts within the UNICEF BiH Country Program uses the Triple A model to structure findings and conclusions.

⁹ Jonsson, Urban: *Human Rights Approach to Development Programming*, pp. 50-54. Jonsson lists the category of “motivation” both as part of human resources and on a par with “responsibility”. Other UNICEF documents list motivation as part of human resources, which is the categorization used in this evaluation.

¹⁰ ISNAR, CTA, IDRC: *Evaluating Capacity Development - Experiences from Research and Development Organizations around the World*, p. 27

¹¹ Jonsson, Urban *Human Rights Approach to Development Programming*, p. 48

5.1.2 UNICEF programming frameworks and evaluation

UNICEF's main framework is the Human Rights Based Approach to Programming. In this approach, people are subjects of rights. Therefore they are key actors in their own development, and should be empowered to claim their rights. A human rights approach implies accountability of the state and other duty bearers (specified in context) to respect, protect and fulfill human rights. If they fail in their obligations, this failure is due to constraints or lack of capacity. Whereas in e.g. a basic needs approach poor governments can be bypassed or ignored, capacity development becomes essential under HRBAP. There is no alternative to developing governments' capacities to respect, protect and fulfill human rights, thus fulfilling their treaty body obligations.

This evaluation does not make judgments of the CP or the projects it contains by HRBAP standards, as these standards were not part of the planning process when the CP for UNICEF BiH was prepared in 2001. Nevertheless, HRBAP is implicitly a part of the evaluation, since the principles of HRBAP are closely connected to capacity development. Further, a good *process*, which enhances participation, empowerment, local ownership and sustainability, is essential for both HRBAP and successful capacity development efforts¹².

Results Based Management is the second of UNICEF's core programming frameworks. RBM focuses on measurable progress - target achievement, review of plan implementation, resource allocations, efficiency and so on. RBM has been developed for measuring results of development programs. At UNICEF BiH, the program planning methods have changed considerably during this CP cycle, and program management systems are not automatically comparable from the year 2002 to year 2003 and 2004. Program objectives were adjusted to the RBM system after the Mid Term Review in 2003, and logframes were only introduced in 2004.

For the design of an evaluation, this constitutes considerable challenges. Firstly, for accountability, it is important to focus on tangible results, and an evaluation within the UNICEF system should present findings within the RBM framework (findings relating to activities distinguished from outputs, outcomes and impact¹³). Yet, for evaluation purposes, it is not possible to find sufficiently precise data relating to the developed logframes and indicators in the BiH CP, and it is difficult to clearly distinguish results in accordance with the RBM system.¹⁴ Secondly, for an evaluation which seeks to contribute to improvement of sustainable capacity development efforts, a focus on process is essential. Processes are not easily captured within an RBM system, as no commonly defined indicators have been agreed upon to measure them.

To respond to these challenges, results, meaning and significance of different CD actions have throughout this evaluation been looked upon in their broader definitions of responsibility, authority and resources, to be determined through dialogue with staff and partners. There is no attempt to arrive at an objective definition of "appropriate interventions" or "tangible results" other than within a particular project context. In the presentation of findings, conclusions and recommendations, consideration is given to different levels of results, but results are related to how interventions were practically planned and implemented, which in many cases vary considerably from PPA and logframe schemes.

Good process is investigated as part of the three earlier defined capacities. Somewhat simplified, participation corresponds roughly to the development of human and organizational capacities, and empowerment corresponds roughly to development of responsibility, authority and human resources. Local ownership is connected to responsibility and organizational resources, sustainability to economic and organizational resources. Project processes are analyzed through the Triple A cycle mentioned in the previous section.

The process focus means that the evaluation attempts to answer some of the "how" and "why" questions rather than checking the target reach. The method for data collection was mainly qualitative, since a process is not readily measured in numbers or figures. The evaluation seeks to be descriptive and explanatory, cooperative and supportive rather than punitive and backward-looking. None of the results presented should be understood as final or all-inclusive, only indicative.

¹² Jonsson, Urban: *Human Rights Approach to Development Programming*, p. 45

¹³ As stated in the UNICEF Evaluation Report Standards, p.21

¹⁴ This issue is discussed further in chapter 9, the assessment of UNICEF BiH's capacity building strategy

5.2 Methods and instruments¹⁵

Principals:

Dialogue

- introductory dialogue with UNICEF staff to determine which projects were to be assessed and how
- involvement by UNICEF staff for comments on initial stages of the evaluation process as well as on draft stages of the report
- involvement by partners for comments on draft stages of the report
- report will serve as a basis for discussion with main stakeholders at the Annual Review Meeting (end of Country Program review) in December 2004

Multiple methods of data collection

- extensive desk review
- full-day workshop with UNICEF partners involved in the three projects
- 24 in-depth interviews with key informants (project partners, implementers and trainers)
- 3 expert interviews
- 19 focus group interviews and 18 semi-structured interviews with participants in project activities
- 6 on-site observations
- material analysis of various training materials, brochures, booklets

Focus and comprehensiveness

Together, the data gathered serve to answer questions about the success of capacity development efforts in the three interventions according to stated goals, as well as the question whether the efforts made were appropriate and relevant.

Process sensitivity

As programs and projects have developed, initial plans as they are stated in planning documents have been altered, something which is not always documented. When referring to project/program documents, the evaluation report takes these changes into account (which is why direct quotation can most often not be used).

5.3 Scope

Time period (for detailed timeline, see Appendix 1, ToR for the Evaluation)

- 8 months in total
- April-May: consultations with UNICEF staff, ToR prepared, protocols prepared
- June: workshop with partners
- July, Aug, Sep: interviews
- Oct-Nov: final data analysis, consultations with UNICEF staff and partners, report prepared

Geographic area (for exact locations, see Appendix 9 - lists of interviews & observations)

- both Entities (RS and FBiH)
- urban and rural areas
- to the extent possible, rich and poor cantons/regions

Scope of interviews conducted

- key informant interviews: new interviews were conducted until no new information put forward
- focus group interviews: samples of participants in project activities from different professional groups and from different areas

¹⁵ For a detailed description of methodology, please see Appendix 4.

- semi-structured interviews: samples of participants in training to ensure sufficient participation of professional groups in the violence project

Scope of other data collection initiatives

- desk review: a selection of evaluation theory materials relevant to the evaluation, review of all available UNICEF documents related to one of the three evaluated interventions and to UNICEF programming in BiH (see Appendices 7 and 8)
- a full-day workshop was conducted with participation of most key implementing partners
- observation conducted for violence and CRC training/workshops in various locations and with various groups (See Appendix 9)
- material analysis of all available materials
- independent expert interviews with one person for each evaluated intervention

Limitations

- no studies of impact on those who are to benefit from the interventions, e.g. victims of intra-family violence, except children involved in the CRC program, since they are both the direct target group and the supposed long-term beneficiaries

5.4 Ensuring data quality and interpretation quality

Monitoring of data collection

- research cycling - interviewing in phases with analysis and reflection interspersed
- triangulation of data across multiple sources, multiple methods and across geographical setting, interview data and written documents compared
- possible data gathering structure bias countered through adjustment of interview and analysis protocols after piloting
- possible evaluator's bias countered through consistent dialogue with interviewers
- workshop produced agreement on some key issues

Data interpretation

- 1) Construction of an evaluation framework (see Appendix 1) to focus the information search, identify the issues to be addressed, variables to be considered, sources of information and method of information collection for each issue.
- 2) Method of constant comparison used to create distinct categories for analysis during the process of desk review and conduct of interviews.
- 3) Identification of themes/patterns created by these categories, clarification of relationships between the different groups and categories. Search for negative cases carried out.
- 4) Secondary analysis undertaken after analysis of first and second phase data.
- 5) Consistent dialogue with interviewers ensuring inclusion of their interpretation of interviews, interview transcripts with interviewers' personal comments
- 6) Data interpretation check with one expert without ties to the UNICEF projects from each of the three project fields.
- 7) Preliminary results presented in three rounds - for UNICEF staff involved, to key partners from each intervention, to the whole of the UNICEF BiH office. Comments and discussions noted and used for adjustments of the analysis, guaranteeing systematization of the information.

5.5 Ethical safeguards

The investigation did not involve particularly sensitive issues, so it was considered that there were no risks to the participation of children in focus groups.

The following actions were taken to ensure ethical conduct:

- Information was provided in advance writing and orally at the interview venue about the purpose of the evaluation to all interviewees, for children specifically tailored to their comprehension.
- Confidentiality was assured orally to participants in interviews and those observed, and ensured through interview transcript coding and analysis coding.
- Regular debriefings with interviewers were held for the purpose of discussing possible problematic issues and decide on steps to be taken.
- Selection of participants in focus group with children was carried out by partner organizations, as all organizations have strong ethics about non-discrimination - in practice it usually meant that all those present participated, and all present expressed their consent to participate.
- Selection of participants in focus groups with professionals was carried out on availability and willingness to participate.

5.6 Limitations, shortcomings

External environment

The nature of capacity building as a concept and capacity building as a practical intervention poses difficulties for focused assessments. As the goals of UNICEF BiH are formulated, capacity building should be carried out both to achieve a specific output in terms of e.g. improved services and action plans established, but it should also serve to strengthen organizations and networks. The design of the evaluation focuses on whether or not services have been improved and whether or not organizations have been strengthened, but it cannot determine the conditions of the external environment, which are also important aspects of any capacity building effort.

Information

There is a shortage of especially documents recording project processes step by step. In addition, some project implementing partners have limited knowledge in terms of e.g. the wider arena that projects are operating in (or they are not able to formulate it in e.g. political, judicial or project operational terms), which limits the information available for the evaluation.

The general shortage of data is a problem of more generic character. Information provided by the state is often non-existent or unreliable, and other institutions do not have the capacity to gather it. It is a limitation for the country, for the UNICEF BiH office, and thereby also naturally a limitation for this evaluation.

Evaluation process

The evaluation process was intended to serve as a capacity development exercise in itself through participation by UNICEF staff and stakeholders. During the course of the evaluation process it has become clear that capacity building needs are much greater than the process of a one-off evaluation can accommodate. Capacity building has been carried out as ad-hoc processes when need and possibility arose, but mostly in parallel to, instead of as a built-in component of the evaluation process itself, as this proved to be too difficult.

Efficiency

The evaluation does not include an assessment of financial investment compared to project outputs. Some initial investigation into project spending was done in the primary desk review. This led to the conclusion that a process focus of the evaluation would be of greater value to the office than an investigation rationale based on

cost and benefit. Inconsistency in indicators for the three interventions investigated would have made it difficult to conduct a fair cost analysis.¹⁶

Primary stakeholders

Given the diversity of activities investigated through the evaluation and its strategic character, stakeholder participation is mainly achieved through the discussion that will be held with key partners on the basis of the evaluation report. It will then be up to partners to decide on dissemination of results to their constituencies.

¹⁶ For further analysis of indicators applied and recommendations, see chapter 9.

6. PROJECT ASSESSMENT - HEALTH

6.1 Description of the project

Project title *“Increased knowledge and skills of health professionals on prevention and adequate treatment of acute respiratory infections, diarrhea, dehydration and nutritive anemia”*

Key problem

- prevalence of anemia among children in BiH widespread
- clinical treatment of Acute Respiratory Infections (ARI) and diarrhea in BiH can be improved
- no standards for treatment exist, and e.g. antibiotics are often prescribed unnecessarily

IV Program strategic result¹⁷: Reduction of infant mortality rate

III Project outcome: Improved quality and services

II Project output: Increased knowledge, skills of health professionals

I Project activities¹⁸ (abbreviated): Training of health professionals, printing of educational material and provision of medical equipment, evaluation of impact of training

Obstacles: Challenges to health services are reinforced by the fragmentation of the health system. Every initiative has to be done twice, and often more.

Project partners

- the FBiH Pediatric Association (Federation Entity)
- the RS Ministry of Health (Republika Srpska Entity)

Project cost (estimated): BAM 200,000 in total for 2002-2004

Project process

- started in 1999, activities finalized beginning of 2004
- first phase: assessment of the prevalence of ARI, diarrhea and anemia, protocols and materials developed
- training conducted for health professionals divided into anemia on the one hand, and ARI and diarrhea on the other (0-6 years old)
- training methods changed in the course of the project on partners' initiative to become more interactive, training expanded from one to two day sessions
- during this CP training was the main activity

Respective contributions:

- organization of training sessions, training - UNICEF partners in their respective entities
- development of training materials, materials for hand-outs to parents, and protocols for correct prevention and treatment of the diseases - partners in their respective entities
- data collection for evaluation, completion of evaluation reports - partners in their respective entities
- funds for training and equipment, coordination - UNICEF

Main difficulties: In the early phase of the project, cooperation problems arose in a few places, where directors of health centers were not interested in receiving the training due to political considerations. These were eventually overcome. Funds were not enough to cover all health institutes or to repeat the training.

Completed activities

- 2002-2003 ca 1400 health professionals trained
- Knowledge pre- and posttests and assessments of participants' opinions about the training carried out, evaluation reports submitted

¹⁷ Strategic results, outcomes and outputs for this project and the others are taken from the RBM scheme as it was developed after the Extended Annual Review in 2003, since the new chart is more informative. See Appendix 6 CP Strategic Intent Scheme

¹⁸ Activities are derived from various Logframe documents.

6.2 Findings

6.2.1 Analysis (planning phase)

I-IV Formulated goals and understanding of what the project aims to achieve

- the targeted area of capacity development is human resources in terms of knowledge and skills, and a contribution towards economic capacity development in terms of smaller scale equipment
- foundation for choices made in relation to the training is solid - knowledge and capacity among partners in relation to medical issues is at a high level

6.2.2 Action (implementation phase)

I Training

- training materials and training modules were developed separately in the two Entities
- sessions generally appreciated and considered useful by a majority of participants
- the information communicated at training sessions would have been difficult for participants to gain in other ways
- change to more interactive training methods was a development that increased satisfaction of participants
- materials appreciated by participants, but when the amount of copies given to the health centres are given out to colleagues and parents, there are no attempts or mechanisms for acquiring more

I/II Chosen participants, knowledge increase

- apart from doctors and nurses, some directors of health centres also participated in the training, increasing chances for greater knowledge spread
- in some places pharmacists (drug store workers) were included in the training, which might further contribute to overall spread of knowledge, since pharmacists are often able to influence people's drug purchases
- pre- and post-tests show that knowledge increased significantly, and nurses increased their knowledge more than doctors
- most interviewed participants state that training provides either new knowledge or 'refreshment of knowledge'
- participants have in some cases shared knowledge with their colleagues, particularly the written materials

III Examples of improved services, but also many obstacles

- there are examples of changed practices, especially use of protocols by some of the participants in the training
- one of the main obstacles in implementing newly acquired knowledge and skills is the hierarchical structure of doctors' and nurses' responsibilities in the health centres. In places where cooperation is good, new practices can be implemented. If there is little joint problem solving, nurses are not able to affect practices.
- many participating nurses cannot put their acquired knowledge into use in their work environment and feel disempowered and frustrated

6.2.3 Assessment (learning phase)

III Little project reflection upon obstacles and linkages enhancing project outcomes

- project implementers consider that a one-off training is not enough
- it is assumed that training combined with hand-outs of materials will yield the results of improving prevention and diagnosis of nutritive anemia, ARI and diarrhea of children - no goals are established of how much change is expected, what the benefit of training doctors together with nurses is supposed to be, or how the materials are supposed to contribute
- the project does not address constraints - e.g. institutional structures, or possible incentives not to change practices

- implementers appreciate projects that interrelate and support each other, but linkages happen through personal contacts and is not well organized
- little analysis of further initiatives needed has been carried out (with a couple of exceptions)
- cooperation between different institutions in project implementation is not well organized and has not happened across entities

6.3 Conclusions

6.3.1 Effectiveness

The project can be considered effective at the output level of increased knowledge.

- 1) **Clearly formulated goals:** the goal to increase knowledge and skills of health professionals in ARI, nutritive anaemia and diarrhoea is straightforward and shared among implementers.
- 2) **Appropriate actors targeted:** yes, and even more so than is stated in previous documentation, since some Health Centre Directors and pharmacists have also been included.
- 3) **Appropriate methods:** training methods and usage of protocols and materials are appropriate, although effectiveness could be enhanced with more continuous provision of materials.
- 4) **Intervention led to the specified change:** knowledge has been increased among health professionals.

6.3.2 Relevance

The project constitutes a good first step, but is not comprehensive or strategic.

- 1) **Comparative advantage:** UNICEF makes use of its comparative advantage, as UNICEF's leverage with government institutions and impartiality with regards to the two entities made the project possible on a state level.
- 2) **Change in individual and/or organizational performance:** Some service improvement has happened, how much cannot be established with certainty with the methods used in this evaluation. However, sustained improvement is unlikely as training was a one-off event and did not focus on systemic change.
- 3) **Choice related to other capacity gaps:** Newly acquired knowledge and skills of individual nurses cannot be fully tapped and shared with others due to present structures in health centres (organizational capacity) and due to nurses' traditional lack of authority. The project would benefit from paying attention to these capacity gaps, as they affect the project outcome of improved services.
- 4) **The extent of the challenge versus the resources and time frame:** As an input into a system with many weaknesses, the chosen focus is correct as a first step. Conducting training for health professionals in itself constitutes a positive process in BiH, especially for rural areas, where attention to and discussion with health professionals is very rare. Projects like this may contribute to increasing awareness that additional knowledge and skills is needed in the health care field. This way the project has a value even if the specific activities cannot accomplish a sustainable improved service delivery in terms of ARI, anaemia and diarrhoea among children. The link between project output (increased knowledge and skills) and project outcome (improved quality of services) is not sufficiently clearly established.

6.4 Recommendations

1) **Give attention to institutional cooperation issues.** For any future training, pedagogic strategies for improving cooperation between different professions and enhancing motivation for constant learning should be included in the training sessions, as a strict hierarchy which inhibits communication between doctors and nurses also impedes implementation of better practices. Possibly, Medica Zenica's success in motivational work could be used to inform such new strategies.

2) **Increase cooperation between Entities.** Efforts should be made to increase cooperation between partners in RS and partners in the Federation. Even though this has not been possible previously, there is a momentum now with partners more aware of each others' work and results achieved so far available. This push for cooperation has to come from UNICEF; it will not happen independently on partners' own initiative. Such cooperation would increase efficiency, as duplication of efforts would be eliminated, while drawing more attention to institutional structures.

3) **Invest in developing broader capacities within the health sector.** Some good and solid base work has been done (also research prior to this project), but most researchers and project implementers are practitioners, not strategists. For long-term capacity build-up in the health sector, capacities (responsibility, authority and resources - including organizational capacity) have to be thoroughly mapped, and entry points for change of a more systemic nature have to be identified. This should be done in cooperation with partners, especially relevant ministries, and with a view to incorporation in the health reform.

7. PROJECT ASSESSMENT - COMBATING VIOLENCE

7.1 Description of the project

Project title

“A multidisciplinary approach to combating domestic and other forms of violence against women and children”

Key problems

- intra-family and gender based violence on the increase as a consequence of war
- inadequate response to violence against women and children
- professionals traumatized by war, burned out and unmotivated due to poor social and working conditions
- no public recognition of violence
- no reference system or management standards for cases

Project aim

- raise awareness of the issue of intra-family violence and provide practical guidance on how to assist victims
- create increased cooperation between institutions dealing with victims
- strengthen NGO capacity to advocate for adequate responses

IV Program strategic result: Improved protection of vulnerable children from abuse, neglect, violence

III Project outcome: Model approaches to case management and inter-disciplinary cooperation, increased professional knowledge of child protection issues

II Project output: In pilot areas, increased knowledge and skills of professionals on interdisciplinary case management, domestic violence and child abuse

I Project activities: Support to training of professionals

Project partners

- Main partner: NGO Medica Zenica
- Local partner NGOs: Pro et Contra (Prijedor), Nada (Prijedor), Zene sa Une (Bihac), Alter Art (Travnik), Buducnost (Modrica)

Project cost

- Project Cooperation Agreement: BAM 684,460 for the period 2002-2004
- Supply portion (for materials for training, earlier also for e.g. computers for NGOs): BAM 50,805

Project process

- builds on Medica's experience from work with authorities and professionals in Zenica, training activities ongoing since 1999, supported by UNICEF since 2001
- two training cycles during 2002-2004:
 - 1) Una Sana Canton & Prijedor region
 - 2) Middle Bosna Canton & Doboje region
- training aimed at professionals dealing with violence - police, social workers, health workers, judges and NGOs
- basic training: focus on psychological aspects of violence - participants are grouped according to profession, issues relating to specific work problems are discussed
- for final sessions of basic training different professional groups brought together
- advanced training: training of trainers and training for advocacy - different professional groups have sessions together

Contributions

- training design - Medica
- contract with local NGO(s) active in the targeted area - Medica
- contact to possible training participants, organization of training - Medica and local NGOs
- trainers and training materials - Medica, in some instances trainers from previously trained groups are used
- financial support for training, supplies - UNICEF

Main difficulties

- in previous cycles work with ethnically mixed municipalities proved challenging and requiring additional efforts
- convincing eligible participants of the pertinence of the problem to be addressed can be difficult
- judges and police officers in many places change rapidly, and new persons are not sensitized and might not see the benefit of cooperation

Completed activities

- ca 400 professionals trained in 2002-2004

7.2 Findings

7.2.1 Analysis (planning phase)

I-IV Formulated goals and understanding of what the project aims to achieve

- the CD strategy of the project aims to build human resources (knowledge, skills, motivation), responsibility and to some extent authority
- implementing NGOs have a clear understanding of project aims
- goals and aims in UNICEF project planning and reporting documents (PPAs, logframe, project proposal, Annual Reports) are not clear, and inconsistencies exist
- Medica is very aware of the extent of the challenge connected to the problem of intra-family violence, child abuse, sexual and other forms of gender-based violence, and of the limitations to their approach
- Medica has a long term goal for their work, but suggestions for intermediate strategies could be more emphasized

7.2.2 Action (implementation phase)

I Training

- focuses mostly on intra-family violence primarily in terms of husbands' violence against wives
- less attention on other violent and/or abusive relations, and mostly only secondary focus on children - as being affected by the disturbing family situation
- sessions are well planned and organized
- the materials produced enhance the project objectives, and are often used repeatedly as a reference by participants
- trainers' style and the approach to training is highly appreciated by participants
- the pedagogy is designed to be supportive of participating service providers (through training modules on self-help, recognition of helper's personal boundaries etc.)
- emphasizes processes of dialogue, reflection, participation, inclusion and ethics

I, II Chosen participants, knowledge and skills

- in general, chosen participants use their knowledge and skills in daily work
- in some cases, participants hold positions where they do not work with intra-family violence cases
- for participants from media, commercial interests in 'selling stories' seem to be so strongly focused on that other approaches (focusing on ethical reporting and human rights) are not viable
- the bulk of participants have understood and to some degree internalized the main messages conveyed in the training sessions
- some participants have been able to pass on their gained knowledge to others within their institution/organization, at times through specific training
- some participants lack support from their superiors in applying and spreading the newly gained knowledge and skills

II, III Change in attitudes and values, changes in behavior

- a richness of examples of changed attitudes and values found
- participants especially highlight increased sensitivity to victims (this was stated primarily by police officers), better recognition of violence cases, and change in opinions and attitudes about violence
- many participants express interest in changing their work, and highlight the need for better cooperation between institutions and establishment of safe houses
- partners confirm that there are many examples of concrete changes in behavior
- some of the partner NGOs have gained a completely different approach to the issue of intra-family violence - they do no longer see it as a private matter, and they have become vehement advocates for better protection and increased awareness
- the bulk of participants feel disempowered in their work with violence issues, since a system and structure is completely lacking for adequate assistance to victims

III Initiatives for inter-disciplinary cooperation

- different types of cooperation established - between NGOs, between institutions and geographical areas
- some cooperation between institutions has happened for the first time after the war due to this project
- in one area, success with including heads of institutions in the training has led to strong support for the project objective
- concrete initiatives by local NGOs include creation of inter-disciplinary task forces on intra-family violence, joint initiatives to establish safe houses for victims, small victim support teams and education in schools on the topic
- some participants could not see any changes at all within their institution or in cooperation with other institutions after the training

7.2.3 Assessment (learning phase)

III Lack of systematized efforts

- inter-disciplinary cooperation happens either due to the efforts of a strong and pro-active NGO, or due to personal connections - cooperation is not systematized
- the good examples of concrete initiatives, cooperation and better case management are not well documented, only anecdotal

0 Project spin-off

- OHCHR in BiH has used the experiences from people working in practice with intra-family violence in recommendations for the recently developed Family Law, which contains a section dealing with intra-family violence

7.3 Conclusions

7.3.1 Effectiveness

At the output level, the project is successful according to stated goals.

- 1) **Clearly formulated goals:** goals are clear and shared among implementers and UNICEF (although not sufficiently documented on UNICEF's part).
- 2) **Appropriate actors targeted:** targeted actors are in most cases appropriate.
- 3) **Appropriate methods:** methods for training and material produced are exemplary.
- 4) **Intervention led to the specified change:** A change in knowledge among participants and NGOs as organizations has taken place in targeted areas.

7.3.2 Relevance

The project is appropriate, but requires additional efforts to achieve potentially great wider relevance.

1) **Comparative advantage:** UNICEF's comparative advantage is used in terms of contributing to increased leverage of Medica, who as a consequence is able to support other NGOs.

2) **Change in individual and/or organizational performance:**

- Individual capacity of targeted service providers has increased overall. Due to effective awareness raising of the *existence* of a problem, and the motivational and empowering strategy of the training, sustainability in the medium term is likely.
- It seems that the project has contributed substantially to giving local NGOs more leverage, and increased their performance as organizations, possibly also due in part to the motivational strategy of the training.

3) **Choice related to other capacity gaps:**

- As a first effort to respond to the challenge of gender-based and intra-family violence the CD choice is appropriate, especially with the motivation focus. However, additional capacity gaps need to be addressed for wider relevance in the long run.
- The disempowerment that some participants feel in their work with violence issues is a sign of increased awareness of the problem, but there is also a danger for de-motivation if no further changes are initialized of a more systemic nature.
- Service providers might have gained moral authority, but for sustainable authority, society needs to recognize the legitimacy of service providers' 'interference' in the issue, and superiors have to grant them authority to do so.
- Capacity gaps in organizational resources is also an issue, as service providers do not have referral mechanisms in place, and seem to lack physical capacity to assist victims properly.

4) **The extent of the challenge versus the resources and time frame:**

- Given the sensitivity of the topic, the complex and severe gender issues at stake, and the present situation in BiH where violence is a completely ignored and tabooed subject, awareness raising of professionals who can potentially detect and assist victims is a key entry point.
- The secondary focus on children and abusive relations other than husbands' violence against wives is understandable given the situation in BiH today, where even professional discussions about violence against women is completely new, but it limits understanding of the phenomenon.
- In UNICEF reports, the claim that a "multi-disciplinary approach" has been established as an effect of the project is overstated. At best, inter-personal contacts and some networking have been created, but reaching a multi-disciplinary perspective, not to speak of a unified approach, requires much more work in the selected areas.

7.4 Recommendations

1) **Discuss ways to reach school teachers/pedagogues systematically.** Inclusion of teachers and/or pedagogues would be a way to increase focus on children, and thereby enhancing a wider understanding of the phenomenon of violence.

2) **For new project areas: ensure capacity building of NGOs.** Given the importance of the partner NGO for gathering appropriate participants and for successful continuation of the project: in areas where no strong NGOs exist with previous experience in intra-family violence or women's issues, efforts should be increased to build such capacity. An NGO from one of the previous training cycles could be contracted to do capacity building of an area-based NGO. If this is not possible, Medica should conduct more preparatory work and be more actively involved in the process of organizing the seminars.

3) **Investigate needs for safe houses.** Given the frustration among professionals especially due to perceived need of more safe houses, UNICEF should consider supporting a needs assessment of safe houses and other means of victim protection in the country. Additional support (the art of which would depend on assessment results) could possibly counterbalance the risk of future de-motivation among training participants.

4) **Address capacity gaps in responsibility, authority and organizational resources.** As feedback from the situation in the field is now extensive, the opportunity should be seized to address institutional obstacles within the police, social centers etc. UNICEF should consider, in cooperation with Medica and OHCHR, the possibilities of extending support for development of policies and structures to create increased authority and improved organizational resources of service providers in the field. This could be e.g. inter-institutional cooperation agreements, protocol development and/or more formalized model approaches to case management. In addition, advocacy for increased government responsibility in the area needs to be carried out, as part of a social protection system reform.

8. PROGRAM ASSESSMENT - CHILD RIGHTS

8.1 Description of the program

Program title

Capacity building for monitoring and implementation of children's rights in Bosnia and Herzegovina

Key problems

- children's rights marginalized within the post-conflict reconstruction process and development programs
- political and institutional fragmentation impedes the build up of mechanisms for monitoring and ensuring protection of human rights
- local institutions now more aware of the need to include child rights into their work, but technical capacity, institutional frameworks and influence lacking
- local children's NGOs primarily occupied with service provision rather than monitoring and advocacy for rights

Program aims

- increased awareness of child rights on all levels
- improved cooperation between government and NGO sectors
- increased capacity for advocacy for child rights

Program overview¹⁹

IV Program strategic result: Increased number of children who exercise social and economic rights. Policies and programs reflect opinions of children and young people				
Level	Outcome, output	Partner	Activities	Completed activities
Government	<p>III Project outcome: national policy frameworks for children and young people (CRC-based) developed, implementation began</p>	MoHRR	<ul style="list-style-type: none"> • CRC training for government officials • training material development • conferences & meetings to mobilize and disseminate information on SPA 	100 officials trained 2002-2004, 2 conferences held
	<p>II Project output: increased capacity of CfC and MoHRR to operationalize SPA and monitor child rights</p>		<ul style="list-style-type: none"> • support to the newly established Council for Children to carry out the SPA for children • assistance for development of child rights monitoring indicators 	4 thematic discussions with entity representatives and experts held on child abuse, indicators & social protection. Regular meetings of CfC held. Working group on indicators established.
Professionals			<ul style="list-style-type: none"> • support to increased NGO networking (e.g. a common website) • technical & financial support to NGO conferences 	website functioning, 3 NGO conferences held 02-04

¹⁹ There are additional activities pertaining to the program, which the evaluation did not investigate, e.g. policy development and training on CEDAW, baseline information on birth registration, improved availability of information on children and women.

		NGOs Hi Neighbor, Lighthouse, Our Children, Let's be active	<ul style="list-style-type: none"> • research projects • development of models for child rights monitoring 	Research by young people, research on NGO capacities, focus groups on monitoring CR, CRC manual in progress
		NGO Inter-news	<ul style="list-style-type: none"> • training for journalists & journalism students • training material development 	400 persons trained 02-04
Community	<p>III Project outcome: increased number of children and young people able to influence decisions affecting them</p> <p>II Project output: improved mechanisms for communities and children to participate in monitoring and advocacy for CRC within unified CR approach</p>	NGOs Hi Neighbor, Lighthouse, Our Children, Let's be active	<ul style="list-style-type: none"> • CRC workshops for children • CRC workshops for child care providers • CRC promotion in communities • child rights monitoring • development of materials for education and promotion 	800 workshops per year, an estimated 10,000 children reached directly or indirectly

Program cost

Community-based projects 2002-2004: 380,667 USD

Ministry of Human Rights: 2002-2004: 119,224 USD

Program process

- builds on a multi-year experience carried over from previous CPs (1996-1998 and 1999-2001)
- activities are interlinked - e.g. NGO conferences contribute both to unifying the CR approach and to increase government-NGO cooperation, and NGO activities such as CR workshops can also in the long run provide inputs to CfC for operationalization of SPA
- most activities are developed jointly by UNICEF, NGOs and government counterparts
- geographical coverage: at the state level the whole of BiH; at community level Sarajevo, Zenica, Gorazde, North-Western Bosnia, the Banja Luka region and two locations in Eastern Bosnia

Contributions

- advocacy for establishment of the CfC, development of the SPA, and further development of the process - UNICEF
- child rights workshops, development of materials for education and promotion - local NGOs
- organization of NGO conferences - local NGOs
- organization of training for government officials, implementation of seminars and development of training material - MoHRR
- organization of training for journalists, training manual development, implementation of seminars - NGO Internews
- technical guidance for all of the above processes - UNICEF
- financial support to conferences and meetings, printing of material, equipment e.g. computers - UNICEF
- funds for a technical consultant to develop a data base for monitoring of child rights - UNICEF

Main evaluation difficulties

A complete overview of the program was not fully attainable, due partly to difficulties with access to some activities and written documentation, partly to the vastness of activities within the program. Findings, conclusions and recommendations below are to a greater extent of an indicative nature than for the previous two projects. Results as they are described here are not directly attributable to any single organization, as they are indications of tendencies, based on samples (of e.g. observation, focus groups).

8.2 Findings

8.2.1 Analysis (planning phase)

I-IV Formulated goals and understanding of what the program aims to achieve

- targeted CD areas are human resources, responsibility and authority through advocacy strategies, and organizational resources in terms of network building and the build-up of CfC
- formulated goals by UNICEF do not cover all project activities - especially the level of capacity building of professionals is lacking
- understandings of project aims vary among partners, mostly because the program has developed out of numerous separate initiatives and has a long history
- the Child Rights Convention is used consistently as a reference by all implementers
- most implementers have an understanding of their particular project activity in a context, but no implementers refer to all levels of policy, professionals, NGOs and community as part of the program

8.2.2 Action (implementation phase).

I Workshops for children

- children and youth participants are enthusiastic about the child rights workshops and spread the words among their friends
- many of the participants have topics related to human rights in school, but they are more satisfied with what they learn in the workshops
- many participants are very articulate and show a comprehensive understanding of the issues, their respective ages taken into consideration
- observations record workshops of high quality, which emphasize participatory learning - discussion, consensus reaching and skills building in how a democratic society functions (how to use media for advocacy, how to approach politicians etc.)
- children and youth participants learn how to be critical and are provided with a framework for looking at their life conditions in a systematic way
- workshops deal with concrete, everyday problems of the society young people live in and create incentives for practical action

I Workshops for teachers

- teachers are enthusiastic about the workshops

I Materials

- some of the materials and publications developed by child rights NGOs²⁰ are not very focused and are aimed at multiple recipient groups
- some workshop participants express an interest for materials with more practical guidance
- the materials constitute useful process documentation

I, II Journalism workshops

- appreciated by participants, as they differ radically from the pedagogy and topics used elsewhere at the Faculty of Journalism²¹
- the manuals are useful, pedagogical and appreciated by participants
- a few students note that they run into problems when they have attempted to apply the principals and ideas in practice, during internships etc. - as the establishment might not be receptive towards such ideas

I CRC promotion

- there are examples of efficient child rights promotion carried out

²⁰ The finding is based on review by few materials only; access was not possible to all materials.

²¹ Even though practicing journalists also participated it was not possible to conduct interviews with them, so these findings are based exclusively on students' opinions.

I Child rights monitoring

- models are being developed and pilot activities carried out, but assessment of these activities not possible yet

I, II Development of CfC and of indicators.²²

- for the CfC, hope is placed in what they might be able to achieve in the future, as the process until now has been focused on structures for work, roles and responsibilities, and capacity building of human resources
- capacity is still limited and it is doubtful whether this will be likely to change in the near future
- development of the child rights monitoring data base has been slower than expected

II Support to NGO networking, increased cooperation between government and NGOs, and capacity for advocacy

- project implementers appreciate that UNICEF invests many efforts in bringing government and NGOs together
- support to increased NGO networking is also appreciated
- there is doubt among the NGOs about whether conferences and increased networking will continue if UNICEF support ceases
- the stronger NGOs are presently aiming at further developing the cooperation with local authorities, and seem capable of continuing the process without UNICEF
- the NGO Zdravo da ste has managed to get two premises free of charge from municipal authorities, which is a proof of increased advocacy capacity and better cooperation with the local authorities

II Mechanisms for participation and influence

- there are numerous examples of empowerment resulting from the child rights workshops
- some young people are able to make their voices heard in their relations with adults thanks to the communication skills they have learned
- there are examples of concrete advocacy initiatives taken by youth as a consequence of the workshops
- attempts are made by the NGO Lighthouse to bridge grass root fact finding with local decision making, and there are cases where young people have documented rights violations, presented the evidence for local authorities, and assistance has been provided as a result
- teachers state that they have changed practices since participation in workshops – e.g. using more participative and inclusive teaching methods, or bringing up the topic of child rights
- there are examples of initiatives for discussing children's problems and introducing CR monitoring in school
- the NGO Hi Neighbor has a growing number of volunteers in their organization as a consequence of activities carried out

8.2.3 Assessment (learning phase)

III Program connection

- some of the involved NGOs have a limited vision of their role, focusing on their own concrete activities and see themselves mostly as service providers, not so much as advocates for child rights towards authorities or as part of a greater network of NGOs
- partners have long experience with workshops for children, but are most often not able to give tangible proof of results of their work, or formulate results as steps towards a concrete long-term goal
- NGO partners state that there is no access to governmental structures, CfC among others, and especially linkages between NGOs and local authorities are needed
- the component of journalism training is not connected to other project activities

²² This finding is indicative only; there was limited access to information by key persons involved and to documents.

8.3 Conclusions

8.3.1 Effectiveness

The program is not effective according to stated outputs throughout. However, it is effective in terms of achieving increased awareness of child rights, improved cooperation between government and NGOs and to some extent increased advocacy for child rights.

- 1) **Clearly formulated goals:** goals are not clearly formulated.
- 2) **Appropriate actors targeted:** yes, potential effects are increased due to the fact that work is done on all three levels of policy, professionals and community at once.
- 3) **Appropriate methods:** methods of workshops support to networking and increased cooperation and technical assistance are appropriate separately, but are not all well connected for synergetic effect.
- 4) **Intervention led to the specified change:** the outputs of increased capacity of CfC to operationalize SPA and monitor child rights, and improved mechanisms for participation in monitoring and advocacy within a unified child rights approach have only partially been reached. However, these outputs do not cover all project activities and results achieved. Increased awareness of child rights, improved cooperation between government and NGOs and partly increased advocacy for child rights among NGOs, teachers and journalists has been achieved, and need to be given credit as effective interventions.

8.3.2 Relevance

In a wider perspective, the program is relevant because of its potential effects - progress is slow due to the long-term nature of the intervention.

- 1) **Comparative advantage:** UNICEF makes great use of its comparative advantage in terms of bringing together government and NGOs and enabling NGOs to provide leadership.
- 2) **Change in individual and/or organizational performance:**
 - The main importance of the workshops for children lies in their possible long term effects. As few incentives for alternative or critical thinking exist in the BiH school system, the potential effect on children's and young people's democratic and personal development and behavior is great.
 - Change in behavior or practice among teacher and journalist participants cannot be determined with the methods used in this evaluation.
 - Improved performance (in e.g. successful advocacy) of child rights NGOs is developing on top of successful grass root work, but cannot yet be properly assessed.
- 3) **Choice related to other capacity gaps:**
 - The program builds a variety of capacities, but the CD strategy pursued for each group is too narrow.
 - Efforts to build a self-sustainable NGO network have not yet succeeded, possibly due to the lack of a more comprehensive organizational CD strategy for NGOs. Organizational CD, especially organizational learning, is neglected also at government level.
 - Build-up of individual knowledge and skills needs to be connected to CD efforts for increased (local) government responsibility.
- 4) **The extent of the challenge versus the resources and time frame:**
 - Separately, efforts at all three levels of government, professionals and community are laudable.
 - The child rights workshops for children are well invested efforts of concrete work with human rights and participation.
 - The challenge is great, given the lack of prioritization, interest and knowledge of children's issues among government representatives, the lack of trust between NGOs and the government(s), previously few attempts by NGOs to collaborate, and the absence of societal understanding of the concept of participation

and limited comprehension of rights issues in general. Sustained efforts are therefore needed for an extended period of time, which this program has provided.

8.4 Recommendations

- 1) **Develop strategy document for CRC workshops** in cooperation with NGOs. Why are they conducted and what are they leading to? Reflection upon methods for better process documentation would be essential. Included in this could be a strategy to develop expertise among young people, as this is something that is *de facto* happening. Such a strategy could serve as a model for future initiatives, as aimed at in the EAR²³, and for duplication efforts elsewhere, and as a basis for advocacy and fundraising.
- 2) **Seek for ways to increase government responsibility.** This could be done through supporting cooperation between child rights NGOs and government at municipal level, as this level of government is more accessible to NGOs than the state level. It could also be done through work to increase the advocacy skills of NGOs.
- 3) **Review training for professionals** (journalists and child care providers) to see how such training can be connected with the other parts of the project, for greater duplication of results and better program integration.
- 4) **Review the setup of the CfC** to find possible entry points for change inducement. Possibly look for ways to include youth NGO representatives as observers, or similar.
- 5) **Develop organizational capacities of child rights NGOs and relevant government institutions** - map them and decide on actions accordingly. Issues to look at specifically would be information sharing, strategy development and institutionalized learning (e.g. improved processes for assessments, evaluations and lessons learned).
- 6) **Search to support leadership education for young volunteers**, and advocate for inclusion of 'promising future leaders' (including especially girls) in training initiatives for NGOs, conferences and other joint activities. This could potentially be a cost-effective way of expanding human resource capacity within NGOs (maybe even for some government sectors, through internships etc.).

²³ UNICEF BiH: *Extended Annual Review* p. 9

9. ASSESSMENT OF UNICEF BIH'S CAPACITY BUILDING STRATEGY

9.1 Findings

The following findings are based on a synthesis of

- a) the findings previously listed in relation to the three interventions analyzed, with relevance for the CP as a whole²⁴
- b) observations of more general character - by partners, participants, experts, training observations and workshop results
- c) review of documents pertaining to UNICEF BiH programming for capacity development

9.2.1 Analysis (planning phase)

Progress in program planning between 2002 and 2004.

- the document review shows that projects were analyzed in a more comprehensive and strategic way in 2004 than in 2002
- programs and projects now have greater coherence
- planning for long term development processes has increased
- program goals are becoming more results based
- planning seems flexible enough to be able to take into account e.g. political changes in the external environment as well as other unforeseen events

Capacity building in UNICEF BiH terminology gathers all activities under one umbrella.

- when an NGO is contracted to organize and conduct training this is called capacity building for the NGO, even though the NGO is basically delivering a service
- in many cases CD activities interlink, but the linkages are not presented as a multi strategy CD process
- how and if project activities contribute to sustained capacity of the government and civil society beyond capacity to e.g. deliver a certain service is mostly not clear

The RBM usage not consistent.

- PPAs are not consistent - the same activity or project might be termed differently in different PPAs, information is sometimes missing, and existing information does not always correspond to reality
- planning exercises seem to be more focused on fulfilling external demands for the usage of specific formats than on analysis facilitation

9.2.2 Action (implementation phase)

Implementation according to set plans is solid.

- training and workshop sessions, materials and trainers are generally appropriate and deemed useful by participants
- experience from the field is extensive and UNICEF staff is very knowledgeable about issues at stake, achievements and obstacles for each intervention area
- UNICEF has generally succeeded in introducing and/or working with new and difficult concepts such as e.g. interactive learning, gender issues and child rights monitoring

Partnership building very satisfactory.

- partners are generally very satisfied with the work of UNICEF staff, and appreciate the cooperation
- UNICEF staff provides just the right mix between support, assistance and advice in the eyes of partners

²⁴ A caution needs to be noted that since the country program consists of many other interventions that were not investigated, findings from these might have altered the picture.

- UNICEF's leverage in bringing together government representatives with NGOs is regarded as a key factor in bringing about results
- UNICEF BiH has succeeded in achieving flexibility in terms of project implementation and a dialogue with partners - activities do not feel 'imposed' by project implementers

Human resource capacity development and motivation important issues.

- common for professionals involved in all three interventions is that they often feel de-motivated and powerless in their positions
- responses of training and awareness raising focusing on creating increased knowledge and awareness succeed in part to change negative attitudes or 'traditional' responses to certain problems
- the risk that such partial empowerment may turn into frustration due to lack of systemic change is common for all three interventions
- different respondents state that absence of a drive for change among partners and beneficiaries, due to "lack of motivation", "lack of culture", and a "culture of self-complacency" is an impediment for progress
- the Medica Zenica experience shows that the effect of training can increase if motivation is addressed systematically

Concrete results focused on by UNICEF and partners

- CD efforts supported by UNICEF BiH in practice focus mostly on achieving an end product - e.g. increased knowledge of service providers, or an established concept of child rights monitoring
- partners mainly ask for UNICEF's assistance in terms of material support and training

Information sharing not systematized - apart from in the formats required such as Annual Reports, PPAs/APPs and donor reporting.

- PPAs and logframe schemes are seldom updated or used for reference during the course of a project
- publications funded by UNICEF and information about activities of partner NGOs are not filed in the office
- written process documentation is lacking
- existing documentation often provides information only on some aspects of the project

9.2.3 Assessment (learning phase)

Partners' capacities not assessed.

- the role that the particular organization has acquired within the larger landscape with governmental and non-governmental institutions is often not clear
- partners' capacities for inter-organizational cooperation often exist only at the level of discourse, even though (improved) cooperation is emphasized in various project documents
- partners' usage of lessons learned, prioritization and well-founded arguments for selected activities rare
- many partners do not formulate achievements of their organization or institution in a manner that can be understood by donors and other outsiders as successful processes of change

Results difficult to establish.

- by the end of the year or by the end of a project, many targets and/or indicators have become obsolete due to lack of updating during the project process, and the success of any given project activity becomes difficult to establish using the RBM parameters

Results sometimes overstated in reports.

- example of overstatement: "[As a result of the Medica project] a network of 320 professionals was established"²⁵. The project assessment shows that as a consequence of the Medica project, some of the trained individuals stay in contact on an individual basis, but this happens without any formal arrangements that a network would normally be characterized by. A more accurate result statement would be e.g. "many of the professionals trained have established stronger inter-institutional contacts".
- an effect of this and other over-statements is that the same results are repeated year after year in reports

Little institutionalized learning.

²⁵ UNICEF: *Bosnia and Herzegovina Annual Report 2002*, p.2

- UNICEF BiH often does not follow up on e.g. “lessons learned” or on results from other instruments (e.g. PPAs) for improving programming
- assessment reports termed ‘evaluations’ in the Integrated Monitoring, Evaluation and Research Plan (IMEP) serve the purpose of accountability - especially in relation to indicators and targets as they are formulated in project logframes, but do not provide information that can be used for developing or improving projects
- by both UNICEF staff and partners, evaluation is mostly not seen or thought of as an instrument for change, but more as a document that proves the success of a project or as having a ‘policing’ function
- in general, partners in UNICEF supported projects welcome opportunities for training and education, but this positive attitude is sometimes reversed when discussing organizational-specific capacities, and full capacity is considered as already reached
- indications are that partner organizations involving young people actively tend to be more pro-active in terms of learning and changes

9.2 Conclusions

9.3.1 *Is the capacity building strategy of the CP effective?*

The country program is effective in terms of ‘getting things done’.

1) Clearly formulated goals:

- Country program goals are clearly formulated in planning documents etc., but they are not consistent or strategic.
- The ‘embrace-all’ concept of capacity building means that any effective activity is an effective capacity building activity.

2) Appropriate actors targeted:

- It is a strength that the country program works at multiple levels, targeting all three levels of policy, service provision and community for action.
- Actors chosen are appropriate overall for the three interventions.
- UNICEF BiH is capable of working and building partnerships with all three levels of government, service providers and community.

3) **Appropriate methods:** methods used in the three interventions are largely appropriate for each separate project activity.

4) **Interventions led to the specified change:** CD interventions have produced results in terms of increased knowledge among a majority of participants, increased awareness and improved cooperation.

9.3.2 *Is the capacity building strategy of the CP relevant?*

The country program setup does not ascertain that ‘the right things are getting done’.

1) **Comparative advantage:** UNICEF BiH uses its comparative advantage in playing a critical role to bring together government and NGOs, and in mobilizing and ensuring participation by NGO counterparts. These are important aspects of capacity development, and should be recognized as such.

2) Change in individual and/or organizational performance:

- In the area of development of human resources, UNICEF BiHs results are strong - change in behavior and to some extent practice in individuals targeted by projects has generally been accomplished.
- The effect on organizational performance is relatively small, since specific efforts are not directed at improving performance of institutions or organizations as such.

- There are some effects nevertheless, but these changes are not well recorded and can therefore not be built on.

3) Choice related to other capacity gaps:

- Justification for CD choices is not clear enough, due to inadequate assessment of partners' capacities and inconsistencies in planning documents.
- De-motivated professionals can prevent equitable resource and service allocation due to indifference or unwillingness. Therefore, motivational CD needs to be developed to enable such individuals to take on responsibility. As demonstrated by the Medica Zenica project it is doable, and it needs to be incorporated into other CD interventions as well.
- There is a strategy gap between planning for the immediate service and planning for achieving the long term goal of improved capacity of government and civil society to fulfill children's and women's rights.
- As a consequence of weak strategic usage of the term "capacity building", and partners' limited capacity for strategic planning, UNICEF BiH interventions have been pushed in the direction of short-term, tangible results, whereas the largest capacity gaps might sometimes be of a more systemic nature, requiring more long-term, less visible efforts.
- For long-term, sustainable results, more focus is needed on organizational resources for partners, especially strategic planning, process documentation and institutional learning, as these are weak links in all three interventions analyzed.

4) The extent of the challenge versus the resources and time frame:

- The challenge of sustainable capacity development is greater than current efforts recognize.
- The Triple A model shows that the weakest link for all interventions is the assessment phase. As learning processes mostly exist on a formal document production level, they do not contribute to greater understanding of challenges.
- The lack of process documentation also means that important opportunities are missed for better understanding of the CD challenges.

9.3 Recommendations

1) **Review usage of RBM.** RBM has many advantages. It focuses project planning on results and steps to achieve results, and it sharpens analysis of the environment the project is working in. But there are also risks with using RBM as the cornerstone of program planning.²⁶ UNICEF BiH should discuss the best possible usage of the RBM system in the future, so that the system does not become either a paper exercise at great distance from real life project implementation, or an all-encompassing document that impedes attention to important issues that cannot be captured in a logframe. Possibly through adoption of a context-based RBM system²⁷ can it become more of a consistent monitoring tool.

2) Develop strategic and comprehensive CD efforts.

- Together with partners, identify the most crucial capacity gaps (as they might indicate a different focus for UNICEF's support), within a systemic approach to capacity development for change (within social protection, health and education systems).
- Address motivation issues both in the planning stage - a strategy of incentives to achieve project participation by the right people, and also in e.g. training design to instigate commitment and leadership.
- Develop strategies for addressing capacities in the field of authority and responsibility through addressing policies, also at a lower level of e.g. standards of service delivery, and accountability issues.

²⁶ As an example, RBM might lower ambitions. If the aim is to train 400 people, but the target is set at 200 to be on the safe side, by the end of the year it is considered a success if 250 are trained. Or if an indicator should be set for success of the training, pre- and post tests of knowledge might become the preferred tool simply because they are easier to implement than a more complicated procedure to measure if the gained knowledge is actually used by participants. RBM places so much focus on reaching the targets that other positive developments might not be documented. This is especially so when projects aim to develop capacity, which is a highly unpredictable process with many possible side effects. For a critical discussion of the use of indicators, see Whitehouse, Chris: *the Ants and the Cockroach - a Challenge to the Use of Indicators*.

²⁷ For guidance, see e.g. Qualman & Morgan: *Applying Results-based Management to Capacity Development*

- Ensure that CD efforts go beyond providing inputs to facilitate change processes - the key often lies less in providing resources than in improving organizational procedures, policies and structures.
- Adapt CD efforts to the needs and circumstances of the organizations they support, not vice versa (pace and direction of needed organizational changes do not automatically fit with the project targets), possibly through inclusion of specific budget lines, so that the individual organization/institution can concentrate some efforts on what they are in most need of for each project.

3) Develop new methods for process documentation.

- Seek to develop new tools for process documentation that enable documenting e.g. obstacles that need to be addressed and positive developments not captured by indicators, possibly through more extensive field monitoring reports allowing for reflection on processes.
- Enable partners to take care of more of the monitoring themselves.

4) **Focus on institutional learning.** Develop a process with partners where planning and assessment systems are integrated to promote individual and organizational learning and improvement strategies. A learning environment provides a space for impetus for systemic change, creation of crucial incentives and ensures ownership of the development process. All of the above recommendations can, if implemented, contribute to the development of such processes. As a consequence, UNICEF BiH's role would switch to more that of a mentor than that of a manager in the process of capacity development.

APPENDIX 1: TERMS OF REFERENCE FOR THE EVALUATION

Evaluation of the Country Program Strategy of Capacity Development

1. Background

The BiH Country Program runs from 2002 to the end of 2004, and the office completed its Mid Term Review in April 2003. This evaluation takes place well after the Mid-Term Review, simultaneously with the process of adjusting the new country program.

The present Country Program goal is *“to improve the capacity of the Government of Bosnia and Herzegovina and civil society to fulfill and protect the rights of children and women”*. Programming is divided into three sections: Child Survival and Development (with projects on Early Childhood Development and Child-Friendly Basic Services), Child Protection and Participation (with projects on Social Protection, Transformation of Institutional Care, and Mine Risk Education and Mine Victim Assistance), and Policy Development and Advocacy (with projects on Policy Development on CRC and CEDAW and Social Mobilization and Advocacy). Following the Mid Term Review, objectives and subproject structures were revised to reflect results-based programming.²⁸ For budget and expenditures of the Country Program, please see Appendix A.

The present Country Program is based on the Human Rights Approach to programming. There is explicit focus on capacity building of duty bearers and a new focus on capacity building of rights holders to claim rights, although outcomes and outputs are largely formulated along the lines of traditional UNICEF responses. The Country Office has completed capacity gap analyses for all current projects, and observations included:

- targeting is not very specific
- work to increase motivation is imperative
- problem of authority: UNICEF sometimes gives NGOs resources to carry out a certain service, while NGOs might not have the authority to fulfill that role.²⁹

Changes as a result of adoption and operationalization of Human Rights Based Approach to Programming have not yet been assessed. However, the adoption of the Human Rights Based Approach has more explicitly defined UNICEF's role and obligation to support development of national capacities, and more clearly focused implementation on the three levels of policy, capacity building of professionals at municipal levels and support to community based responses.³⁰

2. Purpose of the evaluation

Evaluation serves UNICEF's goal stated in the Medium-Term Strategic Plan (2002-2005) to make Country Programs of Cooperation more effective in terms of focus and implementation strategies. This evaluation at the end of the country Program cycle in BiH, will serve the specific aim of informing the next Country Program.

The need to move away from project level evaluations towards strategic and policy-oriented evaluations has been emphasized globally within the UN system.³¹ Within the UNICEF system, one major challenge is how to achieve program excellence as intended in the Medium Term Strategic Priorities - i.e. to integrate principles of

²⁸ For more details on activities and expected results chain, see Annex A.

²⁹ Bosnia and Herzegovina 2003 Annual Report, December 2003, p. 42

³⁰ Bosnia and Herzegovina 2003 Annual Report, December 2003, p. 43

³¹ See "Country Programme Evaluation - Methodology and Guidance Development, Updated Briefing Paper 15 January 2004". See also Report of the UN Secretary General A/56/320, 23 August 2001

human rights based programming with results-based management.³² The evaluation therefore should be strategic and policy-oriented, and it should provide an input into how to achieve program excellence where human rights principles and results-based management are integrated. To achieve this end, given the limited resources, the evaluation will be a focused evaluation on selected projects with strategic implications for the Country Program as a whole.

Human Rights based programming is fairly new to the UNICEF BiH office, and it is not the intent of this evaluation to assess the effects/benefits/success of the approach as such. However, one clear implication of applying Human Rights based approach to programming is that *capacity development* (or capacity building) for rights holders and duty bearers becomes strongly focused on.³³ At the same time, most donor statistics indicate success rates on capacity development efforts of about 30-40%.³⁴ In the current BiH Country Program, capacity development is the ultimate goal or intended outcome of UNICEF activities. An evaluation, which focuses on capacity development, will therefore be an asset to the development of the next Country Program which strives to excel in Human Rights based programming. The effectiveness of ongoing capacity development activities will be assessed, as well as the relevance of these activities given the wider arena of possible interventions.

The HRBAP requires programs to assess the capacity of rights holders to claim their rights and of duty bearers to fulfill these obligations. Strategies are subsequently developed to build capacities to do so. However, many capacity development activities are very clear about the future, but unclear about the past and the present.³⁵ The process of conducting an evaluation of the Country Program strategy of capacity development will, through cooperation with stakeholders, contribute to a better understanding of the past and present situation as well. In other words, a specific purpose built into the evaluation process is to achieve a better description of duties and present capacities, in order to know exactly which capacities need to be built in the future.

The evaluation process will further serve as a capacity development exercise in itself through participation by UNICEF staff and stakeholders. Such support is essential, as UNICEF will only be able to implement results-based and human-rights-based programming fully, if partners are using the same approach. The results of the evaluation will be used by UNICEF staff and shared with partners to the extent it is deemed appropriate.

3. Scope and focus

In order to assess capacity development efforts throughout the Country Program in a strategic and efficient manner (i.e. without attempting to analyze all capacity development efforts in all projects), three subprojects have been chosen for a more in-depth assessment. In this way, it will also be possible to make recommendations at the subproject/activities level, as requested by UNICEF BiH Project Officers.

The three subprojects are the following:

- 1) Management of early childhood diseases - Early Childhood Development
Goal: *"increased knowledge and skills of health professionals"*
- 2) Strengthening child protection mechanisms at local level - Child Protection and Participation
Goal: *"increased knowledge and skills of professionals" (police, judiciary, social workers)*
- 3) CRC/CEDAW policy development and social mobilization and advocacy - Policy Development and Advocacy.
Goal: *"increased capacity of Council of Children and MoHRR to operationalize State Plan of Action and monitor child rights", "improved mechanisms for communities and children to participate in monitoring and advocacy for CRC"*

³² Ibid p.3

³³ Freeman, Ted: "A Discussion Paper: The Human Rights Based Approach to Programming at UNICEF and its Implications for Evaluation", UNICEF HQ, 15 January 2004 This is also stated clearly in the Programme Policy and Procedures Manual 2003: "UNICEF assistance is primarily for strengthening national and local capacities for effective action for children's and women's rights, where programmes and projects are requested by and jointly designed and monitored with national partners." p. 6

³⁴ Morgan, Peter: "An update on the performance monitoring of capacity development programs: What are we learning?" 2003, p.4.

³⁵ Ibid

Selection of the three projects is based on the following considerations

- sample includes activities on three levels (policy, institutional, community), include various implementing partners (government and NGOs), and has geographical spread
- sample includes activities with both duty bearers and rights holders
- capacity development efforts in the three projects involve training but also other dimensions
- projects have been ongoing for some time, and Project Officers have expressed interest in having these projects evaluated.

Evaluation questions:

1. *Are capacity development efforts successful in the three projects according to stated goals?*
 - Is the expected change in capacity clearly formulated?
 - Did capacity development interventions target the appropriate actors?
 - Were the methods appropriate for the capacity development objectives?
 - Did the capacity development interventions lead to a change in material resources, human resources, management or external environment³⁶?
 - Were interventions efficient (costs related to outreach)?
3. *Are capacity development efforts in the three projects appropriate and relevant?*
 - How were the capacities of rights holders and duty bearers assessed?
 - Were the choices of interventions appropriate given the arena for capacity development? (In relation to other capacity gaps, and in relation to the extent of the challenge versus the resources and time frame for action.)
 - Were the interventions relevant according to UNICEF overall strategic priorities?
 - Did capacity development interventions result in sustainable change in behavior or practice? Did the process contribute to other sustainable changes?
 - Did the capacity development interventions have an impact on the performance of the respective organizations/institutions?
 - Did the change in capacity contribute to an improvement in the situation of children and women?

At the core of capacity development is learning as an individual or institutional capacity (i.e. a capacity to develop according to all other capacity needs). For each subproject, a search for the 'crucial capacity gap' will be carried out in order to qualify the capacity focus.

The answers to the above questions will amount to an evaluation of the Country Program strategy of capacity development. As capacity development efforts can be anything from an aim in itself to purely aimed at ensuring effective program implementation, the evaluation will determine were the BiH Country Program fits in this range, and what balance has been achieved between process and product. Another focus with strategic implications is the appreciative focus, i.e. documenting existing strengths and opportunities to be grasped in the future Country Program.

4. Process and results

Key stages

- 1) Initial consultations with key stakeholders (UNICEF Program Staff, NGO partners, evaluators – from proMente and Association of Pediatricians) will be conducted in order to obtain a clearer picture of each project.
- 2) Tools for data collection (interview guides, protocol for observation, etc.) will be developed.

³⁶ Categorization following Diesen, Arthur Van: "A Capacity Building Framework for the GRN/UNICEF Programme of Cooperation", 1999

- 3) A workshop will be conducted focused on capacity development, in order to familiarize partners and other stakeholders from each of the three projects with the concept and its strategies.
- 4) Data collection: observations of training sessions and meetings, collection of training manuals, publications and other relevant documents, interviews with implementing partners as well as with participants.
- 5) Analysis of data and production of draft report
- 6) Presentation of findings for UNICEF staff and possible key partners, discussion of results.
- 7) Final version of report produced.
- 8) Possibly follow-up through workshops with partners.

Time Frame

Table 1: Evaluation Schedule							
Activity	Time Span						
	APR	MAY	JUN	JUL	AUG	SEP	OCT
Consultations with UNICEF staff	x						
Preparation of ToR and work plan	x						
Work plan revisions		x	x				
Partner workshop			x				
Development of Instruments							
Key Informant Interview Guide	x						
Guidelines for observation	x	x					
Protocol and tools for workshop	x	x	x				
Participant Interview Guide		x	x				
Implementing partner Interview Guide		x	x				
Data Collection & Analysis							
Interviews with key informants	x	x					
Project Document collection	x	x					
Observation of trainings, meetings etc.		x	x	x	x	x	
Collection of training materials		x	x	x	x	x	
Material collection misc. (publications etc.)	x	x	x	x	x	x	
Interviews with participants			x	x	x	x	
Interviews with implementers					x	x	
Data coding					x	x	
Data Analysis		x		x	x	x	
Report							
Preparation of Draft Report						x	x
Presentation of findings, discussion							x
Preparation of Final Report							x

Outputs

Process Outputs:

- Increased understanding among partners of capacity development as a development strategy.
- Increased clarity regarding organizations' roles in a larger picture of duty bearers and rights holders.

- Enhanced capacity for common analysis (e.g. description of activities, critical self-assessment) established among different groups of stakeholders.
- Increased understanding among UNICEF BiH staff of evaluation processes and the use of results.

Products:

- One main report will be produced in English, and delivered to the UNICEF BiH office for distribution, who will then decide whether to share it with stakeholders.
- If applicable, presentation materials used at training workshops will be made available to the UNICEF BiH office.
- If quantitative data is collected (e.g. through questionnaires or surveys), these will be delivered separately as completed data sets, and findings will be delivered as an attachment to the evaluation report.
- A summary of the evaluation will be posted on the UNICEF intranet.

5. Evaluation Methodology

The overall approach will be analysis of capacity development as a broad development strategy, and the method for data collection will be mainly qualitative, as the process of capacity development is not readily measured in numbers or figures. Instead, concepts and categories will be used to a large extent to describe situations or change in situations. The evaluation will focus on programmatic and strategic choices, not on issues relating to specific areas of expertise (e.g. health care or social welfare work).

The approach is utilization focused, i.e. a commitment is made to intended use by intended users. This implies that the evaluation must be focused on high-quality participation; it must be respectful and adaptive to users' interests, flexible enough to lend itself to adjustment throughout the process, while meeting high standards of professional practice.³⁷

The approach is considered to be credible and appropriate for identifying the results attributable to the projects and the Country Program as such, given the range of information that is currently available, and the limited time and resource constraints. Consultation sessions, particularly with key informants, implementing partners and participants, will provide opportunities for gathering strategic information that can be used to inform UNICEF's new Country Program for Bosnia and Herzegovina.

Evaluation framework

The evaluation framework systemizes the methodology, identifying the issues to be addressed, performance indicators and variables to be considered, sources of information and method of information collection for each issue. The evaluation framework is attached as Appendix B.

Literature and documentation review

The process of identifying and reviewing available country program and project level documents began with the awarding of the contract and helped prepare the foundations for this Terms of Reference and Outline. To date, emphasis was brought to understanding the logic, proceedings and advancement of the UNICEF BiH Country Program with a special focus on the three sub-projects. Research has been carried out to develop a theoretical foundation for capacity development to be used in the evaluation, and to gain information about experiences with evaluations in the context of human rights based approach to programming and capacity development.

This review will continue during the implementation period. More detailed information will be collected on specific issues to address the responsiveness and relevance of UNICEF's capacity development strategies to the

³⁷ Patton, Michael Quinn: "Utilization-Focused Evaluation in Africa", UNICEF, Dec. 1999 p.17-19

protection and fulfillment of human rights of women and children in Bosnia and Herzegovina. Such information will include training materials, publications and additional project documents. It will also entail further refinement of the theoretical apparatus through additional readings. The efforts will provide a better understanding of the context, of the logic behind specific initiatives, and about the potential for future undertakings.

Key informant interviews

Key informant interviews will be conducted to obtain qualitative information of the evaluation issues. These interviews will provide in-depth information that will contribute to a more thorough picture of the project processes, the relevance of the project, and opportunities and constraints that define the landscape for capacity building initiatives. Interviews will also serve as a primary apprehension of existing capacity related to some of the issues that define UNICEF's programming, e.g. reflection of comparative advantages, human rights based approaches, strategic choices, sustainability etc. In this way, key informants assist in sharpening the evaluation questions.

An interview guide for the key informant sessions will be developed. Respondents will be asked questions about the overall purpose of the projects, achievements and constraints. They will also be asked to reflect upon their own role as well as the role of their organization. All questions will be designed to be open-ended in order to gather perceptions, observations, options and knowledge of respondents. The first interviews will serve as pre-tests and the guides will be adjusted if so required.

In total, around 15 interviews will be conducted with key representatives from implementing partners and evaluators. Interviews will be carried out in Sarajevo and Banja Luka, and the meetings will be facilitated by UNICEF program staff. All informants will be notified about the purpose of the evaluation and the content of the interview in advance. Interviews will be registered through note-taking.

Observation³⁸

Observations provide an opportunity to collect data on a wide range of behaviors, to capture a great variety of interactions, and to openly explore the evaluation topic. By directly observing activities, the evaluator can develop a holistic perspective, i.e. an understanding of the context within which the project operates. This applies especially to a situation where it is not the event that is of interest, but rather how that event may fit into a sequence of events. An observational approach allows for learning about things that participants or staff may be unaware of or that they are unwilling or unable to discuss in an interview or focus group. Observations can be used to gain an apprehension of the extent to which participants understand the concepts, ask informed questions, and are engaged in appropriate interactions.

A protocol for observation will be developed, which will include, but not be limited to, the following issues: description of the setting, identification of participants, registration of the kinds of activities developed, the roles of moderators, participants, trainers etc., the types of materials provided and used, the opportunity for hands-on interaction, notable non-occurrences, and a description and assessment of the quality of the intervention.

Workshop with stakeholders

A workshop will be conducted with key stakeholders to obtain increased clarity regarding the role of organizations and institutions involved in the projects in question in a larger picture of duty bearers and rights holders. The workshop will contribute to increased understanding among partners of capacity development as a development strategy, and enhance capacity for common analysis among different groups of stakeholders. As a side result, this process will also contribute to an increased understanding for, and appreciation of, the evaluation process. The gathering will also be used to conduct a few additional interviews.

³⁸ This paragraph is mainly based on "Overview of Qualitative Methods and Analytic Techniques", www.eth.nsf.gov/EHR/REC/pubs/NSF97-153/CHAP_3.htm

A protocol for the workshop will be developed in close cooperation with UNICEF program staff, which will take into account participants' various experience and field of expertise, while clearly stating topics for discussions, results that the workshop should achieve and questions to be answered.

Participants will be selected by UNICEF program staff. The workshop will be conducted in Sarajevo as one full-day workshop. It will commence with a brief lecture on human rights in general, for the purpose of which a human rights expert will be contracted. A facilitator will be contracted to work together with the Evaluation Coordinator on facilitating the workshop, and a translator will be hired for the full day. The results of the workshop will be recorded through note-taking.

Focus-group interviews and semi-structured interviews with participants

Interviews with participants will be carried out in order to obtain further information of the evaluation issues from additional angles. These interviews will contribute to hands-on knowledge about the usefulness of the capacity development strategies to the participants, their experiences with training or other processes, their interests, needs and perceived change, and their understanding of the project process and outcomes.

Focus-group interviews will be used to gather small and homogenous groups to obtain perceptions in a defined area of interest in a permissive, non-threatening environment. This technique taps into human tendencies where attitudes and perceptions are developed through interaction with other people.³⁹ Focus group interviews will help analyze problems with specific capacity development strategies and stimulate new ideas for capacity development. The groups will consist of 4-10 persons, and 2-3 focus group interviews will be conducted for each project with the aid of specially trained interviewers. The first focus group interview will serve as a test, and approaches to the topic will be adjusted accordingly.

In addition, some semi-structured interviews will be conducted, using a guide developed based on experiences from the key informant interviews as well as experience from the observations carried out so far. Interviewers hired to conduct the interviews will be trained in using the guide and in recording the answers in a uniform or easily comparable way. Some questions will be short and precise, others open-ended in order to gather perceptions, observations, options and knowledge of respondents. The first interviews will serve as pre-tests and the guides will be adjusted if necessary.

In total, some 15 interviews will be conducted with health professionals, social workers, police officials, government officials, care providers and peer educators. Interviews will be carried out in various locations in BiH by interviewers hired for this specific purpose.

Interviews will be recorded through the method of note-expansion, i.e. through recording the interview session while also using note-taking. Shortly after the interview, the interviewer listens to the tape to clarify certain issues and to confirm that all the main points have been included in the notes.

Interviews with implementers

Interviews with implementers of the projects - NGOs as well as government counterparts - will be carried out in order to obtain further information of the evaluation issues from additional angles. These interviews will contribute to a more thorough understanding of project strategies through questions about implementers' views of the key problems, the goals set and the project process. Interviews will also provide the evaluation with a more complete picture of existing capacity among organizations and institutions, existing understanding of the arena for capacity development, and appreciation of various types of strategies for capacity development (training, roundtables, networking etc.). A certain emphasis will be placed on an appreciative evaluation, i.e. to properly assess progress, advantages to the project, positive lessons learned and windows for opportunity. Obtained information will serve to answer summative evaluation questions

An interview guide will be developed, which will be based on experiences from the key informant interviews, interviews with participants, as well as experience from the observations carried out so far. All questions will be

³⁹ Kreuger, R.A. "Focus groups: A practical guide for applied research", 1998

designed to be open-ended in order to gather perceptions, observations, options and knowledge of respondents. The first interviews will serve as pre-tests and the guides will be adjusted if so required.

In total, some 20 interviews will be conducted with implementing NGOs, government partners, trainers, consultants involved in the projects. Possibly and according to need, follow-up interviews will be conducted with some of the initial key informants. Interviews will be carried out in various locations in BiH. All informants will be notified in advance.

Interviews will be recorded through mixed methods, according to need for translation, timing, appreciated urgency of exact recording etc.

Challenges

Capacity development is a process that is not easily measured, and it cannot be measured quantitatively. Instead, concepts and categories must be used. While capacity development is a widespread concept within development work in general and UNICEF's programming in particular, not many practical guidelines or methods have been developed to conduct such qualitative measurement. In addition, theory underlines that stakeholders have to have the primary say in what capacity development entails.⁴⁰ This considerable challenge will be sought to be met through careful refinement of the methods and tools applied, and setting aside time for reflection and additional adjustment of the theoretical framework during the implementation process.

Language is also an issue, given that translation will be needed for parts of the processes, such as the workshop, some of the observatory processes and some of the interviews. This challenge will be sought to be overcome in the best possible way, through extensive preparation and communication with translators, the Evaluation Assistant and the interviewers, through continuous attention to translation problems that might arise, and through the method of note-expansion.

6. Evaluation team

Evaluation Coordinator: Vivianna Nyroos, Consultant.⁴¹ Responsibilities:

- develop detailed protocol for the evaluation
- in cooperation with program sections, identify gaps in data baselines and data required
- develop tools and methods for evaluation
- coordinate the evaluation process, including:
 - o training UNICEF program staff and counterparts on using the tools
 - o facilitating the process of data collection according to the protocol
 - o supervise assisting intern
 - o train and coordinate activities of data collection assistants, if needed
- prepare evaluation report, present findings and facilitate follow-up sessions

Evaluation Assistant: Ana Guzina, Intern.⁴² Responsibilities:

- assist in data collection, e.g. conduction of interviews, developing questionnaires etc.
- prepare desk reviews (e.g. analysis of training material etc.)
- translation - interpretation during meetings, translation of written documentation
- provide support to the Evaluation Coordinator as needed (e.g. setting up meetings, facilitate information sharing etc.)

Oversight: Yulia Krieger, Planning Officer, and Helena Eversole, Representative. Responsibilities:

- monthly consultations for the purpose of guiding the process
- provide support to the evaluation process if necessary

⁴⁰ See e.g. Morgan, Peter Ibid p.2

⁴¹ Curriculum Vitae attached.

⁴² Curriculum Vitae attached.

- decide on protection of and limits to the evaluators' independence
- approve final product

7. Resource requirements

The estimated cost for the evaluation will be ca. 32.000 USD. Funding will come from UNICEF BiH's cross-sectoral budget. Projected level of effort will be four months full time work by the Evaluation Coordinator, two months full time work by the Evaluation Assistant, and three weeks of work for each of the contracted Interviewers. Cost estimation is projected in the table 2 below.

Needed:

- Office space, computer and telephone for the Evaluation Coordinator and for the Intern joining the office for 2-3 months.
- laptops and tape recorders when needed for traveling
- Transportation - provided in UNICEF vehicles when possible, otherwise reimbursements of travel cost.
- Assistance with translation out of available office capacity. If external translators need to be hired, this will be taken from a separate budget provision.

Table 2: Cost Estimation		
Type of Cost	Cost	
Professional Fees		
Evaluation Coordinator Salary	6 months x 4.600 USD (+3 week break)	24.150 USD
Evaluation Coordinator DSA	6 days x 101 USD	606 USD
Evaluation Assistant DSA	3 days x 101 USD	303 USD
Interviewer fees (GS 3 level)	2 persons x 1 month x 2000 BAM	4000 BAM = 2431 USD
Travel		
Transportation with UNICEF vehicles	N/A	
Other transportation (bus, train)	Estimation: 750 BAM	750 BAM = 436 USD
Transportation to Berlin (evaluation conference)	1 person x 900 BAM	900 BAM = 547 USD
Translation Assistance		
Translation provided by UNICEF staff	N/A	
Translation by external consultants	Provided from separate budget	
Workshop		
Admin support		
DSA for participants outside Sarajevo	20 persons x 120 BAM	2400 BAM = 1450 USD
Travel costs - participants	estimation: 2000 BAM	2000 BAM = 1210 USD
Lecturer - fee	1 hour x 100 BAM	100 BAM = 61 USD
Facilitator - fee	3 days x 200 BAM	600 BAM = 363 USD
Refreshments	40 x 5 BAM	200 BAM = 121 USD
Lunch for participants from Sarajevo	15 x 20 BAM	300 BAM = 182 USD
Materials	5% of total costs	170 USD
Total		32.030 USD

APPENDIX 2: TERMS OF REFERENCE FOR EVALUATION COORDINATOR

Type of SSA

Consultant

Detailed description of tasks to be performed

Under the supervision of the Policy Development and Planning Officer, the consultant will perform the following tasks:

1. Develop and coordinate evaluation of the results of UNICEF 2002-2004 country programme cycle, including:
 - Develop protocol for the evaluation within human rights-based approach, including:
 - In close cooperation with programme sections, identify gaps in data baselines and data required to measure progress towards attainment of outputs and outcomes of the country programmes (based on revised post Mid-Term Review structure);
 - Identify specific areas for in-depth evaluation;
 - Develop tools and methods for evaluation (e.g., desk reviews, focus group discussions, surveys, interviews, external evaluations, including participation of government /NGO counterparts and beneficiaries);
 - Coordinate the evaluation process, including:
 - Training UNICEF programme staff and government/NGO counterparts on using the tools;
 - Facilitating the process according to the protocol;
 - Prepare detailed evaluation report and summary reports on specific themes/issues to be identified jointly with the supervisor.
2. Assist in development of an Integrated monitoring, evaluation and research plan (IMERP) for the new country programme 2005-2008, including:
 - Development of logframes with indicators against outcome and output results for each programme;
 - Identification of major assessments and research needed to be undertaken during 2005-2008;
 - Develop database on tools and methodologies for data collection, monitoring and evaluation of activities, outputs and outcomes;
 - Assist in the introduction of new human rights-based approaches and methods in project monitoring and evaluation.
3. Participate in the UNCT UNDAF monitoring and evaluation working group and contribute to the development of UNDAF M&E Plan.

Time frame

23 February – 30 June 2004 (with 1 week break end of March)

Type of SSA requested

Consultant - extension

Detailed description of tasks to be performed

Under the supervision of the Policy Development and Planning Officer, the consultant will perform the following tasks:

4. Develop and coordinate evaluation of the results of UNICEF 2002-2004 country programme cycle, including:
 - Coordinate the evaluation process, including:
 - Training UNICEF programme staff and government/NGO counterparts on using the tools;
 - Facilitating the process according to the protocol;
 - Supervising interviewers and intern engaged in the evaluation process;
 - Coordinating interview activities;

- Overseeing production of progress reports, responsibility for tools and protocols used;
- Informing and engaging counterparts throughout the evaluation process;
- Preparing detailed evaluation report and summary reports on specific themes/issues to be identified jointly with the supervisor.

Outputs

- One main report will be produced in English, and delivered to the UNICEF BiH office for distribution, who will then decide whether to share it with stakeholders.
- Presentation materials used at training workshop 'Next Steps' of 24 June will be made available to the UNICEF BiH office: report of the workshop will be shared in English and local language with UNICEF and workshop participants:
- Collected raw data (through interviews and focus groups) will be delivered separately as completed data sets of written records of interviews and focus groups observations comments:

2. Provide assessment of quality of two evaluations currently being conducted by NGO Promente of the impact of 2 UNICEF-supported projects implemented by 1) NGO Medica Zenica training on multi-sectoral approach to gender-based violence, and 2) NGO IBHI on strengthening child protection mechanisms at local levels.

- Review the evaluation/assessment reports prepared by Promente for quality of approach, methodology and results

Outputs

- Written comments and recommendations on the two evaluation/assessment reports.

Time frame

15 August to 31 December

APPENDIX 3: TERMS OF REFERENCE FOR INTERVIEWERS

Type of SSA

Individual Consultant - Interviewer, GS 3/1 level

Detailed description of tasks to be performed

Under the supervision of the Policy Development and Planning Officer, the Interviewer carries out the following tasks:

- bears responsibility for scheduling and conducting interviews with beneficiaries in, data processing and completion of reports to Monitoring and Evaluation Consultant
- bears joint responsibility together with the Monitoring and Evaluation Consultant for completion of detailed interview plan, travel plan and decision of methods for data processing and reporting
- schedules and arranges interviews (contacts on telephone and in writing, arrangement of meeting venue and conditions for focus group interviews, travel arrangements)
- conducts focus group interviews and semi-structured interviews with beneficiaries in
- produces data record in English, including written notes from interviews and anonymous records of participants.
- performs written and oral translations as needed
- performs other tasks as required

Time frame

1 September – 10 October 2004, estimated total of 23 working days

APPENDIX 4: DETAILED DESCRIPTION OF METHODOLOGY

Literature and documentation review

Why?

- build up of a theoretical apparatus
- data collection about project facts
- assessment of the UNICEF BiH program and project planning process in relation to capacity development

What?

- capacity development theory
- theory on evaluations in the context of HRBAP and capacity development
- examples of Country Program evaluations conducted for UNICEF
- project documents - project agreements, logframes, progress reports
- program documents -UNICEF BiH specific and general UNICEF documents
- training materials, publications
- other documents related to projects, i.e. information material about NGOs etc.

Key informant interviews

Why?

- to collect information about project facts (further determination of methods and instruments)
- to collect opinions related to the project processes, relevance of the project, opportunities and constraints defining the landscape for capacity building initiatives
- primary apprehension of existing capacity related to issues defining UNICEF's programming, e.g. reflection of comparative advantages, human rights based approaches, strategic choices, sustainability etc

What?

- 24 interviews in total with key representatives from implementing partners and evaluators, see appendix 9 for a list of interviews conducted
- new interviews were arranged until it was considered that no new information was put forward. This meant in practice that the majority of the key project implementers were interviewed.

How?

- all informants were notified about the purpose of the evaluation and the content of the interview in writing in advance
- the information was repeated at the beginning of each interview
- see appendix 5 for the interview guide
- interviews were registered through note-taking

Observation

Why?

- to develop an understanding of the context within which the project operates
- to a certain degree to assess the content of the training
- to assess the quality of training methods used, participants' understanding and appreciation of training

What?

- observations constitute samples, as workshops and seminars in both the CRC and violence interventions are ongoing for a long period in time, and in the CRC program are extremely numerous (about 800 per year)

- observations of health education seminars were not possible as these seminars were finished before the evaluation process began
- for the CRC program a geographic spread and a spread over organizations and age groups was ensured
- for the violence project, observations were conducted when possible
- see appendix 9 for a list of observations conducted

How?

- permission to participate in session was obtained from project partners
- training/workshop participants were notified of observer's presence during the introduction of the session(s)
- an observation protocol was used, see appendix 5e
- on some occasions, note-taking was used in addition to the observation protocol, and recorded separately

Workshop with stakeholders

Why?

- to obtain increased clarity regarding the role of organizations and institutions involved in the interventions in a larger picture of duty bearers and rights holders
- to gain a fuller picture of existing capacity in the three fields of work
- to enhance capacity for common analysis among different groups of stakeholders

What?

- conducted in Sarajevo as one full-day workshop
- participants were selected by UNICEF program staff

How?

- participants received formal invitation along with an explanation of the purpose of the workshop
- during the workshop, capacity gaps among partners and other institutions in BiH were analyzed in groups using a capacity gap analysis scheme, see appendix 5h
- a self-assessment of organizational capacity was conducted by 16 NGOs and government counterparts following a capacity assessment scheme, which listed different sorts of capacity - resources, management and links to the external environment, see appendix 5g
- the workshop contained a training element on evaluation and capacity development as a development strategy
- a workshop report was sent out to all participants

Focus-group interviews and semi-structured interviews with participants

Why?

- to obtain knowledge about the usefulness of the capacity development strategies according to the participants in training and workshops
- to obtain knowledge about participants' experiences with training and other processes, needs and perceived change
- to obtain perceptions in a permissive, non-threatening environment

What?

- health project: doctors and nurses in rich and poor areas
- violence project: all professional groups except media (no access) and NGOs (interviewed as key informants)
- CRC program: children, child care providers, journalism students - covering the different workshop initiatives
- small and homogenous groups - the aim was focus groups of 4-10 persons, sometimes this number was exceeded due to expressed interests by more people to participate
- some sessions with doctors and nurses were conducted together, due to timing and space problems at the Health Centers

- semi-structured interviews were used in those cases where it proved to be impossible to gather enough people of the same profession for a focus group in one locality
- in total, 19 focus group interviews and 18 semi-structured interviews were conducted with health professionals, social workers, police officials, care providers, children and youth
- carried out in various locations in BiH - see appendix 9 for a list of interviews conducted and the geographical spread

How?

- similar guides for both focus group interviews and semi-structured interviews
- interviews recorded through note-taking, reports from each interview written in English in a uniform way
- participants were not paid for their participation in interviews, only sodas and coffee were provided

Limitations

Collected interviews do not include samples from persons not reached by the projects.

- *workshops for children*: all children in BiH are eligible participants, participation works mostly through mouth to ear. In some cases NGOs make special efforts to reach marginalized groups. The work needed just to establish the rationale to seek out potential participants was beyond the scope of this evaluation.
- *journalism students*: all students of the Sarajevo Faculty of Journalism are included in the project activity
- *professionals dealing with intra-family violence*: participants are chosen by their own institutions - the heterogeneity of professions meant that the work needed to determine why certain individuals had been willing to participate or selected as opposed to others would have been too extensive
- *health professionals*: all areas in the country were covered, although not all health institutions, the reason for which was merely lack of funding

Interviews with experts

Why?

- to identify areas of bias among respondents
- to certify or contradict certain statements of importance
- to check correctness of analysis made so far

What?

- three non-structured interviews with independent persons with expertise in the three fields in question

How?

- notes were taken and transcribed

Dialogue with UNICEF staff and stakeholders

Why?

- to reach consensus about purpose and focus of evaluation
- for triangulation of data
- to reach consensus regarding findings, conclusions and recommendations

What?

- meetings with UNICEF staff prior to the construction of the evaluation ToR
- meetings with UNICEF staff during the course of the evaluation process
- presentation of draft findings and conclusions in two rounds for comments by UNICEF staff and partners

How?

- meetings and e-mail communication

APPENDIX 5: DATA COLLECTION INSTRUMENTS

a) Key informant interview guide

Interview with Project Implementers 27.04.04

- Introduction of self (remember pauses for translation all way through)
- Introduction of evaluation
 - o Purpose
 - o Process
 - o Time frame
 - o Expected results
- Presentation of information wished to be gained from the informant:
 - o In-depth knowledge about the project process
 - o Opportunities and constraints
 - o Apprehension of change accomplished
 - o Thoughts on own role
 - o Thoughts on strategic choices, future and sustainability
- Note: name, title, function within the project, date and location for the interview, e-mail and phone number

1. Please describe your responsibilities and involvement thus far with the project.
2. Please describe the involvement of your organization/institution in the project.
3. Why is your organization/institution involved?
4. What is the key problem(s) related to the project?
5. What is the main goal of the project? What is the strategy for reaching this goal?
6. Please describe the project process.
7. Have there been any substantial changes in the course of the project?
8. What do you think the greatest achievement of the project has been? (how to expand?)
9. What is the most concrete evidence of improvement in women's/children's situation?
10. What do you think is the greatest disadvantage of the project? (how to minimize?)
11. What is the procedure for decision making? (positive and negative elements?)
12. What is the procedure for selecting participants for training?
13. What takes place in the trainings? (presentations, techniques, participation, evaluations)
14. What do you think are the effects of the trainings?
15. What do you think is the relation between short term and long term effects of the training?
16. What other elements does the project comprise except training?
17. What are your thoughts on the process of training, networking, meetings (whatever is applicable)?
18. How do you think we should measure capacity development?
19. Are there persons or groups who have increased their capacity as an effect of the project? Who and how?
20. Of all the problems affecting the issues of ..., the project has addressed What about other problems?
21. How do you think the project should be developed?
22. What kind of information do you think is lacking? What would you like to know more about in relation to the project?
23. Is the project sustainable? How can it become sustainable? How to measure sustainability?
24. How do you see the work of your organization/institution in the future? (areas, scope, finance etc.)
25. Has your organization/institution as such benefited from the cooperation with UNICEF in any way?
26. Has the direction of work changed since beginning the cooperation with UNICEF?
27. What are the major strains in cooperating with UNICEF?
28. Any other information that you find important to share with me?

b) Focus group guide for professionals

Evaluation Questions, which focus group interviews will contribute to answering (look through before starting the interview): Did capacity development interventions target the appropriate actors? Were the methods appropriate for the capacity development objectives? Did the capacity development interventions lead to a change in material resources, human resources, management or external environment? Did capacity development interventions result in sustainable change in behavior or practice? Did the process contribute to other sustainable changes? Did the change in capacity contribute to an improvement in the situation of children and women?

Introduction

Good afternoon. My name is _____, from UNICEF. Thank you for coming.

Present the purpose

I am here because I am conducting an evaluation of the workshops about _____ that were supported by UNICEF. All of you participated in the workshop(s) called _____ in _____ (month), year _____. As I understand it, the workshop was held in _____ (location), and the workshop leader was _____ (name).

I would like to find out what were some positive results of the workshop(s), and what do we need to change. For this, we need your opinions, and we want to hear from you what you found useful, and if you have been able to use experiences from the workshop in your work.

Please feel free to be critical - if we are not informed about negative aspects, we can't change them. Your perceptions are what matter. There are no right or wrong or desirable or undesirable answers. You can disagree with each other, and you can change your mind. I would like you to feel comfortable saying what you really think and how you really feel.

Discuss procedure

I will be taking notes (and tape recording the discussion) so that I do not miss anything you have to say. As I explained to you earlier, everything is confidential. No one will know who said what. I want this to be a group discussion, so feel free to respond to me and to other members in the group without waiting to be called on. However, I would appreciate it if only one person did talk at a time. The discussion will last approximately one hour. There is a lot I want to discuss, so at times I may move us along a bit.

Participant introduction

Now, let's start by everyone sharing their name, what they work with, and how long they've been working in this profession

Rapport building - "warm up"

Please present yourself with your name and a word or an expression for one thing that you remember that you learned in the workshop. We will go around the circle so that everyone presents themselves.

Interview

[If interviewing health professionals, start with question number 2, and then go back to question number 1 before proceeding.]

1) *Did you change any practices since your participation in the workshop(s)?*

Probes: *Would you have changed these practices if you had not participated in the workshop(s)? Could you have gotten this information from somewhere else?*

2) *How useful were the materials introduced to you through the workshops?*

Probes: *How have you used them - have you shared them with colleagues or others (e.g. parents)? Do you use them as a reference in your work? Why do you not use them?*

3) *What problems/obstacles have you faced in attempting to incorporate into your professional practice the knowledge and skills you received through the workshops?*

Probes: *Have you shared information from the workshops with colleagues or superiors? How have they responded?*

4) *Have you or your colleagues taken any new initiatives to change practices after you participated in the training?*

Probes: [For focus groups on prevention and combating violence]: *Have you increased your cooperation with other institutions after you participated in the training? What are some concrete examples of such increased cooperation?*

"Cool-down"

What other conditions would you need to be able to carry out your work according to the best quality professional standards?

Probes: *For example workshops, other types of information, protocols, change in legal regulations, more systematic cooperation with other institutions, other things?*

Closure

Though there were many different opinions about _____, it appears unanimous that _____. Does anyone see it differently? It seems most of you agree _____, but some think that _____. Does anyone want to add or clarify an opinion on this?

Is there any other information regarding your experience with or following the workshops that you think would be useful for me to know? Thank you very much for coming this afternoon. Your time is very much appreciated and your comments have been very helpful.

c) Focus group guide for children

Evaluation Questions, which focus group interviews will contribute to answering (look through before starting the interview): Did capacity development interventions target the appropriate actors? Were the methods appropriate for the capacity development objectives? Did the capacity development interventions lead to a change in material resources, human resources, management or external environment? Did capacity development interventions result in sustainable change in behavior or practice? Did the process contribute to other sustainable changes? Did the change in capacity contribute to an improvement in the situation of children and women?

Introduction

Good morning/afternoon/evening. My name is _____. Thank you for coming.

Present the purpose

We are here today to talk about your experiences since you participated in the workshops about _____. The idea is to get your opinions of if and how the workshops have affected your daily life. I am not here to tell you what is right or wrong. Your opinions are what matter. There are no right or wrong answers. You can disagree with each other, and you can change your mind. I would like you to feel that it's ok to say what you really think and how you really feel.

Discuss procedure

I will be taking notes (and tape recording the discussion) so that I do not miss anything you have to say. As I explained to you earlier, I won't tell anyone what each of you has said. But it's important that only one person talks at a time. The discussion will last about one hour.

Participant introduction

Let's start by everyone sharing their name, how old they are, and what grade they are in.

Rapport building - "warm up"

Now, let's have everyone share a word or a sentence for one thing that you remember that you learned in the workshop.

Interview

1) *What do you think children's rights mean?*

Probes: Have you learned about any child rights? Why do you think rights are important?

2) *Do can you use what you have learned in the workshops in everyday life?*

Probes: *Tell me how! Can you use it in school somehow, what about in your family, with other people you know?*

3) *Do you tell other children about these workshops?*

Probes: *What do you tell them? How do they react?*

4) *Do you think you could have learned about these things somewhere else?*

Probes: *Do you learn about these things in school? Can your parents teach you about this?*

5) *Do you act differently towards other people since you started attending workshops? Have you noticed any changes in the way others treat you?*

Probes: *Have you talked about these issues with any adults?*

6) *Do you notice any rights being violated?*

Probes: *What can you do about it? What should happen?*

“Cool-down”

What would you be doing now if you weren't in the youth center/club house? [if group has their activities in school] What do you do in your spare time?

Closure

Though there were many different opinions about _____, it appears that most of you think that _____. Does anyone see it differently? It seems most of you agree _____, but some think that _____. Does anyone want to say something more about this?

Is there anything else you think I should know about the workshops?

Thank you very much for coming this afternoon/evening. I'm glad that you let me talk to you, your comments have been very helpful.

d) Interview guide for semi-structured interviews

Evaluation Questions, which semi-structured interviews will contribute to answering (look through before starting the interview): Did capacity development interventions target the appropriate actors? Were the methods appropriate for the capacity development objectives? Did the capacity development interventions lead to a change in material resources, human resources, management or external environment? Did capacity development interventions result in sustainable change in behavior or practice? Did the process contribute to other sustainable changes? Did the change in capacity contribute to an improvement in the situation of children and women?

Instructions:

- Do not change the order of questions
 - Do not use other probes than the ones listed
-

1. Basic Information (warm-up)

- a. Sex (male/female)
- b. Age
- c. Place of residence (note whether it is a rural or urban area)
- d. Profession
- e. Number of years of practice in the current profession
- f. What type of work do you do?
- g. What is your level of education?

2. Why did you choose to go to the workshop?

Probes: Did you have a personal interest or were you told by management to attend? Was there any reward for attending?

3. What, in your opinion, was the main purpose of the workshop you went through?

4. In retrospect, how relevant was the workshop for you?

5. [For service providers] Do you treat patients/victims/clients/children differently now? [For others] did you change any practices since your participation in the workshops?

Probes: Would you have changed these practices if you had not participated in the workshop(s)? Could you have gotten this information from somewhere else?

6. What problems/obstacles have you faced in attempting to incorporate into your professional practice the knowledge and skills you received through the workshop(s)?

Probes: Was there something in particular you thought was difficult to implement? Does your superior agree with doing things differently?

7. Have you shared information from the workshops with colleagues or superiors? How have they responded?

8. Can you give me any example of a concrete difference that the training has made in your institution?

Probes [for persons working with preventing and combating violence]: Have you increased your cooperation with other institutions after you participated in the training? What are some concrete examples of such increased cooperation?

9. What other conditions would you need to be able to carry out your work according to the best quality professional standards?

Probes: For example workshops, other types of information, protocols, change in legal regulations, more systematic cooperation with other institutions, other things?

e) Observation Protocol

Background Information

Observer:	Date of Observation:
Translator:	Venue:
Implementing partner:	Title of training/meeting:
Duration of Observation:	Name of presenter(s):
Total Number of Attendees:	Interviews conducted:
Additional information:	Attachments:

Section One: Context Background and Activities

I. Session Context

Description of background of training/meeting

Description of participants (which profession, are they members of an organization etc.)

Did the observation cover a partial or complete session? _____

Were there multiple break-out sessions? _____

Where does this session fit in the project's sequence for those in attendance?

II. Session Focus

Indicate the *major intended purpose(s)* of this session based on the information provided by the project staff/invitation/project agreement.

III. Activities *(Check all activities observed and describe, as relevant)*

A. Indicate the *major instructional resource(s)* used in the session(s).

Print materials _____

Technology/audio-visual resources _____

Other instructional resources (Please specify.) _____

B. Indicate the *major way(s)* in which participant activities were structured.

As a whole group

As small groups

As pairs

As individuals

C. Indicate the *major activities* of presenters and participants in this session. *(Check circle to indicate applicability.)*

Formal presentations by presenter/facilitator: *(describe focus)*

Formal presentations by participants: *(describe focus)*

Plenary discussions: *(describe focus)*

Hands-on/investigative/research/field activities: *(describe)*

Problem-solving activities: *(describe)*

Reading/reflection/written communication: *(describe)*

___ Explored assessment strategies: *(describe focus)*

___ Assessed participants' knowledge and/or skills: *(describe approach)*

___ Other activities: (Please specify)

D. Comments

Please provide any additional information you consider necessary to capture the activities or context of this session. Include comments on any feature of the session that is so salient that you need to get it "on the table" right away to help explain your ratings.

Section Two: Ratings

Use the information of what occurred in the sessions, as well as any other pertinent observations, to rate each of a number of key indicators from 1 (not at all) to 5 (to a great extent) in five difference categories by circling the appropriate response. Any one session is not likely to provide evidence for every single indicator; use 6, "Don't know" when there is not enough evidence for you to make a judgment. Use 7, "N/A" (Not Applicable) when you consider the indicator inappropriate given the purpose and context of the session. Similarly, there may be entire rating categories that are not applicable to a particular session.

Use your ratings of "Key Indicators" (Part A) to inform your "Synthesis Ratings" (Part B) and indicate in "Supporting Evidence for Synthesis Ratings" (Part C) what factors were most influential in determining your synthesis ratings. Section Two concludes with ratings of the likely impact of capacity development and a capsule description of the session.

I. Design

A. Key Indicators

	Not at all				To a great extent	Don't know	N/A
1. The strategies in this session were appropriate for accomplishing the purposes of the training/meeting.	1	2	3	4	5	6	7
2. The session effectively built on participants' knowledge of content, learning, and/or the change process	1	2	3	4	5	6	7
3. The instructional strategies and activities used in this section reflected attention to participants':							
a. Experience and capacities	1	2	3	4	5	6	7

b. Learning styles	1	2	3	4	5	6	7
4. The design of the session reflected careful planning and organization	1	2	3	4	5	6	7
5. The design of the session encouraged a collaborative approach to learning/discussing.	1	2	3	4	5	6	7
6. The design of the session incorporated tasks, roles, and interactions consistent with a spirit of investigation	1	2	3	4	5	6	7
7. The design of the session appropriately balanced attention to multiple goals	1	2	3	4	5	6	7
8. Adequate time and structure were provided for reflection	1	2	3	4	5	6	7
9. Adequate time and structure were provided for participants to share experiences and insights	1	2	3	4	5	6	7

B. Synthesis Rating

1	2	3	4	5
Design of the session was not careful or appropriate				Careful and appropriate design of the session

C. Supporting Evidence for Synthesis Rating

II. Implementation

A. Key Indicators

Not at all				To a great extent	Don't know	N/A
------------	--	--	--	-------------------	------------	-----

1. The session effectively incorporated instructional strategies that were appropriate for the purposes of the session.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

2. The session effectively modeled questioning strategies that are likely to enhance the development of conceptual understanding (e.g. identifying perceptions and misconceptions) 1 2 3 4 5 6 7

3. The pace of the session was appropriate for the purposes of the training/meeting. 1 2 3 4 5 6 7

4. The session modeled effective assessment strategies 1 2 3 4 5 6 7

5. The presenter(s)' background, experience, and/or expertise enhanced the quality of the session 1 2 3 4 5 6 7

6. The presenter(s)' management style enhanced the quality of the session 1 2 3 4 5 6 7

B. Synthesis Rating

1	2	3	4	5
Implementation was not effective or appropriate.				Effective and appropriate implementation of the session.

C. Supporting Evidence for Synthesis Rating

III. Content

A. Key Indicators

	Not at all				To a great extent	Don't know	N/A
1. Content was appropriate for the purposes of the session and the backgrounds of the participants	1	2	3	4	5	6	7
2. The content was sound and appropriately presented/explored	1	2	3	4	5	6	7
3. Facilitator displayed a profound understanding of concepts (e.g. in his/her dialogue with participants)	1	2	3	4	5	6	7
4. Content area was portrayed by a dynamic body of knowledge continually enriched by investigation, analysis, and proof/justification	1	2	3	4	5	6	7

5. Appropriate connections were made to real world contexts 1 2 3 4 5 6 7

6. Degree of closure or resolution of conceptual understanding was appropriate for the purposes of the session. 1 2 3 4 5 6 7

B. Synthesis Rating

1	2	3	4	5
Content not appropriate or properly presented.				Content was appropriate and properly presented.

C. Supporting Evidence for Synthesis Rating

IV. Pedagogical Methods

A. Key Indicators

Not at all				To a great extent	Don't know	N/A
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1. Pedagogical methods were appropriate for the purposes of the session and the backgrounds of the participants. 1 2 3 4 5 6 7

2. Presenter displayed an understanding of pedagogical concepts (e.g. in his/her dialogue with participants) 1 2 3 4 5 6 7

3. The session included explicit attention to implementation issues 1 2 3 4 5 6 7

4. Closure was appropriate for the purposes of the session and the needs of adult learners 1 2 3 4 5 6 7

B. Synthesis Rating

1	2	3	4	5
Pedagogical content of the session not at all reflective of current standards for learning				Pedagogical content of session extremely reflective of current standards for learning

C. Supporting Evidence for Synthesis Rating

V. Culture/Equity

A. Key Indicators

	Not at all				To a great extent	Don't know	N/A
1. Active participation of all was encouraged and valued.	1	2	3	4	5	6	7
2. There was a climate of respect for participants' experiences, ideas and contributions	1	2	3	4	5	6	7
3. Interactions reflected collaborative working relationships among participants	1	2	3	4	5	6	7
4. Interactions reflected collaborative working relationships between facilitator(s) and participants	1	2	3	4	5	6	
5. The presenter(s)' language and behavior clearly demonstrated sensitivity to variations in participants' 1							
a) experience	1	2	3	4	5	6	7
b) access to resources	1	2	3	4	5	6	7
c) gender, ethnicity and/or culture	1	2	3	4	5	6	7
6. Opportunities were taken to recognize and challenge stereotypes and biases that became evident during the session(s)	1	2	3	4	5	6	7
7. Participants were engaged with important ideas relevant to the focus of the session	1	2	3	4	5	6	7
8. Participants were encouraged to generate ideas, questions and propositions	1	2	3	4	5	6	7
9. Intellectual rigor, constructive criticism, and the challenging of ideas were valued.	1	2	3	4	5	6	7

1Use 1, "Not at all," when you have considerable evidence of insensitivity or inequitable behavior; 3, when there are no examples either way; and 5, "To a great extent," when there is considerable evidence of proactive efforts to achieve equity.

B. Synthesis Rating

1	2	3	4	5
Culture of the session interferes with				Culture of the session facilitates engagement

engagement of participants				of participants
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C. Supporting Evidence for Synthesis Rating

VI. Overall Ratings of the Session

While the impact of a single training session or meeting may well be limited in scope, it is important to judge whether it is helping to move participants in the desired direction. For ratings in the section below, consider all available information (i.e., your previous ratings of design, implementation, content, and culture/equity; related interviews, and your knowledge of the overall program) as you assess likely impact of this session.

Likely Impact on Participants' Capacity

Consider the likely impact of this session on the participants' capacity to Circle the response that best describes your overall assessment of the *likely effect* of this session in each of the following areas.

	Not at all				To a great extent	Don't know	N/A
1. Participants' ability to identify and understand important aspects of the main concept	1	2	3	4	5	6	7
2. Participants' ability to plan/implement exemplary preventive/responsive behavior	1	2	3	4	5	6	7
3. Participants' self-confidence in response	1	2	3	4	5	6	7
4. Proactiveness of participants in addressing their needs	1	2	3	4	5	6	7
5. Professional networking among participants with regard to the issue in question.	1	2	3	4	5	6	7

Comments (optional):

f) Training material analysis guide

Background Information

Title:	Date of publication:
Organization/Institution responsible for the publication:	Pages:
Material pertaining to which UNICEF supported project:	Additional information:

I. Usage

Who is the material intended for?

What is the intended usage (general information, practical guide, protocol, for exercises during the training)?

Is the material to be complemented by any other material? If yes, what?

II. Focus

Brief description of content

Does the material include anything of the following:

Theoretical background: (*describe*)

Descriptions of investigations/research: (*describe*)

Problem-solving issues: (*describe*)

Assessment strategies: (*describe focus*)

___ Practical examples: *(describe)*

___ Practical instructions: *(describe)*

III. Design, content, methods - key indicators

	Not at all				To a great extent	Don't know	N/A
1. The purpose/intention of the training material seems clear.	1	2	3	4	5	6	7
2. The design of the material reflects careful planning and organization of the content.	1	2	3	4	5	6	7
4. The pedagogical strategy used (the structure, the level of complexity, coherence between issues etc.) is appropriate for enhanced learning/increased understanding of the issue at hand.	1	2	3	4	5	6	7
5. Appropriate connections are made to real world contexts	1	2	3	4	5	6	7
6. The material includes explicit attention to implementation issues	1	2	3	4	5	6	7
7. Conclusions or sum-up is appropriate for the purpose of the training material	1	2	3	4	5	6	7

IV. Rating

Taking the three previous sections into account - usage, focus, and design, content and methods - what is the overall rating of this training material?

1	2	3	4	5
Training material not likely to enhance trainees' knowledge and understanding of the issue in question				Training material likely to enhance trainees' knowledge and understanding of the issue in question to a great extent

Supporting evidence of rating and additional comments:

g) Capacity assessment checklist

UNICEF Workshop "Next Steps", June 24, 2004				
Organization/Institution:				
Checklist for capacity assessment				
Resources	Capacity now	Capacity desired	Is it a crucial element? [Yes/No]	Can UNICEF assist?
Financial and other material resources				
Funding adequate for appropriate premises, equipment, human resources				
Financial reserves				
Diversity and reliability of funding sources				
Appropriateness and condition of the premises				
Equipment - for administration, program implementation and communication				
Human Resources				
Appropriate number of people				
Recruitment strategies <i>[does the organization have any?]</i>				
Skills, knowledge, experience				
Appropriate level of skills and knowledge of staff - technical, administrative, programmatic				

Appropriate level of skills and knowledge of management - technical, administrative, strategic				
Training opportunities for staff and management [<i>are there any?</i>]				
Motivation				
Is the impact of the work done by the organization an encouraging or discouraging factor?				
Extent to which mission, attitudes, values are shared among the staff [<i>fully, partially or not at all</i>]				
Appropriate level and regularity of remuneration and incentives				
Productivity				
Quantity of work produced [<i>sufficient?</i>]				
Quality of work produced [<i>are there variations in quality?</i>]				
Staff turn-over [<i>frequent or non-frequent?</i>]				
Absenteeism from work [<i>a lot or very little?</i>]				
Management				
Mission				
Clear mission statement or core set of aims and objectives [<i>does this exist for the organization?</i>]				
Sharing of the objectives throughout the organization [<i>are all staff members aware of the core objectives?</i>]				

Governance				
Democratic election of leadership <i>[how is leadership decided?]</i>				
Regular consultations of members/staff <i>[do they exist?]</i>				
Safeguards against mismanagement <i>[are there any?]</i>				
Material resources management				
Accounting system functional & transparent <i>[yes/no]</i>				
Regular production of funding proposals <i>[yes/no]</i>				
Maintenance and replacement program for equipment & premises <i>[yes/no]</i>				
Human resource management				
Regular supervision of staff <i>[does this happen?]</i>				
Clear job descriptions for all staff <i>[do descriptions exist?]</i>				
Clear and appropriate division of labor <i>[is the division of labor clear to all staff members and is everyone satisfied with it?]</i>				
Standard selection and recruitment procedure based on merits. <i>[yes/no]</i>				
Program management				
Organizational work plan exists				
Production of progress reports				
Regular, good quality monitoring <i>[is it carried out?]</i>				
Regular, good quality				

evaluation <i>[is it carried out?]</i>				
Institutionalized learning process <i>[are lessons learned from activities always discussed and/or written down?]</i>				
Consistency of program activities and mission <i>[are activities in line with the goal of the organization?]</i>				
Management of external environment				
Public relations work <i>[is there any?]</i>				
Advocacy capacity - own <i>[does the organization have any?]</i>				
Advocacy capacity together with others				
Strategic advantages identified and exploited				
Networks (with e.g. similar organizations, complementary institutions) established and used regularly and strategically				
Adversaries and competitors identified and approached				
External environment				
Legitimacy				
Level of agreement with local values and norms <i>[are the values of the organization very different from the ones in society?]</i>				
Registration or legal basis of the organization				
Legal basis for the activities conducted by the organization				

(mandate, official recognition)				
Public profile of the organization <i>[high/low]</i>				
Allies and adversaries				
Availability of support from government, donors, NGOs, media <i>[to which extent?]</i>				
Competition with other organizations <i>[to which extent?]</i>				
Process for dealing with opponents to the organization <i>[does it exist?]</i>				
Policy environment				
Sufficient 'democratic space' <i>[are authorities or other institutions accepting the organization, is there room for dialogue?]</i>				
Legislative framework favorable for the organization				
Policy framework (national/subnational) required by the organization in place				
Government creates an enabling environment for the organization apart from legislation				

h) Capacity gap analysis scheme

A FIVE-STEP APPROACH TO LINK HUMAN RIGHTS AND PROGRAM RESULTS

1. IDENTIFIED PROBLEM		2. CAUSES OF THE PROBLEM		3. KEY HUMAN RIGHTS RELATED TO THE PROBLEM (economic, social, political, women's rights, children's rights)	
		1) 2) 3)		1) 2) 3)	
4. OBLIGATIONS TO IMPLEMENT THE RIGHT		5. CAPACITY GAP ANALYSIS			
<i>Who is responsible for implementation?</i>	<i>Obligation: What should responsible institutions/organizations/individuals do to implement the right/solve the problem?</i>	<i>Do those responsible feel an obligation to perform the role? If not why not? (E.g. lack of knowledge, institutional values, community values, lack of disciplinary measures)</i>	<i>Do those responsible have authority to perform the role? If not what is the obstacle? (E.g. policies, system for cooperation with other institutions, lack of advocacy capacity)</i>	<i>Do those responsible have human resources (technical, programmatic, managerial), an organizational structure and financial resources to perform the role? If not, what is missing?</i>	

APPENDIX 6: UNICEF BIH COUNTRY PROGRAM

STRATEGIC INTENT SCHEME

UNICEF BiH 2002-2004 Country Programme Strategic Intent:
Improve capacity of Government and civil society to fulfil and protect the rights of children and women.

1. Child Survival and Development

- Reduction in infant mortality rate;
- Increased number of children benefiting from child-centred teaching and learning approaches;
- No new cases of HIV among young people.

2. Child Protection and Participation

Improved protection of vulnerable children from abuse, neglect, violence, exploitation, discrimination, impact and consequences of war.

3. Policy Development & Advocacy

- Increased number of children, women who exercise social and economic rights;
- Policies and programmes reflect opinions of children and young people.

1.1. Early Childhood Development

- Improved quality, services at Baby Friendly Hospitals, Schools for Future Parents;
- Improved quality of salt, IDD management;
- Increased government commitment to GAVI.

1.2. Child-Friendly Basic Services

- Increased # children benefited child centred teaching and learning;
- Increased # teachers certified, #schools accredited;
- Improved services and information available for HIV/AIDS prevention.

2.1. Social Protection:

- Comprehensive and operational government policy framework for child protection.
- Model approaches to case management and inter-disciplinary cooperation, increased professional knowledge and public awareness of child protection issues.

2.2. Transformation of Institutional Care

- Comprehensive and operational government policy framework for the transformation of institutional care.
- Improved care and protection for children without parental care and children in residential and health care institutions.

2.3. Mine Risk Education and Mine Victim Assistance

- A reduction of the impact of mines on affected communities through better coordinated and more targeted mine risk education activities.
- Sustainable support to mine victims within the framework of a global policy on disability.

3.1. Policy Development on CRC and CEDAW

- National policy frameworks for children, young people, women (CRC, CEDAW based) developed, implementation began;
- Improved availability of information on children and women.

3.2. Social Mobilisation and Advocacy

Increased number of children and young people able to influence decision affecting them.

1.1.1. Pre-natal and Infant Care and Nutrition

Increased knowledge, skills of health professionals & parents on prenatal, infant care & nutrition.

1.1.2. IDD

Increased knowledge, skills of health professionals, sanitation inspectors, Tuzla salt factory officials on salt quality, IDD.

1.1.3. Immunization

GAVI implementation requirements met.

1.2.1. Child-Friendly Schools

- 5,000 children benefiting from child centred teaching and learning approaches;
- Increased capacity of the Education Reform Task Force to develop; follow up on implementation of education reform in the areas of inclusive education, quality of teaching and pre-school.

1.2.2. HIV/AIDS prevention

- Communication strategies for HIV/AIDS prevention developed and being implemented by adolescents and young people.
- Youth friendly services established in selected sites.

2.1.1. Policy Frameworks for child protection juvenile justice and anti-trafficking

Policy framework for child protection referral mechanisms, anti-trafficking work and juvenile justice defined.

2.1.4. Strengthening child protection mechanisms at local level

- In pilot areas, increased knowledge and skills of professional on inter-disciplinary case management, juvenile justice, trafficking, domestic violence and child abuse; increased public awareness on these issues;
- Documented lessons learned from pilot areas shared with other areas and with policy-making bodies.

2.2.1. Policy Framework for the Transformation of Institutional Care

Policy framework for the care and protection of children without parental care and children in institutions defined.

2.2.2. Strengthening Child Friendly Institutions and Family-Based Care at local level

- Child friendly care practices adopted in targeted institutions.
- Increased capacity of self-help associations to provide peer support in family-based alternative care.

2.3.1. Policy Framework for MRE and MVA

Policy framework for MRE and MVA defined.

2.3.2. Strengthening MRE and MVA at local level

- Model approaches to school based MRE and Community Mine Risk Management developed and implemented.
- Improved assistance to children disabled by mines.

3.1.1. CRC/CEDAW Policy Development

- Increased capacity of Council of Children & Ministry of Human Rights and Refugees to operationalise SPA and monitor child rights;
- NPA for Gender Equality prepared.

3.1.2. Research on CRC and CEDAW

Baseline info on child rights issues re: legal reform, PRSP, gender, birth registration, access to services of vulnerable groups is available for policy development and advocacy.

3.2.1. Social Mobilisation and CRC Advocacy

Improved mechanisms for communities and children to participate in monitoring and advocacy for CRC within unified child rights approach.

3.2.2. Communication

- Better knowledge, skills to address behaviour change;
- Continuous flow of info on UNICEF programmes and children.

APPENDIX 7: LIST OF DOCUMENTS

directly related to the UNICEF BiH Country Program

Reports, Reviews

- Situation Analysis of Women and Children in Bosnia and Herzegovina 2002-2004
- Integrated Monitoring, Research and Evaluations Plan 2002-2004
- Annual Review/2001
- UNICEF Bosnia and Herzegovina 2001 Annual Report, December 2001 - for internal use only
- Master Plan of Operations 2002-2004
- UNICEF Bosnia and Herzegovina: 2002 Annual Report - for internal use only
- Report Extended Annual Review of UNICEF Bosnia and Herzegovina country Programme 2002-2004, March-April 2003
- Bosnia and Herzegovina 2003 Annual Report, December 2003 - for internal use only
- CEE/CIS and Baltic States Regional Analysis Report 2003, Geneva, February 2004

Capacity Gap Analysis

- Capacity gap analysis - Social Protection Problem: Children are exposed to harm from gender-based violence, abuse, exploitation and lack of attention to special needs
- Capacity gap analysis - Governance Problem: Poor governance - Weak rule of law
- Capacity gap analysis - Governance Problem: Poor governance - Fragmented, inefficient and corrupt public administration
- Capacity gap analysis - Governance Problem: Poor governance - Weak civil society
- Capacity gap analysis - Basic Services Problem: Decreasing access and low quality of health care - Decreasing and unequal access to health care
- Capacity gap analysis - Basic Services Problem: Decreasing access and low quality of health care - Inadequate quality of health care - does not meet modern/EU standards

Logframes and PPAs

- 2004 Planning Outline Logframe - Child Protection and Participation, Social Protection
- 2004 Planning Outline Logframe - Child Survival and Development, Early Childhood Development
- 2004 Planning Outline Logframe - Policy Development and Advocacy, Social Mobilisation Project
- 2004 Planning Outline Logframe - Policy Development and Advocacy, Policy Development Project
- 2002 Project Plan of Action - Child Survival and Development Programme, Early Childhood Development Project
- 2003 Project Plan of Action - Child Survival and Development Programme, Early Childhood Development Project
- 2004 Project Plan of Action - Child Survival and Development Programme, Early Childhood Development Project
- 2002 Project Plan of Action - Child Protection and Participation, Social Protection Project
- 2003 Programme Plan of Action - MS Child Protection and Participation, Social Protection Project
- 2004 Project Plan of Action - Child Protection and Participation, Social Protection Project
- 2002 Project Plan of Action - Policy Development and Advocacy, Social Mobilisation Project

- 2003 Project Plan of Action – Policy Development and Advocacy/Project 2: Social Mobilisation and Advocacy
- 2004 Project Plan of Action – Policy Development and Advocacy, Policy Development Project
- 2004 Project Plan of Action – Policy Development and Advocacy, Social Mobilisation Project

Health Project

Ministry of Health and Social Welfare Republika Srpska: *Report about the project realization (activities were carried out) in the Project “Prevention of nutrient anemia in children from 0 to 6 years of age in Republika Srpska”, August 2001*

Ministry of Health and Social Welfare Republika Srpska: *Plan of activities for year 2002, December 2001*

Ministry of Health and Social Welfare Republika Srpska: *Submission of Budget Proposal and Rationale for the Budget Proposal in the Project “Acute respiratory infections and acute diarrhea syndrome in children below six years of age in Republika Srpska (ARI and ADS in RS) for the period May-July 2002”, April 2002*

Ministry of Health and Social Welfare Republika Srpska: *Rationale for the Budget in the Project “Prevention of nutrient anemia in children from 0 to 6 years of age in Republika Srpska”, April 2002*

Izveštaj o analizi upitnika u projektu: “Akutne respiratorne infekcije I akutni dijarealni sindrom kod djece mlađe od šest godina u Republici Srpskoj” za seminare održane u periodu maj-jul 2002. godine

Izveštaj o analizi upitnika u projektu: “Prevenција nutritivnih anemija kod djece mlađe od šest godina u Republici Srpskoj” za period maj-jul 2002. godine

Justification of expenditures for project: “ARI and IDD in RS”, July 2002

UNICEF/Association of Paediatricians of the Federation of Bosnia and Herzegovina: *Evaluation of the Training of Health Workers in the Federation of Bosnia and Herzegovina, Acute Respiratory Diseases, Diarrhea and Dehydration, Report, Sarajevo, September 2002*

UNICEF/Association of Paediatricians of the Federation of Bosnia and Herzegovina: *Evaluation of Health Worker Training in the Federation BiH, Nutritive Anemia among Children of 0-6 Years, Report for 2002, Sarajevo, September 2002*

UNICEF/Association of Paediatricians of the Federation of Bosnia and Herzegovina: *Evaluation of Health Worker Training in the Federation BiH, Nutritive Anemia among Children of 0-6 Years, Report for 2003, Sarajevo, December 2003*

UNICEF/Association of Paediatricians of the Federation of Bosnia and Herzegovina: *Training Evaluation of Health Workers in the Federation of Bosnia and Herzegovina, Acute Respiratory Diseases, Diarrhea and Dehydration, Report, Sarajevo, January 2004*

Violence Project

UNICEF Bosnia and Herzegovina: *Project Proposal to the Government of Norway Preventing Trafficking, Gender Based Violence and HIV/AIDS in Bosnia and Herzegovina, Sarajevo, December 2002*

Annex A Project Plan: *A Multidisciplinary Approach to Combating Domestic and Other Forms of Violence against Children and Women. Implementation in Middle-Bosnia Canton (Federation) and Doboj region (Republic of Srpska) in Bosnia and Herzegovina, 2003-2004*

Women's Association Medica Zenica u.g.: Annex A Project Plan: *Assessment on further implementation of program "A Multidisciplinary Approach to combating and Prevention of Domestic and Other Forms of Violence against Children and Women" in 2003/2004*, June 2003

Women's Association Medica Zenica u.g.: *Training report - Project "A Multidisciplinary Approach..." Travnik - 2003/2004*

Women's Association Medica Zenica u.g.: *Training report - Project "A Multidisciplinary Approach..." Doboj and Travnik - 2003/2004* Financial report on first installment

Women's Association Medica Zenica u.g.: *Training report - Project "A Multidisciplinary Approach..." Doboj - 2003/2004*

Women's Association Medica Zenica u.g.: *Assessment on further implementation of program "A Multidisciplinary Approach to Combating and Prevention of Domestic and Other Forms of Violence against Children and Women" in 2003/2004*, Final Report

Promente: *A multidisciplinary approach to combat domestic violence and other forms of violence against women and children, Focus Group Report*

CRC Project

UNICEF BiH: *Concept Paper - Building capacity for monitoring and implementation of children's and women's rights in Bosnia and Herzegovina*

European Commission, European Initiative for Democracy and Human Rights, Application Form for Targeted Projects, *Project: Capacity building monitoring and implementation of children's and women's rights in Bosnia and Herzegovina*

European Initiative for Democracy and Human Rights - Interim Narrative Report, *Project: Capacity building monitoring and implementation of children's and women's rights in Bosnia and Herzegovina*

Consolidated Donor Report - Social Mobilisation and Advocacy Inputs, 2002

Donor Reports, 2003

The Ombudsman Institution of the Federation of Bosnia and Herzegovina: *Annual report for 2003*

Project: Promotion and protection of children and women rights, Support to the Council for Children and Gender Equality Agency

Bosna i Hercegovina Ministarstvo za ljudska prava i izbjeglice, sektor za ljudska prava: *Izvod iz izvještaja sa seminara o temi "Gender pitanja: Uvod, porijeklo i mehanizmi" održanog u Neumu od 16.07 do 18.07.2004 godine*

Bosnia and Herzegovina Ministry for Human Rights and Refugees, Department for Human Rights: *Action Plan for Children in Bosnia and Herzegovina 2002-2010*

Let's be active: *Izveštaj za period od 1. jula - 31. decembra 2003 godine*, Sarajevo, 15. januar 2004. godine

Zdravo da ste, Omladinski centar "Kastel" "Nova generacija" peer grupa: *Nase Mišljenje!!!*

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APPENDIX 9: INTERVIEWS, OBSERVATIONS CONDUCTED

KEY INFORMANT INTERVIEWS CONDUCTED

#	Organization	Place	Date	Name of interviewee	Function	Program	Interviewer
1	FBiH Pediatric Association	UNICEF office, Sarajevo	29.04.04	Dragana Nikcic	Evaluator	CSD	Vivianna + Marina
2	NGO ProMente	ProMente office, Sarajevo	04.05.04	Steve Powell	Evaluator	CPP	Vivianna
3	FBiH Ombuds office	Ombuds office premises, dept. for child rights	04.05.04	Zlatko Ilic, Ljiljana Zita	Implementers of birth registration survey	PDA	Vivianna
4	Ministry of Human Rights and Refugees	Ministry of Human Rights and Refugees offices	06.05.04	Saliha Djuderija	Member of Council for Children	PDA	Vivianna + Marina
5	Medical Faculty, Banja Luka	UNICEF office, Banja Luka	10.05.04	Svjetlana Stojisavljevic-Satara	Project Coordinator	CSD	Vivianna + Vojo
6		UNICEF office, Banja Luka	10.05.04	Amela Lolic	Project Coordinator	CSD	Vivianna
7	Lighthouse	UNICEF office, Banja Luka	10.05.04	Rajko Macura	Project Coordinator	PDA	Vivianna + Vojo
8	Zdravo da ste	UNICEF office, Banja Luka	11.05.04	Aleksandra Strbac	Project Coordinator	PDA	Vivianna
9	Nasa Djeca Sarajevo	Nasa Djeca office, Sarajevo	12.05.04	Zehra Salman	Project Coordinator	PDA	Vivianna + Ermin
10	Zena BiH	Zena BiH office, Mostar	18.05.04	Azra Hasanbegovic	Medical counterpart	CPP	Vivianna + Selma
11	Ministry of Human Rights and Refugees	UNICEF office, Sarajevo	19.05.04	Avdo Kurto	Technical Consultant	PDA	Vivianna + Elizabetha
12	FBiH Institute for Public Health	UNICEF office, Sarajevo	20.05.04	Aida Cemerlic	Evaluator	CSD	Vivianna + Elizabetha
13	Child Clinic	UNICEF office, Sarajevo	24.05.04	Ediba Saracevic	Trainer	CSD	Vivianna + Ermin
14	FBiH Pediatric Association	UNICEF office, Sarajevo	29.05.04	Esma Zecevic Cemerlic	Project Coordinator	CSD	Vivianna + Marina

15	Child Clinic	UNICEF office, Sarajevo	31.0 5.04	Edo Hasanbegovic	Trainer	CSD	Vivianna + Marina
16	NGO Alter Art, Travnik	Hotel Stella, Neum	06.0 6.04	Darko Saracevic	Medica counterpart	CPP	Vivianna
17	Medica Zenica	Hotel Stella, Neum	07.0 6.04	Duska Andric	Project Manager	CPP	Vivianna
18	Medica Zenica	Hotel Stella, Neum	07.0 6.04	Edita Ostojic	Trainer	CPP	Vivianna
19	Department for Family Medicine, Banja Luka	UNICEF office, Banja Luka	17.0 6.04	Gordana Tesanovic	Trainer	CSD	Vivianna + Vojo
20		UNICEF office, Banja Luka	17.0 6.04	Branislav Lolic	Project Coordinator	CSD	Vivianna
21	NGO Zene sa Une	Zene sa Une office, Bihac	07.0 9.04	Hatidza Pecenkovic	Medica counterpart	CPP	Vivianna + Alma
22	NGO Nada	Center for Social Welfare, Prijedor	08.0 9.04	Rada Karajica	Medica counterpart	CPP	Vivianna + Alma
23	NGO Pro et Contra	Center for Social Welfare, Prijedor	08.0 9.04	Dragan Dracic	Medica counterpart	CPP	Vivianna + Alma
24	NGO Let's be active	Let's be active office, Sarajevo	09.0 9.04	Ismet Kapetanovic	Project Coordinator	PDA	Vivianna + Alma

FOCUS GROUP & SEMI-STRUCTURED INTERVIEWS CONDUCTED

#	Organization	Place	Date	Group	Program	Type of Interview	Interviewer
1	NGO Let's Be Active	Let's be active premises, Sarajevo	24.06.04	Children	PDA	FG	Svetlana
2	NGO Internews	Faculty of Journalism, Sarajevo	28.06.04	Journalism Students	PDA	FG	Svetlana
3	NGO Zdravo da ste	Zdravo da ste premises, Banja Luka	01.07.04	Youth	PDA	FG	Vera
4	NGO Zdravo da ste	Primary School "Milos Dujic", Celinac	01.07.04	Children	PDA	FG	Vera
5		Dom Zdravlja, Olovo	05.07.04	Doctors and Nurses	CSD	FG	Svetlana & Ana
6	NGO Nasa Djeca, Zenica	Nasa Djeca premises	14.07.04	Youth	PDA	FG	Ana
7		Dom Zdravlja, Bugojno	21.07.04	Doctors	CSD	FG	Ana
8		Dom Zdravlja, Bugojno	21.07.04	Nurses	CSD	FG	Svetlana
9		Dom Zdravlja, Bugojno	21.07.04	Doctor and Nurse	CPP	Group Semi-struct.	Ana
10		Police Station, Bugojno	21.07.04	Police officer	CPP	Ind. Semi-struct.	Svetlana
11		Dom Zdravlja, Kakanj	22.07.04	Doctors	CSD	FG	Svetlana
12		Dom Zdravlja, Kakanj	22.07.04	Nurses	CSD	FG	Ana
13		Dom Zdravlja, Kiseljak	22.07.04	Nurse	CPP	Ind. Semi-struct.	Ana
14		Police Station, Kiseljak	22.07.04	Police officer	CPP	Ind. Semi-struct.	Svetlana
15		Police Station, Kiseljak	22.07.04	Police officer	CPP	Ind. Semi-struct.	Svetlana

16		Psychiatry Clinic, Prijedor	07.09.04	Psychiatrists/Psychologists	CPP	FG	Ivana
17		Court of first instance, Prijedor	07.09.04	Judges/Prosecutors	CPP	FG	Ivana
18		Center for Social Work, Modrica	08.09.04	Social Worker	CPP	Ind. Semi-struct.	Ivana
19		Center for Social Work, Modrica	08.09.04	Social Worker	CPP	Ind. Semi-struct.	Ivana
20		Center for Social Work, Modrica	08.09.04	Social Worker	CPP	Ind. Semi-struct.	Ivana
21	NGO Zdravo da ste	Primary School, Blatnica	09.09.04	Teachers	PDA	FG	Ivana
22	NGO Zdravo da ste	Primary School, Srpski Brod	14.09.04	Teachers	PDA	FG	Ivana
23		Dom Zdravlja, Banja Luka	16.09.04	Doctors	CSD	FG	Ivana
24		Police Station, Bihac	17.09.04	Police officer	CPP	Ind. Semi-struct.	Ivana
25		Police Station, Bihac	17.09.04	Police officer	CPP	Ind. Semi-struct.	Ivana
26		Court of First instance, Bihac	17.09.04	Judges	CPP	FG	Ivana
27		Center for Social Work, Bihac	20.09.04	Social Worker	CPP	Ind. Semi-struct.	Ivana
28		Center for Social Work, Bihac	20.09.04	Social Worker	CPP	Ind. Semi-struct.	Ivana
29		Center for Social Work, Bihac	20.09.04	Social Worker	CPP	Ind. Semi-struct.	Ivana
30		Police Station, Bihac	20.09.04	Police officer	CPP	Ind. Semi-struct.	Ivana
31		Police Station, Bihac	20.09.04	Police officer	CPP	Ind. Semi-struct.	Ivana
32		Center for Mental Health, Travnik	29.09.04	Social Worker	CPP	Ind. Semi-struct.	Svetlana
33		Center for Psychological Assistance, Vitez	29.04.04	Social Worker	CPP	Ind. Semi-struct.	Svetlana

34		Dom Zdravlja, Stari Vitez	29.09.04	Medical Laboratory Officer	CPP	Ind. Semi- struct.	Svetlana
35		Dom Zdravlja, Banja Luka	30.09.04	Nurses	CSD	FG	Ivana
36	NGO Internews	Faculty of Political Science, Sarajevo	30.09.04	Journalism Students	PDA	FG	Svetlana
37		Dom Dravlja, Grude	01.10.04	Nurses & Doctors	CSD	FG	Svetlana

OBSERVATIONS CONDUCTED

#	Organization	Place	Date	Group	Program	Type of observation	Observer
1	NGO Medica	Neum	06-08.06.04	Police officers, health workers, social workers, NGO representatives	CPP	Training seminar for helpers	Vivianna + Selma
2	NGO Lighthouse	Teslic	15-16.06	NGOs working with children	PDA	NGO conference	Vivianna + Vojo
3	NGO Lighthouse	Prijedor	17.06	Youth	PDA	Workshop	Vivianna + Vojo
4	Ministry of Human Rights & Refugees	Neum	26.06.04	Government officials	PDA	Training seminar on gender issues	Vivianna + Ana
5	NGO Nasa Djeca, Zenica	Zenica	14.07.04	Teenagers	PDA	Workshop	Ana
6	NGO Medica	Doboj	20.09.04	Police officers, health workers, social workers, judges	CPP	Training of Trainers	Vivianna + Alma

TRAINING MATERIALS ANALYZED

#	Organization /Institution	Title	Type of Document	Program	Title in Bosnian
1	Lighthouse	Under the Umbrella of Our Rights	Manual	PDA	Pod Kisobranom Nasih Prava
2	Medica Zenica	Manual for Helpers Who Work With Victims of Violence	Manual	CPP	Prirucnik za Pomagace i Pomagacice Koji Rade sa Zrtvama i Prezivjelima Nasilja
3	Internews B&H	Human Development Reporting	Manual	PDA	Novinarstvo u Funkciji Ljudskog Napretka
4	Internews B&H	Human Development Reporting 2	Manual	PDA	Novinarstvo u Funkciji Ljudskog Napretka 2
5	Pediatric Association	Anemia in Children Ages 1-6	Brochure	CSD	Malokrvnost-Anemija Kod Djece 1 do 6 Godina
6	Pediatric Association	Anemia in Children Ages 0-1	Brochure	CSD	Malokrvnost-Anemija Kod Djece do Jedne Godine
7	Pediatric Association	Diarrhea	Brochure	CSD	Proljev Dijareja
8	Pediatric Association	Diagnostic Therapy Protocol for Nutritive Anemia in Children Ages 0-6	Brochure	CSD	Diagnosticko Terapijski Protokol Nutritivnih Anemija Kod Djece od 0 do 6 Godina
9	Ped. Ambulance/ Health Center RS	Acute Respiratory Infections and Acute Diarrhea Syndrome in Children	Manual	CSD	Akutne Respiratorne Infekcije i Akutni Dijarealni Sindrom Kod Djece
10	Ped. Ambulance/ Health Center RS	Iodine Deficiency	Manual	CSD	Jodni Deficit
11	Min. of Health and Social Welfare RS	Have an Easy Childbirth	Brochure	CSD	Porodi se Lako
12	Min. of Health and Social Welfare RS	Dear Pregant Women	Brochure	CSD	Drage Trudnice
13	Min. of Health and Social Welfare RS	Food for the Growing Years (1-6 years)	Brochure	CSD	Hrana za Godine Kada se Raste (1-6 Godine Zivota)
14	Zdravo Da Ste	Our Rights Children's Rights	Info Booklet	PDA	Nasa Prava Djecija Prava
15	?	Breastfeeding- The Best Source	Pamphlet	CSD	Dolenje- Najbolji Izvor
16	Zdravo Da Ste	Children's right to participation	Book	PDA	Pravo Djece na Ucesce

INDEPENDENT EXPERT INTERVIEWS CONDUCTED

#	Organization	Place	Date	Name of interviewee	Function	Program	Interviewer
1	WHO	WHO offices, Sarajevo	31.08.04	Haris Hajrulahovic	Director of WHO BiH	CSD	Vivianna
2	UNHCHR	UNICEF office, Sarajevo	02.09.04	Jasmina Dzumhur	National Legal Officer	PDA	Vivianna
3	UNHCHR	UNICEF office, Sarajevo	02.09.04	Jasmina Dzumhur	National Legal Officer	CPP	Vivianna
4	Save the Children UK	Save the Children office, Sarajevo	23.09.04	Angela Pudar	Acting Head of Office	PDA	Vivianna

APPENDIX 10: WORKSHOP REPORT

Workshop “Next Steps” with UNICEF partners

June 24, 2004 9.00 - 17.30

Welcome by Yulia Krieger, Program Planning Officer, UNICEF

Three aims with the workshop:

- 1) To introduce the Human Rights Based Approach to Programming (HRBAP) to UNICEF partners
- 2) To test tools for the HRBAP with partners
- 3) To provide information input for the Country Program Evaluation

Human Rights in programming, introduction by Madeleine Rees, Head of the BiH Office of the High Commissioner for Human Rights

Madeleine Rees gave an introduction concerning how the UN human rights based principles should guide all UN development cooperation and programming, and how rights are always interlinked and related to each other. She provided a wealth of practical examples from Bosnia, which pointed to the fact that awareness about and ability to claim rights and ability to place responsibility where it belongs is essential for successful implementation of rights.

Presentation of work with evaluation and capacity development by Vivianna Nyroos, Consultant, UNICEF

Presentation attached.

Thematic group discussions - rights and responsibilities, capacity gap analysis and capacity assessment

Three thematic groups pertaining to three UNICEF-supported projects worked on identifying the key problem within their area of work, causes of the problem, key human rights related to the problem, duty bearers and responsibilities, and capacity gaps on the part of duty bearers. A capacity gap analysis scheme was used as a tool. The three filled out schemes are to be found as attachments. The groups were also reminded to look at their own organizations, even if NGOs, as duty bearers, and to identify what their specific responsibilities are. Participants also completed a checklist for capacity assessment for their respective organization or institution (checklist template attached).

Main themes and discussions

Early Childhood Diseases

Identification of the problem/violation of right - inappropriate treatment of ARI/right to access and quality of health care:

- The problem of inappropriate diagnosis and treatment of causes of Acute Respiratory Infections (ARI) in young children by health professionals was identified as one of the problems

in relation to health and early childhood development in BiH; issues around inappropriate diagnosis and treatment are related to the **violation of the right to health care (access and quality of health care)**;

- Other issues/problems discussed by the group were related to the prevention of ARI, including inadequate support during pregnancy and prenatal care, link between low breastfeeding and ARI occurrence in young children, crowded kindergartens which facilitate spread of ARI infections, nutrition; these issues, however, are related in general to health and not health care and are linked to the right to health and to other rights, including adequate standard of living, right to work, etc;
- For the purpose of the exercise, the group agreed to focus on the treatment/right to health care.

Identification of duty bearers:

- Main duty bearers in the health care system were identified, including pharmacies, as parents often go to pharmacies and ask the pharmacist to recommend drugs on the basis of a description of symptoms;
- Parents were also identified as duty bearers, as they are responsible for seeking treatment from an appropriate source; often parents request anti-biotics from doctors and pharmacists.

Identification of capacity gaps:

- Fragmentation among 13 Ministries of Health, Health Insurance Funds and Public Health Institutes and lack of a Ministry of Health at state level was raised a number of times during the discussion;
- **Lack of local ownership of health reforms affects authority and motivation** at different levels, from Ministries of Health down to health professionals, as the reforms are viewed as imposed by the international community;
- Health institutions (hospitals, local health centres) are still the best functioning part of the health care system (and were even during the war), although suffering from inadequate management (good doctors are not necessarily good managers) and focus on curative rather than preventative care; at the same time, health professionals working in these institutions are not motivated and often lack communication skills;
- **Lack of sanctioning** for non-performance or violation of standards was mentioned as a gap at different levels (from Ministries of Health down to health professionals) **contributing to lack of feeling responsibility**;
- The main problem in the end is motivation - also about trainings. On the other hand, in small towns there's great motivation for training.

Gender-based and Intra-family Violence

Identification of the problem/violation of right - lack of institutional response to domestic violence against children:

- Participants commented that the issue of **human rights is quite common-sensical** - it's better to focus on problems. People mention human rights frequently and the language and principles are widely espoused, but you cannot actually see any changes on a practical level.
- However, there seemed to be agreement that the situation with regards to intra-family violence now is much better than four years ago, but that the **approach is not systematic**; it is only individuals pushing it.

Identification of capacity gaps:

- One discussion evolved around **awareness**. Institutions do not realize that they are responsible, and lack mechanisms and procedures, due to the general “transitional chaos” and all of the consequences of drastic change.
- Another issue was **the system approach versus an individual approach**, the previous system did not look at individual cases, but looked at the problem systematically. There is currently no understanding of how to deal with individual cases in a sensitive and effective way. A more holistic approach is needed, and this is a **problem of attitude**.
- Another gap is inaction and the **lack of sanctions**, which is why dealing with domestic violence becomes a matter of displacing responsibility.
- There is a need for complete professionalism, meaning that all trainings must be done by people who are experts in their field.

Convention on the Rights of the Child

Identification of the problem/violation of right - protection of children’s rights:

- Key problem areas were identified as **social policy and welfare, education, gender, minorities and health issues**
- Economic and social conditions constitute key causes of the problem
- **Inadequate policy and legal framework** causes budgetary restrictions

Identification of duty bearers:

- The state is the primary duty bearer at all levels to create conditions and an environment for implementation, and also to develop strategies for children and set priorities.
- NGOs should contribute to the development of a policy framework

Identification of capacity gaps and of priorities for action:

- The main constraint for implementation of protection rights is the **constitutional framework**.
- Economic causes were also identified as a constraint to implementation.
- Other constraints are **unclear divisions of roles** for constitutional reasons and **lack of clarity in legislation and administrative practices**.
- Another constraint is the **lack of awareness** on human rights and about where responsibility lies, which means that responsibility can be avoided by e.g. individuals in the government.
- NGOs have certain capacity to provide services and to be partners at local and cantonal level, but lack institutional capacity to be partners at a higher level. Many NGOs work in poor cantons where the level of need is much higher than their capacity - which in turn hampers NGO capacity building and strategic thinking.
- **Lack of unified action of state and NGOs**. This is due to the present constitutional framework, lack of standards, which in a circular movement also constitutes the root causes of the problem.
- The priority should be to **build frameworks**, and to reconcile standards and interests at political and child services level. A legal framework for child protection exists, but unified action and partnership is required as well as framework for coordination and cooperation.
- Another identified priority was **sensibilization** of the general public and education of the government on human rights issues.

Conclusions from the collected checklists (model checklist attached)

- Apart from material resources, the majority of partners regard human resources related to skills and knowledge as the most crucial elements for the functioning of their organization or

institution. Additional skills needed are e.g. in administration and programming, as well as computer skills. Most partners stress the need for continuous education and better training opportunities for their staff. Skills and knowledge is an area where partners consider that UNICEF assistance can be helpful.

- Other areas where some partners voice a need for UNICEF's assistance include "recruitment strategies", "sharing of the objectives throughout the organization", "regular consultations of members/staff", as well as in the work with organizational work plans, institutionalized learning processes, public relations work, advocacy capacity, identification and exploitation of strategic advantages, and in networking. Of these, especially recruitment strategies, strategic advantages and networks are deemed to be of crucial importance for the respective organizations.
- Other areas, which partners consider to be crucial elements of their organizations and where they would like to improve are: sharing of mission and values among staff, increasing the quantity of work produced, safeguards against mismanagement, approaching adversaries and competitors and organizational work plans. As several partners point out, work plans "can always be improved".
- Staff turnover and absenteeism is pointed out by almost everybody as not being a problem at all.
- In general, there are fewer concerns voiced in the areas of management and external environment than in the areas of material and human resources. It seems that most partners are satisfied with the human resource management and program management within their organizations.
- There are few concerns about monitoring, evaluation and institutionalized learning. These areas are not regarded to be of crucial importance. Even though six partners state that they do not have an institutionalized learning process, only three express a wish to increase capacity in this area.
- Regarding the external environment, there appears to be few problems with direct legitimacy of the organizations, and with allies and adversaries, whereas the policy environment (democratic space, legislative and policy framework) is not satisfactory. One partner states: the democratic space directly corresponds with the democracy level in BiH, and the policy environment is the same for the whole NGO sector.

Comments about the workshop and results

- Participants commented that it would have been better to receive the matrix and the checklist on beforehand. Some would like to use this as an exercise within their organization to analyze different dynamics.
- Another comment was that grassroots problem-solving from a human rights perspective really seem to be happening. It is wonderful to see how much work is actually being done in this field!
- Compared to the internal UNICEF process, partners grasped the capacity gap analysis in a very practical way. They came up with very self-evident, logical solutions, like: those who have the money have the authority. So it can be done in a more practical way than having long discussions about what authority means. They also stated that health reforms are imposed from the outside, people do not understand it, which means that there is no real authority over them.

WORKING GROUP HEALTH

A FIVE-STEP APPROACH TO LINK HUMAN RIGHTS AND PROGRAM RESULTS

1. IDENTIFIED PROBLEM		2. CAUSES OF THE PROBLEM		3. KEY HUMAN RIGHTS RELATED TO THE PROBLEM (economic, social, political, women's rights, children's rights)	
<ul style="list-style-type: none"> - Inappropriate diagnosis of causes of Acute Respiratory Infections in young children (most common early childhood diseases) - Results in wrong prescription of antibiotics which results in decreased immunity of children and worsens children's health 		<ol style="list-style-type: none"> 1) poorly equipped laboratories (cannot distinguish between bacterial and viral infections) 2) low funding of institutions – insufficient staff in small towns 3) insufficient material and human resources 4) parents ask doctors for antibiotics or administer prescriptions wrong 		<ol style="list-style-type: none"> 1) right to health care (access and quality) 2) right to health – more closely related to issues of right of adequate standard of living, right to work, etc 	
4. OBLIGATIONS TO IMPLEMENT THE RIGHT			5. CAPACITY GAP ANALYSIS		
<i>Who is responsible for implementation?</i>	<i>Obligation: What should responsible institutions/organizations/individuals do to implement the right/solve the problem?</i>	<i>Do those responsible feel an obligation to perform the role? If not why not? (E.g. lack of knowledge, institutional values, community values, lack of disciplinary measures)</i>	<i>Do those responsible have authority to perform the role? If not what is the obstacle? (E.g. policies, system for cooperation with other institutions, lack of advocacy capacity)</i>	<i>Do those responsible have human resources (technical, programmatic, managerial), an organizational structure and financial resources to perform the role? If not, what is missing?</i>	
Ministries of Health (13 Ministries)	<ul style="list-style-type: none"> - Ensure policy, institutional structure and funding for universal access to health care - Draft laws - Establish standards (including for private doctors) - Oversight management of implementation of laws and policies; inspection control - FBiH MoH also carries out functions that are done by Quality Agency in the RS 	<ul style="list-style-type: none"> - Yes and no - Lack of ownership of reforms imposed by the international community - Lack of disciplinary mechanisms - Lack of Ministry of Health at state level 	Yes – at level of law, but: <ul style="list-style-type: none"> - Little authority over reform process - Fragmentation of authority - extends over entity or canton – lack of Ministry of Health at state level - Ministry of Civil Affairs has been assigned responsibility for state level coordination of health issues (but weak mandate and capacity) 	In general – 13 Ministries of Health structure results in inefficient and expensive bureaucracy FBiH and RS entity level MoH: <ul style="list-style-type: none"> - Insufficient human (not all posts are filled) and organisational resources - Insufficient funding Cantonal MoHs: <ul style="list-style-type: none"> - Resources depend on economic resources of the Canton (for example, Sarajevo and Tuzla Cantons are best resourced in comparison with others) 	
Health Insurance Funds (12 total)	<ul style="list-style-type: none"> - Implement health insurance law - Allocation of non-existing funds 	<ul style="list-style-type: none"> - Problem in relationship and cooperation between Fund and Ministry of Health – personal power/motivation 	Yes, but fragmentation – Dayton structures	Organisational structure needs to be changed	
Public Health Institutes (FBiH and RS)	<ul style="list-style-type: none"> - Technical branches of Ministries of Education - Training, protocols, etc - Research 	There is lack of motivation, linked to lack of resources. Negative selection of people going into public health (for example, if go into Public Health –	Yes – to certain degree	RS: <ul style="list-style-type: none"> - Lack of human resources (shortage of staff) FBiH: <ul style="list-style-type: none"> - Better than RS in terms of resources, but also 	

		forbidden to start private practice)		problems in terms of human resources due to war, brain drain and inadequately trained staff Cantonal level: - Resources depend on canton, the worst resourced PHIs are in the ethnically mixed cantons (badly equipped, etc).
Health institutions: Dom Zdravlje Hospitals	<ul style="list-style-type: none"> - Ensure provision of high quality health services (infrastructure, staff, funding) - Implement health education 	Feel obligation, but confused with reforms – can't see their place within the reforms	Yes, but: <ul style="list-style-type: none"> - there are also many conflictual laws - don't see their place in the reform process 	Still the best part of the health care system (was even during the war). Resources are better than MoHs and PHIs, however: <ul style="list-style-type: none"> - Unqualified management – no health care managers - Curative health care focus and weak on preventative health care
Health professionals	Deliver health services: <ul style="list-style-type: none"> - Prepare and implement protocols - Treat patients 	<ul style="list-style-type: none"> - Don't feel obligation, as evidenced by impolite, unfriendly behaviour towards patients; - Low motivation including due to low salaries); - Lack of sanctions; - If all other duty bearers did their job – would do their job as well. 	<ul style="list-style-type: none"> - Yes/No - Key problem are lack of ownership of the health care reforms pushed by the international community; - Lack of support from MoHs (example – breast feeding code). 	<ul style="list-style-type: none"> - Inadequate premises and equipment; - Unequal distribution of staff among urban/rural areas; -
Parliaments	<ul style="list-style-type: none"> - Review and adopt laws on health care and health insurance 	DID NOT HAVE TIME TO COMPLETE		
RS Quality Agency	<ul style="list-style-type: none"> - Accreditation agency - Development of guidelines - Training of certain groups of health professionals 			
Chamber of Doctors	<ul style="list-style-type: none"> - Certification/licensing of health professionals - Oversight/sanctioning (ethical committee) 			
Professional associations	<ul style="list-style-type: none"> - Involved in development of protocols - Focal point for all paediatricians in the country - Education/coordination - Exchange of experiences/information - Promotion of professional standards - Research projects 			
Pharmacies	<ul style="list-style-type: none"> - Prepare and store medication - Give medication in accordance with prescriptions 			
Parents	-			

WORKING GROUP INTRA-FAMILY VIOLENCE

A FIVE-STEP APPROACH TO LINK HUMAN RIGHTS AND PROGRAM RESULTS

1. IDENTIFIED PROBLEM		2. CAUSES OF THE PROBLEM		3. KEY HUMAN RIGHTS RELATED TO THE PROBLEM (economic, social, political, women's rights, children's rights)	
Lack of institutional response to domestic violence against children		1) Insufficient mechanisms (legal & other institutions) 2) Lack of formal information, appropriate reporting, no feeling of responsibility/accountability 3) Lack of practical awareness to address the problem		1) The right to bodily integrity 2) The right to gender equality 3) The right to be free from discrimination (the most important) 4) The right to be free from violence 5) The right to freedom of movement and life	
4. OBLIGATIONS TO IMPLEMENT THE RIGHT		5. CAPACITY GAP ANALYSIS			
<i>Who is responsible for implementation?</i>	<i>Obligation: What should responsible institutions/organizations/individuals do to implement the right/solve the problem?</i>	<i>Do those responsible feel an obligation to perform the role? If not why not? (E.g. lack of knowledge, institutional values, community values, lack of disciplinary measures)</i>	<i>Do those responsible have authority to perform the role? If not what is the obstacle? (E.g. policies, system for cooperation with other institutions, lack of advocacy capacity)</i>	<i>Do those responsible have human resources (technical, programmatic, managerial), an organizational structure and financial resources to perform the role? If not, what is missing?</i>	
Parents	Primary responsibility				
Institutions (educational, health care, social services)	<ul style="list-style-type: none"> - Keep records, data on intra-family violence cases - Identify the problem and offer help 	<ul style="list-style-type: none"> - Health institutions do not act with urgency in abuse cases - Social and health services use a systematic approach instead of case by case analyses, treat domestic violence as a private family matter - Lack of individual responsibility within the institutions, complacency with effectuating the current system 	<ul style="list-style-type: none"> - Lack of policy for confidentiality, people's private information and identity are not adequately protected - Lack of communication between government institutions and NGOs 	<ul style="list-style-type: none"> - Lack of safe houses - Lack of professional capacity 	
Peers/friends	Should know what to do if they notice a friend is being abused. Should be taught about where to go for help and who they should report the incidence to.				
Schools – teachers & others	Detect when a child is being abused				
Neighbours	Detect when a child is being abused				

Police and judiciary	Responsibilities outlined by law. Protection of the victim. Reporting, communication, documentation, cooperation, transparency, information sharing	Yes, the problem lies in lack of knowledge and awareness, discipline	- Legal mechanisms in general only deal with the after-effects of the abuse and not the prevention aspect. - Lack of communication between government institutions and NGOs.	- Slow, ineffective procedures - Lack of professional capacity
Civil society, NGOs	If an NGO is working on the problem, to share the information. Report on and monitor implementation of related laws.	Yes	Yes/No Dependency on mechanisms and cooperation with the government sector	
media	Bring information			

WORKING GROUP CRC

A FIVE-STEP APPROACH TO LINK HUMAN RIGHTS AND PROGRAM RESULTS

1. IDENTIFIED PROBLEM		2. CAUSES OF THE PROBLEM		3. KEY HUMAN RIGHTS RELATED TO THE PROBLEM (economic, social, political, women's rights, children's rights)	
Protection		1) Economic circumstances 2) Inadequate constitutional framework 3) Lack of awareness and responsibility		Convention on the Rights of the Child	
4. OBLIGATIONS TO IMPLEMENT THE RIGHT		5. CAPACITY GAP ANALYSIS			
<i>Who is responsible for implementation?</i>	<i>Obligation: What should responsible institutions/organizations/individuals do to implement the right/solve the problem?</i>	<i>Do those responsible feel an obligation to perform the role? If not why not? (E.g. lack of knowledge, institutional values, community values, lack of disciplinary measures)</i>	<i>Do those responsible have authority to perform the role? If not what is the obstacle? (E.g. policies, system for cooperation with other institutions, lack of advocacy capacity)</i>	<i>Do those responsible have human resources (technical, programmatic, managerial), an organizational structure and financial resources to perform the role? If not, what is missing?</i>	
The state	Creating the environment and strategy	Technical/experts services – yes Executing policy level - yes	<ul style="list-style-type: none"> - Low priority given to children - Individual attitudes - No transparency in accountability - Ministries have no power to make changes even though they are proposing them - Too much decentralization - Problems of allocation of funds within the budget - Clash of priorities due to decentralization and unclear legal framework - Discrepancy between the legislative (Entity) and the executive (municipality). - Diversity in allocation of budgetary resources 	<ul style="list-style-type: none"> - Lack of will, inadequate individual attitudes - Lack of capacity and skills 	

NGOs	<ul style="list-style-type: none"> - Education of children an parents, sensitization of public - Advocating changes, participation in decision making - Monitoring of the situation in the field - Partnership between the state and NGOs - Influence change through participation in government work at local and regional level - Detect problems, offer solution - offer capacity for implementation of policy framework and protection of child rights - should have a unified approach, cooperation between NGOs and dialogue with the government 		<ul style="list-style-type: none"> - Impossible to make long term plans due to lack of funding - Variety of levels of professionalism, quality among NGOs - Antagonism between government and NGOs - Working in the shadow of political goals of authorities - Lack of legal framework - Lack of clearly defined relationship between government and NGOs - Lack of clarity and division of budgetary resources at municipal level – not formalized 	<ul style="list-style-type: none"> - Lack of financial support by government - Lack of distinct profile of NGOs
Family	<ul style="list-style-type: none"> - Fulfilling its responsibilities in accordance with developmental capacities - Refer to ombudsman wit identified problems 	<ul style="list-style-type: none"> - Not enough informed about child rights but protective by its nature - Doesn't see children as subjects of rights / rights holders - Family loosing authority in children's views 	<ul style="list-style-type: none"> - Just one of the factors of children's protection – it looses influence on child development due to negative environment 	Lack of economic capacity
Children				