



EVALUATION OF CHILD ADVOCACY CENTRES SUPPORTED BY UNICEF BULGARIA

FINAL REPORT
UNICEF BULGARIA
JULY 2020

Evaluation of Child Advocacy Centres Supported by UNICEF Bulgaria

FINAL REPORT
UNICEF Bulgaria
July 2020

Report prepared by:
Prof. Robin N. Haarr, Ph.D.
Senior Consultant, UNICEF
robinhaarr@yahoo.com

The opinions expressed in this evaluation report are those of the research participants and/or the authors and do not necessarily reflect the policies or views of UNICEF.

TABLE OF CONTENTS

Acknowledgements	i
Executive Summary	ii
Acronyms.....	viii
1. Introduction	1
2. Country Context	1
2.1. Violence Against Children in Bulgaria	3
2.2. Child Protection System in Bulgaria.....	4
2.3. Children’s Access to Justice in Bulgaria	6
3. UNICEF’s Initiative to Develop Child Advocacy Centres in Bulgaria	10
3.1. Child Advocacy Centre Staff	12
3.2. Theory of Change.....	13
3.3. Expected Results.....	13
3.4. Roles of UNICEF and Key Stakeholders.....	13
3.5. Review of Child Advocacy Centres.....	14
4. Evaluation.....	14
4.1. Evaluation Rational and Purpose.....	14
4.2. Evaluation Scope	15
4.3. Evaluation Objectives	15
4.4. Evaluation Criteria and Questions	16
4.5. Evaluation Methods and Data Collection Tools.....	17
4.5.1. Desk Review.....	18
4.5.2. Inception Phase Consultations	18
4.5.3. UNICEF CO Interviews.....	18
4.5.4. Partner/Key Stakeholder Interviews.....	19
4.5.5. Beneficiary Interviews	20
4.5.6. Review of Administrative Data	20
4.6. Study Sites and Sample.....	20
4.7. Stakeholder Participation and Triangulation.....	22
4.8. Ethical Review.....	22
4.9. Ethical Considerations	23
4.10. Mitigation of Risk.....	24
4.11. Evaluation Team	24
4.12. Data Management and Analysis	25
4.13. Limitations of the Evaluation	26
5. Evaluation Findings	26
5.1. Relevance	26
5.1.1. Intervention’s Alignment with National Priorities of the Government	26
5.1.2. Intervention’s Alignment with UNICEF’s CPDs and Strategic Plans	28
5.1.3. Intervention’s Approach is Evidence-Based	28
5.1.4. Importance of CACs to Children and Families	30
5.2. Effectiveness	33
5.2.1. Access to Integrated Services for Children and Families	33
5.2.2. Improved Access to Justice for Child Victims of Violence and Crimes.....	36
5.2.3. Increases in Referrals to CACs	38
5.2.4. Improved Cross-Sector Coordination in the Best Interests of Children.....	40
5.2.5. CACs Meet the Needs of Children and Families	42

5.2.6.	Children and Parents' Satisfaction with CACs.....	45
5.2.7.	Prevention of Violence Against Children	47
5.2.8.	Effectiveness of Capacity Building Activities for CAC Staff	48
5.2.9.	Factors Contributing to CACs Effectiveness and Success.....	49
5.3.	Impact	49
5.3.1.	Increased Demand for CAC Integrated Services	49
5.3.2.	CACs Contribute to Long-Term Positive Change for Child and Parents	52
5.3.3.	Impact of CAC Psychological and Therapeutic Support Services	54
5.3.4.	Impact of CAC Legal Services	57
5.3.5.	Importance of CAC for Children and Parents/Caregivers	57
5.4.	Partnerships and Cooperation	59
5.4.1.	Partnerships Established to Support CACs.....	59
5.4.2.	New Partnerships Identified	60
5.4.3.	Support for CACs by National and Local Institutions/Agencies	60
5.5.	Efficiency	61
5.5.1.	Efficient Use of Resources	62
5.5.2.	Management and Operations.....	62
5.5.3.	Monitoring, Reporting and Evaluation	63
5.6.	Sustainability.....	63
5.6.1.	Legal and Financial Mechanisms Needed for Sustainability of CACs.....	63
5.6.2.	Exit Strategy to Support Sustainability	65
5.7.	Unexpected Results	66
6.	Findings from the Comparison Region.....	68
7.	Constraints	69
8.	Conclusions	69
9.	Lessons Learned	71
10.	Recommendations	72
Annex A:	List of Documents	79
Annex B:	Terms of Reference	80
Annex C:	Theory of Change	97
Annex D:	Work Plan and Evaluation Team Responsibilities	98
Annex E:	Draft Itinerary for Data Collection in the field.....	100
Annex F:	Evaluation Matrix	101
Annex G:	Stakeholder Analysis.....	108
Annex H:	Consent Form for UNICEF/Partner/Stakeholder Interviews.....	110
Annex I:	UNICEF/Partner/Key Stakeholder Interview Questionnaire	112
Annex J:	Consent Form for Parents/Guardian Interviews	121
Annex K:	Parent's Interview Questionnaire	123
Annex L:	Parental Consent Form for Children's Participation	128
Annex M:	Children's Interview Questionnaire	130
Annex N:	Annex N: Research Ethic Approval.....	135
Endnotes.....		136

LIST OF TABLES

Table 1. Bulgaria Human Development Index Indicators	2
Table 2. Sample of respondents by region	21
Table 3. Sample of beneficiaries by region	22
Table 4. CACs role of improving integrated service delivery to children	35
Table 5. CACs role of improving access to justice for child victims	36
Table 6. Percent change in referrals to CACs	38
Table 7. Children and parents' satisfaction with CACs	47
Table 8. Percent change of cases supported by CACs	49
Table 9: Recommendations by ranking of urgency, impact and difficulty, and responsible parties.....	77

LIST OF CHARTS

Chart 1. Total number of VAC signals registered and cases opened by CPDs (2015-2019)	5
Chart 2. Total number of child victims and with bodily harm (2016-2019)	6
Chart 3. Child victims of sexual violence by types of sexual and year (2016-2019)	7
Chart 4. Child victims of sexual violence by age and year (2016-2019)	7
Chart 5. Child victims of sexual violence by sex and year (2016-2019).....	8
Chart 6. Child victims of crimes by region and year (2016-2019)	8
Chart 7. Number of children who received police protection by year (2016-2019)	9
Chart 8. CACs alignments with national priorities and needs of the Government	27
Chart 9. Importance of the CACs to children and families and to the regions.....	31
Chart 10. Number of children received psychological/therapeutic support by year (2014-2019)	34
Chart 11. Number of parents received psychological/therapeutic support by year (2014-2019)	34
Chart 12. Number of parents received legal services by year (2014-2019)	35
Chart 13. Number of hearings in CAC Blue Rooms by year (2015-2019)	37
Chart 14. Number of hearing in CAC Blue Rooms by year (2015-2019).....	37
Chart 15. Number of referrals by CAC by year (2015-2019)	38
Chart 16. Number of referrals by referral agency and self-accessed by year (2015-2019).....	39
Chart 17. Parents/caregivers reported CACs coordinated services for their children	41
Chart 18. Effective at coordinating services in the best interests of children.....	41
Chart 19. CACs effectiveness at meeting the needs of children and families	43
Chart 20. Improved access to services and justice for children and families.....	44
Chart 21. Difficulties accessing services at CACs	45
Chart 22. Children and parents/caregivers' satisfaction with CACs.....	45
Chart 23. Information provided to children and parents/caregivers by CAC staff.....	46
Chart 24. Recommended CACs to others	46
Chart 25. CACs role in prevention of VAC	47
Chart 26. Number of cases supported by CACs by region and year (2014-2019)	50
Chart 27. Number of children (victim or witness of violence) supported by year (2014-2019)	51
Chart 28. Number of children in each age group supported by CACs by year (2014-2019)	51
Chart 29. Number of parents (non-abusive and abusive) supported by year (2014-2019)	52
Chart 30. CACs support long-term positive changes for children and parents	52
Chart 31. CACs support positive changes and improvements in the lives of children and parents.....	54
Chart 32. Improved well-being and confidence because of integrated services received by CACs	54
Chart 33. Importance of CACs to children and parents/caregivers.....	58
Chart 34. Support of national and local partners/stakeholders of CACs.....	60
Chart 35. CACs sustainability without UNICEF support.....	65

ACKNOWLEDGMENTS

The author would like to express sincere appreciation to UNICEF Bulgaria, including: Ms. Jane Muita, Country Representative; Ms. Sanja Saranovic, Deputy Representative; Ms. Kremena Chobanova, Access to Justice Officer; Ms. Elena Atanassova, Child Rights Monitoring Specialist; Ms. Dani Koleva, Child Protection Specialist; and, Mr. Lyubomir Krilchev, Violence against Children Consultant. Special thanks is also extended to the Evaluation Reference Group for their valuable contributions and comments to enrich this evaluation report. Sincere appreciation is also extended to the Social Activities and Practice Institution (SAPI), Animus Foundation and CAC staff for their participation in this evaluation, as well as key stakeholders and beneficiaries who took their time to share experiences and perspectives. Special thanks are also extended to Ms. Kristina Slavova and Ms. Luba Devetakova, national consultants, for the role they played in supporting data collection for this evaluation.

EXECUTIVE SUMMARY

INTRODUCTION

This was an independent evaluation of the model and services provided by Child Advocacy Centres (CACs) to child victims of violence and crimes and their families. CACs were established with United Nations Children's Fund (UNICEF) support in Sofia, Shumen and Montana regions. The goal of UNICEF's initiative was to ensure the best interests of child victims of violence were addressed by introducing an integrated service delivery approach and inter-institution cooperation at local levels.

The main **objectives** of UNICEF's initiative were fourfold: 1) develop a methodology for an innovative service based upon an integrated approach and child friendly legal proceedings; 2) establish CACs in Sofia, Shumen and Montana which provide services to children and families at municipality and regional levels; 3) improve coordination and cooperation between different structures and institutions at local and regional levels; and 4) develop the capacities of professionals from child protection, police, prosecutors, courts and health institutions at local levels for ensuring the best interests of children in contact with the law, including child victims and witnesses of violence and crimes.

CACs should serve to guarantee child victims and witnesses with access to support and rehabilitation services, and introduce child friendly practices to legal and judicial proceedings in keeping with international and EU guiding principles and standards.

EVALUATION METHODOLOGY

The purpose of this independent evaluation was to evaluate the model and services provided by CACs for child victims of violence and crimes and their families in three pilot regions – Sofia, Shumen and Montana – and covered the period of April 2015 to January 2020. Evaluation evidence was assessed using the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee's criteria of relevance, effectiveness, efficiency, sustainability and impact, as well as partnerships and cooperation.

To ensure the evaluation approach was as thorough and reliable as possible, a mixed methods evaluation approach was developed to ensure systematic collection of qualitative and quantitative data and information related to the evaluation questions and that provides evidence as it relates to the evaluation criteria.

Evaluation methods included:

- Desk review
- Inception phase consultations
- UNICEF CO interviews
- Partner/key stakeholder interviews
- Beneficiary interviews
- Review of administrative data
- Validation of findings

A purposeful sampling approach was used to interview individuals who had knowledge of and/or experience with the CACs that UNICEF supported, including at stages of planning, development, implementation and use. All key stakeholders interviewed were familiar with the CACs, but to varying degrees and their familiarity was within the framework of the agency/department and sector in which they work. A total of 127 persons were interviewed, including 5 UNICEF staff, 26 CAC staff/partners, 45 key stakeholders, and 51 beneficiaries (among beneficiaries, 58.8 per cent of those sampled were parents/caregivers and 41.2 per cent were children).

Prior to beginning data collection in the field, UNICEF CO sent the Inception Report for an external ethical review to ensure effective processes and accountability for ethical oversight, and to ensure that human subjects protections, including the protection of and respect for human and child rights, were properly incorporated into the evaluation methodology and data collection processes.

EVALUATION FINDINGS

Relevance

Findings related to relevance are grouped into four sections: 1) intervention's alignment with national priorities and needs of the Government; 2) intervention's alignment with UNICEF CPDs and strategic plans; 3) intervention's approach is evidence-based and addresses the needs of children and families; and 4) importance of CAC to children and families.

Intervention's Alignment with National Priorities.

UNICEF's goal and strategy to establish CACs in three pilot regions to provide integrated services to child victims of violence and crimes and their families has been in direct alignment with national priorities of the government to prevent and respond to VAC. National stakeholders also recognized CACs collaboration with schools to address violence and bullying in schools is aligned with the Government's national priorities to ensure a safe environment for children in schools.

Intervention's Alignment with UNICEF Strategic Plans.

UNICEF's initiative to support CACs has been directly aligned with UNICEF's Country Programme 2018-2022, which includes a focus on protection of children from violence and strengthening national and local capacities related to prevention and service delivery. UNICEF's intervention has also been aligned with the Europe 2020 Strategy, EU Recommendation "Investing in Children: Breaking the Cycle of Disadvantage", the Council of Europe Strategy for the Rights of the Child (2016-2021), and the 2015 EU Principles for integrated child protection systems, as well as the 2030 Agenda for Sustainable Development and UNICEF's Global Strategic Framework 2018-2021.

Intervention's Approach is Evidence-Based. The CAC model is an evidence-based approach to addressing the needs of children, families and communities. CACs were modeled after best practice models of Child and Youth Advocacy Centres in Canada and the 'Barnahus' model (meaning 'Children's House') in Iceland. In Bulgaria, there are no government agencies or other organisations that operate similar to the CACs. CACs are unique in their delivery of integrated and specialized services to child victims of violence and crimes, and their families.

In the three pilot regions, the focus has been on providing child victims of violence and crimes, and their families with much needed free social support, psychological counselling and psychotherapy, and legal services to access justice. Each CAC has a Blue Room which police and justice officials can use to interview children in a child friendly environment with the support of a psychologist and/or social worker from the CAC. Another important component of the CAC model is that they provide child victims and their families with free legal services.

Importance of CACs to Children and Families. All respondents reported CACs are very important to children who experience violence and crimes, and to the regions. CACs provide comprehensive support services to child victims and their families, including psychologists and/or psychotherapists. CACs work with children who have experienced physical and/or sexual violence and provide them with the social and psychological support needed to process and recover from their trauma, to restore their abilities to function socially and to return to school. CACs work with children and families is not a one-off intervention, but involves providing long-term support and advocacy to child victims and their families to help them overcome very traumatic and adverse experiences.

Effectiveness

Findings related to effectiveness are grouped into nine sections: 1) access to integrated services for children

and families; 2) improved access to justice for child victims of violence and crimes, and their families; 3) increases in referrals to CACs; 4) improved cross-sector coordination in the best interests of children; 5) CACs meet the needs of children and families; 6) children and parents satisfaction with CACs; 7) prevention of VAC; 8) effectiveness of capacity building activities for CAC staff; and 9) factors contributing to CACs effectiveness and success. Findings integrated throughout each of the following sections demonstrate UNICEF's intervention has achieved its planned objectives.

Access to Integrated Services for Children and Families.

It is the integrated services delivery approach that benefits children and families the most. The number of children and parents who received psychosocial and therapeutic support from CACs steadily increased from 2015 to 2019. The number of children and parents who received legal support from CACs also steadily increased from 2015 to 2019.

The majority of respondents recognized that CACs have improved integrated services delivery to children who experience violence and crimes (84.6 per cent), including vulnerable and marginalized children and families (76.5 per cent). The large majority of local and national stakeholders also recognized that CACs improved integrated service delivery (73.7 per cent). A key to success has been UNICEF's partnership with two well established and recognized NGOs, SAPI and Animus Foundation, with expertise in the areas of VAC, domestic violence, victim advocacy, and access to justice.

Improved Access to Justice for Child Victims.

The majority of respondents recognized that CACs improved access to justice for children who experience violence and crimes (90.0 per cent), including improved access to justice for vulnerable and marginalized children, such as poor and ethnic minorities (78.8 per cent). A large majority of local and national stakeholders recognized that CACs improved children's access to justice (85.4 per cent). CACs have been able to improve access to justice because they contract qualified lawyers who provide free legal services to children and their families. CACs also prepare children for involvement in litigation and accompany children and their parents to court proceedings as their cases process through the justice system. CACs also promote the use of Blue Rooms in cases involving children as victims and witnesses of violence and crimes.

Increases in Referrals to CACs.

The majority of parents/caregivers (86.2 per cent) and children (76.2 per cent) reported someone referred them to the CAC. Referrals to CACs came from professionals working in formal institutions/agencies (e.g., lawyers, police, schools, domestic violence victim advocates, doctors) and informal networks (e.g., neighbors, friends and

family). Many domestic violence survivors seek help from various frontline service providers and justice officials before they have contact with someone who refers them to the CAC.

Most domestic violence survivors experience repeated psychological and physical violence over periods of months and years before they seek formal help. Some women are even harassed and stalked by their abusive husbands/partners, particularly when they seek help and take steps to leave the violent relationship. In keeping with CAC referral data, this evaluation found that all UNICEF staff and 76.2 per cent of partners held the view that services provided by CACs contributed to an increase in demand for services from CACs, particularly from parents and the community.

Improved Cross-Sector Coordination. In keeping with expected results, UNICEF's intervention was able to improve cooperation and coordination across sectors and with professionals (e.g., teachers, social workers, police officers, prosecutors and judges) in key institutions/agencies. The majority of respondents reported CACs are very effective at getting professionals from across sectors to coordinate their activities in the best interests of children. At the same time, however, CACs are not a formal body and do not have the power to organize coordination; rather, CPDs are formally charged with coordination mechanisms. CACs power is limited because institutions they have to coordinate with are guided by their own regulations. CACs lack the power needed to coordinate inter-agency responses to support children and families.

CACs Meet the Needs of Children and Families. The majority of respondents reported CACs are very effective at meeting the needs of children and families, including vulnerable and marginalized children. The ability of CACs to provide free psychosocial support and legal services and mobile services to vulnerable children and families in marginalized communities has been important. In fact, 83.3 per cent of parents/caregivers reported CACs made it easier for their children to receive help and support, and 63.3 per cent reported CACs helped them receive legal services for their children. Nearly all parents/caregivers reported they *did not* face any difficulties accessing services at CACs.

Children and Parents' Satisfaction with CACs. Children and parents/caregivers were very satisfied with CAC staff. Nearly all children and parents/caregivers felt that CAC staff listened to them and were responsive to their needs, showed them respect, and explained things in ways that they could understand. In addition, 85.7 per cent of children and 82.8 per cent of parents/caregivers reported CAC staff helped them understand their rights to safety and protection. In addition, 85.7 per cent of children reported CAC staff

explained that what happened to them was not your fault. All children and 80 per cent of parents/caregivers also reported CAC staff told them that their information would remain private and confidential. The majority of respondents maintained they are very likely to recommend CACs to other parents and children.

In addition, 83.3 per cent of parents/caregivers and 85.75 per cent of children reported the location of CACs are good and easy to access, particularly since they are located in city centres. Ninety-one per cent of children and 83.3 per cent of parents/caregivers reported CACs operating hours are good. Parents and children were satisfied that they *do not* have to wait for a long period of to see a staff member when they arrived at the CAC.

Prevention of Violence Against Children. CACs provided additional support needed to prevent VAC, through a combination of awareness-raising activities related to VAC and through media events. Eight-nine per cent of respondents recognized that CACs have helped to prevent VAC. Stakeholders also recognized the important role of UNICEF and CACs in supporting national child protection policies, which include violence prevention and support to child victims of violence with integrated services delivery.

Factors Contributing to CACs Effectiveness and Success. When asked what factors contributed to the success and effectiveness of CACs, respondents identified the expertise and professionalism of CAC staff. UNICEF's partner NGOs – SAPI and Animus Foundation – were well established organizations and recognized service providers with expertise in the areas of VAC, domestic violence, victim advocacy, and access to justice; thus, they had capacities and reputation, and partnerships with local municipalities, service providers and police and justice officials that would benefit UNICEF's intervention. Other factors crucial to the effectiveness and achievements of CACs were their interdisciplinary staff, including their high levels of professional qualification and expertise.

Impact

Findings related to impact are grouped into five sections: 1) increased demand for CAC integrated services; 2) CACs contribute to long-term positive change for children and parents; 3) impact of CAC psychological and therapeutic support services; 4) impact of CAC legal services; and 5) importance of CACs to children and parents/caregivers.

Increased Demand for CAC Integrated Services. Over the past five years there has been increased demand for CAC integrated services. The number of cases handled by CACs steadily increased from 2015 to 2019 across each of the CACs, but particularly in Sofia.

Increase in demand for services is reflected in the increased number of self-referrals and referrals from other agencies over the years. Partners reported that increases in demand for services are often linked to awareness-raising campaigns and media coverage of CACs, as well as their integrated service delivery approach.

Long-Term Positive Change for Children and Parents. Among partners and stakeholders, 63.6 per cent of respondents reported CACs have contributed to long-term positive changes in children's well-being, such as recovery from violence and victimization, and 48 per cent reported CACs have contributed to long-term positive changes for parents of child victims. CACs are able to contribute to long-term positive changes in children's well-being because CACs provide long-term services, especially in serious cases of violence where children show negative effects and symptoms related to trauma, violence and victimization. There are, however, no clear indicators or measures of successful recovery of CACs clients, and a lack of clarity as to how to define and measure recovery and changes in children's well-being.

All children reported CACs helped to make positive changes in their lives, and 86.7 per cent of parents/caregivers recognized that CACs helped to make positive changes in their child's lives. Ninety-three per cent of parents/caregivers reported CACs helped to bring positive changes in their own lives; whereas 60 per cent of children recognized that CACs brought positive changes in their parents/caregivers' lives. All parents and 95.2 per cent of children reported feeling more confident because of services received at CACs, and 90.5 per cent of children and 76.7 per cent of parents/caregivers reported feeling better because of services received at CACs.

Impact of CAC Psychological and Therapeutic Services. CACs provide children and parents/caregivers with a range of services, but it is the psychological and therapeutic support that parents and children identified as particularly beneficial and impactful. Children appreciated being able to speak openly and freely about their experiences, thoughts, feelings and emotions with a qualified child psychologist/psychotherapist, separate from their parents. Children find solace in the fact that psychologists are there to listen to them and that CACs are safe places to talk about what happened to them and their thoughts, feelings and emotions.

Many children described being afraid, anxious and scared when they first came to the CAC, but overtime the psychological and therapeutic support they received helped them relax and stop thinking about the violence and victimization they experienced. Parents also spoke about how the psychological services they

received at the CAC helped to reduce their own anxieties and fear, and to become calmer; many of these parents were mothers who were themselves survivors of domestic violence. Parents/caregivers also spoke about how CAC staff supported them by going with them to different agencies/institutions to provide advocacy and support.

Impact of CAC Legal Services. Free legal services provided by CACs are important to helping children and their parents/caregivers to access justice. CAC lawyers are there to provide legal advice, explain the judicial process to them, file legal paperwork for them, and represent them during interrogations and in pre-trial and court proceedings.

Partnerships and Cooperation

UNICEF supported formal partnerships between CACs and stakeholders in municipalities in each of the pilot regions because they recognized these partnerships are crucial to the success of CACs. UNICEF also played a pivotal role in promoting and advocating at both national and local levels for CACs.

CACs also recognized the need to establish partnerships with schools to raise awareness among parents and children as to the integrated services CACs offer to children and families. The majority of respondents maintained national and local stakeholders are very supportive of CACs.

Efficiency

Evaluation questions related to efficiency focused on the extent to which the intervention delivers or is likely to deliver results in an economic and timely way. Findings related to efficiency are grouped into three sections: 1) efficient use of resources; 3) intervention management and operations; and 2) monitoring, reporting and evaluation.

Efficient Use of Resources. Children and parents/caregivers maintain the benefit of CAC integrated services are significant, and being able to access these services in one location is essential. Such comprehensive services enable children to access justice and recover from the trauma, violence and victimization; CACs also protect children from further violence and abuse. The benefits for children and families are priceless, as are the benefits to communities and society at-large.

Providing psychotherapy and free legal services to battered women and their children to support them to leave violent relationships and to obtain protection/restraining orders is crucial and a wise investment of resources.

Management and Operations. UNICEF's intervention to establish CACs was well planned and managed as evidenced in documents that guided planning, design and implementation. Since 2015, UNICEF has been heavily engaged in programme management and oversight of CACs. UNICEF established efficient cooperation arrangements with implementing partners and municipal and national government institutions.

Monitoring, Reporting and Evaluation. UNICEF had a M&E approach to ensure effective and efficient project management, but it was not clearly documented beyond the monitoring reports required in keeping with office policy; therefore, it cannot be evaluated. Another limitation was that UNICEF did not document lessons learned on a continual basis or share those with appropriate parties who could learn from the intervention and approach.

Sustainability

Findings related to sustainability are grouped into two sections: 1) legal and financial mechanism needed for sustainability of CACs; and 2) exit strategy to support sustainability.

Mechanisms Needed for Sustainability of CACs. Stakeholders questioned whether the quality of integrated services currently being delivered by CACs could be sustained without UNICEF support. There was also concern that CAC staffing numbers would be at risk without UNICEF financial support. It was reported that CACs would also struggle to hire qualified staff and to provide much needed capacity building of CAC staff if the CACs became state-delegated service providers and lost UNICEF financial support and technical assistance.

Stakeholders recognized that financial support and technical assistance from UNICEF is very important to sustainability of CACs, particularly since state funding for social services would be insufficient to sustain CACs. Only 17.7 per cent of respondents thought CACs would be sustainable without UNICEF's support; 38.7 per cent of respondents thought CACs would not be sustainable and 43.5 per cent did not know.

Another barrier to sustainability is the absence of legal and financial regulation related to integrated service provision and national regulations that require police and justice officials to perform child friendly interviews when children are victims and/or witnesses of violence and crimes. Child friendly interviews are the cornerstone of child abuse investigations and an important service provided by CACs.

Exit Strategy to Support Sustainability. UNICEF has been aiming for a national scale-up of CACs and a

strategy for turning over responsibility and transferring management of CACs to the Government, however, this is yet to be operationalized in a concrete and detailed action plan.

Unexpected Results

There is significant support for CACs at national and local levels among stakeholders. They also recognized that closing CACs would be detrimental to children and families, and detrimental to municipal authorities that are responsible for child protection and ensuring justice for child victims of violence and crimes, and women who are victims of domestic violence.

Stakeholders explained how detrimental it would be to communities, families and children if CACs were to close; in particular, it would deprive children and families of much needed quality psychosocial services that are provided by CACs.

Stakeholders worried that children's access to justice would be limited or blocked because investigations would be more difficult without children friendly interviews and Blue Rooms, and the psychological support that CACs provide to prepare children to participate in investigations and pre-trial and judicial proceedings. In addition, CACs provide child victims and their parents/caregivers with free legal services that enable them to access justice.

CONCLUSIONS

1. UNICEF Bulgaria played a pivotal role in establishing the CAC model in Bulgaria, an evidence-based approach for integrated service delivery to child victims of violence and crimes, and their parents/caregivers, including domestic violence survivors and legal services.
2. UNICEF's initiative to develop CACs that are able to deliver quality integrated services in three pilot regions – Montana, Shumen and Sofia – has been relevant and squarely aligned with national priorities and needs of the government to develop prevention and response services for child victims of violence.
3. A key to success has been UNICEF's partnership with two well established NGOs, SAPI and Animus Foundation, with expertise in the areas of VAC, domestic violence, victim advocacy and access to justice. SAPI and Animus Foundation had the capacities, reputation, and partnerships with local municipalities, service providers and police and justice officials that benefited UNICEF's efforts to establish CACs.
4. It is quality integrated services delivery that benefits children and families the most.

5. CACs have improved access to justice for children who experience violence and crimes, including improved access to justice for vulnerable and marginalized children.

6. The majority of parents/caregivers reported CACs made it easier for their children to receive psychosocial support and legal services.

7. In keeping with expected results, CACs were able to improve cooperation and coordination across sectors and professionals in keeping with the best interests of children victims of violence.

8. CACs contributed to positive changes in children's well-being, such as recovery from violence and victimization, and positive changes for parents/caregivers.

9. UNICEF supported formal partnerships between CACs and other service providers and key stakeholders in municipalities in each of the pilot regions; these partnerships have been crucial to the success of CACs.

10. The benefits are priceless, particularly considering the long-term benefits for children and families, communities and society at-large.

11. UNICEF and their implementing partners supported the national government to draft a Social Services Act that would strengthen regulation of the provision, use, planning, funding, quality, control and monitoring of social services in Bulgaria, and formalize state regulation of an integrated approach to social service provision.

12. National and local stakeholders recognised that closing CACs would be detrimental to children and families, and the communities in which they are piloted.

RECOMMENDATIONS

The recommendations that follow are based upon the evaluation findings and conclusions which have been presented in the previous sections, including recommendations offered by partners, stakeholders, beneficiaries and UNICEF CO staff during the course of data collection. The recommendations are also guided by good practices identified during the desk review, particularly those related to the integrated services delivery model.

1. Bulgarian authorities need to enforce the Social Service Act; it is in the best interests of society, including children and families.

2. UNICEF and the Government of Bulgaria need to develop an exit strategy for UNICEF's funding of CACs.

3. Given the COVID-19 pandemic, the Government of Bulgaria and local municipalities would benefit significantly by establishing CACs as state-delegated services.

4. The Government of Bulgaria should work in partnership with UNICEF to develop a strategy and plan to fund and support the scale up of CACs and/or the CAC model of integrated service delivery to other regions and municipalities.

5. National and municipal authorities need to establish better regulations and coordination mechanisms to improve cooperation in VAC cases, and in the pilot regions of Montana, Shumen and Sofia, CACs should be made a formal member of the municipal coordination mechanisms.

6. The Government of Bulgaria should establish legal and financial regulation of integrated service delivery and national regulations that require police and justice officials preform child friendly interviews in Blue Rooms when children are victims and witnesses of violence and crimes.

7. CACs need to develop strategy and action plans for enhancing service delivery and coordination with municipal authorities, service providers, police and justice officials, and health workers and educators.

8. CACs need to develop an awareness-raising strategy that targets the general public.

9. CACs should strengthen partnerships with the health sector.

10. CACs should have a mandatory induction training for all new staff and a planned capacity building programme delivered as in-service training on an annual basis.

11. CACs should strengthen their staff with more qualified child psychologists/psychotherapists and lawyers.

12. CACs should recruit Roma and Turkish staff and outreach workers.

13. UNICEF and CACs should establish a community of practice for CAC lawyers.

14. CACs should develop indicators and measures of successful recovery and positive changes in children's well-being and for parents/caregivers.

15. Strengthen administrative data collection on VAC across sectors and service providers.

ACRONYMS

AAF	Association Animus Foundation
AQSS	Agency for Quality of Social Services
ASA	Agency for Social Assistance
CAC	Child Advocacy Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPD	Child Protection Department
CO	Country Office
CRC	Convention on the Rights of the Child
DAC	Development Assistance Committee
ERB	Evaluation Review Board
ERG	Evaluation Reference Group
EU	European Union
GDP	Gross Domestic Product
GNI	Gross National Income
HDI	Human Development Index
HRBA	Human Rights-Based Approach
ICESC	International Covenant of Economic, Social and Cultural Rights
ID	Identification
LGBTI	Lesbian, Gay, Bisexual, Transgendered and Intersex
MACR	Minimum Age of Criminal Responsibility
MLSP	Ministry of Labour and Social Policy
MoES	Ministry of Education and Science
MoF	Ministry of Finance
MoH	Ministry of Health
MoI	Ministry of Interior
MoJ	Ministry of Justice
MOU	Memorandum of Understanding
NCCP	National Council of Child Protection
NGO	Nongovernmental Organisation
OECD	Organization for Economic Co-operation and Development
PTSD	Post-traumatic Stress Disorder
SACP	State Agency for Child Protection
SAPI	Social Activities and Practices Institute
ToC	Theory of Change
TOR	Terms of Reference
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
USA	United States of America
USD	United States Dollars
VAC	Violence Against Children
VAW	Violence Against Women

1. INTRODUCTION

This was an independent evaluation of the model and services provided by Child Advocacy Centres (CACs) to child victims of violence and crimes and their families, which were established with United Nations Children's Fund (UNICEF) support in Sofia, Shumen and Montana regions. The design of this evaluation was guided by information garnered from a review of the TOR and country programme and project documents, including *UNICEF's revised Evaluation Policy (2018)*, the *Evaluation Norms and Standards of the United Nations Evaluation Group (UNEG) (2016)*, the *UN-SWAP Evaluation Performance Indicator*, *UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis (2015)*, and *UNICEF-Adapted UNEG Evaluation Report Standards (2017)*.

2. COUNTRY CONTEXT

Bulgaria has been a member of the European Union (EU) since 2007; nevertheless, Bulgaria still strives to catch up with EU standards in socio-economic development and cohesion.¹ According to the World Bank, Bulgaria is an upper-middle income country with a Gross Domestic Product (GDP) of USD 65.1 billion (2018).² Over the past decade, Bulgaria has achieved significant economic growth from a GDP of USD 13.2 billion in 2000 to USD 65.1 billion USD in 2018, including a 3.6 per cent annual increase in GDP from 2017 to 2018. At the same time, Bulgaria experienced a 3.6 per cent increase in poverty rate from 18.4 per cent in 2005 to 22 per cent in 2017.³ Despite an increase in the poverty rate, the Government of Bulgaria has preserved macro-economic stability as the country strives to converge towards EU standards in socio-economic development. Bulgaria's income per capita is 47 per cent of the EU average; the lowest in the EU.⁴

In 2018, Bulgaria's population was estimated at 7,024,216 million, of which 17 per cent were children aged 0-17. According to most recent population census data (2011), the main ethnic group is Bulgarian (84.8 per cent); ethnic minority groups include Turkish (8.8 per cent) and Roma (4.9 per cent).⁵ A key challenge in Bulgaria is the disparity between the Bulgarian ethnic group and Turkish and Roma ethnic groups.⁶ In 2017, the Roma ethnic group was five times more likely to live in poverty (77.2 per cent), compared to the Bulgarian ethnic group (15.7 per cent). Risk of poverty is influenced by education, regardless of ethnic group; yet, the Roma ethnic group is more likely to be poor with a primary or no education (73.2 per cent). The Roma ethnic group are also more likely to be unemployed (39.9 per cent) and to be working poor (25.9 per cent), compared to working poor in the Turkish ethnic group (25.7 per cent) and Bulgarian ethnic group (20.1 per cent).⁷ Indigence rates (serious material deprivation) are also highest among the Roma ethnic group (81.0 per cent), compared to the Turkish ethnic group (36.9 per cent) and Bulgarian ethnic group (23.7 per cent).⁸

In 2017, it was estimated that 37.9 per cent of children aged 0-17 in Bulgaria were at-risk of living in poverty before social transfers; this was reduced to 29.2 per cent of children aged 0-17 after social transfers. Social payments have helped to reduce the percentage of children living in poverty.⁹ Child poverty is linked to family separation and poor health and development outcomes, as well as low levels of academic achievement and under employment.¹⁰ The most vulnerable and marginalized children in society include children living in poor households, female-headed households, and large families with more than three children. Also among the most vulnerable and marginalized are children who belong to Roma and Turkish ethnic groups, and migrant and refugee families, as well as unaccompanied and separated children, and children living in residential institutions.¹¹ Fighting against child poverty is a national priority, but implementation requires an integrated approach and various sectoral policies, along with financial support (e.g., housing benefits, child benefits or tax relief for families).¹²

The *Human Development Indices and Indicators: 2018 Statistical Update*¹³ presents Human Development Index (HDI) values¹⁴ for 189 countries and territories with the most recent data for 2017. Table 1 compares 1990 and 2018 HDI values¹⁵ for Bulgaria.¹⁶ Scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean and a ranking provided.¹⁷ In 2018, Bulgaria was classified as being 'very high' on the HDI (51 out of 189 countries and territories). Between 1990 and 2017, Bulgaria's HDI value increased from 0.694 to 0.813, an increase of 17.1 per cent. Bulgaria has made progress on each of the HDI indicators. In particular, from 1990 to 2017, Bulgaria's life expectancy at birth increased by 3.6 years, mean years of schooling increased by 2.9 years, and expected years of schooling increased by 2.7 years.¹⁸ Bulgaria's Gross National Income (GNI) per capita also increased by about 120 per cent from 1990 to 2017, and is among the highest in the EU.¹⁹

Table 1. Bulgaria Human Development Index Indicators		
Human Development Index	1990	2018
Value	0.694	0.813
Life expectancy at birth (SDG 3)	71.3	74.9
Expected years of schooling (SDG 4.3)	12.1	14.8
Mean years of schooling (SDG 4.6)	8.9	11.8
National income per capita (2011 PPP\$) (SDG 8.5)	8,518	18,740

Bulgaria has ratified core international human rights conventions, including the Universal Declaration of Human Rights (UDHR), Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the International Covenant of Economic, Social and Cultural Rights (ICESC), as well as the Millennium Declaration and the 2030 Agenda for Sustainable Development.²⁰ As a signatory, the Government of Bulgaria has prioritized improving access to and quality of child protection and social services for children and families in need.

Since ratifying the CRC in 1991, Bulgaria has made significant progress in ensuring compliance of its legal and policy frameworks to protect children from violence and abuse. After the adoption of the Child Protection Act in 2000, Bulgaria developed a national child protection system in keeping with international standards and practices. Corporal punishment is prohibited under the Child Protection Act, the Family Code (2009) and the Pre-school and School Education Act (2015). In 2017, the Council of Ministers adopted a National Programme on Prevention of Violence Against and Abuse of Children.²¹

The desk review also documented knowledge generation as to nature, extent and dynamics of violence against children (VAC) in Bulgaria. Such knowledge has contributed to the development of prevention programmes, referral mechanisms, and provision of services for child victims of violence and abuse. Steps have also been taken to raise awareness and build the capacities of professionals from across sectors (education, health, social work, police and justice), and to monitor and inspect systems of child protection and social service provision to vulnerable children and their families.²²

Children's issues have remained high on the national policy agenda and significant progress has been achieved in key areas with support from UNICEF and other partners. In particular, progress has made in early childhood development and education, and education in general, child protection and access to justice for children, including improvements to the juvenile justice system, and deinstitutionalization of children from state-run residential institutions.²³ In recent years, Bulgaria has increasingly provided technical assistance to other countries in the region for advancing child rights, by sharing knowledge and experiences through horizontal cooperation.²⁴ Still, however, negative trends in child and adolescent health, well-being and behaviours exist, including early pregnancies and abortions, adolescent mental health problems, and engagement in risky behaviours which undermines the realization of a healthy transition into adulthood.²⁵

As it relates to child protection, Bulgaria has achieved progress in moving away from the inherited system of placing vulnerable children in state-run residential institutions to developing a system of foster care and family type homes of children in need of alternative care.²⁶ Bulgaria has been a leader to other countries in the region for their work to deinstitutionalize children.²⁷ Still, however, Bulgaria struggles with coordination of multi-sectoral responses to children in need of protection and building the capacities of professionals at local and regional levels to assess and respond to the needs of vulnerable children and their families.²⁸ In addition, weak enforcement and implementation of otherwise good child protection policies, and inadequate budgeting and monitoring of multi-sectoral programmes have served as a barrier in Bulgaria.²⁹ There is also a lack of disaggregated administrative data on vulnerable children and child victims of violence, abuse and exploitation.³⁰

At the societal level, Bulgaria does have a weak child rights culture, and discriminatory social norms, attitudes and practices contribute to the disparities and social exclusion that impact children nationwide. This contributes to Bulgaria having among the lowest social indicators for children in the EU.³¹

UNICEF's agenda has been to assist Bulgaria to ensure that all children, especially the most vulnerable and disadvantaged, to enjoy their rights and develop to their full potential in an inclusive and protective society which is respectful of their voices.³² This agenda is in line with Bulgaria's national priorities as identified in the National Strategy for the Child (2008-2018), the Government Programme for Stable Development of the Republic of Bulgaria (2014-2018), the National Strategy for Poverty Reduction and Social Inclusion (2020), the

National Strategy on Roma Integration (2012-2020), the National Strategy for Vision of Deinstitutionalization (2012-2025), the National Health Strategy (2015-2020), the National Program for Improving Maternal and Child Health 2014-2020, and the National Strategy for reducing the share of early school leavers for the period 2013-2020. UNICEF's Country Programme 2018-2022 is also aligned with the Europe 2020 Strategy, EU Recommendation "Investing in Children: Breaking the Cycle of Disadvantage", and the Council of Europe Strategy for the Rights of the Child (2016-2021), as well as the 2030 Agenda for Sustainable Development and UNICEF's Global Strategic Framework 2018-2021.³³

2.1. Violence Against Children in Bulgaria

VAC continues to be a serious problem in Bulgaria.³⁴ At the time of this evaluation, there were no reliable national population-based prevalence studies on VAC in Bulgaria.³⁵ Despite the lack of VAC prevalence studies, a 2012 study of the National Centre for Public Opinion Research found that 68 per cent of adults surveyed reported using 'minimal force' corporal punishment methods for educational purposes, and 83 per cent of adults were against methods of corporal punishment that degrade children's dignity.³⁶ In addition, a 2013 study found that 39 per cent of parents would use corporal punishment in rearing their child, and 72 per cent of parents approved of corporal punishment in cases where the child exposes his/her life to threat.³⁷ Furthermore, a 2014 Health Behaviour among School-aged Children Survey³⁸ found that at least 20 per cent of students were punished with a slap on the face, nearly 17 per cent were punished with a slap on the body, 15 per cent were punished by standing upright by the wall, and 11 per cent were punished by pinching of the hands, legs and/or body. In addition, 9 per cent of students were punished by kicks and hair pulling, 8 per cent were beaten by more than one hit, 7 per cent were deprived of food or had been beaten to bruises or scrapes, and 6 per cent were punished by being locked in the dark.³⁹

More recently, in 2018, the National Network for Children found that 50 per cent of parents used corporal punishment at least once and 25 per cent systematically use corporal punishment. This study also found that 71 per cent of children who experienced corporal punishment stated they felt fear and sadness. Among families of school-age children, 41 per cent of children reported experiencing verbal violence, 22 per cent experienced corporal punishment, and 14 per cent experienced emotional violence (such as being ignored and/or isolated).⁴⁰ It was also found that only 58 per cent of adults maintained they would report incidents of child violence to 112; this is down from 80 per cent in 2013. In addition, only 30 per cent of all parents sought information about problems with children.⁴¹

These studies demonstrate that corporal punishment is widely used in Bulgaria, particularly in the home and family setting, and is widely accepted as a means to discipline and control children. In fact, a recent study revealed 68 per cent of parents/caregivers accept the use of 'reasonable violence' as a means of discipline. Given the social norms supportive of corporal punishment, there is a reluctance among state authorities to interfere in private family matters, and VAC is generally perceived as a private family matter; as a result, most incidents of VAC go unreported and undocumented.⁴²

School violence and peer-on-peer violence are also problems in Bulgaria. The 2014 Health Behaviour among School-aged Children Survey⁴³ found that peer bullying impacts children nationwide; 6 per cent of students aged 11-15 were exposed to cyber-bullying more than twice a month. More specifically, 17 per cent of students were victims of cyber-bullying (offensive chat messaging, Facebook posts and creation of websites) and 14 per cent had insulting or inappropriate images of them published on the internet.⁴⁴

Other types of VAC that occur in Bulgaria include child marriages⁴⁵ in some Roma communities.⁴⁶ In 2015, there were 1,094 alerts of early co-habitation with persons under the age of 16 made to Social Assistance Directorates and submitted to regional Prosecutor's Offices under Articles 190-192 of the Penal Code.⁴⁷ In 2015, the Prosecution of the Republic of Bulgaria reported there were 874 pre-trial proceedings initiated in relation to crimes related to Articles 190-192 of the Penal Code, with 561 prosecutor's acts against 619 individuals who were referred to court. A total of 561 individuals were convicted or sanctioned with a ruling for early co-habitation with persons under the age of 16.⁴⁸ To prevent cohabitation and early pregnancy, and for launching criminal proceedings in cases constituting such a crime, methodological guidelines were issued by the State Agency for Child Protection (SACP) to Child Protection Departments (CPDs) and by the Supreme Prosecutor's Office of Cassation in 2010; the latter were repealed in 2016 and are pending update.⁴⁹

Based upon a 2012 European-wide survey on violence against women (VAW) conducted by the EU Agency for Fundamental Rights, it was found that a significant proportion of women experienced violence in childhood

and adulthood. In particular, 28 per cent of women aged 18-74 experienced physical and/or sexual violence since the age of 15, and 39 per cent of women experienced intimate partner psychological violence. In addition, 30 per cent of women reported being the victim of physical, sexual and/or psychological violence before reaching 15 years of age.⁵⁰ It is notable that 3 per cent of girls who were victims of sexual violence before 15 years of age also experienced sexual violence as an adult.⁵¹

Despite a lack of data, data that exists reveals VAC is a major problem in Bulgaria, and that there is tolerance for the use of corporal punishment on children in society. In addition, professionals have limited knowledge and ability to recognize the signs and symptoms of VAC; thus, registered incidents of VAC are mostly severe forms of VAC. As a result, most incidents of VAC go unreported and undocumented in Bulgaria; resulting in very low prosecution and conviction rates for perpetrators of VAC.⁵² Limited public awareness as to the long-term impact of violence also hampers national strategies to end VAC.⁵³

2.2. Child Protection System in Bulgaria

A child protection system is a set of laws, policies, regulations and services that are needed across all social sectors, but especially social welfare, education, health, police and justice to support prevention and response to child protection-related risks. Child protection systems are part of social protection system, but extend beyond social protection.⁵⁴ Child protection is the responsibility of multiple sectors and institutions/agencies, including governmental and nongovernmental organizations working in the health, education, social welfare, social services, police and justice sectors.⁵⁵

In Bulgaria, the child protection system has been built organically through a piecemeal process.⁵⁶ In the last decade, lawmakers amended national legislation to broadly align with international standards and the main principles and provisions of the CRC. One of the main areas of reform has been to close down state-run residential institutions for children and to deinstitutionalize children and reintegrate them back to their families. The transition away from the state model of residential institutions for children has led to the development of a foster care system and family type homes to support community integration of children without parental care.⁵⁷

In 2019, the *Analysis of the Child Protection System in Bulgaria* found that despite increasing formal alignment with international standards in legislation and policy, the fragmented nature of Bulgaria's child protection system has resulted in a lack of clarity as to the multi-sectoral nature of the child protection system and its main components, functions and approaches.⁵⁸ This has contributed to a lack of clarity among public authorities as to responsibilities for coordination of policies and child protection, and provision of care and services to children and their families. The Government has struggled in some areas to translate legal provisions into practice.⁵⁹ For instance, as it relates to realizing the best interests of the child, there are no standard operating procedures on how to listen to children or to take their opinions into account and to assess their best interest.⁶⁰

Policy coordination takes place via the National Council of Child Protection (NCCP) in keeping with Article 18 of the CPA; yet, the NCCP lacks sufficient representation of municipalities, despite their growing role. Unlike many other policy councils, the NCCP is not chaired by a Deputy Prime Minister, which reduces the political commitment of its decisions. The State Agency for Child Protection (SACP) is the body responsible for ensuring child protection and provision of quality social services, yet the Agency for Social Assistance (ASA) Inspectorate has oversight and control functions over the ASA's CPD and social services providers.⁶¹ Recently, a new Social Services Act was passed which will weaken the mandate of SACP, and hand over licensing of social services functions to the Agency for Quality of Social Services (AQSS) and municipalities; however, the launch of the new Social Services Act has been postponed until 1 June 2020. The limitation is that oversight and control efforts are not coordinated across the various institutions with oversight and control functions, and a relatively small number of social service providers are subjected to inspections. Moreover, inspections of CPDs and social services providers does not focus on the outcomes of child protection cases, but rather on alignment with administrative procedures.⁶²

In the child protection system, the bottleneck is that case management practices do not translate from existing implementation guidelines, procedures and/or protocols. At local levels, coordination mechanisms on VAC involves social workers who are the point of entry into the CPD and responsible for coordinating multiple actors, including social service providers, medical doctors, educators, police, judges and municipal representatives. Annual monitoring reports show that after an initial good start of coordination mechanisms,

over the past two years, there has been a decrease in the quality of coordination and interaction among multi-sectoral teams.⁶³ Social workers' focus is often placed on administrative tasks and multiplication of forms is a burden, as well as a lack of clarity as to how case files trigger action or decisions at higher levels. Although operational cooperation exists at the municipal level, there is not enough coordination and cooperation to demonstrate outcomes in cases of child protection.⁶⁴ In addition, not all alert channels work properly and there is low reporting from health and education institutions. There is also a lack of prevention and specialized services for child victims of violence.⁶⁵

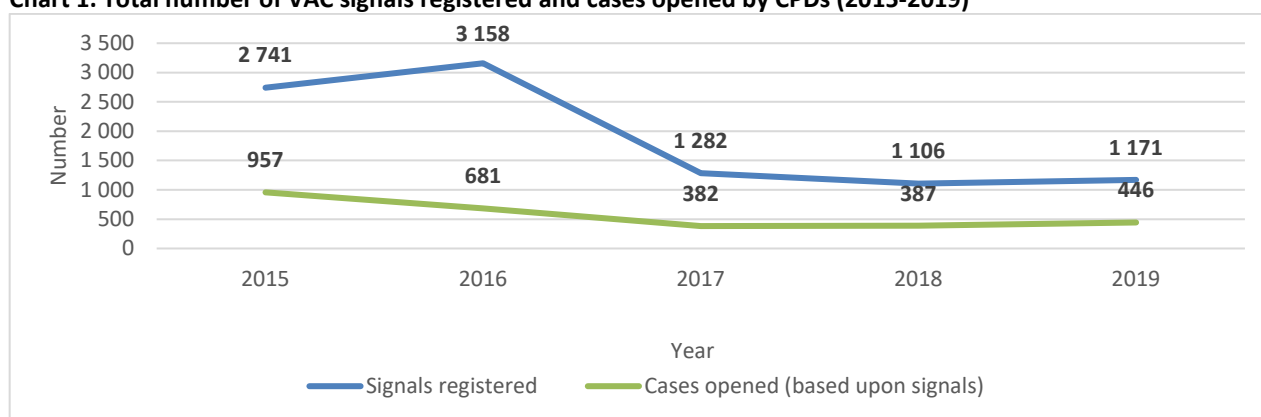
The main challenges facing the social work workforce include: lack qualifications⁶⁶ and training⁶⁷; lack of supervision of social workers; recruitment and staff retention⁶⁸; workload and supervision and performance monitoring. In certain regions of the country, attracting social work university graduates to the ASA is challenging.⁶⁹

Lack of social services and frontline service providers and justice officials with specialized training on VAC and working with child victims and witnesses of violence and crimes, as well as lack of integrated, multi-sectoral approaches and responses to VAC serves as a bottleneck to ending VAC in Bulgaria.⁷⁰ There is also a lack of services for gender-based violence survivors. Services that do exist are largely private initiatives that are not recognized by public authorities.⁷¹ In addition, a scarcity of resources directed to child protection is a major challenge.⁷² To address this gap, in 2015, UNICEF established CACs, known nationally as 'Zona ZaKmila', in three pilot regions (i.e., Montana, Shumen and Sofia).⁷³ CACs were designed to provide services to child victims and witnesses of violence and crimes and their families.

As it relates to financing the child protection system, there is limited information about the financial and material resources invested at national and municipal levels, and there is no understanding of the financial and material resources that nongovernmental organizations (NGOs) invest. There are reasonable indications that investments are low and only cover basic social services for children. In addition, it is also difficult to ascertain to what extent EU funding of innovative social services practices have been sustainable and led to their subsequent adoption.

In recent years, national policy and coordination mechanisms for responding to VAC have improved; yet, a very small number of VAC cases are reported and handled by interdisciplinary teams. Quality coordinated, multi-sectoral responses are not systematically available across the country and the effectiveness of interventions have yet to be documented.⁷⁴

Chart 1. Total number of VAC signals registered and cases opened by CPDs (2015-2019)



Source: Agency for Social Assistance Data

Chart 1 show the total number of VAC signals registered and cases opened by CPDs, for the whole of the country, from 2015 to 2019. Most notable is the 15 per cent increase in the number of VAC signals registered by CPDs from 2015 to 2016, followed by a drastic decline of 59 per cent in the number of VAC signals registered by CPDs from 2016 to 2017. This was followed by a leveling off through 2018 and 2019.

There was also decline in VAC cases opened by CPDs from 2015 to 2017. It is notable that despite the 15 per cent increase in signals registered by CPDs from 2015 to 2017, there was a 29 per cent decrease in VAC cases opened (based upon signals) by CPDs during the same time period. From 2016 to 2017, there was an additional 44 per cent decrease in VAC cases opened by CPDs. Over the two-year period of 2015 to 2017, there was a drastic decline of 60 per cent in the number of VAC cases opened by CPDs.

In 2016, the UN Committee for the Rights of the Child expressed in its Concluding Observations to Bulgaria concerns with prevailing social norms that domestic violence is a private matter and that there are insufficient services for children who have experienced violence. In recent years, prevailing social norms in Bulgaria have challenged the advancement of reforms related to women and children’s rights. This has led to non-ratification of the Council of Europe’s Convention on Preventing and Combating Violence Against Women and Domestic Violence (referred to as the Istanbul Convention) and blocking of the draft National Strategy for the Child 2019-2030. The Bulgarian Constitutional Court ruled that the Istanbul Convention was inconsistent with Bulgaria’s Constitution. More specifically, the Constitutional Court ruled the term “gender”, as used in the Istanbul Convention, is misleading and introduces a concept that is incompatible with the constitution’s understanding of “sex” as a binary conception with two rigidly fixed options of male or female. More than 30 prominent NGOs and individuals working in the field of human rights, children’s rights, women’s rights and lesbian, gay, bisexual, transgendered and intersex (LGBTI) rights condemned the decision by the Bulgarian Constitutional Court.⁷⁵

In 2018, Bulgaria experienced a backlash against the draft National Strategy for the Child 2019-2030. Heated debates and public protests related to the Strategy’s ban on corporal punishment; even though corporal punishment was already banned by Bulgarian law. Protests by parent groups led by largely by far right-wing organisations and supporters of evangelical denominations. Eventually, the Bulgarian Orthodox Church intervened with an official statement in which it maintained that parents have the right to use corporal punishment to discipline their children. The Church also took a public stance against abortion, contraception and sex education in the schools, which the Church maintained should be replaced with abstinence. After negative public reactions, the Holy Synod of the Church announced that this was not their official opinion and came up with a softer and more diplomatic stance.⁷⁶

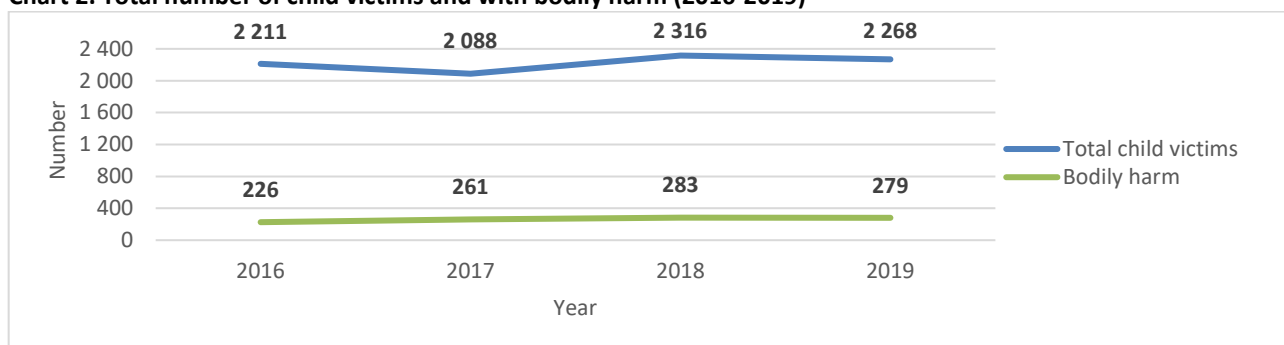
This movement and anti-rights groups have also confronted and attacked the national child helpline which has been operated by Animus Foundation, one of the partners responsible for operating the CACs, with the aim of closing down the child helpline. In addition, launch of the Social Services Act was postponed until June 2020.

2.3. Children’s Access to Justice in Bulgaria

Children’s access to justice is another area that has required strengthening in Bulgaria. The most vulnerable groups of children in contact with the justice system include children in conflict with the law, children who committed status offences, and child victims and witnesses of crimes and violence. Equitable access to justice for children is impeded by gaps in legislation regulating children’s rights to participate and to express their views, opinions, and beliefs freely, in their own words, and to contribute to decisions affecting their lives, including those taken in judicial processes, in accordance with their abilities, age, intellectual maturity and evolving capacity.⁷⁷ This affects all children in Bulgaria, but particularly children from poor families and ethnic minority groups, and children in formal care.⁷⁸

Chart 2 shows the total number of child victims registered by the police by year, including child victims of bodily harm (Articles 128-135 of the Penal Code). There has been little change in the number of child victims registered by the police from 2016 to 2019. In 2019, 55 per cent of child victims registered by the police were over the age of 14 and 45 per cent were under the age of 14. In addition, 51 per cent of child victims registered by the police were girls and 49 per cent were boys.

Chart 2. Total number of child victims and with bodily harm (2016-2019)

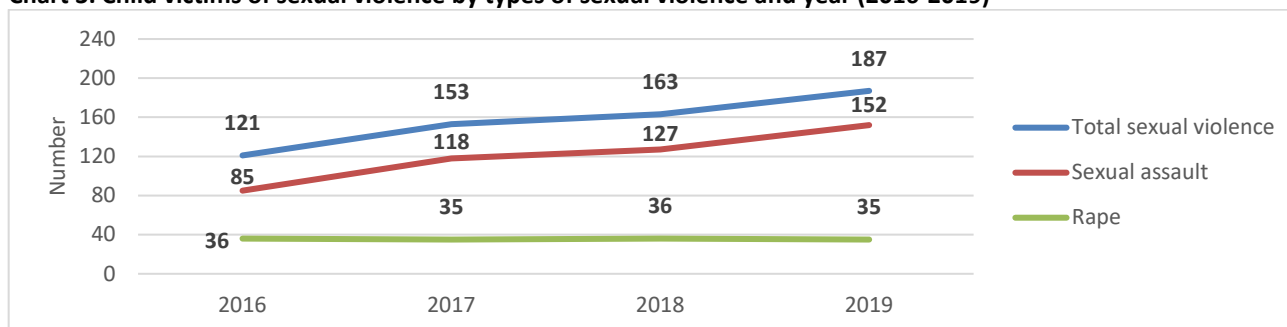


Note: Articles 128-135 (bodily harm) of the Penal Code; Source: Ministry of Interior

As it related to bodily harm, there was a +23 per cent increase in the number child victims of bodily harm registered by the police from 2016 to 2019. Child victims of bodily harm registered by the police were more likely to be over the age of 14 each year; in 2019, 67 per cent of child victims with bodily harm were over the age of 14 and 33 per cent were under the age of 14. Boys were also more likely to be victims of bodily harm registered by the police. In particular, among registered incidents of bodily harm, the child victims were three times more likely to be boys than girls; in 2019, 76 per cent of child victims of bodily harm registered by the police were boys and 24 per cent were girls.

Chart 3 shows the total number of child victims of sexual violence registered under Articles 149-150 (sexual assault) and Article 152 (rape) of the Penal Code. Globally, it has been documented that rape is the most under-reported crime (e.g., in the USA, fewer than a third of sexual assaults are reported to the police).⁷⁹ There was a 55 per cent increase in the number of registered sexual violence incidents involving child victims from 2016 to 2019. More specifically, there was a 79 per cent increase in number of child victims of sexual assault registered by the police from 2016 to 2019, and the number of child victims of rape registered by the police remained unchanged from 2016 to 2019.

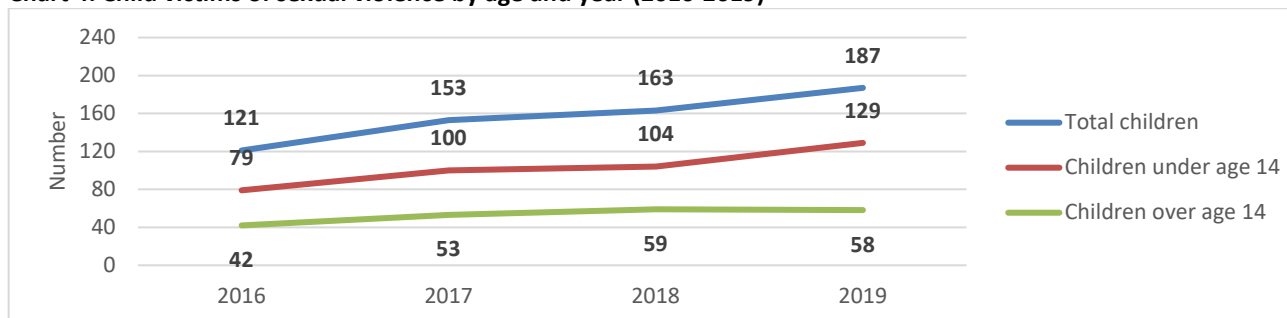
Chart 3. Child victims of sexual violence by types of sexual violence and year (2016-2019)



Note: Sexual violence related to Articles 149-150 (sexual assault) and Article 152 (rape) of the Penal Code; Source: Ministry of Interior

Chart 4 shows the age differences in the number of child victims of sexual violence registered under Articles 149-150 (sexual assault) and Article 152 (rape) of the Penal Code. Among registered incidents, victims were more likely to be under the age of 14 and there has been 55 per cent increase in the number of child victims of sexual violence under the age of 14 from 2015 to 2019. In particular, among registered incidents of sexual assault, victims were three times more likely to be under the age of 14; whereas among registered incidents of rape, victims were nearly two times more likely to be over the age of 14.

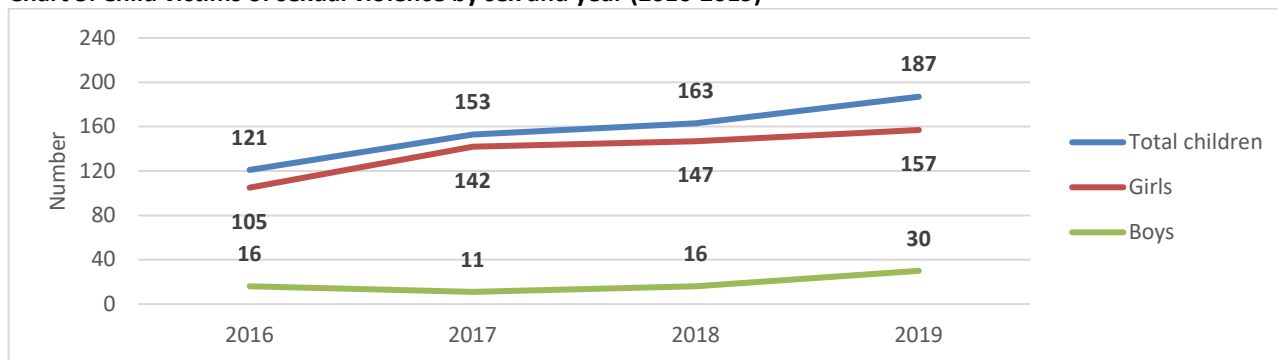
Chart 4. Child victims of sexual violence by age and year (2016-2019)



Note: Sexual violence related to Articles 149-150 (sexual assault) and Article 152 (rape) of the Penal Code; Source: Ministry of Interior

Chart 5 shows sex differences in the number of child victims of sexual violence registered under Articles 149-150 (sexual assault) and Article 152 (rape) of the Penal Code. Among registered incidents of sexual violence, victims were more likely to be girls than boys; among registered incidents of rape, all child victims were girls. Among registered incidents of sexual assault, child victims were four to nine times more likely to be girls over the three-year period of 2017 to 2019 (likelihood varied by year).

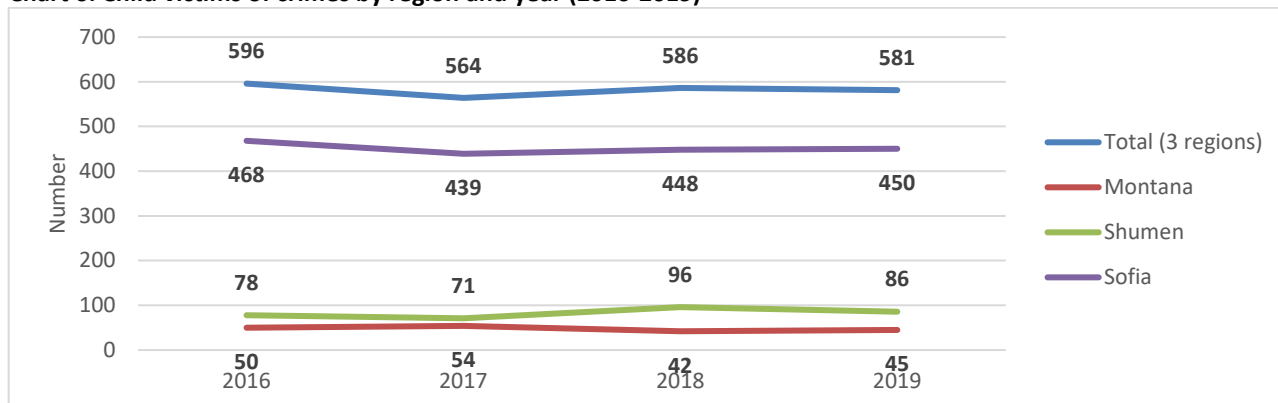
Chart 5. Child victims of sexual violence by sex and year (2016-2019)



Note: Sexual violence related to Articles 149-150 (sexual assault) and Article 152 (rape) of the Penal Code; Source: Ministry of Interior

Beyond sexual violence, Chart 6 shows the total number of child victims of crimes registered by police across Bulgaria. It is notable that the number of child victims of crimes registered by police has remained unchanged from 2016 to 2019. Sofia had much higher numbers of child victims of crimes registered by police; this is given the fact that Sofia is the most populated city in Bulgaria. Bear in mind, globally, most crimes against children go unreported.⁸⁰ In comparison, in Shumen and Montana, the number of child victims of crimes registered by police was much less. Montana, Shumen and Sofia are the three pilot regions where UNICEF has supported CACs to deliver integrated services to child victims of violence and crimes.

Chart 6. Child victims of crimes by region and year (2016-2019)

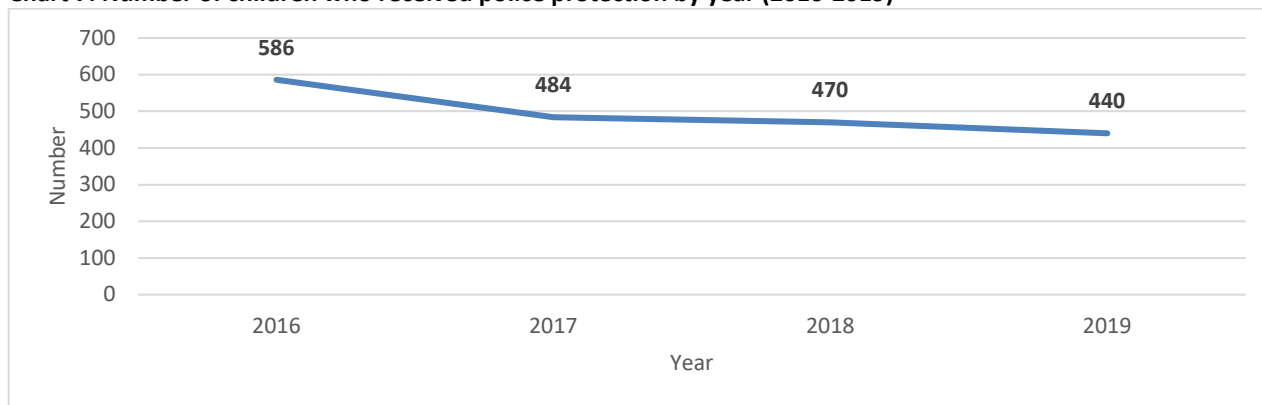


Source: Ministry of Interior

Data provided by the Ministry of Interior also revealed a 41 per cent increase in the number of child victims of domestic violence registered by police from 451 in 2017 to 578 in 2018 and 637 in 2019. The largest proportion of registered cases of domestic violence involving child victims were in Sofia; Sofia experienced an 86 per cent increase in the number of child victims of domestic violence from 102 in 2017 to 190 in 2019. Although Shumen and Montana had much small numbers of child victims of domestic violence registered by the police, Shumen experienced a twofold increase from 11 in 2017 to 24 in 2018.

Chart 7 shows a 25 per cent decline in the number of children who received police protection from 586 in 2016 to 440 in 2019. There were no significant differences based upon age (under age 14 versus over age 14) or sex (female versus male) in terms of who received police protection. Police protection include those emergency measure that shall be granted where: the child is the subject of a crime; there is an imminent danger to the life or health of the child; there is a risk that the child may be involved in committing a criminal offense; the child is lost or in a helpless condition; and/or the child is left unattended.⁸¹

Chart 7. Number of children who received police protection by year (2016-2019)



Source: Ministry of Interior

In 2017, the *Situational Analysis of Children in Bulgaria* revealed evidence exists that shows difficulties in children’s abilities to access justice also relate to the lack of specialized and child friendly procedures in legal and judicial proceedings, lack of trained police and justice officials, and lack of support services for children in contact with law. Social norms that consider it unacceptable for children to express their views and to seek justice and/or redress also serve as barriers to children’s abilities access justice.⁸²

Administrative data related to legal and judicial proceedings – civil, criminal and administrative proceedings – indicate that data on children’s participation in such proceedings is lacking. Also lacking are administrative data related to the outcomes (indictments, prosecutions, convictions and sentencing) of cases involving child victims, including crimes against children.⁸³ Data on children’s participation in legal and judicial proceedings are also incomplete and not systematically collected. Access to such data would be beneficial for planning and development of evidence-based legislative reforms that can serve to ensure fair and equitable access to justice for all children in Bulgaria.⁸⁴

In 2017, a situation analysis of access to justice for children documented that criminal proceedings are characterized as formal and do not take into consideration the vulnerabilities and specific needs of child victims and witnesses who are involved in the proceedings; nor do they consider risks of re-victimization that children may experience in such proceedings.⁸⁵ In fact, the Penal Procedure Code lacks any sensitivity to the specifics of children or ensure the use of child-friendly approaches in criminal proceedings. Just the opposite, in criminal cases where there is significant contradiction between the explanations of defendants and witnesses, there is the possibility to use face-to-face confrontation as a method of proof, even when the witness is a child victim of the crime.⁸⁶

National and international bodies on human rights, including the United Nations (UN) Committee on the Rights of the Child in its 2016 Recommendation on the Consolidated Third, Fourth and Fifth Periodic Reports on Bulgaria note that lack of child friendly and child sensitive approaches in legal and judicial proceedings is an issue, as is lack of specialized police, prosecutors and judges to work with child victims and witnesses of crimes.⁸⁷

In 2017, the *Situational Analysis of Children in Bulgaria* found that important steps had been taken to introduce a justice for children approach, including preparation of the long-awaited new act in the area of juvenile justice and amendments to Penal and Penal Procedure Codes which were initiated by the Ministry of Justice (MoJ) with support from UNICEF. The process of reforming the Penal and Penal Procedure Codes to improve protection of child victims of crimes is an ongoing process, although some progress has been achieved through the piloting of specialized panels and chambers that deal with cases involving children in five regional and district courts, and training of some police units and prosecutors on child friendly practices in legal and judicial processes. Still, however, specialized knowledge and expertise to deal with cases involving children as victims and witnesses remains limited among police, prosecutors and judicial officials. This serves as a bottleneck in ensuring children’s rights to access justice and their rights to be treated with dignity and compassion throughout the justice process, and to be informed and directly involved in justice process and decisions that affect them, including the right to be heard and to express their views, opinions and concerns.⁸⁸

Full implementation of international standards related to the treatment of children in contact with the justice system, including children in conflict with the law and child victims and witnesses of crimes, requires

amendments to other laws.⁸⁹ Also needed are capacity building trainings (both induction and in-service trainings) to raise the qualifications of professionals to deliver child friendly and child sensitive approaches to children in contact with the justice system.⁹⁰

A positive step toward the implementation of child friendly approaches is providing special premises for interviewing and hearing the testimony of children. Modelled after good practices established in Iceland, Sweden and Norway, as well as France and Poland are the establishment of Blue Rooms, which are child friendly spaces specially equipped with video and sound recording systems for evidential video interviewing of child victims and witnesses, and for their participation in legal proceedings.⁹¹

Blue Rooms meet the requirements of both international and European standards of children's rights to access justice and rights to participate in judicial proceedings. Blue Rooms also protect the best interests of child victims and witnesses involved in legal and judicial proceedings, while ensuring the collection of full and accurate information for case buildup and prosecution and conviction of their perpetrators.⁹² In 2020, there were at least 25 Blue Rooms in Bulgaria and most were on social services premises.⁹³

The challenge is that Blue Rooms are not fully utilized, as it is not mandatory to use Blue Rooms to conduct interviews with child victims and witnesses in the pre-trial phase or during hearings in the trial phase of criminal proceedings; use of the Blue Rooms is at the discretion of police investigators, prosecutors and judges.⁹⁴ There is also a lack of common standards and approaches as to how and by whom the blue rooms are to be used. There is also no official data as to how many children annually are interviewed or able to testify in the Blue Rooms. Systematic data collection is difficult because there is no body responsible for collecting such data, and there is no methodological guidance or monitoring of the use of Blue Rooms.⁹⁵

Despite efforts and progress made to improve children's access to justice and consideration of the rights of the child in justice processes, children victims and witnesses of crimes and violence remain among the most vulnerable participants in legal and judicial proceedings, owing to the formality of legal and judicial proceedings and the absence of child friendly procedures in such proceedings. There are also some deficiencies in regulatory frameworks related to domestic violence.⁹⁶

3. UNICEF's Initiative to Develop Child Advocacy Centre in Bulgaria

In 2014, as part of UNICEF's Country Programme 2012-2017, UNICEF Bulgaria began focusing considerable effort on VAC. Guided by findings from the *2014 Determinants Analysis and Theory of Change on Addressing Violence Against Children in Bulgaria*, UNICEF developed a Theory of Change (ToC) that defined the building blocks and pathways required to bring positive change in the area of addressing VAC. The ToC described the types of interventions that could lead to positive outcomes and impacts on VAC in Bulgaria. Based upon the determinant analysis and the ToC, a programme intervention in the area of VAC was planned focusing on development and piloting of integrated services for children victims and witnesses of violence.

In keeping with the ToC, the **goal** of UNICEF's initiative was to ensure the best interests of child victims of violence were addressed by introducing an integrated service delivery approach and inter-institution cooperation at local levels.⁹⁷ The aim of this initiative was to establish CACs which provide services to child victims and witnesses of violence and crimes, and children participating in legal and judicial proceedings. The CACs should serve to guarantee child victims and witnesses with access to support and rehabilitation services, and introduce child friendly practices to legal and judicial proceedings in keeping with international and EU guiding principles and standards.⁹⁸

The main **objectives** of UNICEF's initiative were fourfold:⁹⁹

- a. Develop a methodology for an innovative service based upon an integrated approach and child friendly legal proceedings
- b. Establish CACs in Sofia, Shumen and Montana which provide services to children and families at municipality and regional levels
- c. Improve coordination and cooperation between different structures and institutions at local and regional levels
- d. Develop the capacities of professionals from child protection, police, prosecutors, courts and health institutions at local levels for ensuring the best interests of children in contact with the law, including child victims and witnesses of violence and crimes

UNICEF's intervention strategy has been multifaced, including:¹⁰⁰

- a. Competency-based approach, including building competency-based profiles for each of the different positions (social worker, psychologist and therapist) and training of teams to gain knowledge, skills and attitudes for quality performance of their professional tasks; thus, ensuring the provision of quality services.
- b. Team specialization, including the establishment of sub-teams for interviewing children, psycho-social counselling and accompaniment, legal support, assessment of individual needs for purposes of justice, and more.
- c. Case work, including implementation of international principles for delivering individualized services and psycho-social support with the aim of empowering children and guaranteeing children their rights.
- d. Inter-agency cooperation at local levels to ensure the best interests of the child are taken into consideration, coupled with advocacy and publicity activities to raise awareness at local levels as to problems faced by child victims of violence and crimes, and the availability of newly established community-based services to support child victims and witnesses of violence and crimes.

In 2015, UNICEF's partnered with two NGOs to establish CACs to work with child victims and witnesses of violence and crimes, particularly children who experienced sexual and/or physical violence, domestic violence, school violence and community violence. Modeled after best practices identified in Child and Youth Advocacy Centres in Canada, the CACs¹⁰¹ were designed to utilize an integrated, multi-sectoral approach to provide coordinated and integrated services. CACs are often described as a 'one-stop shop' where child victims and witnesses of violence and crimes can receive consultations and services, including legal services, psychological support, social support, assistance with medical examinations, and child-sensitive forensic interviews and hearings. Staff working in CACs are trained and qualified to provide child-centred approaches and to advocate for the best interests of the child, and to take into consideration the child's safety and welfare.

CACs provide case management in close cooperation with child protection departments, police, prosecutors and courts. Such an integrated, multi-sectoral approach aims to improve inter-sectoral communication and cooperation in the best interests of the child, and to reduce inefficiencies, duplications and omissions in service provision for child victims and witnesses of violence and crimes. CACs aim to improve linkages among community providers of therapeutic services to guarantee that child victims and witnesses receive protection, support and gain redress.

Currently, there are three CACs in Bulgaria. The first CAC was opened in Montana in September 2015, the second was opened in Sofia in October 2015, and the third was opened in Shumen in January 2016. Each CAC was licensed by the SACPs Licensing Commission in October 2016. CACs in Montana and Shumen cover the entire areas of their respective regions, whereas the CAC in Sofia covers the metropolitan area. Still, however, each Centre have responded to notifications outside of their coverage areas.

Fully financed by UNICEF Bulgaria, CACs provide a response to incidents of VAC. CACs in Montana and Shumen are managed by Social Activities and Practices Institute (SAPI), whereas the CAC in Sofia is managed by Animus Association Foundation. These are two of the largest and most experienced NGOs in Bulgaria, with over 20 years of experience working on issues of violence and trauma. The two NGOs regularly cooperate with one another and exchange methodologies, good practices and documents/reports in an effort to equip their staff with the knowledge and skills needed to carry out effective case management and risk assessments, and to monitor and review children's progress, and to evaluate the needs of children and their families.

In 2020, UNICEF is funding SAPI to operate CACs in Montana and Shumen at a cost of BGN 274,388 (matched by BGN 29,390 in contributions from SAPI), and funding Animus Foundation at of cost of BGN 241,772 to operate the CAC in Sofia (matched by BGN 24,106 in contributions from Animus Foundation). UNICEF reported funding amounts for previous years were more or less the same as in 2020.

CACs have facilities and staff who have been trained to interview children in a child-sensitive manner. Services offered are guided by findings from individual assessments conducted for each child and their parents/caregivers. Each CAC is equipped with a Blue Room, which are child friendly spaces specially equipped with video and sound recording systems for evidential video interviewing of child victims and witnesses, and for their participation in legal proceedings.¹⁰²

Depending upon disclosures made by the child and evidence gathered by police during investigations, CACs offer legal advice to parents/guardians and provide legal representation for child victims of violence and

crimes. CACs are supported by lawyers working under civil contracts who ensure the rights of the child in legal and judicial proceedings, and that procedural guarantees are adhered to at all times and by all professionals. Lawyers also advise child victims and their parents/guardians as to their rights, including the right to participate in legal and judicial proceedings. In difficult cases and when free legal services under the Legal Aid Act is not available, the lawyer represents the child in legal and judicial proceedings. Staff from CACs also accompany child victims and their parents/guardians to forensic medical examinations and specialist medical appointments.

CACs also have psychologists on staff who can provide crisis interventions and engage with children in long-term therapeutic work to assist them in their recovery. CAC staff also work with parents/guardians by providing parenting guidance and psychological counselling as to the types of care and assistance their child needs to fully recover. CACs work with both abusive and non-abusive parents, and where possible aims to maintain the family unit after the interventions are completed. In cases of child sexual abuse and domestic violence, Centre staff work with the non-abusive parent to develop their protective capacities and abilities to recognize risk and warning signs of abuse, in order to support the child(ren) who remains in family care. One of the main goals is to assist parents/guardians to continue to care for the child within their home environment, and when this is not possible, to lead the abusive parent out of the family home to minimize the stress and trauma for the child. CACs provide programmes for abusive parents; professionals work with them when possible and appropriate.

In 2017, the three CACs were inspected by SACP. The goal of the SACP inspections was to examine the efficiency of measures taken and services provided by licensed service providers to child victims, children with deviant and/or risky behaviours, and children who commit crimes (juvenile delinquents), as well as to their families. Inspectors focused, in part, on interactions of Centre staff with local child protection authorities from the Social Assistance Department, as well as other stakeholders (e.g., police, municipal administration, local committees for combatting juvenile crime, and educational institutions). The inspection concluded that the rights of children are being guaranteed by CACs, as stipulated in Articles 3, 18 and 39 of the CRC, and that child rights to protection are being provided in accordance with Article 10, Para. 1 of the Child Protection Act of 2000.

3.1. Child Advocacy Centre Staff

CACs are staffed with multi-disciplinary teams, including: specially trained social workers who are responsible for working directly with child victims and their parents/guardians, and for coordinating the individual needs assessment in each case; psychologists who work with child victims and their parents/guardians on immediate and long-term recovery; and lawyers under civil contract who provide legal consultation and aid to child victims and their parents/guardians.

CAC staff also cooperate closely with:

- a. Police Investigators who are in charge of cases of crimes against children and violence when it constitutes a crime under the criminal law.
- b. Prosecutors who are in charge of criminal cases, lead investigations, and conduct all pre-trial procedures, including forensic interviews in a child-sensitive manner.
- c. Social workers from CPDs who are responsible for leading processes and protective measures to ensure children's safety and well-being.

There are some notable differences across the three CACs in their staffing and operations. For instance, the CAC in Montana recruited qualified social workers and psychologists, however they had little to no experience in the area of VAC. The CAC's manager was also inexperienced and needed significant support to be able to branch out to partner agencies and assert best practices for child victims of violence and their families, including delivery of social and therapeutic services. The CAC's manager and staff have received capacity building trainings and technical assistance by the managing NGO SAPI to build their capacities.

In comparison, staff at the CAC in Shumen have many years of experience working with clients in both a therapeutic and social work setting. CAC staff in Shumen are the most experienced in conducting evidentiary interviews with child victims of violence. The CAC's manager is a well-known and well-established practitioner who has been important when it comes to networking and advocating at the local level for the CAC, and the work of its staff with other professionals and stakeholders in local communities.

The CAC in Sofia is managed by Animus Association, an NGO in Bulgaria that has significant experience providing therapeutic services, including trauma-informed psychotherapy. In Sofia, CAC staff include experienced psychologists who have been with Animus Association for more than 20 years. The CAC's manager

is a psychologist with a long-standing career in the organization, including managing the Crisis Centre operated by Animus Association. Given the expertise and experience of staff at the CAC in Sofia, they managed to develop a therapeutic model of practice and to employ social work-led approaches to support child victims and their families. Legal services provided by the Centre in Sofia also relies upon highly qualified and experienced lawyers.

At each CAC, staff received on-going capacity building trainings to strengthen their professional capacities to identify and work with child victims of violence and crimes and their families in an integrated manner in cooperation with other sectors and institutions/agencies. Staff were also trained to utilize child-centered and child-sensitive approaches in their work and to conduct forensic interviews and individual needs assessments in keeping with Directive 2012/29/EU of the European Parliament and Council which establishes minimum standards on the rights, support and protection of victims of crime, and replaces Council Framework Decision 2001/220/JHA. Staff were also trained to work with children who experienced violence and trauma, and therapeutic interventions and support, as well as how to conduct risk assessments and to provide guidance to children and parents/guardians as to steps that can be taken to mitigate and manage risk.

3.2. Theory of Change

The ToC that guided the development of UNICEF's initiative was developed by UNICEF at the start of the project and was included in the TOR. The TOC to establish CACs was grounded on the basis that in Bulgaria, child victims and witness of violence and crimes, along with their families generally do not have access to specialized services and suffer from the lack of effective cooperation between the child protection, police, justice, health care and education systems. The ToC identified the elements (i.e., problem, strategies, outputs, outcomes, results, impact and vision) and constructed the logic in a visual form for establishing CACs (see Annex B: Terms of Reference and Annex C: Theory of Change).¹⁰³

The ToC for CACs was aligned with and advanced in UNICEF's Country Programme 2018-2022, which aims to ensure that by 2022 the social services and child protection and justice systems more effectively prevent violence, protect children victims and ensure access to timely remedy to child participants in judicial proceedings, including in humanitarian situations.¹⁰⁴

3.3. Expected Results

In keeping with the ToC for CACs, the expected results included:¹⁰⁵

- a. Establishment of CACs in three regions – Montana, Shuman and Sofia – of Bulgaria.
- b. Provide coordinated, integrated multi-sectoral services for child victims of violence and their families at the CACs
- c. Guarantee quality service provision in the CACs
- d. Guarantee efficient inter-institutional cooperation in working with child victims of violence and their families

3.4. Roles of UNICEF and Key Stakeholders

CACs are envisaged as joint efforts between UNICEF and their NGO partners (SAPI and Animus Association Foundation), which are recognized as leading NGOs in the area of consultative and support services for children and women victims of violence and crimes, and advocates for legal and institutional reforms aimed at ensuring the rights of vulnerable victims in the areas of social protection, justice and healthcare. Other key stakeholders include ASA and the local CPDs managed by ASA, as well as MLSP, SACP, MES, Ministry of Health (MoH), Ministry of Interior (Moi) and MoJ.

See Annex G for the stakeholder analysis related to UNICEF's intervention. The stakeholder analysis identifies: duty bearers with decision-making authority related to the intervention (e.g., government officials, leaders, funding agency); duty bearers with direct responsibility for the intervention (e.g., funding agency, programme managers, partners and staff members); individual rights holders (who are the intended and unintended beneficiaries of the intervention); collective rights holders; and other interest groups who are not directly participating in the intervention while providing strategic technical inputs into the intervention.

3.5. Review of the Child Advocacy Centres

In 2016, a review and assessment of the work of CACs was carried out, which resulted in a report with observations and recommendations.¹⁰⁶ The most notable findings from this review are outlined below.

One of the main findings was that Blue Rooms were seen as a best practice, despite the fact that they were still not being utilized in every case involving child victims. The location of the Blue Rooms was an issue in some regions because of the distance required for families and professionals to travel to use them; therefore, it was requested to create processes for transportation assistance for families and staff involved.¹⁰⁷ It was recommended that Blue Rooms work best when they are located within the CACs.¹⁰⁸

A second finding was that there was a general lack of knowledge of the work of CACs among professional and municipal authorities, particularly if individuals were not directly involved in the work of the Centres. In some regions, there were entire sectors, such as the Prosecutor's Offices, that were not as involved in CACs as they should be. The solution was to offer more information and opportunities for professionals to have experience working with CACs. Those who had regular experience using the Centres services were extremely happy with their services because of the staff's skills and their ability to properly identify abuse cases when other systems continued to miss them. The ability of Centre staff to educate and advocate with other systems for more accurate identification and service delivery for child victims was identified as critical, as were resources dedicated to advocacy initiatives to press for changes.¹⁰⁹

A third finding related to the importance of collaboration and the need to strengthen partnerships for success, and increasing the profile and work of CACs. The existence of these Centres has increased collaboration among community agencies and across sectors; professionals are working together more often and in better ways in these areas. CAC staff are seen as organizers of critical meetings of professionals, which ensures that collaboration mechanisms are more effective in some communities. The Centres services were also seen as increasing support to families and reducing the workload for CPD in many regions. This was being done through the ability for CAC staff to assist with forensic investigations by providing safe spaces (Blue Rooms) for child victims and witnesses to be interviewed and to prepare child victims to testify in court cases. There were still some areas of difficulty and resistance within certain sectors (e.g., Montana and Shumen had strong partnerships, whereas Sofia was struggling in this area).¹¹⁰

A fourth finding was the need for ongoing training opportunities with CAC staff. Centre staff made it clear they would like more trainings and networking opportunities with other CACs in other regions for idea sharing and mutual problem-solving. The top training needs were to increase awareness and skills to conduct comprehensive risk assessments, interview skills, and to support client engagement and engage men through their fathering.¹¹¹

A fifth and final finding was that there needs to be more regular production of case documentation and uniform collection of data for quality improvement. It was found that there were no mechanisms to monitor file progress, although there was regular supervision and supervisors were signing off on everything, so there was adequate oversight. If caseloads, however, increase in number, as predicted, the mechanisms and process for oversight would need to be more streamlined. Not all CACs were collecting or reporting the same administrative data; thus, it is difficult to make comparisons across Centres. It was recommended that it would be helpful if there was a uniform template for administrative data collection. There was also a need for a more accurate method of reporting and comparisons for evaluation and funding purposes, and for scale-up. It was proposed that quarterly reports could be generated for partners to increase their engagement with the Centres. It was also noted that there is a need for client feedback or client satisfaction evaluations, which could be used to verify the quality of services provided and service needs that were met, so that service gaps and quality gaps could be identified and addressed accordingly.¹¹²

4. EVALUATION

4.1. Evaluation Rationale and Purpose

The purpose of this evaluation was to obtain an independent evaluation of the model and services provided by CACs to child victims of violence and crimes and their families, which were established with UNICEF support in Sofia, Shumen and Montana regions. The evaluation was meant to be summative (backward-looking) to support enhanced accountability for development effectiveness and learning from experience. The aim was to

understand why and to what extent intended and unintended results were achieved and to analyse implications of the results.¹¹³ On a secondary level, the evaluation was expected to serve as a formative evaluation (forward-looking) to support the CO and national stakeholders with strategic learning and decision-making for future interventions with regard to improving the structure, functionality and quality of services offered by CACs, and its eventual scale up and sustainability through legal and administrative institutionalization and state budgeting.

The primary expected users of this evaluation will be UNICEF CO and the service providers, in particular SAPI and Animus Association which are managing the operation of CACs in the three regions. Users of this evaluation also include national authorities (i.e., relevant ministries and agencies working at the national level, Parliamentarians, civil society organizations and more), municipal authorities and professionals working with children and parents at the local level, and beneficiaries.

This evaluation was supported by an Evaluation Reference Group (ERG), consisting of representatives of Ministry of Labour and Social Policy (MLSP), Ministry of Education and Science (MoES), ASA, SACP, MoI, Prosecutor's Office, and local service providers and state authorities in Sofia, Shumen and Montana. The ERG supported and oversaw the evaluation process and reviewed evaluation findings and recommendations.

4.2. Evaluation Scope

This evaluation focused on CACs established with UNICEF support in three regions – Sofia, Shumen and Montana – and covered the period of April 2015 to January 2020.¹¹⁴ The evaluation took into consideration perspectives and views of all relevant partners and stakeholders, including UNICEF CO staff, NGO partners, CAC staff, state and municipal authorities (e.g., police officials, child protection officials, prosecutors, judicial officials), and local service providers of social and health services (general practitioners/pediatricians, hospital staff, social service providers), as well as children and parents who have benefited from the services of CACs.¹¹⁵ Additional meetings with key stakeholders at national levels (e.g., MLSP, ASA, MoI, MoJ, Ministry of Education and Science (MoES)) were also covered, as well as interviews with municipal authorities and other professionals working with children in Kyustendil, a region without a CAC.

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

4.3. Evaluation Objectives

The thematic and chronological scope of this evaluation covered UNICEF's contribution to establishing the three CACs in Sofia, Shumen and Montana from April 2015 to January 2020. In keeping with the TOR, the main objectives of this evaluation were to:

- a. Assess and evaluate the model, its implementation, relevance, efficiency, effectiveness and sustainability and, to the extent possible, its impact on children and parents.
- b. Assess the CACs equity and child rights perspective both in terms of their capacities to reach out to and deliver prevention and support services to child victims of violence.
- c. Identify and document lessons learnt, including in terms of service design, scope of support provided, resourcing, implementation, reach, involvement of state partners (police, child protection system, educational system and health system), and for meeting the complex needs of children and parents.
- d. Identify the enablers and challenges for institutionalising and upscaling the service nationally.
- e. Assess the situation of VAC in a municipality without comparable services.
- f. Examine the relationships and integration of services into the local systems of services for children and parents in Sofia, Shumen and Montana regions.
- g. Provide recommendations for the process of institutionalizing and scaling up of the CAC model and services nationally, and for actions to ensure their quality and sustainable implementation in the future.

Geographically, this evaluation did not aim to represent the entire country. The evaluation focused on Sofia, the capital, and two of the 28 regions, Shumen and Montana, where CaC were established, as well as Kyustendil, one municipality near to Sofia without comparable CAC integrated services .

4.4. Evaluation Criteria and Questions

Evaluation evidence was assessed using the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee's (DAC) criteria¹¹⁶ of relevance, effectiveness, efficiency, sustainability and impact, as well as partnerships and cooperation.

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

- a. To what extent CACs (objectives, strategies, activities, etc.) are aligned with government policy priorities, policies, agendas and reforms in the areas of prevention and response to VAC?
- b. To what extent CACs and their approaches to delivery of support are evidence-based, and correspond to and address the actual needs of children, families and communities in the three regions and nationally?
- c. To what extent the services are important for and relevant to the needs of children, families and communities in the three regions and nationally?
- d. To what extent the services are important for and relevant to the needs of the most vulnerable children and families?
- e. Is the design of the model services and activities appropriate for achieving the intended results and outcomes?
- f. Has the model service design and implementation been aligned with CRC principles of non-discrimination, best interests of the child, the right to life and participation, HRBA and gender mainstreaming to programming? Did this contribute to HRBA and gender mainstreaming?

Evaluation questions related to effectiveness focused the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. Effectiveness questions included:

- a. Have the services achieved or are likely to achieve the planned objectives? To what extent the objectives are realistic?
- b. To what extent the target groups have been reached? Have the services been able to reach out to the most vulnerable groups of children and families?
- c. What are the key benefits for children and families who received support from the services? Are different groups (based on ethnicity, socio-economic status, urban-rural residence, children with special needs, etc.) benefitting to the same extent from the services?
- d. What factors affected the effectiveness of the services and their impact on families and children, particularly in relation to the most vulnerable families and children?
- e. What factors (e.g., political, cultural, social, gender, service design, implementation, and professional practices) were crucial for the achievement or failure to achieve the service objectives in the three regions?
- f. Have services provided any additional or unintended significant contributions or effects on families and children, including vulnerable families and children?
- g. How effective were the capacity building activities for staff of the services?
- h. What is the level of satisfaction of the children and parents/caregivers who benefited from the services? What are their views for improving the services?

Evaluation questions related to impact focused on the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. Impact questions included:

- a. To what extent did the services contribute to long-term positive changes in well-being of children and their parents? Are there any differences in terms of the impact on the most vulnerable children and families?
- b. To what extent did the services contribute to increasing parent and community demand for such services, including of the most vulnerable groups? Are there any differences in the impact in the three pilot regions?
- c. To what extent and in which areas the services had significant impact? Are there any sub-group differences?

- d. What factors favourably or adversely affected the impact of the services on children and parents, including on the most vulnerable?
- e. To what extent the services are recognised by target groups, and the population in general in the three regions?
- f. What worked and what did not work to reduce inequities (in child outcomes, access to and utilisation of essential service, etc.)? What are the reasons for this?

Evaluation questions related to efficiency focused on the extent to which the intervention delivers or is likely to deliver results in an economic and timely way. Efficiency questions included:

- a. To what extent has UNICEF and implementing partners used the available human, financial and technical resources in the most efficient manner?
- b. Would there have been a more cost-effective way to achieve the expected results?
- c. How well establishment and implementation of services was planned and managed?
- d. Were the services coordinated with other similar programme interventions, including UNICEF interventions (e.g., Family Consultative Centres established in Shumen and Montana with UNICEF support), to encourage synergies and avoid overlap? Was there any overlap of efforts?
- e. To what extent data collection and monitoring activities performed by UNICEF CO informed and contributed to improving implementation of project activities and achievement of results?

Evaluation questions related to sustainability focused on the extent to which the net benefits of the intervention continue, or are likely to continue. Sustainability questions included:

- a. To what extent has UNICEF been able to support its partners in developing capacities and establishing mechanisms to ensure ownership of the services on both national and sub-national levels?
- b. Are legal, institutional and financial mechanisms established to ensure sustainability of the CACs? Are conditions established to ensure the quality of services (e.g., service standards, training, supervision mechanisms, etc.)?
- c. What are the key factors that can positively or negatively influence the institutionalisation and long-term financial sustainability of the services?
- d. What specific recommendations could be given that would contribute to the sustainability of the services, both financial and institutional?
- e. How sustainable are the results achieved for children?
- f. What conditions need to be put in place to ensure the provision of quality specialised prevention and response to VAC services, and results for children and parents in terms of resources (human, financial, material), human resource development, institutional linkages within the child protection system and with other sectors, etc.)?

Evaluation questions related to partnerships and cooperation included:

- a. To what extent have partnerships been sought and established and synergies created to support the work of the services?
- b. Were efficient cooperation arrangements established between UNICEF and partners (NGOs, governmental institutions, municipal institutions, professionals, other partners)?
- c. Have any new partners emerged that were not initially identified?
- d. To what extent the services were integrated in the existing local systems of services (health, social, and educational) for children and parents and how well they coordinated efforts for meeting the complex needs of children and parents?

4.5. Evaluation Methods and Data Collection Tools

To ensure the evaluation approach was as thorough and reliable as possible, a mixed methods evaluation approach was developed to ensure systematic collection of qualitative and quantitative data and information related to the evaluation questions and that provides evidence as it relates to the evaluation criteria¹¹⁷ of relevance, effectiveness, efficiency, sustainability and impact. Primary sources of data and information were qualitative in nature.

Evaluation methods were in keeping with the TOR for this consultancy. This included (each are described in more detail in the sections that follow):

- a. Desk review
- b. Inception phase consultations
- c. UNICEF CO interviews

- d. Partner/key stakeholder interviews
- e. Beneficiary interviews
- f. Review of administrative data
- g. Validation of findings

Evaluation methods and data collection tools were guided by the TOR and a desk review with input from the UNICEF CO. UNICEF CO ensured the data and information collected was valid, reliable and sufficient to meet the evaluation criteria and to provide credible answers to each of the evaluation questions.¹¹⁸ Evaluation methods and data collection tools allowed for a comprehensive, fair and unbiased evaluation of UNICEF's contribution to the CACs.

The evaluator applied a participatory approach and principles of integrating human rights in evaluations, including recognizing key stakeholders and beneficiaries as 'rights-holders', and the responsibility of the State and other actors to act as 'duty-bearers' to support the realization of children's rights and wider human rights commitments, including promoting gender equality.

4.5.1. Desk Review

The evaluation began with a comprehensive desk review of relevant background documents, including laws and policies, strategy documents, programme documents, reports, assessments, guidelines, tools, and secondary data shared by UNICEF CO staff. The desk review also included a review of material on the environment in which CACs operate, and recent development plans and strategies.

The desk review informed the development of the Inception Report and the evaluation methods and data collection tools to ensure all questions and measures were related to the evaluation criteria and related questions, and UNICEF's contribution to the CACs. UNICEF CO staff were consulted to ensure programme documents were properly understood, both in terms of merit and use.

The desk review was an important part of the evaluation. Information from the desk review have been incorporated into the final evaluation report and used, when appropriate, to draw conclusions and develop recommendations.

4.5.2. Inception Phase Consultations

Evaluations are typically characterized by extensive team engagement throughout the evaluation period, coupled with independent field assessments, data collection and analysis, and generation of findings and conclusions by the evaluation team to ensure independence and open discussion. Thus, UNICEF CO staff was involved in the evaluation process, including planning for the evaluation, establishing the ERG, determining the evaluation methods and data collection tools, selection of sites to visit and key informants to interview, coordination and scheduling of interviews across each of the sites, and finalization of the Inception Report. The ERG also provided input and feedback into finalization of the Inception Report.

During the inception phase, prior to beginning the evaluation and data collection in the field, several consultations with UNICEF CO staff occurred via Skype. The focus of these consultations was on planning for the evaluation, developing the evaluation methodology and data collection tools, and planning for the mission trip to conduct field assessments (data collection in the field).

4.5.3. UNICEF CO Interviews

An important component of this evaluation approach was to interview UNICEF CO staff and consultants with working knowledge of UNICEF's support to establish and implement the CACs in the three pilot regions. One-on-one interviews were conducted with UNICEF CO staff in Sofia in English, and via Skype with UNICEF staff who are no longer in Bulgaria.

A structured interview schedule was used to guide interviews with UNICEF CO staff (see Annex I: UNICEF/Partner/Key Stakeholder Interview Questionnaire). The interview questionnaire included questions focused specifically on the evaluation questions related to each of the evaluation criteria – relevance, effectiveness, impact, efficiency, sustainability, and partnership and cooperation. Questions were designed to capture historical perspective to the degree to which respondents had historical perspectives of UNICEF's

support to the CACs. The structured interview questionnaire was designed to generate a combination of qualitative and quantitative data. On average, interviews with UNICEF CO staff took about two hours to complete.

4.5.4. Partner/Key Stakeholder Interviews

Another important component of this evaluation approach was to interview national partners and key stakeholders with working knowledge of UNICEF's support to establish and implement the CACs in the three pilot regions. UNICEF CO staff identified national partners and key stakeholders from nongovernmental and governmental institutions and ministries, and local state authorities and service providers who should be interviewed in the three regions. Local partners included representatives from SAPI and Animus Association Foundation, and CAC management and staff. Key stakeholders also included representatives from national agencies (i.e., ASA, SACP, MLSP, Mol, MoJ) and local state authorities (i.e., CPDs, National Police Force (NPF), Prosecutor's Offices, courts, child protection services, health care facilities, mayors and representatives of municipalities), other service providers and more.

UNICEF recruited key stakeholders and partners to participate in interviews by sending letters to relevant institutions with a request to appoint or provide the name of a representative(s) to participate in the evaluation in their capacities as a professional. Their participation was voluntary and they were assured confidentiality.

Key stakeholder interviews were conducted with representatives from national partners and key stakeholders in Sofia, the capital city, and Shumen and Montana municipalities. The evaluation was conducted in the field from 14 January to 28 February 2020. The international evaluator conducted the evaluation in the field with the support of two National Consultants who supported data collection in the field, including interviews with key stakeholders in the pilot regions and the municipality without similar interventions.

A purposive sampling approach was used. In many cases more than one person was identified as a relevant contact in each of the different organizations, institutions, ministries/agencies and CACs. The evaluator wanted the opportunity to interview more than one representative from each of the different organizations, institutions, ministries/agencies and CACs selected for sampling. Given this reality, the evaluation approach involved conducting a combination of one-on-one and/or small group interviews (small group interviews include two to four persons, but no more).

One-on-one interviews were conducted in those situations where this was one person in an organization, institutions, ministry/agency and Centre that needed to be interviewed and/or in situations where a senior official/representative (e.g., minister, deputy minister, programme manager) needed to be interviewed. One-on-one interviews were also used in situations where individuals had an area of specialization and/or expertise that required a one-on-one interview.

Small group interviews of two to four persons were utilized when interviews need to be conducted with staff of in the same organization, institution, ministry/agency and Centre, including staff who work together as a team. Small group interviews allowed for some degree of synergy and discussion on questions which allowed for more depth and perspective by groups from the same organization, institution, ministry/agency and Centre. Small group interviews also allowed the evaluator to maximize her contact with a wide range of individuals from organizations, institutions, ministries/agencies and CACs identified as national partners and key stakeholders by UNICEF CO.

In the three pilot regions, 37 interviews with partners and key stakeholders were conducted by the International Evaluator in Montana, Shumen and Sofia. National Consultants conducted seven interviews with key stakeholders.

All interviews were conducted in the language of preference to interviewees. Most interviews were conducted in Bulgarian; however, some interviewees preferred to conduct the interview in English. The International Evaluator worked with an interpreter in the field to conduct interviews in Bulgarian; UNICEF CO provided the interpreter.

A structured interview questionnaire was to conduct interviews with national partners and key stakeholders (see Annex I: UNICEF/Partner/Key Stakeholder Interview Questionnaire). The interview questionnaire included

questions focused specifically on the evaluation questions related to each of the evaluation criteria – relevance, effectiveness, impact, efficiency, sustainability, and partnership and cooperation. Questions were designed to capture historical perspective to the degree to which respondents had a historical perspective of UNICEF’s support to the CACs. The structured interview questionnaire was designed to generate a combination of qualitative and quantitative data. On average, interviews with national partners and key stakeholders took one to two hours to complete.

4.5.5. Beneficiary Interviews

Beneficiaries (parents and children) of the CACs were also interviewed. CAC management and staff helped to identify parents/guardians and children (age 10-17 years) who were willing and able to participate in an interview with the National Consultants. The pre-section criteria and guidance provided to CACs was to identify beneficiaries who were clients who benefited from the services of the CACs within the past two years. CACs were instructed to identify only those children who had achieved an appropriate level of recovery from their experiences of violence and trauma to be interviewed. Determination of appropriate level of recovery was based upon a combination of time post-incident and/or time receiving treatment/services.

Interviews with beneficiaries were conducted at the CACs to ensure their comfort and well-being. Interviewers at no point asked children or parents/guardians about their experiences of violence or victimization (to avoid revictimizing them), rather the focus of interview questions was on the services received through the CACs and the quality, impact and benefits of those services. The interviews also focused on shortcomings and gaps in services (See Annex K: Parents Interview Questionnaire and Annex M: Children’s Interview Questionnaire).

Beneficiary interviews were conducted as one-on-one interviews separately with parents and children, unless a parent/guardian specifically requested to participate in the interview with their child (in which case the request was accommodated). Parental consent was obtained prior to conducting interviews with children, and children’s verbal assent to be interviewed was also obtained. Both parents/guardians and children were informed that their access to services and/or the quality of services provided was in no way tied to their participation in the interview. They were also instructed that they could choose to decline the interview and/or end the interview at any time or skip questions they did not want to answer without penalty, and without anyone from the CAC knowing. Both parents/guardians and children were provided confidentiality and anonymity in keeping with international guidelines for human subjects’ protections and UNICEF ethical standards.

Interviews with parents/guardians and children who were beneficiaries of the CACs were conducted by the National Consultants in Bulgarian. On average, interviews with beneficiaries took about 30 to 60 minutes.

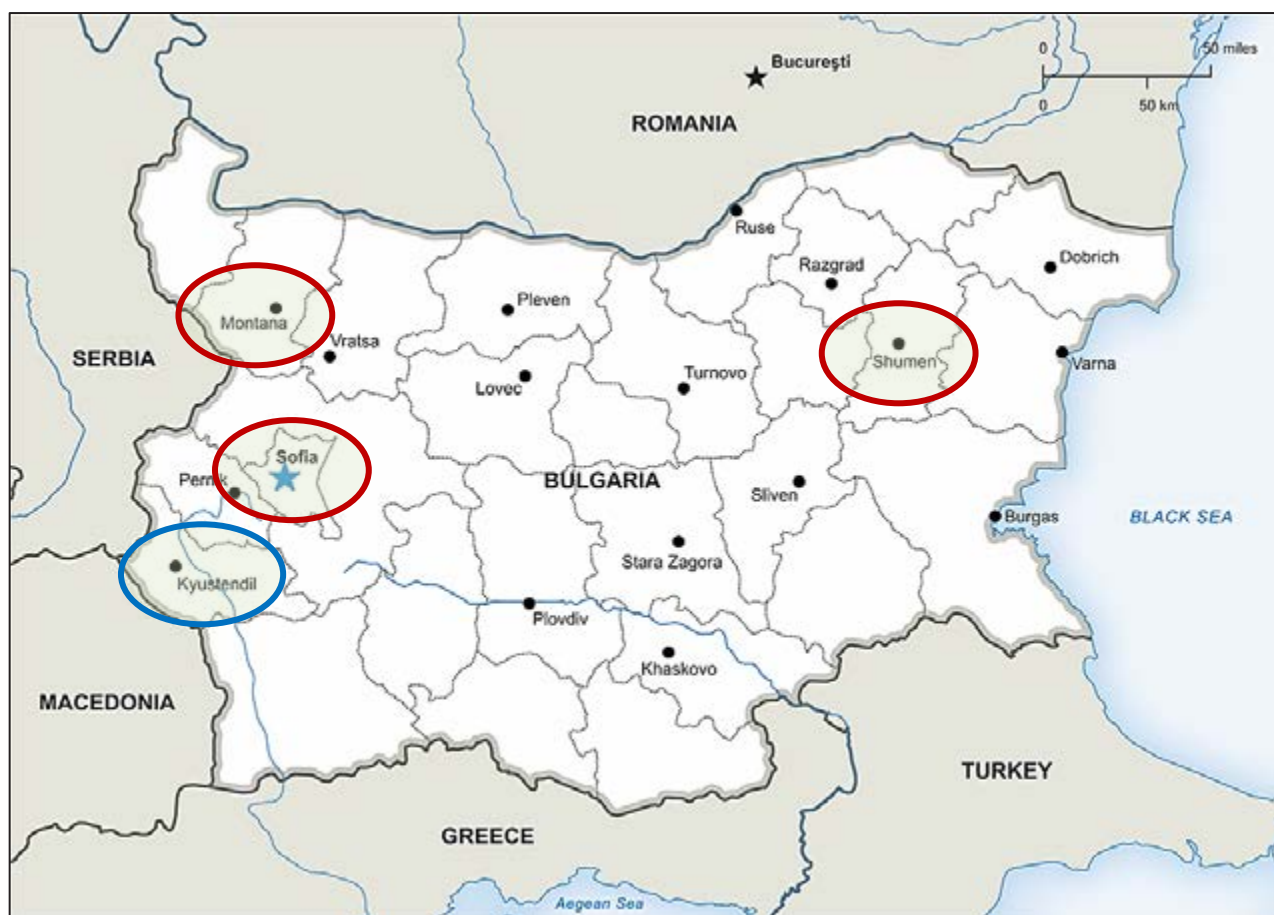
4.5.6. Review of Administrative Data

Administrative data collected by the CACs was also collected; however, only in summary form with no identifiers. Administrative data was not collected on individuals. Effort was made to understand how that data is compiled, analysed and used to assess service delivery and the impact of services on children and families. Effort was also made to collect summary referral data to map referrals made as part of the coordinated, integrated approach.

Effort was also made to collect official summary administrative data at national and subnational levels on crimes involving child victims and child victims of crimes and violence. The Ministry of Interior was identified as an administrative data source for data on crimes against children and children’s access to justice.

4.6. Study Sites and Sample

The evaluation does not aim to represent the entire country and was conducted in the Sofia, the capital city, and Shumen and Montana municipalities. Each of these three regions were selected because they were the regions where UNICEF supported piloting the CACs. In addition, Kyustendil, a municipality within a one-hour drive of Sofia, was also included for comparison purposes because it had a population of 44,500, similar to the pilot regions of Shumen and Montana and a Bulgarian majority and Roma minority.



The sample included a cross-section of duty bearers and individual rights holders in the three pilot regions. A purposeful sampling approach was used to interview individuals who had knowledge of and/or experience with the CACs at the stages of planning, development and implementation. In the municipality without comparable services, a cross-section of municipal authorities (duty bearers) were sampled. Table 2 provides summary information about the sample of respondents by region (see Annex G: Stakeholder Analysis).

	<u>Sofia</u>	<u>Shumen</u>	<u>Montana</u>	<u>Total</u>
UNICEF	5	0	0	5 (3.9%)
CAC (Partner)	11	10	5	26 (20.5%)
Key stakeholder	19	19	7	45 (35.4%)
Beneficiaries	19	24	8	51 (40.2%)
Total	54 (42.5%)	53 (41.7%)	20 (15.8%)	127 (100.0%)

All key stakeholders interviewed were familiar with the CACs, but to varying degrees and their familiarity was within the framework of the agency/department and sector in which they work. In addition, all except one key stakeholder was aware that UNICEF had been funding/supporting the CACs in Montana, Shumen and Sofia. In addition, four small group interviews were conducted with a total of 15 municipal authorities and service providers in Kyustendil, the municipality without similar CAC integrated services.

Table 3 provide a further breakdown of beneficiaries only by region. Among beneficiaries, 58.8 per cent of those sampled were parents/caregivers and 41.2 per cent were children. Far more parents/caregivers and children were sampled in Shumen (47.0 per cent) and Sofia (37.3 per cent), compared to Montana (15.7 per cent). There was a smaller sample of parents and children in Montana, in part, because Montana was experiencing an influenza epidemic at the time our visit to the region; for this reason, some parents and children did not show up to be interviewed.

Table 3. Sample of beneficiaries by pilot regions				
	Sofia	Shumen	Montana	Total
Parent/caregivers	11	14	5	30 (58.8%)
Child	8	10	3	21 (41.2%)
Total	19 (37.3%)	24 (47.0%)	8 (15.7%)	51 (100.0%)

Among parents/caregivers, 93.3 per cent were parents, 3.3 per cent were a grandparent, and 3.3 per cent were other caregivers. In terms of sex, among parents/caregivers, 90.0 per cent were females and 10 per cent were males. Parents/caregivers ranged in age from 17 to 60 years of age, with an average age of 40 years. All of the parents/caregivers who were interviewed had been at the CAC before and knew staff at the CAC.

Among children, 61.9 per cent were girls and 38.1 per cent were boys. Children ranged in age from 10 to 17 years of age, with an average of 13.5 years. All children who were interviewed reported they knew staff at the CAC. In addition, nearly all children who were interviewed had been at the CAC before; only one child (4.8 per cent) report it was their first time at the CAC.

4.7. Stakeholder Participation and Triangulation

The International Evaluator and National Consultants used a participatory approach that recognizes national partners, key stakeholders and beneficiaries as important and active participants who contribute to the production of knowledge and understanding. In keeping, the evaluation team set out to collaborate with all national partners, key stakeholders and beneficiaries, including UNICEF CO management and staff. The participatory approach was based upon human rights-based and child rights-based approaches, and was gender and culturally sensitive.¹¹⁹

Triangulation was also an important part of the evaluation approach to ensure not only the credibility of information and data collected, but also to allow diverse perspectives and experiences to be captured. The evaluator undertook analysis and interpretation of data collected in the field as an opportunity to allow the diverse perspectives and experiences captured through triangulation to come to the forefront and to reveal the full influence of UNICEF's initiative to establish and support CACs in Sofia, Shumen and Montana.

Triangulation allowed for a critical examination and analysis of information gathered and synthesis of data in an objective manner. When contradictory information was obtained from stakeholders, effort was made to understand the reasons for such information, including region, sector and institution/agency differences in perspectives and experiences.¹²⁰

4.8. Ethical Review

Prior to beginning data collection in the field, UNICEF CO sent the Inception Report for an external ethical review to ensure effective processes and accountability for ethical oversight. The ethical review ensured that human subjects protections, including the protection of and respect for human and child rights, were properly incorporated into the evaluation methodology and data collection processes, in keeping with UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis. Ethical approval was received (see Annex N: Research Ethic Approval)¹²¹

The ethical review was conducted by an external Ethics Review Board (ERB). The ERB was responsible for reviewing the evaluation methodology and data collection to ensure the following requirements were satisfied:

- a. Proposed evaluation approach is methodologically sound and designed to minimize risk to human subjects (participants).
- b. Human subjects are not placed at undue risk, and any risks are reasonable in relation to the anticipated benefits.
- c. Special protections are provided to special populations, including children.
- d. Human subject's participation in the evaluation is voluntary.
- e. Informed consent is sought from each human subject or the subject's legally authorized representative prior to their participation in the evaluation.
- f. Informed assent is sought from children prior to their participation in the evaluation.
- g. Relevant protection protocols are in place to ensure human subjects' protections and safety
- h. Human subjects' safety, privacy, confidentiality and anonymity are maximized.

- i. Data collection and analysis does not result in violations of confidentiality and/or anonymity

ERB reviewers paid attention to the following written elements of the Inception Report:

- a. Informed consent forms or guidelines
- b. Protocols for the protection of subjects' safety
- c. Protocols for the protection of subjects' identities
- d. Protocols for the protection of collected data
- e. Interview questionnaires and other data collection instruments, human subject recruitment plans, and any parts of the evaluation approach that are relevant to human subject protections.

4.9. Ethical Considerations

The evaluation followed *UNEG Norms and Standards and Ethical Guidelines for Evaluations* and ethical guidelines approved by the ERB.¹²² In keeping, the evaluation was “conducted with the highest standards of integrity and respect for the beliefs, manners and customs of the social and cultural environment, for human rights and gender equality, and for the ‘do not harm’ principle for humanitarian assistance.”¹²³ In addition, the evaluation was conducted in an independent manner, with key elements of impartiality, objectivity, professional integrity and absence of bias at all stages of the evaluation process. Credibility was established as evaluation findings and recommendations have been informed by and grounded in the use of the best available quantitative and qualitative data and analysis to meet organizational needs for learning and accountability.¹²⁴

Special measures were put in place to ensure the evaluation process was ethical and that participants could openly provide information and express their opinions in confidence. Sources of information were protected and only known to the evaluator and interviewers. In keeping with *UNEG Ethical Guidelines for Evaluations*, specific attention was paid to issues related to harm and benefits, informed consent, privacy and confidentiality, and exercising commitment to avoid conflicts of interest in all aspects of the evaluation, thereby “upholding the principles of independence, impartiality, credibility, honesty, integrity and accountability.”¹²⁵ Data has been protected and coded so as to ensure anonymity.

All participants were informed of the context and purpose of the evaluation, and guaranteed confidentiality. To ensure confidentiality, all interviewees have been assigned an ID number at the time of the interview by the interviewer, and reassigned a new ID number at the time of data input by the International Evaluator. In the findings, only ID numbers are used to identify and differentiate among respondents. ID numbers and generic categories (e.g., key stakeholders) are used to identify and differentiate respondents. Region is also identified in many cases.

All interviews have been saved in files with only the identification numbers assigned to them to further ensure confidentiality and stored in a password protected file.

Qualitative data is presented in the report in a manner that ensures anonymity and confidentiality, to ensure that respondents cannot be identified, particularly in the case of beneficiaries. This is especially important as it relates to beneficiaries, to reduce the risk that their participation impacts their access to services. Still, however, the evaluator cannot fully guarantee that participation in this evaluation can have some sort of negative effects.

The International Evaluator did not audio record any Interviews; rather, detailed/verbatim interview notes were typed directly into Word on a laptop by the International Evaluator during the interviews and cleaned immediately thereafter for accuracy. The International Evaluator has the skills needed to record detailed/verbatim interview notes in this manner, which is more efficient and just as effective as audio recording interviews.

National consultants' audio record interviews; unless the respondent preferred not to be audio recorded, in which case detailed/verbatim interview notes were taken and then typed into Word after the interview. All audio recorded interviews were transcribed verbatim into Bulgarian and then translated into English by the National Consultants. The English version of the verbatim transcribed interviews was then shared with the International Evaluator. All audio recorded interviews were immediately erased/deleted following transcription of the interviews.

All participants were informed of the context and purpose of the evaluation, after which they were asked to give informed consent to participate in the evaluation. They were informed of their rights as voluntary participants in the evaluation, including the right to anonymity and/or confidentiality and that all interviews and data would be coded to ensure anonymity and confidentiality. UNICEF included in the Informed Consent Form a paragraph in accordance with Bulgaria's Child Protection Act¹²⁶ regarding mandated reporting in the event that a child discloses risk or abuse unprompted by the interview. Beneficiaries were also provided with contact information for the National Helpline 111 116. Interviewees were also informed that they have the right to decline participation in the evaluation without penalty, and can end the interview and/or skip questions at any time without penalty.

Universally recognized values and principles of human rights and gender equality were integrated into all stages of this evaluation, and respected, "addressing and promoted, underpinning the commitment to the principle of 'no-one left behind'."¹²⁷

4.10. Mitigation of Risk

Minimizing risks of procedures incorporates several complementary components, including:

- a. Evaluation methodology provides sufficient detail to demonstrate how each data element will contribute to the analysis plan to eliminate all unnecessary procedures and to minimize the risk of procedures
- b. If children or other vulnerable groups become upset during an interview, the interview will be cancelled immediately and a psychologist from the CAC will be invited to consult the participant.
- c. Minimum data necessary for the evaluation will be collected
- d. Minimum number of identifiers necessary will be collected
- e. Perform only procedures that are necessary to achieve the evaluation purpose and objectives
- f. Take steps to ensure anonymity and confidentiality to minimize risk to human subjects
- g. Coding data to conceal identifiers
- h. Secure the stored data so that the confidentiality of the subjects is preserved

4.11. Evaluation Team

This external evaluation was conducted by three consultants, including: Dr. Robin Haarr, International Evaluator and Team Leader, from the United States; and two National Consultants from Bulgaria who have extensive experience interviewing children. The evaluation approach and data collection tools were developed by the International Evaluator, in consultation with UNICEF CO to ensure they were relevant to the evaluation of UNICEF's contribution to Bulgaria's CACs. UNICEF reviewed and approved the evaluation approach and data collection tools prior to beginning the evaluation (see Annex D: Work Plan and Evaluation Team Responsibilities).

The evaluation was conducted by the team of three evaluators with input and support from the UNICEF CO between November 2019 and May 2020, with data collection in the field occurring from 14 January – 28 February 2020. Prior to beginning data collection in the field, the Team Leader trained the National Consultants on the methodology, data collection tools and ethical procedures.

Following data collection in the field, a first draft of the evaluation report was prepared by the International Evaluator. Finalization of the evaluation report was carried out by the International Evaluator, with additional input and support from the National Consultants, following review and feedback from UNICEF CO and the ERG, and feedback received from national partners during the validation meeting.

The International Evaluator was responsible for managing and leading the evaluation team, including: designing the evaluation methodology and tools; data collection and analysis; conducting debriefing sessions and the presentation of preliminary findings; drafting the Inception and Final Reports with recommendations; guiding national consultants/team members; and presenting the Final Report.

Specific tasks for the Team Leader included:

- a. Guide the desk review including all relevant programme and project documents and reports, previous studies and research, if relevant
- b. Develop and provide methodological guidance for the team with regard to tools development and define overall direction for data analysis and quality assurance
- c. Provide guidance on the preparation of evaluation deliverables

- d. Manage the evaluation workplan
- e. Maintain coordination and communication with team member and UNICEF staff involved in the evaluation
- f. Review all relevant evaluation documents
- g. Lead the planning and conduct analysis and discussion on the evaluation questions and issues common to the team and the process
- h. Undertake the data gathering mission and present the evaluation findings to UNICEF CO and the ERG

Common tasks and duties for all Team Members included:

- a. All team members were requested to familiarize themselves with UNICEF global normative products in the substantive areas for which they are responsible. These are available on www.unicef.org
- b. All evaluation team members contributed to the evaluation deliverables – Inception Report, Final Report and Power Point Presentations
- c. All evaluation team members should participate in the field mission
- d. National consultants support the Team Leader in data collection, debriefing sessions and recommendations workshop, and providing input (if necessary) into draft parts of Inception and Final Reports

4.12. Data Management and Analysis

Data was coded and analyzed using grounded theory.¹²⁸ Grounded theory allows data collection and analysis to occur simultaneously, strengthening both the quality of data and analysis. As data collection and analysis progresses, and preliminary findings begin to emerge, the evaluators will be able to identify and explore emerging themes, such as results achieved, lessons learned, challenges encountered, and adjustments made.

Data from interviews, including both open- and close-ended interview questions, were saved in Word files that were then shared with the International Evaluator. Each member of the evaluation team was responsible for managing their own interview notes in Word and sharing detailed verbatim interview notes from each of the interviews with the International Evaluator for coding and analysis.

Standardized coding procedures were developed by the International Evaluator for use in SPSS. Close-ended questions from interviews were coded and input into two separate SPSS data management systems for analysis purposes. One SPSS data management system included close-ended data from interviews with UNICEF, partners and stakeholders; the other SPSS data management system included close-ended data from interviews with children and parents. The International Evaluator was responsible for creating the two SPSS data management systems and inputting data from the closed-ended questions into SPSS, as well as analyzing the two SPSS data sets and interpreting the findings. SPSS data sets were stored in a password protect file.

Data from open-ended interview questions were saved in Word files. There were more than 300 pages of qualitative of data from interview notes with respondents. All of this data were read and coded for both general and specific themes and sub-themes, and analyzed for patterns and comparisons among respondents, including differences based upon category groups (UNICEF, stakeholders, partners, parents and children) and pilot regions. All Word interview files were stored in a password protected file.

All respondents were guaranteed confidentiality. To ensure confidentiality, names were not recorded in the interview notes; instead, respondents were assigned an ID Number which was recorded in the interview notes. In the findings section of this evaluation report, ID Numbers are used to identify and differentiate among respondents. Generic categories are also used to identify and differentiate respondent's as being partners, stakeholders, parents and children. Pilot regions of respondents are not revealed with quotes in order to protect the identities of respondents. At the end of each question, respondents ID numbers and generic categories are presented (e.g., 132, partner). In the case of small group interviews with more than one person, more than one ID number will be identified (e.g., 133, 134, 135, partner).

Reports were prepared according to the *UNICEF Style Guide* and *UNICEF-Adapted UNEG Evaluation Report Standards* (2017), as per Geros guidelines.

4.13. Limitations of the Evaluation

There are several limitations to the evaluation which can hinder the process. Most notable are:

- a. An evaluability assessment with all the partners was not conducted. Still, however, despite some data gaps there is available information to conduct an evaluation that is both summative and formative in scope.
- b. The evaluation does not aim to represent the entire country, but was conducted in Sofia, the capital city, and Shumen and Montana municipalities, as well as one additional municipality without comparable CAC integrated services. A purposeful sampling approach was employed to ensure identification and selection of individuals with knowledge of and experiences with the CACs. This, however, is a limitation in terms of generalizability of the findings to the country as a whole.
- c. Interviewing national partners, key stakeholders and beneficiaries depended upon their availability during the one-month period when data was collected in the field.
- d. There are limitations as to the availability of administrative data on VAC in Bulgaria, and a lack of standardized tools for collection data on child victims of crimes and violence, and their families. In addition, administrative data collected by the CACs was limited in scope; this constrained an analysis of the impact of services on child outcomes.
- e. The level of disaggregation of available administrative data and the quality of administrative data provided by the monitoring system of CAC services was not sufficient to assess equity dimensions, and the evaluation team was not able to ensure participation of the most vulnerable families and children in the evaluation process.

There were no apparent biases that arose during the evaluation.

5. EVALUATION FINDINGS

Findings are presented by each of the evaluation criteria and questions related to relevance, effectiveness, impact, efficiency, sustainability, and partnership and cooperation. Findings are also presented against the evaluation criteria and questions, and intervention results and outcome outlined in the TOR and reiterated in the methodology section of this report.

Findings are presented so that readers know the characteristics of respondents who are quoted throughout the findings section of this report. Respondents are identified as partners, stakeholders, parents and children. A unique number is associated with each respondent is also provided; this makes it clear which respondents are quoted through the findings section. More than one unique number may be associated with a quote because there were sometimes two or three people in a small group interview and all respondents agreed with the statement or perspective, so they were also recognized as associated with the quote. To maintain confidentiality, region is not identified for each respondent.

5.1. Relevance

Evaluation questions related to relevance focused on the extent to which the intervention's objectives and design responded to beneficiaries and partner/institution needs, policies and priorities. Findings related to relevance are grouped into four sections: 1) intervention's alignment with national priorities and needs of the Government; 2) intervention's alignment with UNICEF CPDs and strategic plans; 3) intervention's approach is evidence-based and addresses the needs of children and families; and 4) importance of CAC to children and families.

5.1.1. Intervention's Alignment with National Priorities of the Government

UNICEF's goal and strategy to establish CACs in the three pilot regions to deliver integrated services to child victims of violence and crimes and their families has been in line with national priorities of the government to prevent and respond to VAC. Chart 8 reveals **94.1 per cent of respondents recognized that UNICEF's support to develop CACs has been in line with national priorities of the Government** to develop prevention and response services for child victims of violence. This priority was identified in the National Strategy for the Child, 2008-2018. UNICEF's support to develop CACs was also aligned with the CRC and CRC Observations and Recommendations to the Government of Bulgaria, as well as recommendations from the European Commission. UNICEF explained *"this was part of the planning process."* In the planning stage, UNICEF worked

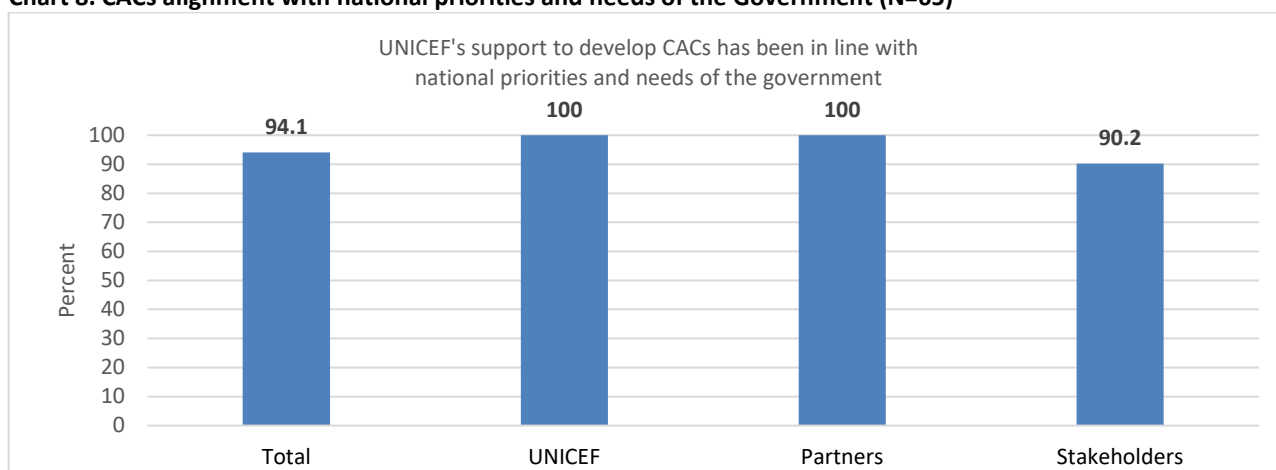
with the Government to identify “what needs and rights of children were not being met, what gaps existed and what UNICEF could do to fill those gaps” (107).

Since 2014, UNICEF has leveraged its competitive advantage to support the Government to protect child victims of violence and crimes and to establish CACs to deliver integrated services. At the national level, stakeholders recognized,

- a. “Funding available to the three CACs gives disadvantaged children access to legal services and psychological support, and all types of services that meet their specific needs. If it was not for the CAC’s they [child victims and their families] would not find this support elsewhere. The CAC’s are the only one stop shop where everything is available.” (151, Stakeholder)

National stakeholders also recognized that **CACs collaboration with schools to address violence and bullying in schools has been aligned with the Government’s national priorities** to ensure a safe environment for children in schools. One stakeholder maintained, “they [the CAC] are the only one in Sofia that works on school bullying, school violence. In recent times, these cases have grown in massive numbers. They [CAC staff] go visit the school, work with school staff and parents. This is very useful to have such a service for that kind of problem” (26, Stakeholder).

Chart 8. CACs alignment with national priorities and needs of the Government (N=65)



At the local level, stakeholders recognized that “CAC’s are striving to change the approach to child victims, and change the approach of law enforcement and judiciary bodies like the police, courts and prosecutors [to work with child victims and witnesses of violence and crimes]” (159, 160, Stakeholders). CACs efforts to promote child friendly approaches (e.g., child friendly interviews in Blue Rooms) to avoid re-traumatizing children has helped police and judiciary bodies, particularly in Shumen and Sofia where CAC Blue Rooms were used more regularly by police and justice officials. In Sofia, CAC staff have also trained CPD social workers to identify VAC cases and to develop their approaches for working with child victims of violence.

Stakeholders in Sofia and Shumen explained that “the CAC is the only service [in the community] that has highly trained psychologists and an interdisciplinary team to meet the needs of victims” (149, 150, Stakeholders). Stakeholders also identified it is important that CACs are able to “provide everything in one place under one roof” (144, 145, 146, Stakeholders). Stakeholders maintained children are a priority in Bulgarian law, as evidenced by the Child Protection Act and Domestic Violence Act, as well as the Family Code and Criminal Code, but they also recognized “the existence of laws is not enough . . . and if we sit and wait for the administrative machine to cater to the needs of children, it will not work” (144, 145, 146, Stakeholders). From their perspective, CACs provide “a specialized service that responds efficiently and effectively, and in a comprehensive way, and supports law enforcement and judicial processes by providing expert reports to the courts” (144, 145, 146, Stakeholders). Some stakeholders maintained, “It is the CAC that is driving change.” (159, 160, Stakeholders).

Similarly, stakeholders in Montana explained that “ever since the CAC was established it has been establishing quality social services provision here [in Montana].” This same respondent went on to explain that psychotherapy services provided by CAC Montana have been crucial to child victims of violence, as there are

no other child psychotherapists in the region. Given the quality of services provided by CAC Montana, stakeholders maintained “I would not hesitate to refer a case to the CAC’s psychotherapist” (158, Stakeholder).

5.1.2. Intervention’s Alignment with UNICEF CPDs and Strategic Plans

In 2014, when UNICEF began efforts to establish CACs, “UNICEF was still in the previous [UNICEF] CPD where violence was not a clear priority, however, in the last three years and plans signed with the Government, violence was one of the issues that UNICEF needed to be involved more heavily” (165).

Following a determinant analysis, UNICEF planned to develop an integrated approach to VAC that was in line with international best practices and European standards. **UNICEF’s initiative to support CACs has been directly aligned with UNICEF’s Country Programme 2018-2022, which includes a focus on protection of children from violence and strengthening national and local capacities related to prevention and service delivery. UNICEF’s intervention has also been aligned with the Europe 2020 Strategy¹²⁹, EU Recommendation “Investing in Children: Breaking the Cycle of Disadvantage”, the Council of Europe Strategy for the Rights of the Child (2016-2021), and the 2015 EU Principles for integrated child protection systems¹³⁰, as well as the 2030 Agenda for Sustainable Development and UNICEF’s Global Strategic Framework 2018-2021.**

UNICEF’s intervention integrated an equity-based approach.

The aim was to ensure all child victims have access to CACs, regardless of gender, ethnicity, socio-economic status or residence. This includes children and families from vulnerable and marginalized communities, including poor and ethnic minorities, and those living in rural and remote areas. This was accomplished by identifying three pilot regions – Montana, Shumen and Sofia – that were demographically diverse. Montana and Shumen have a large number of poor and ethnic minority, and rural and remote communities. Montana was chosen as a pilot region because it has experienced significant depopulation and has limited social services for children and families.

“CACs are important because there is no such kind of service in Bulgaria. It was outlined in the CRC Report that we should develop such kind of services . . . but we need this type of service for recognition of VAC, support to children and their parents, and gaining redress for what happened by giving professional support and access to justice.” (110)

For many vulnerable and marginalized children and families, transportation to CACs can be challenging, particularly if mass transportation schedules are not in keeping with the working hours of the CACs. As one respondent explained, “The biggest barriers are faced by marginalized groups living in remote villages because it is difficult for them to reach the nearby town, the municipal towns, so the fact that these children’s parents are poor and the local infrastructure is poor and the transport connections to the town” (152, 153, 154, Stakeholders). To overcome this challenge, UNICEF supported the CACs to provide translation services for clients from ethnic minority populations and mobile outreach services in an effort to reach vulnerable and marginalized communities in rural and remote areas.

5.1.3. Intervention’s Approach is Evidence-Based

The CAC model is an evidence-based approach to addressing the needs of children, families and communities. The CACs were modeled after best practices of Child and Youth Advocacy Centres in Canada and the ‘Barnahus’ model (meaning ‘Children’s House’) in Iceland. These models are child-friendly, interdisciplinary and multi-agency centres for child victims and witnesses. They are places where children can be interviewed and medically examined for forensic purposes, comprehensively assessed and receive all relevant therapeutic services from qualified professionals. Barnahus originated in the Child Advocacy Model adopted in the United States of America (USA) in the 1980s, and was first implemented in Iceland in 1988, and subsequently implemented in other Nordic countries, including Sweden (2005), Norway (2007), Greenland (2011) and Denmark (2013). The Barnahus model was adopted to create a specific legal system that responds to the special needs of children suspected of being victims of violence or abuse. The Barnahus model derives from the principle that the needs of children in these cases are very different from those of adults in the same situation; thus, the model works to ensure children who have been exposed to various types of violence, abuse and crimes receive appropriate assessment, treatment and support in a child friendly environment. In these settings, child friendly investigative interviews can be conducted which reduces a child’s level of anxiety, which is crucial for successfully eliciting the child’s disclosure.¹³¹

This evaluation found the services provided by CACs are important and relevant to meeting the needs of children, families and communities in the three pilot regions. Nationally, the CACs meet the needs of the national government to provide child victims of violence and crimes with psychosocial support and legal services.

In Bulgaria, there are no government agencies or other organisations that are able to provide integrated service delivery to child victims of violence and crimes. CACs are unique in their delivery of integrated and specialized services to children and families. Stakeholders recognized that the CACs are *“the first-ever specialized service for child victims which is of an integrated nature . . . there have not been any integrated services until now, so integrated service provision is in the very first stage”* (102, 103, Stakeholders). Stakeholders went on to explain that CACs are relevant to meeting the needs of children and families because they *“fill a gap in services that we [the government] previously did not have”* (162, 163, Stakeholders). Others maintained CACs are important because they *“are not subject to the heavy administrative requirements, unlike state institutions, so CACs can react promptly . . . CACs are also able to meet children’s needs, with their peculiarities, and provide intensive care and services”* (144, 145, 146, Stakeholders).

In the three pilot regions, the focus has been on providing child victims of violence and crimes, and their families with much needed social support and free psychological counselling, psychotherapy, and legal aid. It is well documented that children and parents/caregivers who access CACs have experienced traumatic events (e.g., exposure to domestic violence, physical violence, rape/sexual assault, and neglect) that have caused them to suffer physical, psychological, emotional and spiritual harm, and some suffer from post-traumatic stress disorder (PTSD).¹³² Failure to process and overcome trauma can have long-term negative impacts on children and battered women. For these reasons, CACs are both relevant and important *“because they are specialized and bring together all the different relevant institutions to work on specific cases”*, despite the fact that *“coordination is a big challenge”* (111, 112, 113, Partners). Stakeholders explained, *“the communication with them [CAC staff] is excellent . . . It is all about the human approach and not the red tap approach”* (159, 160, Stakeholders).

“To me it is relevant because it gives us the opportunity to work with families and it puts together a number of different types of services, counselling, legal aid and accompanying . . . It is relevant because we work with these people at a time that is difficult for them and we support them to get out of this situation, we help them believe they can cope.” (111, 112, 113, Partners)

The challenge faced by CPD social workers is that they often have large caseloads and lack expertise in the area of VAC; as a result, they don’t have resources needed to support child victims of violence and crimes. In regions such as Shumen and Montana, CPD social workers also lack access to transportation needed to visit clients and provide needed support services, and to conduct home visits. In comparison, CACs offer mobile outreach services and have an office vehicle that enables them to travel to communities to provide services and meet with their clients as needed. In Shumen and Montana, CAC staff sometimes offer opportunities for CPD social workers to travel with them to rural and remote villages to work with clients; this has helped to strengthen collaboration and cooperation between the CACs and CPD.

CACs also have *“highly qualified”* and *“very experienced staff, so justice officials can trust their evaluations”* (133, 134, 135, Stakeholders). For instance, stakeholders in Montana recognized *“the psychotherapy that CAC provides is exceptional because there is no other service in Montana”* (159, 160). Quite often, other service providers, such as Crisis Centres, also rely upon legal services provided by CACs to draft applications for protection orders/restraining orders and to submit them to the courts to support victims of domestic violence, particularly in serious cases of domestic violence.

“SAPI is the organization that has been working for years and promoting for years the Blue Room concept, they have been promoting it for more than 7 years and they work to improve the Blue Room policy.” (147, 148, Stakeholders)

Each CAC has a Blue Room which police and justice officials can use to interview children in a child friendly environment with the support of a psychologist or social worker from the CAC. Blue Rooms allow police, prosecutors and judges to listen and observe interviews with child victims from outside of the room. In the pilot regions, some CPD social workers prefer to let CAC psychologists and psychotherapists conduct interviews with child victims in the Blue Rooms, because they are experienced at conducting such interviews using child friendly interviewing practices. In Blue Rooms, CAC psychologists, *“are only interpreting questions that the judge or the police officer*

is asking. They are hearing the questions and making it softer for the child. The presence of the psychologist is written in the law, the parent might be present, but it is not necessary, and a lawyer is not required. I had a case where I was authorized by the mother of a little girl for sexual abuse and the judge would not allow me in the Blue Room for the interrogation” (141, 142, Partner).

Stakeholders acknowledged that “psychologists of the CAC conduct the interview using the child friendly approach and it is recorded, and all the professionals are able to extract the information they need to do their duties and fill in the required documents. In this way, we avoid re-traumatizing the child” (124, 125, 126, Stakeholders). Respondents also recognized that “Blue Rooms in CACs are not in a stressful building, the police or court, but in close vicinity to the police and court” (127, 128, 129, Stakeholders).

On the one hand, while some respondents maintained increased use of the Blue Rooms in the CACs, others reported use of Blue Rooms has declined in recent years. This is despite efforts to work on a legislative agenda to push for use of Blue Rooms, and despite European Directive 2012/29 which recognizes that children are especially vulnerable as victims of crime. Stakeholders explained, “The reasons for this negative trend are multiple . . . even though CACs have worked on improving access to justice, there has been resistance” (102, 103, Stakeholders). Another stakeholder added,

- a. “It is still the decision of the particular stakeholders, whether the police will do the investigation, whether the child will be interviewed using child friendly interviews by a professional in the Blue Room. There is no legal framework for these institutions to hear the child in a child friendly manner, as a standard operating procedure, so they decide on a case-by-case basis as a personal preference.” (165, Stakeholder)

Another important component of the CAC model is that they provide child victims and their families with free legal services, including assistance filing applications to courts and accompanying children to court proceedings. Stakeholders recognized that CACs approach is important because “they can follow-up on a case and respond to the changing needs [of child victims and their families], as the needs are different in the emergency stage, pre-trial and trial stages; victims are often confused” (111, 112, 113, Partners). Stakeholders recognized that “CACs provide legal counselling and psychological support that enable child victims to tell what happened to them.” These same respondents went on to explain, “the legal counselling that CAC provides in support of families and victims never existed before. The CPD has its lawyer, but the lawyer does not provide counselling to victims and their parents; that lawyer is more in charge of the formal legal requirements” (118, 119, Stakeholders).

“We have crisis intervention and we have been trained to support them in crisis, which is not a service they get anywhere else . . . We are by our client’s side from the beginning until the close of the case, and we can follow-up on the case until it is finally resolved in the legal proceedings. There is no other institution that keeps up with the victims throughout; as soon as the police finish with the case they stop following up.” (111, 112, 113, Partners)

Given the fact that many CAC clients come from vulnerable and marginalized groups, particularly poor and low-income, and ethnic minority groups (e.g., ethnic Roma and Turks), access to quality legal aid is often unaffordable; therefore, CACs help to improve their access to justice by providing access to free legal aid services. Stakeholders explained, “to have access to justice you need access to a legal aid, and they [child victims] have access to very qualified legal aid. [CAC lawyers] are highly educated with fees that would be very high for those people, but they work pro bono for them and CAC pays them [the lawyers]” (141, 142, Partners).

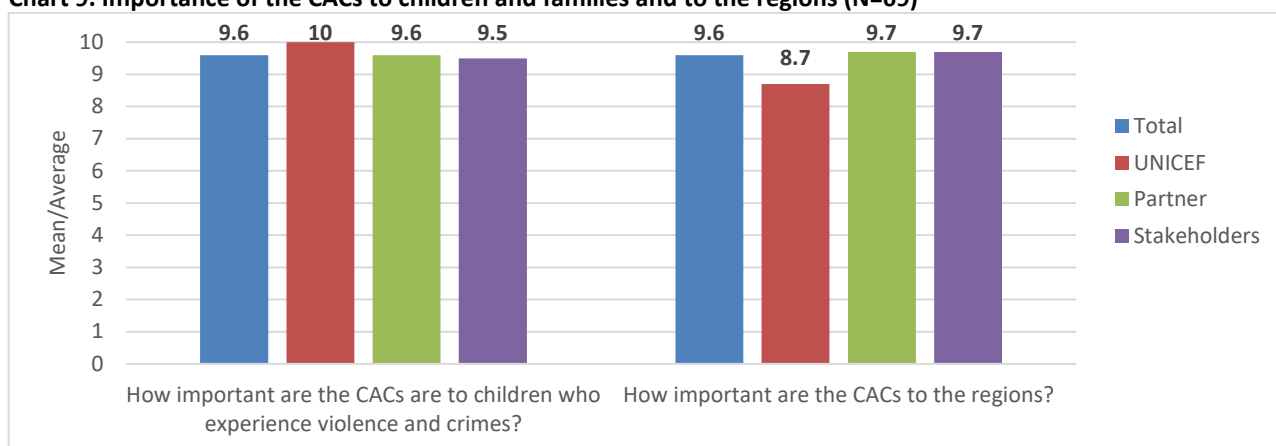
5.1.4. Importance of the CACs to Children and Families

Respondents were asked to rank on a scale of 1 to 10 (1=not important to 10=very important), how important CACs are to children who experience violence and crimes. Chart 9 shows that **all respondents reported CACs are very important to children who experience violence and crimes, and to the regions**. When asked how important CACs are to the regions, UNICEF reported a slightly lower average score of 8.7, compared to partners and stakeholders who both reported an average score of 9.7. Nevertheless, UNICEF still recognized that CACs are very important to the regions in which they operate.

Each respondent was asked to explain why they gave a particular score on a scale of 1=not important to 10=very important. Among respondents who maintained the CACs are very important, the reasons were numerous as outlined below.

CACs provide comprehensive support services to child victims and their families. In general, respondents explained that CACs are *“the only service for child victims of violence, and it is the only service that provides comprehensive case work and care”* (124, 125, 126, Stakeholders). In Shumen and Montana there are no other organizations that provide individualized or tailor-made comprehensive support services to meet the specific needs of child victims of violence and crimes. Respondents explained, *“The most important thing is that children at the CAC feel accepted, understood and supported”* (133,134,135, Stakeholder).

Chart 9. Importance of the CACs to children and families and to the regions (N=69)



Note: 1=Not Important to 10=Very Important

Respondents maintained *“CACs use all the resources and options available to them to ensure the most child friendly approach and the best outcome for the child and family.”* This same respondent went on to explain that the CAC *“doesn’t close the case with the hearing in the Blue Room, but they keep asking about how the child and family are developing after the case is closed”* (120, Stakeholder). Stakeholders also identified CAC as *“a safe space where children can process the trauma inflicted by the violence; such safe places are extremely rare in Bulgaria. Bulgarian’s don’t tend to go look for psychological counselling and the CAC is the perfect place where they can go receive that kind of support”* (131, Stakeholder).

CACs provide child victims and their families with access to psychologists and/or psychotherapists. In Montana, the CAC clinical psychologist is the only one in the region; thus, the CAC is able to provide children and families access to a qualified clinic psychologist to which they would otherwise not have access or be able afford. One respondent explained, *“the cases we deal with are quite extreme and all the children have extreme symptoms which hampers their functioning; that is why I believe the services offered at the CAC are very important”* (152, Stakeholder). Other respondents explained, *“I see how their [children’s] psychological and social state has improved”* (159, 160, Stakeholder).

CACs help child victims of violence to overcome their trauma and gain confidence. CACs work with children who have experienced physical and/or sexual violence and provide them with the social and psychological support needed to process and recover from their trauma, restore their abilities to function socially and to return to school. One respondent explained,

- a. *“Before CACs existed the work was quite fragmented. The court was only interested in having the child testify in the courtroom, but they didn’t care what happened to the child next. The same with the police; their approach focused only on what they need. CACs approach is to support the child to overcome the violence so that they will not experience any trauma in the future”* (154, Stakeholder).

Stakeholders also recognized how CACs are at helping child victims of violence and crimes to gain confidence.

- b. *“It is very gratifying to observe the change in users while they are receiving support starting from the pre-trial stage when we explain everything about the forthcoming trial. Legal proceedings*

take a long time. At the beginning, users are anxious, but then we observe how their confidence increases. That is a key piece of our work to provide adequate counselling to understand the process . . . We let them know what their rights.” (119, Partner)

CACs demonstrate to other professionals how to deal with VAC cases. Respondents recognized that CACs work with children and families is not a one-off intervention, but is long-term support and advocacy to child victims and their families to help them overcome very traumatic and adverse experiences. Respondents maintained, “CACs are showing the other professionals how they can deal with cases” (145, Stakeholder) and “CACs have been able to change the mindset of a rigid structure that would proceed to interrogate children in a very unfriendly way” (158, Stakeholder).

Challenges facing the CPD are limited capacities of the department and social workers; they are unable to put a child at the centre of service delivery or to focus on addressing children’s needs to the same degree as CACs. One respondent explained, CPD social workers simply “can’t pay that kind of detailed attention to each and every case of children” (155, Stakeholder). In comparison, CAC staff are able to support a child on a long-term basis through the process of recovery and accessing justice. Without the support of CACs, “victims would have to find the way on their own between the different institutions.” This respondent went on to say, “CACs are the only place where they [child victims and their families] can receive such support. If there was not such a place, they would not get any services” (117, Stakeholder).

“I’ve given it a high mark because I believe that it is a very important service, it enables me to do the psychology work for recovery of the victim and enables me to act from my professional perspective. In order to provide this psychological support a stable environment is needed and that is what the CAC provides. Without the interdisciplinary team my psychological support would be undermined because psychological support would not work so well without a change in the environment.” (140, Partner)

Stakeholders in each pilot region recognized that CACs are often able to mobilize within just a few hours to provide support to child victims and their families. In some cases, particularly in serious cases of VAC, CACs are able to involve a team of psychologists, social workers, lawyers and other experts, such as police officers, to provide wrap around services to child victims. If necessary, they also take steps to promptly submit applications for protection/restraining orders to remove the abusive parent from the household.

CACs work with domestic violence survivors and help them obtain protection/restraining orders. Respondents recognized CACs are very important to domestic violence survivors, both women and children. CACs also provide domestic violence survivors with much-needed psychological support.

As previously mentioned, CACs are able to provide mobile services to children and families outside of urban and regional centres. In Shumen and Montana, the fact that CACs are able to provide people outside of urban and regional centres with support services is very important. Each CAC has a vehicle and resources to cover gas costs that enable them travel, as needed, to rural and remote villages, bringing services to their clients versus their clients having to come to them. In Shumen, CACs maintain they have lost some regional coverage as municipalities in the region have established community support centres and Blue Rooms. The concern is that such services are fragmented and not delivering the same quality and type of comprehensive services that are offered by CACs.

In some cases, CACs work with abusive parents to address their abusive behaviours. Working with domestic violence perpetrators is extremely challenging and controversial; nevertheless, CACs attempt to work with abusive parents, particularly in Sofia.

- a. *“It is important to help them realize that disintegration of the family is not the worst that could happen and no matter what happens to the family that person remains important to the child. We remind them [abusive parents], it is not our purpose to deprive them of their parental rights, but to support them to improve their parenting in cooperation with the other partner. We try to help them realize their own issues that result in abusive behaviour; in this way we work on prevention. It is important to support them as abusers and to trust that the institutions are not trying to isolate them from their families.” (138, 139, 140, Partner).*

In Sofia, CACs work with abusive parents to help them make right decisions and to raise awareness to their aggressive and violent behaviours, in an effort to help them reform their behaviours. Of course, it is very challenging to work with abusers, but CACs recognize that given the Bulgarian context, it is important to work with the family as a whole, including abusive parents.

“No matter how good we are at what we do there are other important factors, including how serious that trauma is, what recourses are available in the community, resources of the victims, how law enforcement and prosecutor’s office deal with the case, what the family support network is, and how the CPD deals with the case.” (138, Stakeholder)

For the reasons mentioned above, it is **well documented that social work and psychological and legal services provided by CACs are very important and relevant to children and families in the regions and municipalities in which they operate**. Still, however, some respondents expressed the reality that *“even if the CAC does everything perfectly, it cannot do everything on its own; a lot of logistical coordination is required . . . other parties play a role, like the courts and Prosecutor’s Office. A lot depends on the government; the CAC cannot do everything on its own” (114, 115, Partners)*. Stakeholders also added, *“It also depends on the way the CPD deals with the case and judges deal with the case. Sometimes judges are not so adequately trained and do not act in the child’s best interest” (146, Stakeholder)*.

Respondents also recognized the important role of a children’s parents/caregivers in protecting them and supporting their recovery from violence and abuse. One stakeholder explained, *“[The CAC] is very important, but there are more important factors such as the family, the nurturing environment, the child’s social network and the judiciary. We are important but we are not the only decisive factor. If the other factors would not play, they hinder us [the CAC]” (112, Partner)*.

5.2. Effectiveness

Evaluation questions related to effectiveness focused the extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups. Findings related to effectiveness are grouped into nine sections: 1) access to integrated services for children and families; 2) improved access to justice for child victims of violence and crimes, and their families; 3) increases in referrals to CACs; 4) improved cross-sector coordination in the best interests of children; 5) CACs meet the needs of children and families; 6) children and parents satisfaction with CACs; 7) prevention of VAC; 8) effectiveness of capacity building activities for CAC staff; and 9) factors contributing to CACs effectiveness and success. Findings integrated throughout each of the following sections demonstrate UNICEF’s intervention has achieved its planned objectives.

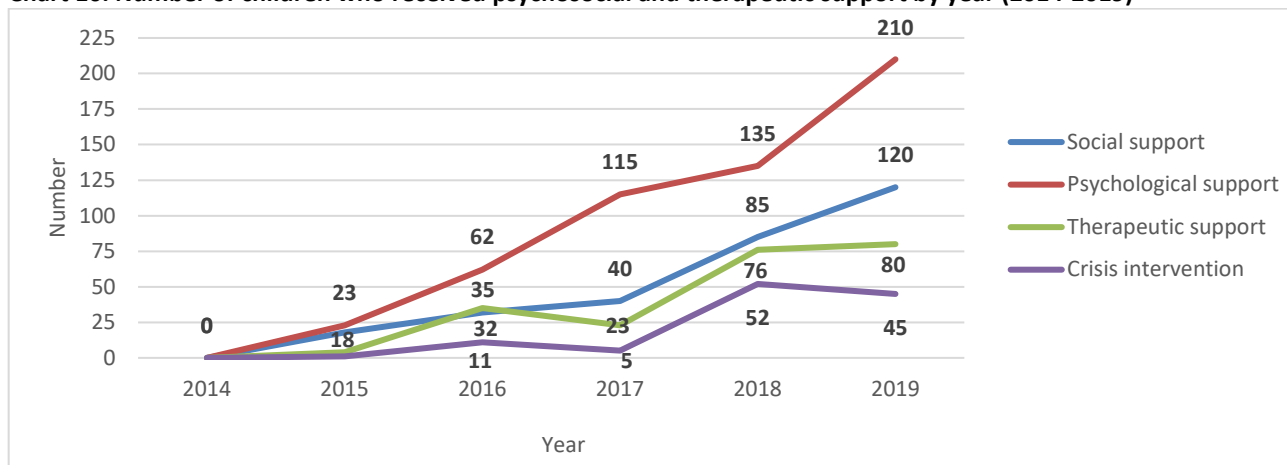
5.2.1. Access to Integrated Services for Children and Families

In keeping with expected results, UNICEF developed CACs to provide integrated services to children and their families in three regions – Montana, Shumen and Sofia. Since 2015, CACs have been operating in each the three pilot regions. CACs have interdisciplinary teams of social workers, psychologists/psychotherapist, and lawyers who work together to provide child victims of violence with a range of psychosocial and legal services, and to connect to them additional needed services in the community.

It is the integrated service delivery approach that benefits children and families the most. Respondents explained, *“It is a one-stop shop with everything under one roof, and support to children is coordinated. CAC staff accompany children where there is a risk of being retraumatized, like interrogations and interactions with law enforcement (102, 103, Partners)*. Other respondents saw benefit in the fact that *“users have someone by their side to accompany them and inform them, because regardless of the education and social status of users, many of them do not know their rights . . . [another benefit is] the therapeutic support provided by CACs” (114, 115, Partners)*.

Chart 10 shows the **number of children who received psychosocial and therapeutic support from CACs steadily increased from 2015 to 2019**. Most notable is the drastic increase in the number of children who received psychological support from 23 in 2015 to 210 in 2019 (+813 per cent change). This was coupled with a significant increase in the number of children who received social support (from 18 in 2015 to 120 in 2019), therapeutic support (from 4 in 2015 to 80 in 2019), and crisis intervention (from 1 in 2015 to 45 in 2019).

Chart 10. Number of children who received psychosocial and therapeutic support by year (2014-2019)

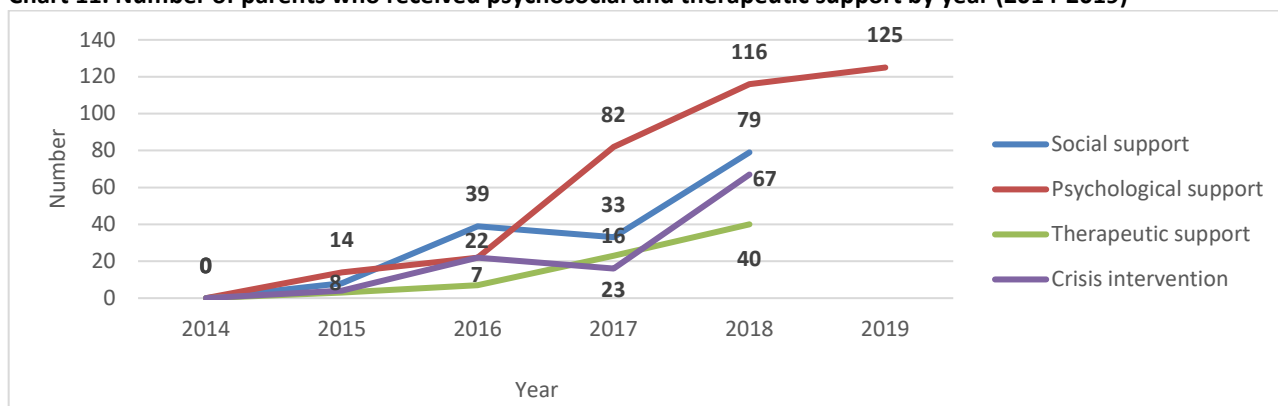


Data source: CAC administrative data, 2015-2019

In addition, Chart 11 shows a drastic increase in the number of parents who received psychosocial and therapeutic support from CACs from 2015 to 2018. In 2019, data was not collected using the same categorizations (social support, psychological support, therapeutic support, and crisis intervention) as had been used in previous years; therefore, comparisons are not possible for 2019. In 2019, only the number of parents (abusive and non-abusive) who received psychosocial support was reported; 125 parents (114 non-abusive and 11 abusive parents) were covered by the psychosocial programme, although the type of support provided is unknown. For comparison purposes, it would have been best if data collection categories were not changed in 2019.

Based upon data from 2015 to 2019, it is evident that **there was a steady increase in the number of parents who received psychosocial support from 2015 to 2019**. Most notable is the increase in the number of parents who received psychological support from 14 in 2015 to 125 in 2019 (+793 per cent change). This was coupled with a significant increase in the numbers of parents who received social support (from 8 in 2015 to 79 in 2018), crisis intervention (from 4 in 2015 to 67 in 2019), and therapeutic support (from 3 in 2015 to 40 in 2018).

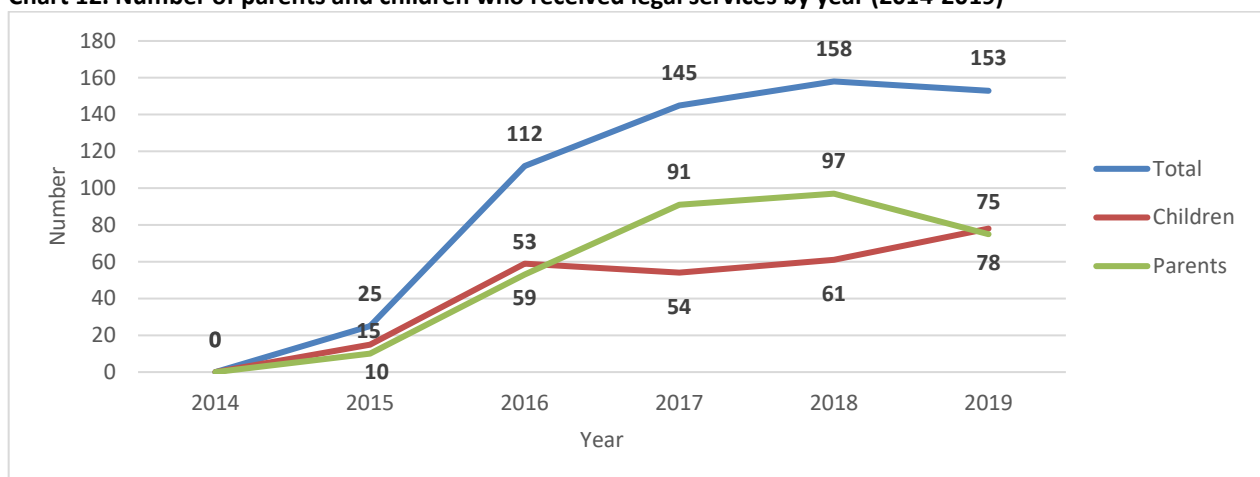
Chart 11. Number of parents who received psychosocial and therapeutic support by year (2014-2019)



Data source: CAC administrative data, 2015-2019

Chart 12 shows the **number of children and parents who received legal support from CACs steadily increased from 2015 to 2019 (+512 per cent change)**. Most notable the number of children who received legal support increased from 15 in 2015 to 75 in 2019. There was also a steady increase in the number of parents who received legal support from 10 in 2015 to 97 in 2018, followed by a slight decline to 75 in 2019.

Chart 12. Number of parents and children who received legal services by year (2014-2019)



Data source: CAC administrative data, 2015-2019

Table 4 reveals the **majority of respondents recognized that CACs have improved integrated service delivery to children who experience violence and crimes (84.6 per cent), including vulnerable and marginalized children and families (76.5 per cent)**. It is notable that the **large majority of local and national stakeholders recognized that CACs have improved integrated service delivery (73.7 per cent)**; 26 per cent of stakeholders did not know if CACs improved service delivery to children. These findings demonstrate that CACs need to develop awareness-raising initiatives that target national and municipal authorities and service providers as to the type of integrated services they provide to children and families, and the increased demand for their services from year-to-year.

	UNICEF N=3		Partners N=24		Stakeholders N=38		Total N=65	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
CACs have improved integrated service delivery to children who experience violence and crimes	3	100.0	24	100.0	28 ^a	73.7 ^a	55	84.6
	N=3		N=24		N=41		N=68	
CACs have improved access to services for vulnerable and marginalized children and families, particularly poor and ethnic minorities	3	100.0	21	87.5	28 ^b	68.3 ^b	52	76.5

^a 26.3% (n=10) stakeholders did not know; ^b 26.8% (n=11) stakeholders did not know

CACs are still a fairly new service that needs to be promoted through more agency-specific and community awareness-raising activities. One respondent explained, *“I don’t see barriers, may be awareness of existence of such service could be a barrier. Teams are trying to be proactive, but still there are communities they cannot reach, they cannot reach the whole population”* (110). CACs should plan awareness-raising initiatives which they can deliver in the offices of national and local authorities, including mayors, police, prosecutors, judges and service providers. Such awareness-raising initiatives should focus on providing information about the type of services provided and type of children and families served by CACs. They can also clarify the type of coordination and interaction they will have with other service providers, police and justice officials when working in partnership with them on cases. For instance, in Shumen, the CAC drafted a support plan for coordination mechanisms in VAC cases. This initiative led some respondents in Shumen to recognize the *“integrated approach has been more and more adopted in our social system, and the CAC was among the first services to operate this approach”* (162, 163, Stakeholders).

“A girl was raped and the police immediately notified the CAC. The CAC immediately started to support the girl and continue that support until the final closure of the proceedings. The perpetrator was convicted by the courts and he appealed the conviction, so the trial was lengthy. The girl had to be interrogated twice, and the court required a psychiatrist assessment for the case, and the court never stopped supporting the girl and the mother during the process.” (127, 128, 129, Stakeholders)

A key to success has been UNICEF’s partnership with two well established and recognized NGOs, SAPI and Animus Foundation, with expertise in the areas of VAC, domestic violence, victim advocacy, and access to justice. SAPI and Animus Foundation had the capacities, reputation, and partnerships with local municipalities, service providers and police and justice officials that benefited UNICEF’s efforts to establish CACs. Other factors crucial to the effectiveness and achievements of CACs were their interdisciplinary teams/staff, including qualified professionals in the areas of social work, psychological counselling and therapeutic services, and legal advocacy. SAPI also had expertise in child friendly interviewing and supporting Blue Rooms, as well as delivering an accredited training course to police officers and members of the judiciary.

In Montana, one of the barriers to effectiveness has been a lack of training for new CAC staff. At the start of the project, CAC staff were provided a four-week intensive induction training. Following a turnover of CAC staff, however, new staff were not provided with the same four-week induction training by SAPI; rather, they were left to learn good practices on their own while on the job. This has significantly hindered their ability to provide evidence-based best practices and quality support and care to child victims of violence and crimes, and their parents/caregivers. They have tried to learn on the job, however, they wanted access to quality training, similar to that received by staff who were hired before them.

5.2.2. Improved Access to Justice for Child Victims of Violence and Crimes

Table 5 reveals the majority of respondents recognized that CACs improved access to justice for children who experience violence and crimes (90.0 per cent), including improved access to justice for vulnerable and marginalized children, such as poor and ethnic minorities (78.8 per cent). It is notable that a large majority of local and national stakeholders recognized that CACs improved children’s access to justice (85.4 per cent); 15 per cent of stakeholders did not know if CACs improved children’s access to justice.

	UNICEF N=3		Partners N=26		Stakeholders N=41		Total N=70	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
CACs improved access to justice for children who experience violence and crimes	3	100.0	25	96.2	35 ^a	85.4 ^a	63	90.0
	N=3		N=26		N=37		N=66	
CACs improved access to justice for vulnerable and marginalized children and families, particularly poor and ethnic minorities	3	100.0	22 ^b	84.6 ^b	27 ^c	73.0 ^c	52	78.8

^a 14.6% (n=6) stakeholders did not know; ^b 15.4% (n=4) partners did not know; ^c 24.3% (n=9) stakeholders did not know

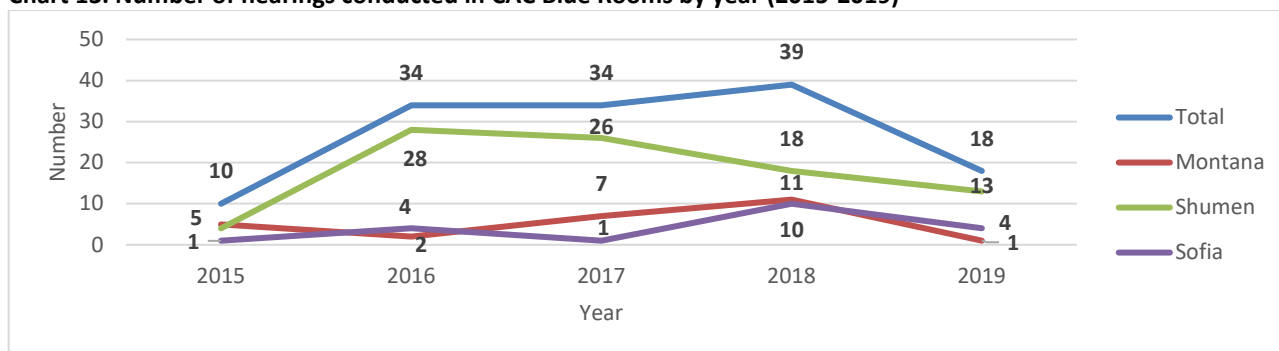
CACs have been able to improve access to justice because they contract qualified lawyers who provide free legal services to children and their families. CACs also prepare children for involvement in litigation and accompany children and their parents to court proceedings as their cases process through the justice system. Most parents and children, including domestic violence survivors, do not know their legal rights, nor do they know how to access protection and justice; thus, CACs legal aid provided by CACs are crucial. Several different stakeholders explained,

- a. *“If someone has been victimized and someone is under the influence of negative emotions and trauma, they don’t know what to do and we provide them with everything in the legal field. We don’t only inform them of their rights, but we also advocate for them so that they can enjoy all their rights . . . We also conduct individual assessments when a new case comes in and we provide our assessments to all stakeholder institutions, such as the police and courts. We are contacted to conduct child friendly interviews and we are invited as experts in these proceedings.” (111, 112, 113, Partners)*
- b. *“The role of CACs also includes conducting child friendly interviews with child victims and witnesses in civil and criminal proceedings. Parents are provided with counselling to know what their options are, what their role should be and how to support their child. The legal advice provided to users gives them security, confidence and trust in the justice system. This confidence is very important.” (118, 119, Stakeholders)*

- c. "CAC lawyers help to prepare required legal documents, accompany victims and prepare victims for trial and the interview; they conduct the child friendly interviews in the Blue Room. They draft the pre-trial evaluation report and provide it to the judge; this makes it easier for the judge to change the way that he communicates with the child, based upon his/her peculiarities." (124, 125, 126, Stakeholders)

CACs also promote the use of Blue Rooms in cases involving children as victims and witnesses of violence and crimes. Chart 13 shows the number of hearings conducted in CAC Blue Rooms from 2015 to 2019. Although the number of hearings conducted in CAC Blue Rooms increased from 10 in 2015 to 39 in 2018 (+290 per cent change), only 19 hearings were conducted in CAC Blue Rooms in 2019 (-51 per cent change). The decline in use of CAC Blue Rooms was most evident in Shumen, where the number of hearings in the CAC Blue Room have declined since 2016. CACs in Montana and Shumen also saw a decline in the number of hearings in their CAC Blue Rooms in 2019. What is driving this decline is unclear, but one possibility is that more Blue Rooms have been established in Bulgaria in recent years, including outside of urban centres.

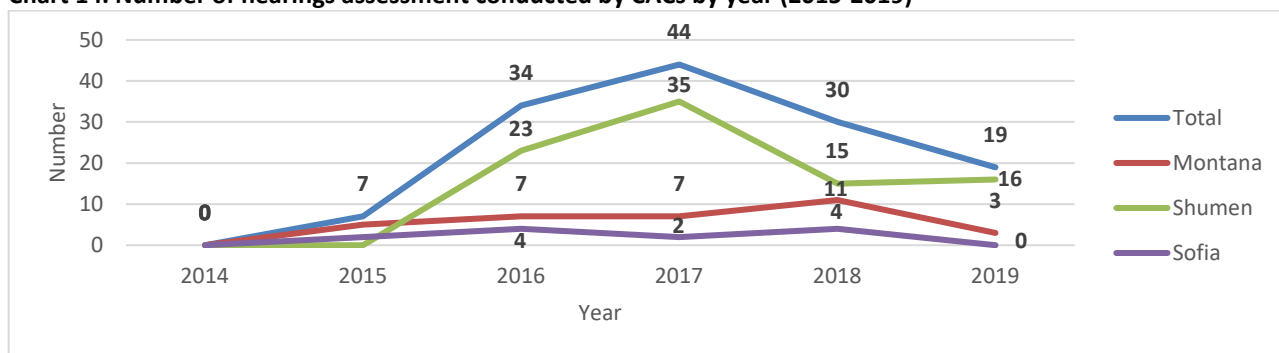
Chart 13. Number of hearings conducted in CAC Blue Rooms by year (2015-2019)



Data source: CAC administrative data, 2015-2019

Chart 14 shows a dramatic increase in the number of hearing assessments conducted by CACs from 7 in 2015 to 44 in 2017 (+529 per cent change); yet since 2017, there has been a decline in the number of hearing assessments conducted by CACs. The decline was notable in Shumen from 2017 to 2018, and in Montana from 2018 to 2019. It is not clear what is driving this decline.

Chart 14. Number of hearings assessment conducted by CACs by year (2015-2019)



Data source: CAC administrative data, 2015-2019

CACs still face challenges when it comes to getting police and justice officials to use Blue Rooms in cases involving child victims and witnesses of violence and crimes. Respondents explained, "police often prefer to interrogate children at the police station because it is more convenient for them" (152, 153, 154, Stakeholders). In fact, "sometimes the judge or investigating officer decides the child is old enough to be interrogated in the court room" (124, 125, 126, Stakeholders). Because there is no mandate that police,

"In the past, law enforcement authorities during their interrogations would prompt the child to say what they were expected to say as part of the child's testimony, but now as this is done with social workers in CAC Blue Rooms, CACs have been able to make sure that their [the child's] voice is heard. Law enforcement have come to realize that it is what the child wants to say and not what professionals want to hear." (152, 153, 154, Stakeholders)

prosecutors or judges use Blue Rooms in investigations and judicial proceedings, child friendly interviewing is discretionary.

When asked how using CDC Blue Rooms benefits their work, justice officials explained,

- a. *“The Blue Room provides a more relaxing setting to interrogate the child and children feel more predisposed to reveal what happened in the Blue Room, than in the court room. The child sees and speaks to only one psychologist, and the child is more willing to tell the truth and tell what happened to them. The psychologist helps to interpret, because children mean something different than how adults would use their words. I have also used the CAC to evaluate parenting capacities, particularly when we need to decide the rights for one parent. The psychologists can help to identify how prepared parents are for their parental rights . . . They also assist us with drafting the risk assessment if the case is a juvenile and they prepare the social assessment report that they use in pre-trial hearings. This is what they do in relation to justice . . . They also accompany their clients in the court room . . . without this kind of support the outcome of the trial would have probably been different.” (133, 134, 135, Stakeholders)*

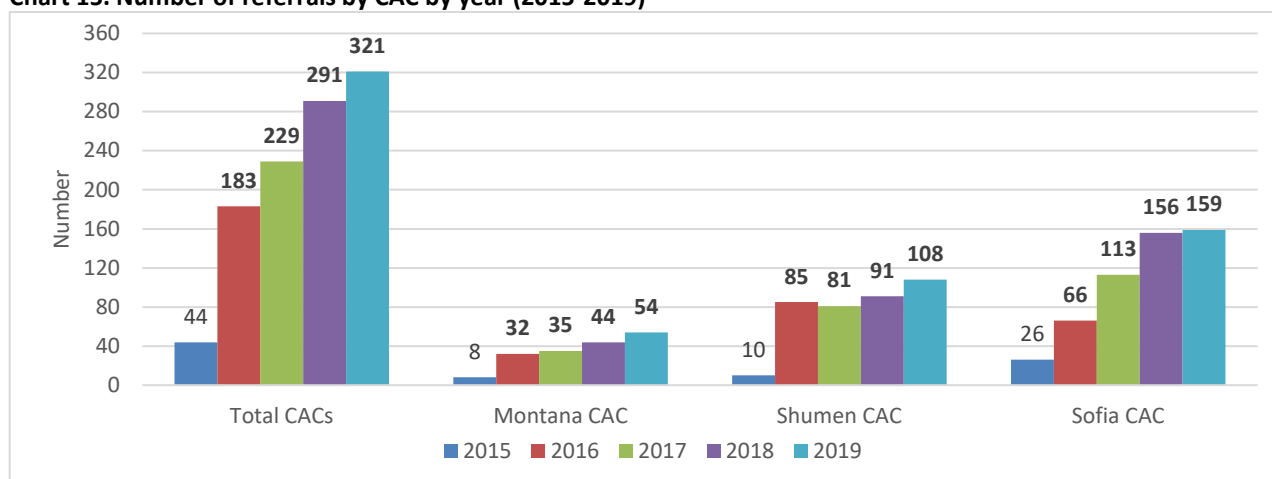
5.2.3. Increases in Referrals to CACs

Eighty-six per cent of parents/caregivers and 76.2 per cent of children reported someone referred them to the CAC; some children did not know if someone referred them to the CAC. **Referrals to CACs came from professionals working in formal institutions/agencies** (e.g., lawyers, police, schools, victim advocates, doctors) **and informal networks** (e.g., neighbors, friends, coworkers).

Chart 15 shows the number of referrals made to CACs from 2015 to 2019. The number of referrals have steadily increased from year-to-year, from 44 in 2015 to 321 referrals in 2019. Table 6 shows the percentage change in the number of referrals to all CACs from year-to-year. The most dramatic increase was in the first year of operation, from 2015 to 2016.

<u>Year</u>	<u># referrals</u>	<u>% change from previous year</u>
2015	44	
2016	183	+315.9%
2017	229	+25.1%
2018	291	+27.1%
2019	321	+10.3%

Chart 15. Number of referrals by CAC by year (2015-2019)



Source: CAC Annual Data

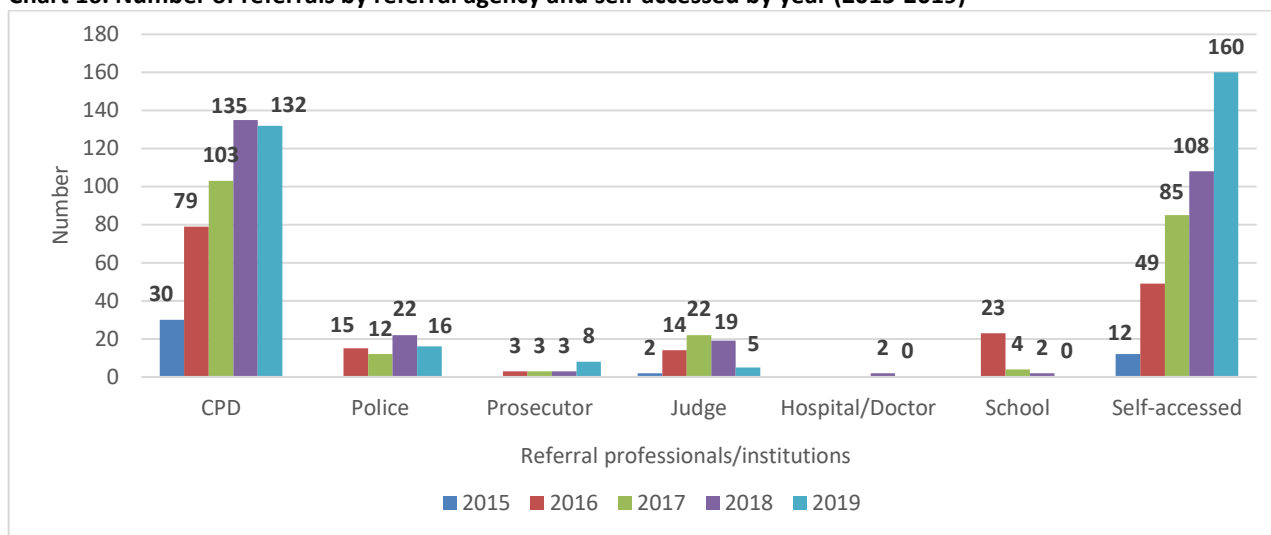
Chart 16 shows the total number of referrals by referral agencies from 2015 to 2019. The largest proportion of referrals to CACs have been from CPDs. In addition, a large proportion of parents/caregivers and children self-accessed CACs. Police and justice officials (prosecutors and judges) also referred children and parents/caregivers to CACs, but to a less extent than CPDs. Few referrals were made by schools and hospitals/doctors.

It is notable that referrals vary across pilot regions. For instance, in Montana, the CPD made the most referrals to CACs each year; whereas the CAC in Sofia had the largest number of self-accessed clients, although they

also had a significant number of referrals from CPDs, and some referrals from police and justice officials. The CAC in Shumen gets the largest number of referrals from CPDs, but they also receive quite a few referrals from police and justice officials, and have self-accessed clients.

a. *“A friend of mine told me about here . . . She used to hear from somewhere that the CAC helps women and children that have experienced something similar to what I did, so she called them by the phone. The boy here, the social worker, he came to the police office immediately and drove us to here. Then we went to see the lawyers. Then they prepared a plan if my husband is released what to do. The police detained him for 24 hours. So, they discussed if the police release him where to shelter us so he doesn't know where we are. They made a plan for our safety.” (7, Parent)*

Chart 16. Number of referrals by referral agency and self-accessed by year (2015-2019)



Source: CAC Annual Data

Many domestic violence survivors seek help from various frontline service providers and justice officials before they have contact with someone who refers them to the CAC. One parent explained, *“I went first to the police, the police sent me to the Regional court, and from the Regional court I filed a plea for domestic violence. From there, the regional court referred me here [to the CAC]” (13, Parent).* Similarly, another parent told,

“The reason was my husband used to harass me and my daughter. I never knew about the CAC, and in my opinion only few people know about it. I think more people must know about it because this is the only help someone could receive in such cases. I say this based on my personal experience . . . We came here after I submitted litigation at the police station. After the submission of the litigation, I was called by the local representative of the police who directed me here. I submitted my application to use CAC services at the CPD the same day.” (75, Parent)

a. *“He was beating me already during my pregnancy and when I gave birth he continued to do so. Because that was also affecting the child, I went at first and filed a complaint to the police against him. The police referred me to the court. I went to the court . . . the police they told me that they may take my child away because I was alone without parents, they referred me to the CPD. I told them what the issue was and they referred me here to the CAC . . . They accommodated me in the Mother and Baby Unit for reasons of domestic violence.” (28, Parent)*

Some domestic violence survivors reported their lawyers referred them to the CAC. One parent explained, *“Initially it was my lawyer who referred me here; since there had been violence with the participation of children, CPD had been informed. CPD issued an official referral and helped us to come here [to the CAC]” (67, Parent).*

Most domestic violence survivors experience repeated psychological and physical violence over months and years before they seek formal help. Some women are even harassed and stalked by their abusive husbands/partners, particularly when they seek help and take steps to leave the relationship. Leaving a violent relationship is a process that can take years for many women, and when they do decide to leave their abusive husband/partner they are at increased risk of being physically assaulted, harassed, stalked,

threatened, and even killed. For these reasons, many battered women seek to obtain court-ordered protection/restraining orders.

- a. *"I had no chance to take back the smaller child without their support because the [abuser] knows everyone. They warned me that if I began a fight, they would kill me. They also told me that they will sell my children abroad and separate them. I was on the street without money and documents. I had to sell my ear rings to pay the transport to Sofia. The first thing the CAC did for us was to find a crisis center. For the last 6 years, I have changed 12 apartments and he [her abuser] always finds me." (56, Parent)*
- b. *"I visited a psychologist that was recommended by a friend of mine because I needed to talk about the things that were happening at home for years, and I was not able to stand it anymore. I was incapable to decide whether I needed that support or not. I was thinking I would manage things, as I believed these things are normal and that maybe I was not doing enough. But at one-point things turned out really unbearable. That woman listened to me carefully and said that it is under no discussion that I really have a problem. She gave me the contact for the CAC. I turned to the CAC. I called them over the phone and they explained me their procedure . . . while waiting, things at home turned really bad. It was one evening, late at night I called directly to 112, it was a very ugly scene with neighbors involved. A police team came in . . . We packed some basic stuff and we left the house. Soon after I received the restriction order . . . Things escalated to such an extent that I was afraid of being alone at home without the children. I called the Police and enrolled in the program of the CAC." (6, Parent)*

Several women spoke about learning about the CAC in Sofia from the Animus Foundation website.

- a. *"I had issues with my husband for quite a long time. He was over-abusing alcohol and that led him to severe reactions and changes in his personality. For the past 11 years that I was living with him I tried at least 10 times to leave him, however, these attempts never lasted as I was always thinking whatever happens in the world, I will support him, that he is the father of my children and I need to carry him on my back. At some moment I started to read about psychological violence against women; it was by total chance that I found such a literature as I have never heard of that before. I was aware of physical violence, but was completely unaware of psychological violence that could be even much more harmful. And by reading on the internet, I came across information about the CAC. I checked their website and read a lot of articles published there. This literature made me 100% persuaded I have to take steps and to contact the CAC. Then I experienced a very severe episode with my husband. This incident really turned my lamp red that I need to find help from outside. I realized this cannot last more and the children to become witnesses of all these conflicts between their parents. That was how it started. From here they advised me to go to the CPD to assess me and to provide me with an official reference to use the service of the CAC. We left my husband and started to hide from him . . . Both sides were in support of me because you can image it is pretty hard for a person in such a situation financially. I was not able to afford all these expenses." (2, Parent)*

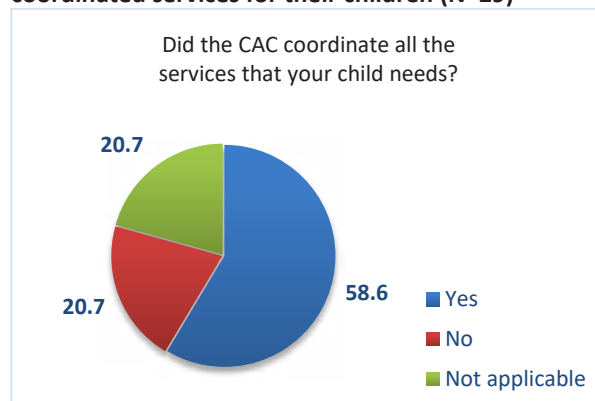
In keeping with CAC referral data, **all UNICEF staff and 76.2 per cent of partners held the view that services provided by CACs contributed to increased demand for services from CACs, particularly from parents and the community.** In comparison, only 42.9 per cent of stakeholders held this view, because 57.1 per cent of stakeholders did not know if services provided by CACs contributed to an increase in demand for CAC integrated services. This finding demonstrates that CACs need to do a much better job of awareness-raising with key stakeholders in the communities in which they operate to make them aware of their services and the demand for those services. This can include sharing information about where referrals are coming from and steps that can be taken to strengthen referrals from different institutions/agencies and sectors.

5.2.4. Improved Cross-Sector Coordination in the Best Interests of Children

In keeping with expected results, **UNICEF's intervention was able to improve cooperation and coordination across sectors and with professionals (e.g., teachers, social workers, police officers, prosecutors and judges) in key institutions/agencies.**

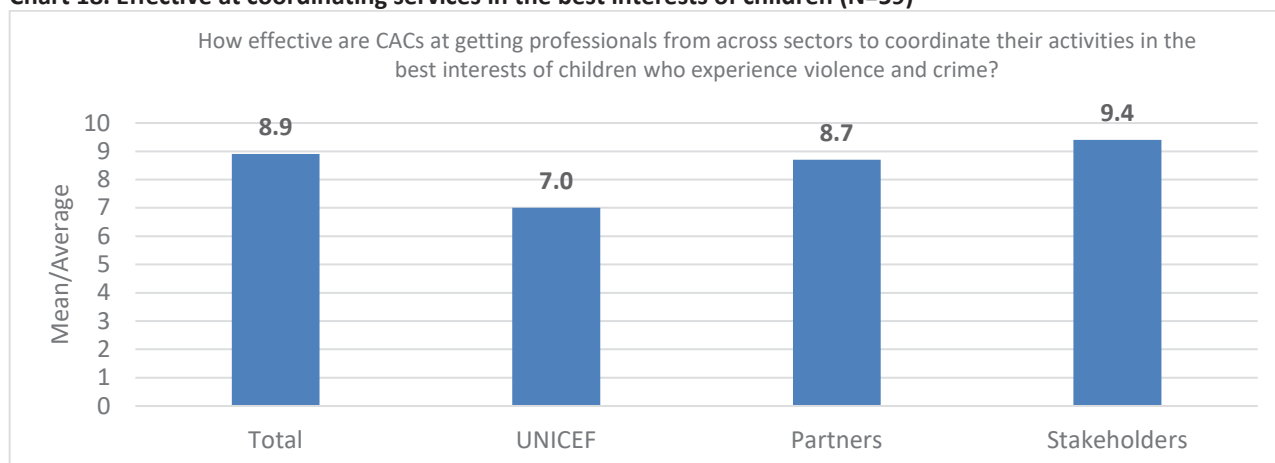
Parents/caregivers were asked if CACs coordinated the services their child needed. Chart 17 shows that 58.6 per cent of parents/caregivers reported CACs coordinated all the services that their child needed. One parent explained, “During my court case their [CACs] professional opinion was required and they wrote a report. CAC staff also went to talk with the local police. So, things are coordinated. CAC staff were even present during the court case. I suppose they would be also able to coordinate with a forensic doctor if necessary” (70, Parent).

Chart 17. Parents/caregivers reported CACs coordinated services for their children (N=29)



Stakeholders and partners were also asked to rank on a scale of 1 to 10 (1=not effective to 10=very effective), how effective CACs have been at getting professionals from across sectors to coordinate their activities in the best interests of children who experience violence and crimes. Chart 18 shows **the majority of respondents reported CACs are very effective at getting professionals from across sectors to coordinate their activities in the best interests of children**. UNICEF had a slightly lower average score of 7.0 on a 10-point scale, compared to partners (8.7) and stakeholders (9.4). It is notable that stakeholders had the highest average score of 9.4 on a 10-point scale, meaning that social workers, police, justice officials, educators, health workers and municipal authorities were most likely to recognize the effectiveness of CACs at getting them to work together to address the needs of children who experience violence and crime.

Chart 18. Effective at coordinating services in the best interests of children (N=59)



Respondents were asked to explain why they gave a particular score in their response to the question in Chart 18. Most important, respondents recognized that **CACs have established good relations with professionals across sectors, including education, social work, police, prosecutors and courts, as well as with other service providers**. Stakeholders and partners reported CACs have established good relationships with institutions and professionals working not only with child victims of violence, but also working on issues of domestic violence.

Stakeholders recognized that CACs “provide a larger proportion of the coordination” (127, 128, 129, Stakeholders), and while CAC’s support good coordination across sectors, “both we and they have a role in that coordination, as we [municipal authorities] are the body that convenes the coordination mechanisms within the institutions, but the CACs have good coordination with the courts, prosecutors and police, and they [CAC] find the forensic doctor” (124, 125, 126, Stakeholders). CACs explained they also “cooperate with legal officers from the Social Assistance State Offices, because often they do not have a lawyer, so we write for them some submissions that are necessary for their work and they sign them” (141, 142, Partner). CACs recognized that while “the CAC can be a link, it cannot replace the total lack of communication between institutions” (101, Partner).

Coordination effectiveness varied across the three pilot regions, but there are barriers and challenges that CACs face when it comes to facilitating inter-agency coordination and collaboration to support children exposed to violence and their parents/caregivers. These barriers and challenges are addressed in the paragraphs that follow.

One challenge is that CACs are not a formal body and do not have the power to enact coordination mechanisms; rather, CPDs are formally charged with coordination mechanisms.

Given this reality, “CACs are doing their best within the limits of their power” to influence coordination, and “sometimes they do the work that is supposed to be done by the CPD, because their good at identifying needs, but there are so many partners and roles for them to play” (114, 115, Partners). The challenge is that CACs cannot force a prosecutor to get involved, whereas the formal coordination mechanism performed by the CPD can do so. To overcome this challenge, the CAC in Shumen established a coordination mechanism agreement with municipal authorities. In Sofia, the CAC signed agreements with law enforcement bodies and regularly invites the police to CAC events, such as roundtables. In practice, however, “the number of referrals from police, prosecution and justice departments is not yet there” (102, 103, Partner).

“They struggle a lot and put in all their effort, but not all institutions respond effectively. Effectiveness is not only up to them [CAC], but it is up to other institutions . . . The fact that the CAC has successfully involved the judiciary, the prosecutors and judges means they are effective in cooperation, without them there would not be child friendly practices.” (120, Stakeholder)

Another challenge is that CACs power is limited because institutions they have to coordinate with are guided by their own regulations.

In most cases, CACs only have reporting power, thus “if institutions do not refer cases of VAC to the CAC, they would be powerless” (133, 134, 135, Stakeholders). Some judges don’t see any point in turning to an organization such as a CAC, and they are not in the habit of doing so. It is up to institutions to decide whether or not they will coordinate with the CACs in cases involving child victims of violence and crimes. Because CACs are not explicitly recognized as a state-regulated service provider in legislation their coordination powers are limited.

“It is hard to coordinate. When we talk about inter-institutional coordination in Bulgaria, because every institution sees their functional responsibilities in a particular framework. [In other words], we start here and then it is your responsibility, so the case is partialized.” (165)

Finally, CACs lack the power needed to coordinate inter-agency responses to support children and families.

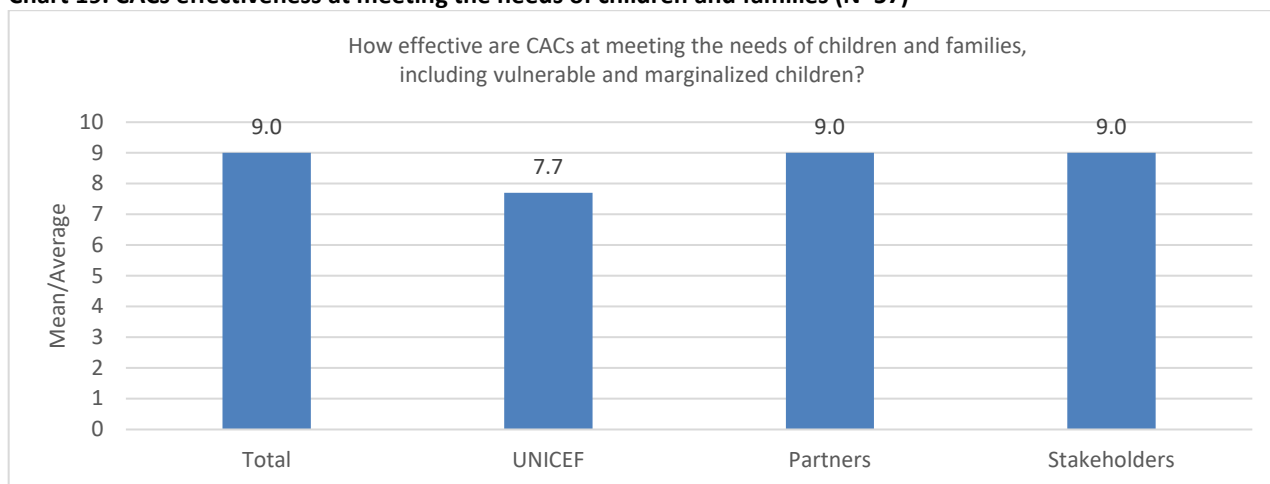
For instance, some police and justice officials recognize that using Blue Rooms helps to avoid re-victimization of children who have experienced violence and crimes; whereas other police and justice officials hesitate in using Blue Rooms and child friendly interviewing practices. Police and justice officials have the option to use Blue Rooms, but they are not legally obligated to do so. Many respondents recognized there is room for improvement when it comes to CAC’s effectiveness at getting professionals from across sectors and agencies to coordinate their activities in the best interests of children.

5.2.5. CACs Meet the Needs of Children and Families

Respondents were asked to rank on a scale of 1 to 10 (1=not effective to 10=very effective) how effective are CACs at meeting the needs of children and families, including vulnerable and marginalized children. Chart 19 shows **the majority of respondents reported CACs are very effective at meeting the needs of children and families, including vulnerable and marginalized children.** UNICEF reported a slightly lower average score of 7.0, compared to partners and stakeholders who had an average score of 9.0 on a 10-point scale; nevertheless, UNICEF recognized that CACs are very important to the regions in which they operate.

The ability of CACs to provide free psychosocial support and legal services and mobile services to vulnerable children and families in marginalized communities has been important. CAC staff explained that “sometimes users live in poverty and cannot come to the centre so we go to them and help them because these users are quite deprived of resources.” This same respondent held the view that “poverty should not deprive someone of the opportunity to recover from violence” (152, 153, 154, Partners).

Chart 19. CACs effectiveness at meeting the needs of children and families (N=57)



Note: 1=Not effective to 10=Very effective

UNICEF funded CACs to purchase a vehicle and gasoline needed to provide mobile services. Because CACs are mobile, they are able to “pick-up children from remote locations and take them to the Blue Room so that they can be interviewed in a child friendly setting” (152, 153, 154, Stakeholders). In some cases, CAC staff have driven significant distances, up to 100 km, to pick-up a child and drive them to court proceedings. One parent explained, “They came together with the CPD at our home to meet the children. They offered the support and I accepted. They even accompanied us at the court and not leaving us alone with the abuser” (67, Parent).

Despite their mobile outreach service, CACs still face some challenges when it comes to providing services to children and families in rural and remote communities. One respondent explained,

- a. “The most remote community is 100 km from Montana and we put in our best efforts to reach the most vulnerable and marginalized groups and to provide services to them, but the effectiveness of our ability to provide quality, I cannot say that we are able to provide the full quality as here in the Centre . . . Here in the Centre we provide psychological counselling and therapy in the room, but in the field, we have to take the child out of the environment, which means out of the village.” (152, Stakeholder)

Stakeholders also recognized CACs “do their best to support a child, regardless to ethnic background” (120, Stakeholder). Stakeholder explained, “Whenever a child from the Roma community has been reported, subjected to violence on the hotline, it has sometimes been the CAC who went as an outreach team and initiated the required coordination and support the family” (144, 145, 146, Stakeholder). Although CAC are able to provide mobile outreach services and interpreters, local service providers recognized it is a barrier that CACs do not have Roma or Turkish staff who are able to communicate directly with these communities.

“In marginalized communities, parents are often unable to protect or represent their children adequately before the forensic doctor, the police or the courts; whenever these parents are contacted by the police or prosecutor’s office they panic. It is very helpful for families to receive legal advice; they cannot afford to hire a lawyer to explain to them all the details of a legal proceedings, but they can rely upon us to do that for them at any time . . . All this is done in the best interest of the child. (118, 119, Stakeholders)

CASE STUDY: RAPED ROMA GIRL

A teenage Roma girl had been raped and the CACs were able to provide comprehensive services to support her in overcoming the negative attitudes toward her by professionals, including justice officials. This negative attitudes of professionals toward this girl included the belief that she was trying to manipulate the system, that she was trying to have sexual intercourse, and that this was a failed marriage there. Because justice officials held these negative attitudes, they did not want to interview the teenage girl in a child friendly way and said she was old enough to be interviewed in the court room. The CAC was able to document that the girl was a victim of rape (sexual violence) and provide her with a child friendly interview. Generally speaking, however, CACs maintained that cases of poor and marginalized victims are often extremely complicated and require a more targeted approach and more resources. In the case of the teenage Roma girl who was raped, the CAC had to use not only their own resources, but also had to find external resources to provide the girl with the psychological support, counselling and legal aid. To fully support the girl required significant effort and stamina on the part of the CACs.

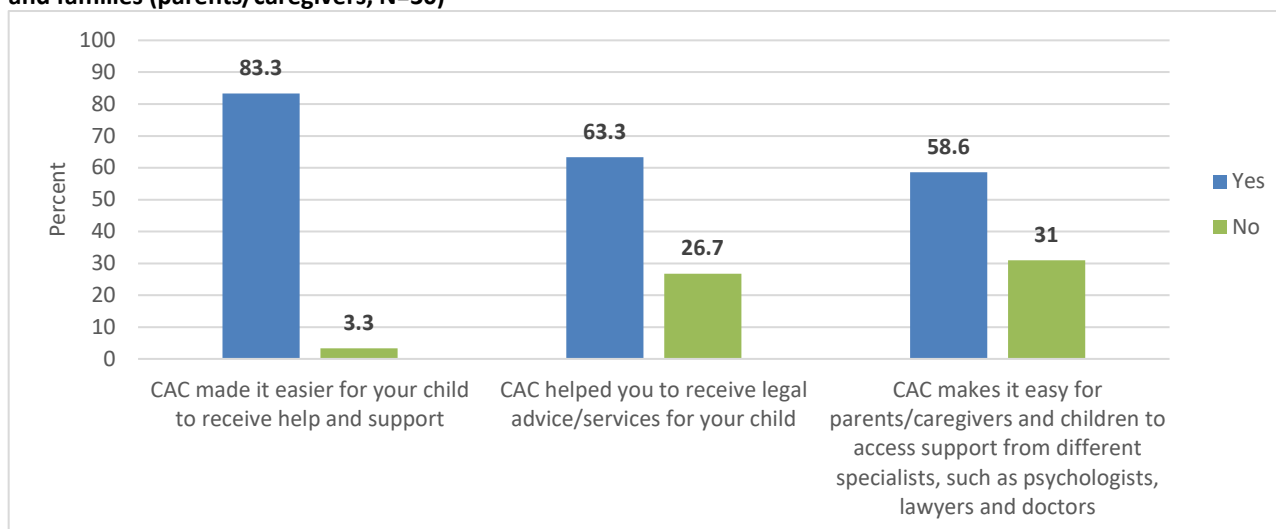
Chart 20 shows that **83.3 per cent of parents/caregivers reported CACs made it easier for their children to receive help and support**. Children often receive psychological support on a weekly basis (for an hour). As they make progress in their recovery, the frequency of visits to CACs decline. Many parents/caregivers also receive psychosocial support; separate from their children. One child explained,

- a. *"I started to come here twice per week. I had one meeting with a psychologist and one meeting with a therapist . . . This was for the whole year until my first official reference was exhausted. [After that], I did not come for about 3-4 months until my referral was renewed. Now I have an hour approximately once per week meeting, only with a therapist."* (30 child)

More specifically, **63.3 per cent of parents/caregivers reported CACs helped them receive legal services for their children**, and **58.6 per cent reported CACs made it easier for them to access support from different specialists, such as psychologists, lawyers and doctors**. Some children (28.6 per cent) were aware that CACs helped them obtain legal services, however, 19 per cent of children did not know. Some parents/caregivers had a lawyer prior to accessing services at CACs, so they did not legal services from the CACs.

"They told us about the Blue room and that we can be heard here, but the Court decided that we are grownups and we can handle the hearing directly in the court . . . I was on my own there [in the courts], and didn't know anyone . . . I became even more worried because it was for the first time that I was so seriously interrogated." (20, Child)

Chart 20. Improved access to services and justice for children and families (parents/caregivers, N=30)



There was concern expressed that CAC social workers were providing parents/caregiver with legal advice at times, despite the fact that they are not lawyers. In addition, children were not always accompanied by a CAC lawyer when they had to testify in court. One child explained the first time they had to testify in court *"I was a little bit freaked out, but the next times I was just tired. I did not want to go again and talk to some people .*

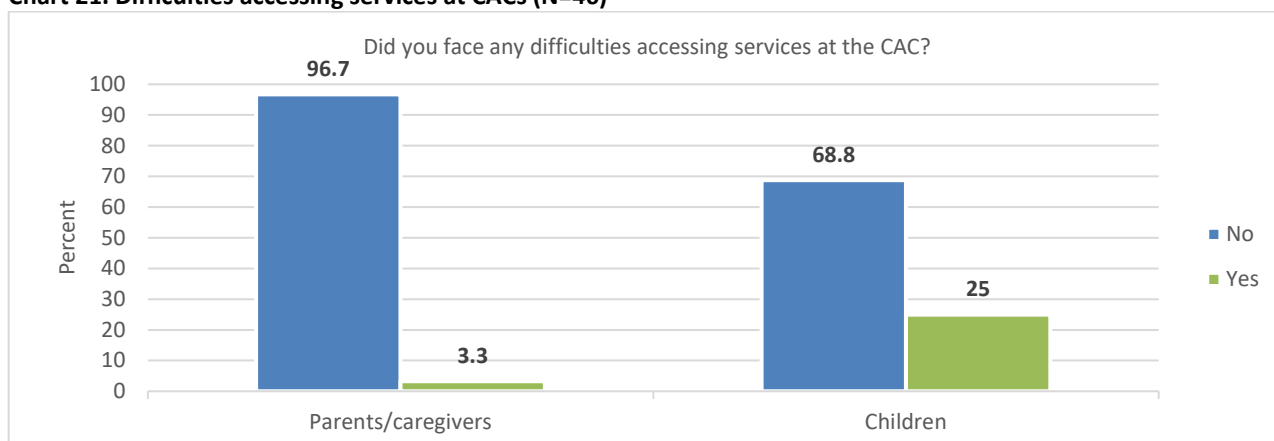
. . . I was a little frustrated because I did not want to go and answer the same things. The other two times I was ok, just saying to myself do it and then just go home” (33, Child).

Numerous children explained that they were not provided the opportunity to use the Blue Room to give their testimony. This was not necessarily the fault of CACs, but if legal services had been provided earlier in the investigation and prosecution stages of a case, it could help to ensure the police and courts were using the CAC Blue Room to conduct child friendly interviews.

Chart 21 shows that **96.7 per cent of parents/caregivers and 68.8 per cent of children reported they *did not* face any difficulties accessing services at the CACs**. Only 25.0 per cent of children reported they faced some difficulties accessing services at CACs, but the difficulties were most often related to issues of getting referrals from CPDs and access to transportation.

a. *“It was made clear that I would not be able to deal financially with all the costs. They have found a way to register me with the CPD and to receive this therapy as a social service, so there was no issue of any kind to access the services. Now that I have completed this cycle with the service, I will pass again via the social assistance, so for them to provide me with a new state social reference to enroll me in another service for less severe cases again managed by the CAC. I hope all will pass well.” (2, Parent)*

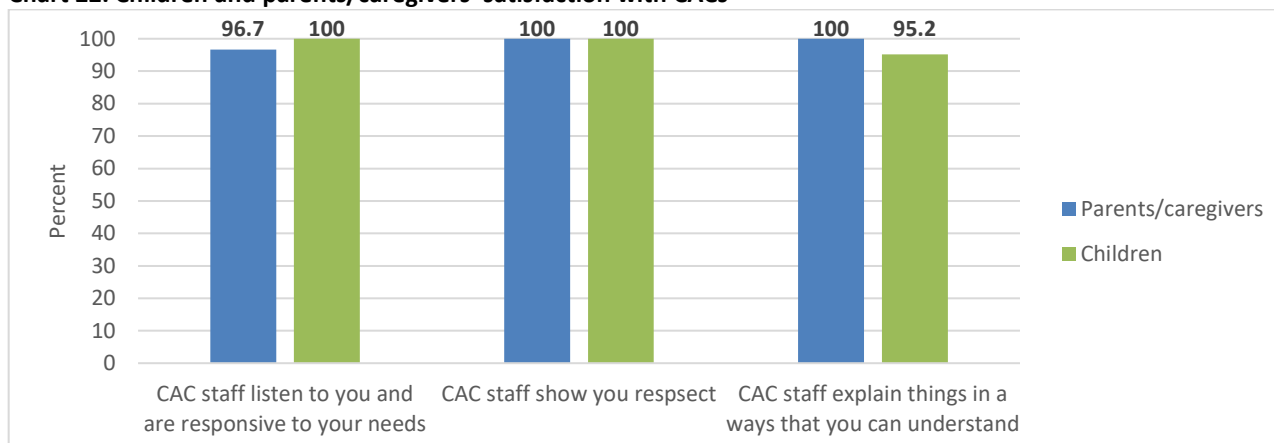
Chart 21. Difficulties accessing services at CACs (N=46)



5.2.6. Children and Parents’ Satisfaction with CACs

Chart 22 shows that **children and parents/caregivers were very satisfied with CAC staff**. Nearly all children and parents/caregivers felt that CAC staff listened to them and were responsive to their needs, showed them respect, and explained things in way that they could understand. One parent explained, *“I do sometimes tell them that I do not understand something, and they say it to me simpler” (27)*. Similarly, another parent added, *“They ask me many questions to be sure that I have not missed anything” (75)*.

Chart 22. Children and parents/caregivers’ satisfaction with CACs

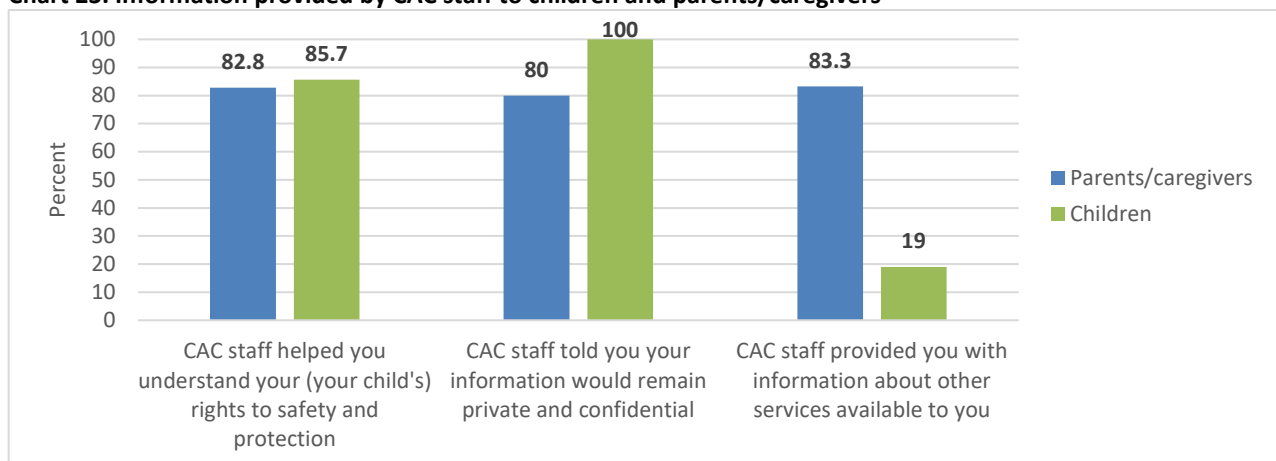


Note: 14.3% (n=3) children didn’t know if CAC staff helped them understand their rights to safety and protection

Chart 23 shows that **85.7 per cent of children and 82.8 per cent of parents/caregivers reported CAC staff helped them understand their rights to safety and protection, and 85.7 per cent of children reported CAC staff explained that what happened to them was not your fault. All children and 80 per cent of parents/caregivers also reported CAC staff told them that their information would remain private and confidential.** One parent stated, *“Yes, they repeat it at the opening of each session, but it is also true, I know that by experience. It is not just said, but true”* (4).

Eight-three per cent of parents/caregivers reported CAC staff provided them with information about services available to them, particularly legal and psychological services (Chart 23). One parent explained, *“It was discussed from the very first meeting that I can use a lawyer if I need some protection for her [daughter]. I might also request for some help when looking for a home”* (27).

Chart 23. Information provided by CAC staff to children and parents/caregivers

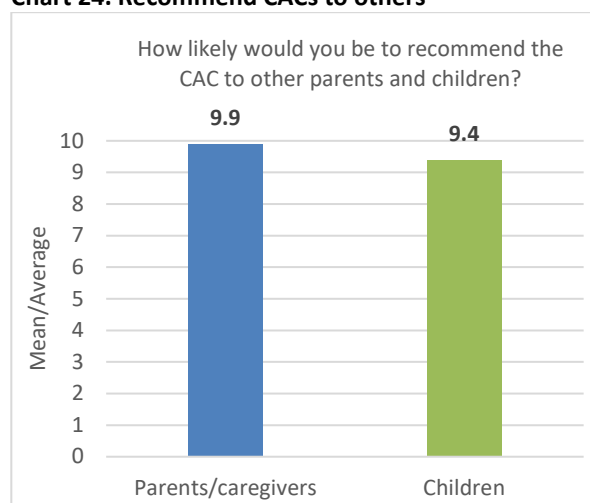


Note: 33.3% (n=7) of children did not know if staff provided information about other services available to them.

Parents/caregivers and children were asked to rank on a scale of 1 to 10 (1=not likely to 10=very likely) how likely they are to recommend the CAC to other parents and children. Chart 24 shows **the majority of respondents maintained they are very likely to recommend CACs to other parents and children.** Parents/caregivers reported an average score of 9.9 and children had an average score of 9.4 on a scale of 10-point scale. One parent explained, *“I would recommend them for sure, they are such specialists. There is no other service whatever; they are the only service”* (12). Similarly, another parent added, *“They helped me a lot personally and if I have a friend in the same situation, I would recommend her to come for sure”* (63).

Table 7 shows that **83.3 per cent of parents/caregivers and 85.7 per cent of children reported the location of CACs are good and easy to access, particularly since they are located in city centres.** Some parents and children did face transportation challenges to the CAC. One parent explained, *“I travel with my private car and my son drives us here. It is ok. We could have some difficulties when he starts a new job, so he would not be able to drive us here. But I will find a solution and some other ways of travel. The train arrival hours are not quite good”* (29, Parent). In Sofia, some domestic violence survivors appreciated that the CAC was a hidden place. One domestic violence survivor explained,

Chart 24. Recommend CACs to others



Note: 1=Not likely to 10=Very likely

a. *“Here it is good because it is a hidden place. I can come here without any help. It is in the center of Sofia, however, there are many streets, many entries and doors, from which you can pass without the need of always checking back if you are being followed. For those two months I have*

come every time through a different street, and I go back via a different one. I never use the same way twice to come here.” (9, Parent)

Table 7 also show that **90.5 per cent of children and 83.3 per cent of parents/caregivers reported CACs operating hours are good. Parents and children were satisfied that they *did not* have to wait to see a staff member when they arrived at the CAC.**

Only 53.6 per cent of parents/caregivers and 9.5 per cent of children reported they would make changes or improvements to CACs. Children typically did not want to change CACs because they saw them a safe space. Changes that were requested were to hire more staff, particularly specialists “so that there would be easier access for more people” (51, Parent). Similarly, another parent explained, “May be there must be more professionals like them to be able to support more people. Life is very difficult and there are many people in trouble. The society needs this service. May be the State, the municipality must pay more attention to the facilities. To have may be one or two more places like this” (69). Some parents suggested “a group therapy for parents and children, separately” (3).

	Parents/caregivers		Children		Total	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
Location of the CAC is good and easy to get to	25	83.3	18	85.7	43	84.3
CACs operating hours are good for you	25	83.3	19	90.5	44	86.3
Would like to see changes or improvements at the CAC	15	53.6 ^d	2	9.5 ^e	17	34.7

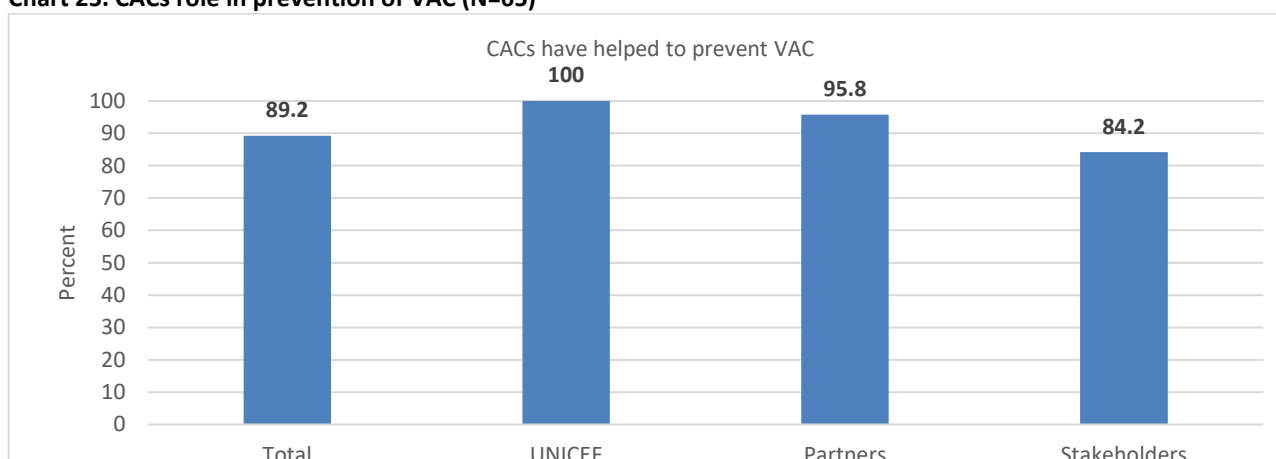
5.2.7. Prevention of Violence Against Children

CACs provided support to prevent VAC through awareness-raising activities in schools and media events. These awareness-raising activities increased the number of walk-in clients and referrals from other service providers, justice officials and school personnel. These efforts have helped to prevent VAC, including revictimization of child victims.

Chart 25 reveals **89.2 per cent of respondents recognized that CACs have helped to prevent VAC.** It is notable that 84.2 per cent of local and national stakeholders reported CACs have helped to prevent VAC; 10.5 per cent did not know. Each of the different CACs had “a number of training events at schools on the issues of aggression and violence, in addition when there have been conflicts and fights between children the school staff call and ask CACs for support to regain control and deal with the problem.” (158, Stakeholder)

Violence prevention is part of the mandate of CACs, particularly prevention of children’s exposure to future crimes and victimization. Violence prevention is accomplished by providing children with integrated services and access to justice. Prevention is further enhanced when police and judicial officials help to prepare children for their participation in court proceedings by “bringing children to the court and showing them the court rooms, and explaining what a trial is” (111, 112, 113, Partners).

Chart 25. CACs role in prevention of VAC (N=65)



Note: 10.5% (n=4) stakeholders did not know

Stakeholders recognized the important role of both UNICEF and CACs in supporting national child protection policies, including violence prevention and support to child victims of violence with integrated service delivery. This includes influencing the development of the Social Services Act, which was passed, but has yet to be launched. The Social Services Act is crucial because it incorporates integrated social services as an approach and provides financing to integrated social service providers, such as CACs.

5.2.8. Effectiveness of Capacity Building Activities for CAC Staff

UNICEF's NGO partners, SAPI and Animus Foundation, were responsible for developing and delivering induction and capacity building trainings to CAC staff. Both SAPI and Animus Foundation have their areas of expertise. SAPI has a history of delivering trainings to police and justice officials on child friendly interviewing in Blue Rooms, and Animus Foundation has a history of training staff on domestic violence and psychotherapy and victim advocacy.

Both SAPI and Animus Foundation developed induction trainings that were delivered to CAC staff during the first year of the intervention's implementation. Trainings included the integrated approach and how it works, child friendly interviewing in Blue Rooms, working with child victims of violence, and trauma-focused cognitive behaviour therapy to name a few. One partner explained,

- a. *"We always tried to develop the specialized expertise in violence and crime. We have always tried to improve the competence of our staff. When we started there were social services in the area and we needed to show them that our social services were better and why they needed to refer to us. In the first year, the training received would be 100 to 120 hours, including by international experts. The next year it was 50 to 60 hours, and supervision takes place at least once per month and can be once per two weeks, if not more often. . . After each training event we follow-up on the implementation of knowledge passed on. Last year, we followed up on the application of the resilience approach; we conducted interviews and focus groups with parents. Based upon this follow-up we believe our training efforts on dealing with trauma and child friendly interviewing has been effective. Our advocacy training efforts still need development."* (102, 103, Partners)

A challenge faced by CACs is that training resources are limited; thus, CACs *"try to invest in our own contribution to the development of staff"* (101, Partner). Senior staff with expertise will offer occasional seminars for other staff and hold weekly methodological meetings where CAC staff come together and do readings on particular topics. CAC staff also conduct case reviews where they review case details and protocols with clinical psychologists. CAC staff also choose to privately invest in trainings to raise their qualifications. Some CAC staff were trained to work with abusive parents.

After several years of operation, the CAC in Montana experienced significant staff turnover, due in part to staff burnout. Newly hired staff were not provided with the same induction training that was provided during the first year of the intervention's implementation. This was a concern expressed by CAC staff, as they felt they lacked the experience and expertise to work with child victims of violence and to support them in their recovery. It was the responsibility of UNICEF's partners to deliver these induction trainings.

"The weekly team meetings help our internal team to speak the same language, the therapy training expands our professional tool box, and the case labs improve our case work and planning. These case labs are improvement for institutional cooperation they link the professionals and ensure we speak the same language." (116, 177, Partners)

UNICEF maintained **it is crucial that implementing partners ensure that new staff are required to pass a minimum set of training modules before they start working with children and families, and that CACs have an official capacity building programme that staff should pass on an annual basis.** The challenge is that each CAC has a different agenda, plan and activities; therefore, they pass through different capacity building trainings. One respondent recognized, *"Maybe it is a weakness, because some of CAC staff have training in specific types of psychotherapy, and others don't have this specific type of training; it depends on the assessment of staff needs to give the proper training"* (110).

5.2.9. Factors Contributing to CACs Effectiveness and Success

When asked what factors contributed to the success and effectiveness of CACs, respondents identified the **expertise and professionalism of CAC staff**. As previously mentioned, **UNICEF’s partner NGOs – SAPI and Animus Foundation – were well established organizations and recognized service providers with expertise in the areas of VAC, domestic violence, victim advocacy, and access to justice; thus, they were well positioned to operate CACs. The NGOs had the capacities, reputation, and partnerships with local municipalities, service providers and police and justice officials that would benefit UNICEF’s intervention.**

- a. *“A very important factor is that we all in our team had previous experience . . . When the CAC was established, our team was already visible to the other institutions, they recognized us as experts because our relationships with other institutions. So, we already had a solid foundation . . . We were already recognized, but it is important that the stakeholder institutions have a positive attitude in cooperating, in being in good cooperation, this positive cooperation environment has helped us . . . Another important factor is the high professional capacity of the team, and we continue to upgrade our capacity through training. The high professional capacity convinces our partners to use us again and again.” (111, 112, 113, Partners)*

Other factors crucial to effectiveness and achievements of CACs were their interdisciplinary staff with high levels of professional qualifications and expertise. Stakeholders also recognized *“their prompt response and the fact that they are highly motivated and devoted . . . they have put in the best of their efforts” (127, 128, 129, Stakeholders)*. Similarly, other stakeholders explained, *“I have heard the feedback from external players and they perceive ZZ staff as people who always smile and are helpful, they make you feel easy and relaxed. They always care and look for a solution; they never give up” (131, 132, Stakeholders)*. UNICEF maintained the specialized training provided to CAC staff on a regular basis over the years served to enhance the professional qualifications and expertise of CAC staff.

“The most important factor is their human resources, the people who work there are not only professionals but also have the required attitudes toward children with these problems, and the fact that they are successful and cooperate with the relevant structures.” (162, 163, Stakeholders)

There was also recognition that CACs *“have good funding available to them, and adequate funding is definitely a success factor in an activity” (144, 145, 146, Stakeholders)*. Stakeholders recognized that because CACs have adequate funding, they are also able to provide mobile outreach services to vulnerable children and families.

5.3. Impact

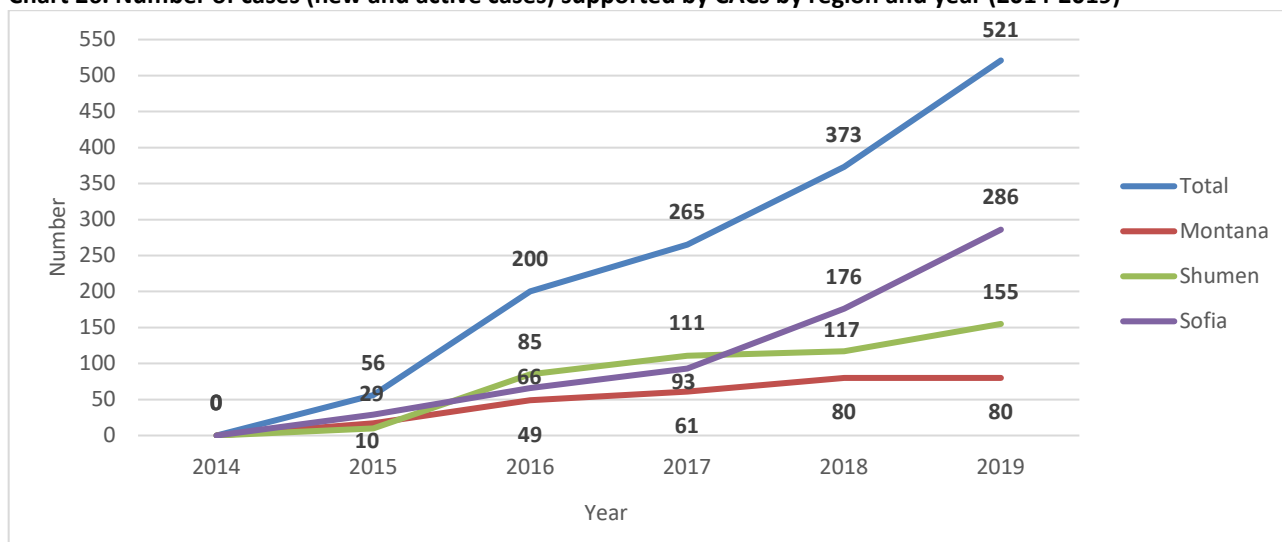
- 243. Evaluation questions related to impact focused on the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects. Findings related to impact are grouped into five sections: 1) increased demand for CAC integrated services; 2) CACs contribute to long-term positive change for children and parents; 3) impact of CAC psychological and therapeutic support services; 4) impact of CAC legal services; and 5) importance of CACs to children and parents/caregivers.

5.3.1. Increased Demand for CAC Integrated Services

Over the past five years, there has been increased demand for CAC integrated services. Chart 26 shows the number of cases (new and active cases) supported by CACs in the three pilot regions by year. Data shows **the number of cases handled by CACs has steadily increased from 2015 to 2019**. This steady increase is notable in each CAC, but is more pronounced in Sofia. Table 8 shows the percentage change in number of cases handled by all CACs from year-to-year.

Year	# overall cases	% change from previous year
2015	56	
2016	200	+257.1%
2017	265	+32.5%
2018	373	+40.8%
2019	521	+397.7%

Chart 26. Number of cases (new and active cases) supported by CACs by region and year (2014-2019)



Data source: CAC administrative data, 2015-2019

Increase in demand for services is reflected in the increased number of self-referrals and referrals from other agencies, as revealed in Chart 14. One respondent explained, “It is very visible in the local community; people start going directly to CAC without coming to CPD, which means that it [the CAC] is visible and recognized” (149, 150, Stakeholder). Another stakeholder explained, “The fact that their services are free of charge, it increases demand; probably this is the most important thing” (136, 137, Stakeholder).

“I think the demand is there but it is not recognized by the community for various reasons. It is shameful to talk about mental health issues from the family. You don’t know about existence of a place, so you don’t ask because it will expose you. Yes, demand has increased from our perspective.” (143, Partner)

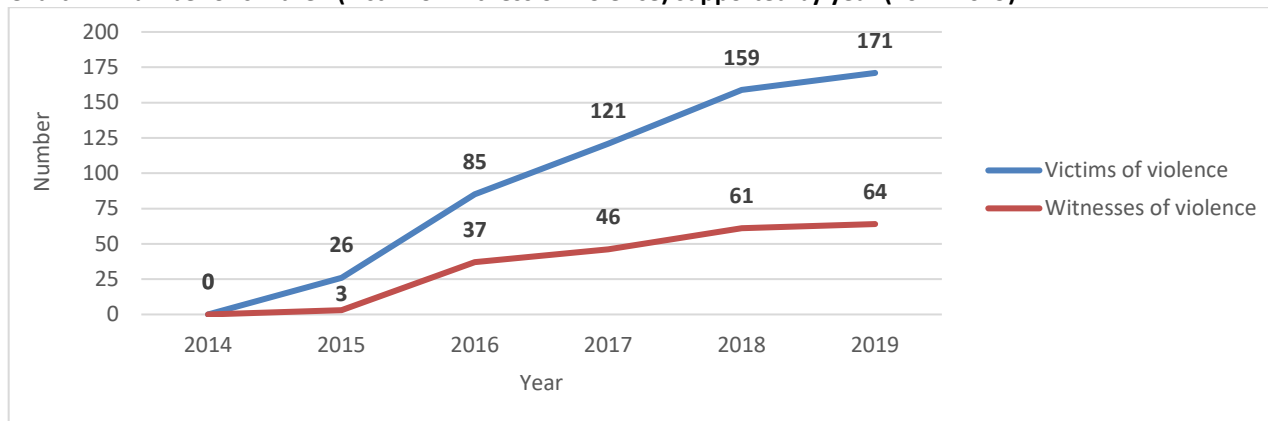
Partners reported that increases in demand for services are often linked to awareness-raising campaigns and media coverage of CACs, as well as the proven benefits of the integrated service delivery approach. One respondent explained,

- a. “Compared to the beginning, the demand has increased indeed. I can give an example, last week a local media interviewed me and we had a new self-referral on the very next day. The media coverage increases demand. We have good local media coverage here, we appear on the local television and radio, and online. When self-referrals come, I ask how you know about us and the women usually say I know about you from a previous user, a woman or another child. Sometimes it is other services that refer them.” (111, 112, 113, Partner)

In 2019, children and parents supported by CACs were coping with emotional, physical and sexual violence and neglect. Among the 154 new cases, the majority were related to domestic violence (74 per cent) and a small proportion were school bullying (7 per cent), human trafficking (5 per cent) and other forms of VAC (14 per cent).

Chart 27 shows the number of child victims and witnesses of violence served by CACs from 2015 to 2019. **CACs provide services to both child victims and witnesses of violence, but nearly three times more likely to work with child victims of violence.** The numbers of child victims and witnesses served by CACs has steadily increased from 2015 to 2019.

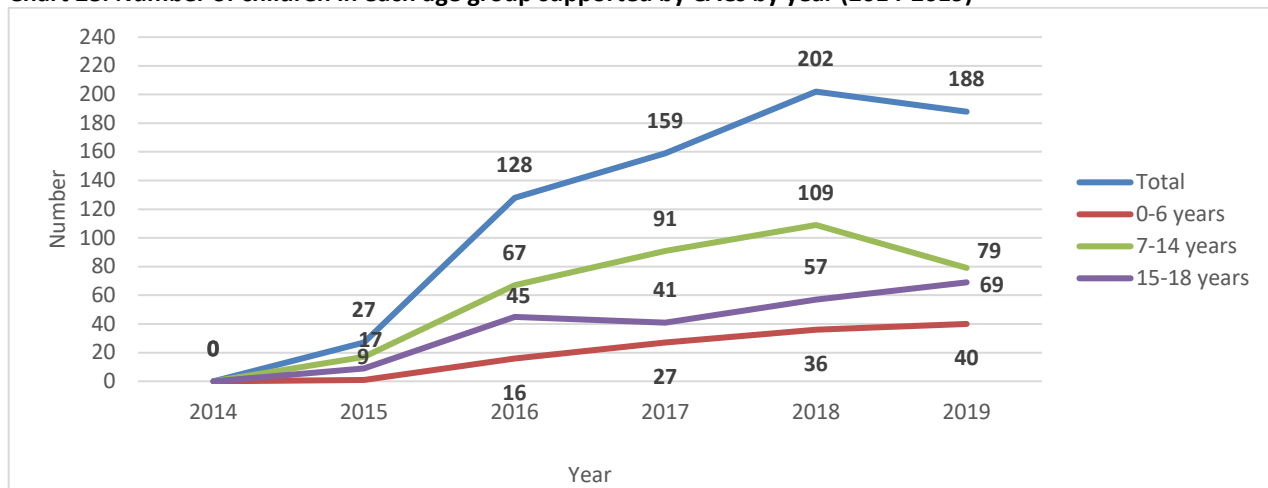
Chart 27. Number of children (victim or witness of violence) supported by year (2014-2019)



Data source: CAC administrative data, 2015-2019

Chart 28 shows the number of children in each age group supported by CACs from 2015 to 2019. There has been a steady increase in the number of children in each age group from 2015 to 2018, however, in 2019, there was a decrease in the number of children in the 7-14 age group. The decrease can be explained, in part, by the fact that age groupings were changed in 2019. In other words, from 2015 to 2018, age groupings were 0-6 years, 7-14 years and 14-18 years; reflecting an age overlap of children 14 years of age into two categories (7-14 years and 14-18 years). In 2019, age groupings were changed to 0-3 years, 3-6 years, 7-10 years, 10-14 years, 15-18 years. This disaggregation distinctly separated 14 years out of the age grouping 15 to 18 years, but created other age overlap problems (i.e., 3 years and 10 years). To avoid age overlaps it is best to group children by age groupings of 3 years: 0-3 years; 4-6 years; 7-10 years; 11-14 years; and 15-18 years. This eliminates all age overlaps. The problem with age overlaps is that there can be a lack of consistency as to which age group a child is placed in if they are of an age that falls into two different age groups. For instance, a 3-year old could be placed in the 0-3 years and/or 3-6 years age groups, depending upon the person compiling the data.

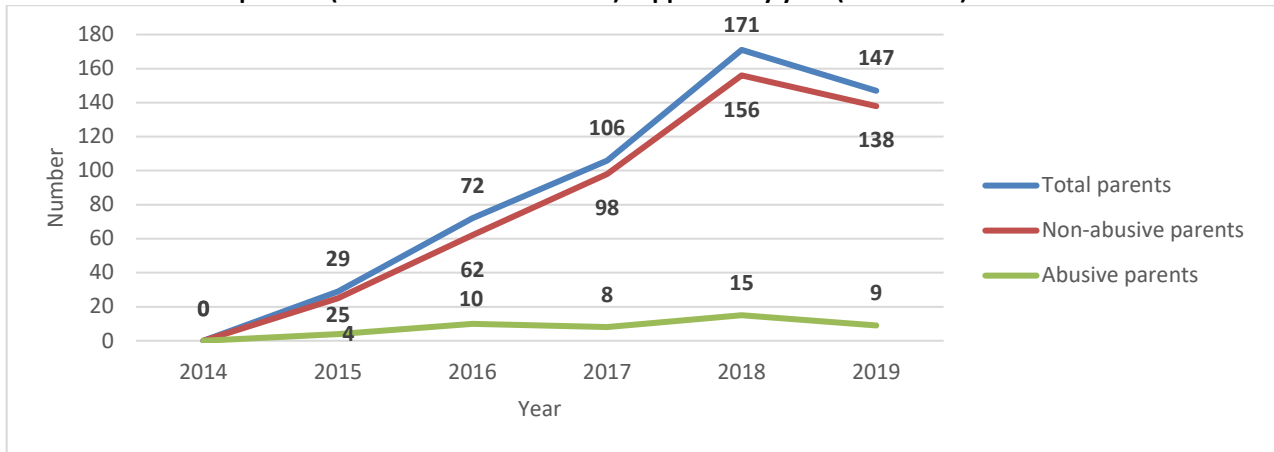
Chart 28. Number of children in each age group supported by CACs by year (2014-2019)



Data source: CAC administrative data, 2015-2019

Chart 29 shows the number of parents served by CACs from 2015 to 2019, including non-abusive and abusive parents; many non-abusive parents, particularly mothers, were victims of domestic violence. **Data shows that CACs most often work with non-abusive parents, but they do work with a small number of abusive parents.** CACs in Shumen and Sofia were most likely to work with abusive parents; the CAC in Montana worked with only one abusive parent during the five-year period of 2015 to 2019.

Chart 29. Number of parents (non-abusive and abusive) supported by year (2014-2019)

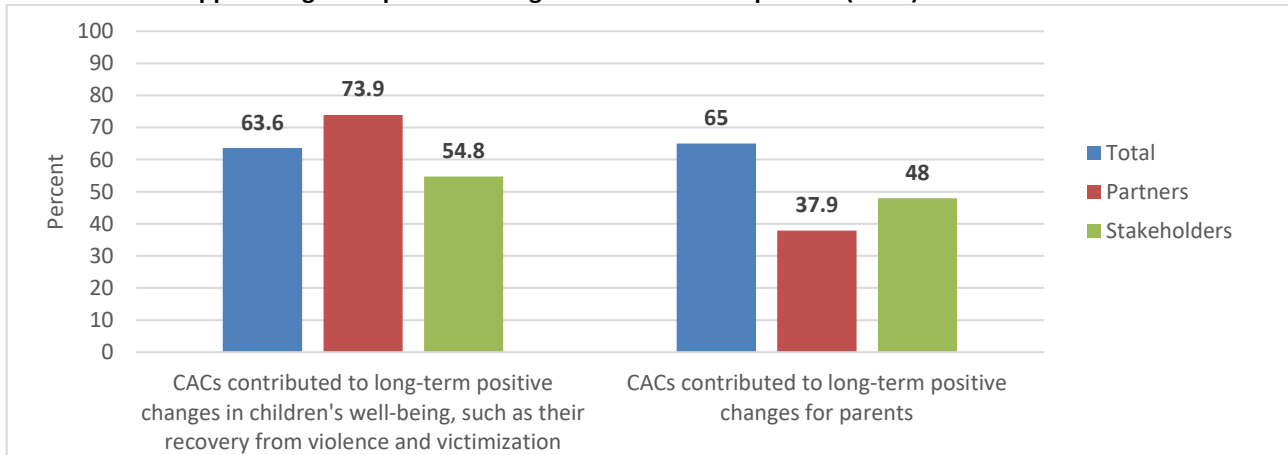


Data source: CAC administrative data, 2015-2019

5.3.2. CACs Contribute to Long-Term Positive Change for Children and Parents

Chart 30 shows that **63.6 per cent of respondents reported CACs contributed to long-term positive changes in children’s well-being, such as recovery from violence and victimization, and 48 per cent reported CACs contributed to long-term positive changes for parents of child victims.** A significant percentage of respondents did not know if CACs were able to contribute to long-term positive changes in children and parent’s well-being (see notes under Chart 29). Partners (CAC staff) were more likely than stakeholders to report that CACs contributed to long-term positive changes in children and parent’s well-being, including women who were domestic violence victims.

Chart 30. CACs support long-term positive changes for children and parents (N=54)



Note: 26.1% (n=6) of partners and 45.2% (n=14) of stakeholders (37.0%, n=20 of all respondents) did not know if CACs contributed to long-term positive changes in children’s well-being; 35.0% (n=7) of partners and 58.6% (n=17) of stakeholders (48.9%, n=24 of all respondents) did not know if CACs contributed to long-term positive changes for parents.

CACs are able to contribute to long-term positive changes in children’s well-being because they provide long-term services, especially to children who experienced severe violence and/or prolonged exposure to violence, and in cases where children showed negative effects and symptoms related to trauma, violence and victimization. Given the fact that CACs are able to work with children and parents/caregivers over a long period of time (often up to one-year), CAC staff, particularly psychologists/psychotherapists, are able to observe changes in children and see evidence that a child is recovering, and that parents/caregivers are adjusting their behaviour to support the child’s recovery. In addition, *“even after the case is closed in the court, the psychologist continues working with the child to help him/her to come to terms with the experience”* (155, Partner). CACs also continue to follow-up with children and their parents/caregivers over time, when possible.

- a. *“We follow-up on each and every case not only until to the court proceedings are closed, but we provide counselling until we see the problem or issue has become overcome emotionally. We don’t abandon our users; we continue to ask how they are doing from the CPD and the schools. In*

addition, previous users of ours recognize us as people important in their lives, and even after the violence case has closed, they come and share with us other aspects, and asks us to for advice on other issues on their lives.” (111, 112, 113, Partners)

There was also recognition that children’s recovery and *“long-term well-being depends on so many other institutions” (114, 115, Partners)*, not just CACs. Thus, it is important to define success not only of CAC integrated services, but also of other service providers that provide a wider range of services (e.g., housing, health, education and vocational training services), and the police and justice system that protect child victims and prosecute perpetrators.

- a. *“CAC efforts focus on recovery in the post-violence period and here in the complex are additional services that support parenting skills, so we continue with other services. So, when the CAC is toward the end of their therapeutic and monitoring efforts, we hold a meeting and decide which team or service should take on the case because the CAC cannot deal with the same case forever. Their mandate is rather long-term work on trauma inflicted by violence, but I don’t think their mandate includes long-term support for well-being. Because my understanding of well-being is housing support, educational support, employment support and health care and this depends on so many other services.” (114, 115, Partner)*

There are no clear indicators or measures of successful recovery, and a lack of clarity as to how to define and measure recovery and changes in children’s well-being.

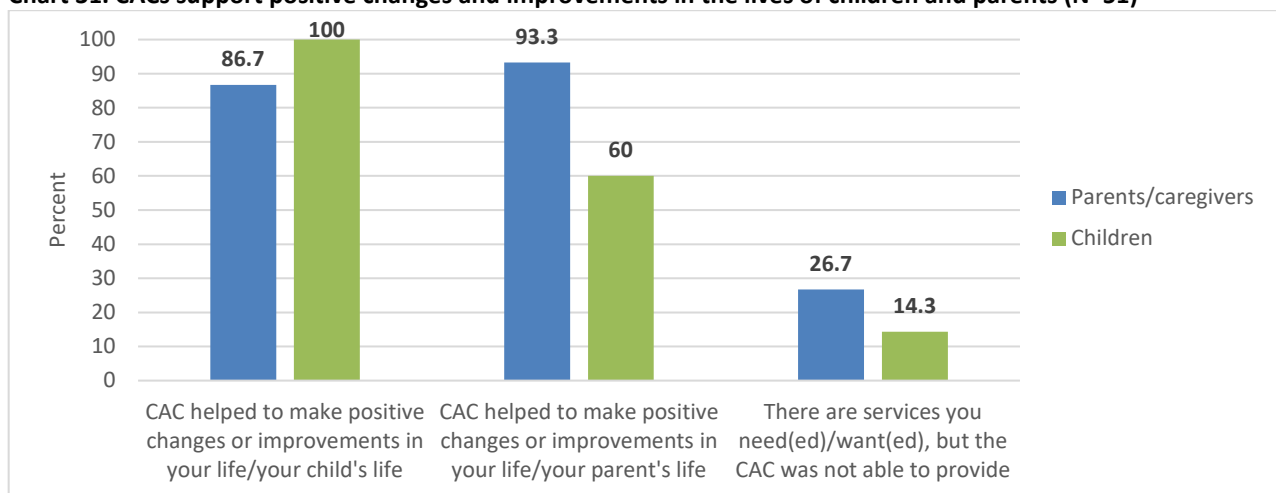
Given the lack of indicators and measures of successful recovery, partners and stakeholders tend to rely on case studies to document the positive impact of CACs and successful outcomes for children and families. At the same time, partners and stakeholders rely on case studies to take a more critical stance and question the long-term impact of CACs on children’s well-being.¹³³ For instance, one respondent told, *“I know two cases the children who passed through the CAC and there was a good impact, and then when the problem is over the parents continue to be abusive and everything is replicating again, and the child is again in the service.” (110).*

“Is the success that they assessed and were covered by the services? Can we follow-up on another outcome, how it affected their lives? Can we measure and how do we measure success? Success depends not only on the service, but the whole context around the child when there is prosecution, a court case, but after two years when the court case is over and there is no punishment, the child or parents could say everything is okay till now, but the outcome is not satisfactory for me.” (110)

For purposes of this evaluation, parents/caregivers and children were asked if CACs helped to make positive changes in their lives. Chart 31 shows that **all children reported CACs helped to make positive changes in their lives, and 86.7 per cent of parents/caregivers recognized that CACs helped to make positive changes in their child’s lives.** In addition, **93.3 per cent of parents/caregivers reported CACs brought positive changes to their own lives; whereas, 60 per cent of children reported CACs helped to bring positive changes in their parents/caregivers’ lives.** Bear in mind, parents and children interviewed during this evaluation were not always related and some parents had more than one child who received support from the CACs, and those children often have very different personalities and needs. The quotes below demonstrate these findings.

- a. *“Now they are stable and the difference is huge in comparison with two years ago. I was able to see how the children used to come here with pleasure, especially my daughter who is elder and has higher ability to verbalize her feelings and emotions. She has a different nature. My son is more introvert and it was a bit harder with him. But the psychologist who used to work with him, he accepted her very warmly. He is just not a child who likes discussing or sharing.” (75, Parent)*
- b. *“My younger daughter had liked the place a lot and started asking all the time when we would come again. It was very pleasant and extremely useful because she can speak in a freely manner; there are no worries. It seems there is no trauma left in her that would oppress her. The elder daughter is currently in her puberty and I am not able to make an exact evaluation . . . She is already half an adult. She had been much closed with no social contacts and friends. She has started to relax during the process of psychological consulting. I have talked with her teacher and she told me there is a positive change. She is more communicative.” (67, Parent)*

Chart 31. CACs support positive changes and improvements in the lives of children and parents (N=51)



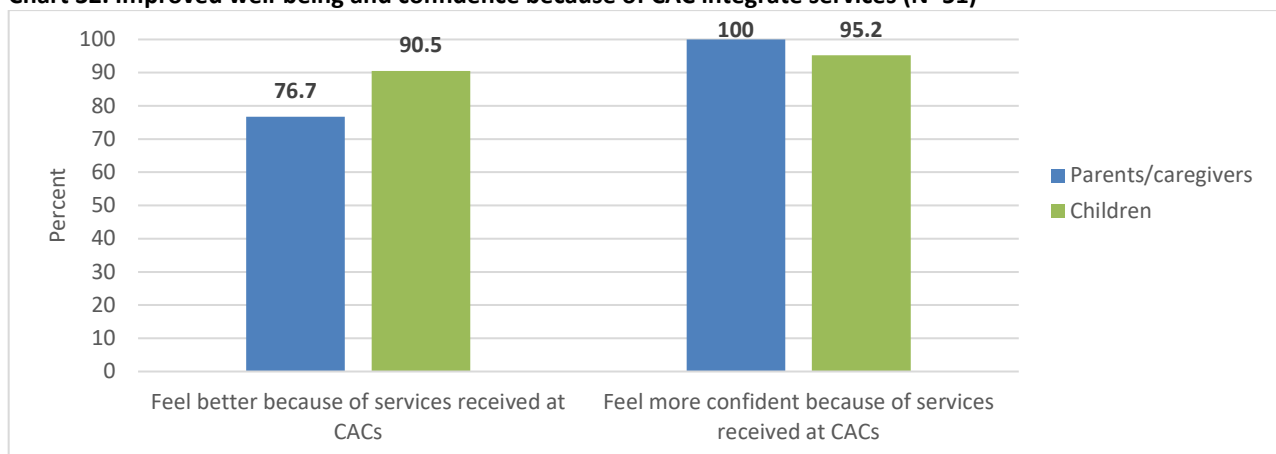
Note: 20.0% (n=4) children did not know if the CAC helped to bring positive changes/improvements to their parents/caregiver's life; 33.3% (n=7) of children did not know if there are services they need(ed), but the CAC was not able to provide.

During interviews, many parents reported their children were initially hesitant to come to the CAC and share their experiences, but over time their children became eager and happy to come to the CAC. Many parents spoke about the positive changes and improvements they saw in their children's emotional and mental well-being as result of the services received at CACs. One parent explained, *"She herself [her daughter] shares that she feels better. She comes here with desire. Most of all, we are both at peace. Of course, because the father is not with us anymore. We feel calmer and secure"* (75, Parent).

Only 26.7 per cent of parents/caregivers and 14.3 per cent of children reported there are services they needed or wanted, but CACs were not able to provide (see Chart 31).

Chart 32 shows that **all parents and 95.2 per cent of children reported feeling more confident because of services received at CACs, and 90.5 per cent of children and 76.7 per cent of parents/caregivers reported feeling better because of services received at CACs.**

Chart 32. Improved well-being and confidence because of CAC integrate services (N=51)



Note: 16.7% (n=5) parents did not know if they felt better because of services received at CACs

5.3.3. Impact of CAC Psychological and Therapeutic Support Services

CACs provide children and parents/caregivers with a range of services, but it is the psychological and therapeutic support that parents and children identified as particularly beneficial and impactful. CACs employ qualified child psychologists/psychotherapists to work with children and parents on a regular basis; therefore, they are able to help them understand and recover from trauma, violence and victimization. For many children and parents/caregivers this involved long-term psychological support, often in the form of weekly sessions over a period of months and up to a year or more. One parent explained, *"The psychological support gives you a way to survive and overcome what happened"* (33, Parent). The quotes that follow are

powerful and reveal the impact of CACs psychological and therapeutic support services on children and parents/caregivers, and the benefits they have on families as a whole.

- a. *“For my boy, the change was enormous. There were occasions he was turning to hit me with an umbrella, right on the street . . . The change happened with him in a pretty short-time period and we do not have any more out bursts . . . I think the change with him happened within three months. We still observe some reactions, but only when he is tired . . . My second child, there was also an improvement. She was the one to come here with enthusiasm while the attitude of the other two children was varying. Not that they were against coming, but were in preference to go somewhere else, do something else.” (6, Parent)*
- b. *“When we started, he [her son] was feeling bad. He used to have sleeping disorders. Slowly things went better due to what they talked here, as well as to my efforts at home. We were trying to explain to him that unfortunately such things happen and they are a part of life. This does not mean that we do not love him. I was worried that he used to think that it was his fault. Then I understood that this is the usual reaction of children in such situation. It was very important for him to realize that it was not his fault. I think we have managed.” (64, Parent)*
- c. *“I think the child feels much better because we used to have very serious moments, many emotions. The child wanted to jump off the balcony, we used to have very scary hysteria. The child has calmed a lot and they [the CAC] also helped me personally since the psychologist has given me directions and advice on how to proceed with the child. Now we talk more than before. They gave me advice, even about every day communication with the child, which we usually very often skip.” (51, Parent)*
- d. *“There is a big difference. After the incident my son became very aggressive. He was shouting for everything and you cannot even speak with him. For a month the psychologist did influence him. He stopped shouting and being fussy. For me, this was a huge change. There is much to be done with him to become calmer, but I am happy even with the fact he is not having episodes anymore. Before we came here, he was not allowing anyone to come close to me, even his own sister. If I was telling him something, he was starting to yell. This whole behaviour disappeared. He is caring, asks me how I am. He cares for the people around me. I am happy now. Within the years, I had simply lost the mother and son contact. He has withdrawn himself from me, being a witness of all the scandals at home. Now he is different. They helped him to talk. The speech specialist helps him, they are just at the start, but there is also improvement there . . . He is happy when we must come here. He feels calm here. He is a child that rarely accepts going anywhere, but when I tell him we need to come here or to the speech specialist, he is always ready to go. There are no arguments between us about coming here.” (9, Parent)*

Children appreciated being able to speak openly and freely about their experiences, thoughts, feelings and emotions with a qualified child psychologist/psychotherapist; and to do so separate from their parents.

One child explained, *“It definitely helped me. It is very different to have a person independent from your family that to give you some guidance; this really helped me” (18, Child)*. Similarly, other children reported, *“Here I can speak freely, I can talk about everything and what I share stays here [in the CAC]” (76, Child)*. The privacy and confidentiality that children receive at CACs is very important to both children and parents/caregivers. One child explained, *“When I come here, I am cheerful and go home cheerful. I like coming here” (59, Child)*.

“My mother also comes here to talk with them but we do not share to each other what we talk about here with the psychologists” (66, Child).

and confidentiality that children receive at CACs is very important to both children and parents/caregivers. One child explained, *“When I come here, I am cheerful and go home cheerful. I like coming here” (59, Child)*.

Children find solace in the fact that psychologists are there to listen to them and that CACs are safe places to talk about what happened to them and to share their thoughts, feelings and emotions. They also appreciate receiving advice and guidance from a trained professional who can help them recover and heal. Children appreciated that *“it was a time fully dedicated to me and my thoughts” (5, Child)*. Children shared how CACs helped them to recover from the violence and abuse they experienced.

- a. *“Because when those events happened, I had the feeling that I should not communicate with others. I felt myself dirty and that I should not talk to anyone . . . When I was coming here, I found a place where somebody can listen to me and I can share. I do remember when I came here the first thing*

that the psychologist told me was 'It is not obligatory to share with me what happened.' Maybe it was actually important to tell her the story, but I do not know. I didn't tell her the story, rather I was talking about critical moments in my life and actually as the psychologist is an adult with more life experience, by telling what is on your mind you actually receive another viewpoint. While the psychologist was listening to me, many questions were asked and her answers gave me the option to see from another angle and to become more aware of things." (5, Child)

Many children described being afraid, anxious and scared when they first came to the CAC, but overtime the psychological and therapeutic support they received helped them relax and stop thinking about the violence they experienced. Children explained, *"I relaxed much. I stopped thinking about the incident. I became happier than before. This is very nice to feel happier" (21, Child).* Similarly, another child explained, *"I was too easy to cry after what happened, my nerves were quite bad. For some quarrel with friends, I just started to cry . . . [Now] I do not think of this anymore" (22, Child).*

In Montana, foster parents sought help from CACs for difficulties they were facing with foster children. Many foster children have backgrounds wrought with violence, abuse and neglect, including abandonment. These experiences impact children's well-being and development; thus, the support from CACs is important to their recovery and rehabilitation. One foster parent sought help because her foster child *"becomes too aggressive sometimes. He is beating the hens and rooster, as we have such animals in our yard. He is also beating the kittens. He wanted to light a fire in the house" (29, Parent).* This foster parent appreciated the support that she and her foster child received from the CAC.

CAC psychologists/psychotherapists regularly assess children's psychological and emotional well-being and recovery, and when they identify a child as recovered, they either phase back the number of sessions each month or inform the child that they no longer need to participate in such sessions. Assessments are done on a case-by-case basis.

Parents also spoke about how the psychological services they received at the CAC helped to reduce their own anxieties and fear, and to become calmer; many of these parents were mothers who were survivors of domestic violence.

a. *"For me and for my children the support here was great - emotional support, understanding, and advice we have received. For me as a parent being in a situation being both parent and having the need to overcome my personal tragedy, I had to manage to be an adequate parent for my children. I am extremely grateful with the help I have received [here] is invaluable to me. The psychological support was fundamental for my further recovery. My children were also included in the process during these six months. They worked with them separately." (67, Parent)*

Some domestic violence survivors explained that they turned to CACs because their children were exhibiting social, emotional and behavioural problems as a result of exposure to domestic violence. In the process of seeking help for their children, they found that they also received much needed psychological and therapeutic support from the CAC. Battered women explained how CACs helped them to overcome their own trauma from the violence and victimization they experienced at the hands of their abusive/violent husband/partner. The quotes below are powerful and demonstrate the impact of CAC psychological and therapeutic services on women who were survivors of domestic violence, along with their children.

a. *"My son had been a witness to some things [domestic violence by an abusive husband/father]. The child was suffering. I was able to see that he needed support. So, I definitely came here because of him, not for me. I believed that I was strong and stable, but actually it has appeared not to be like this. But I have received support for him and for me. I think that he has been able to overcome the situation or at least it seems to be like this. At least, I hope that we would not have problems with this in the future. At that moment he is relaxed, he visits school." (64, Parent)*

b. *"It was immediately. She just saw me and it was clear that I was in a very bad condition, so she just started to talk to me immediately. I was in very bad condition and she had time at that moment, so she immediately welcomed me. She is very nice and responsive. I had already two sessions over the first week because she noticed I was very shaky . . . I stopped the psychiatric pills on the fourth month since joining here, thanks to the CAC. I realized there is no use anymore of*

me poisoning myself with medications. And I had already left the irritant [her abusive husband].” (10, Parent)

- c. *“They gave us a huge support. The first time we came I was shaking with nerves and fear because besides the restraining order he beat me . . . It was continuous harassment via phone. If I did not pick up the phone, I received messages that he would kill all of us. He had succeeded to panic me . . . It had been a slow and stage-by-stage process for two years . . . When I came here and started to share, I actually saw so many things from the past and I realized that he had wanted to isolate me from all of my friends and relatives. It is the typical abuser profile . . . I can only remember how scared I was. They advised me to visit a psychiatrist to give me some medicines in order to calm me down and to be an adequate mother. Our work here has really helped me a lot . . . They used to give me a different point of view on which to think about . . . They helped me a lot here for my mental balance in order to be able to calm down, work and take care of my children. They have also worked with my daughter because she was affected by the violence.” (70, Parent)*

Parents/caregivers also spoke about how CAC staff supported them by going with them to different agencies/institutions to provide advocacy and support. One parent explained, *“The CAC helped me a lot, both for my physical and psychological pains. They were coming with me everywhere. They came with me in the hospital to take a document from the forensic doctor. They helped me a lot in the court, in the police and in the hospital. They were coming with me everywhere” (13, Parent).*

5.3.4. Impact of CAC Legal Services

Free legal services provided by CACs are important to helping children and their parents/caregivers to access justice. CAC lawyers are there to provide legal advice, explain the judicial process, file legal paperwork, and represent them during interrogations and in pre-trial and court proceedings. In cases of domestic violence, CAC lawyers helped considerable number of women to obtain court-ordered protection/restraining orders to protect them and their children from abusive husbands/parents. Women also received legal services to divorce their abusive/violent husbands, i.e., when a battered woman decides she wants to divorce her abuser.

- a. *“I am not sure it is purely legal service. I had a court case against the father for obtaining a restraining order. They were with me all the time, accompanying me to the court. They found the lawyer and it was even for free. I have limited financial resources . . . the father took away everything.” (75, Parent)*

Despite the legal services provided by CACs, several women expressed frustration that the justice system moves slowly and courts do not always take into consideration psychological assessment reports prepared by CAC psychologists/psychotherapists. One parent explained, *“They also directed me to lawyer. I am very satisfied with the lawyer, but the problem is not solved yet because the system [judicial] does not work. The lawyer told me I am strong and I can handle it” (57, Parent).* Similarly, another parent explained,

“Here we receive psychological and moral support. They gave us great support at the court because I used to have a court case. Both psychologists supported us with their reports. The reports were professional, it does not matter that the court did not take the reports into account . . . I feel very protected by them.” (51, Parent)

- a. *“The voice of this organization is neglected entirely at the court. For me it is the most important, the court. I was impressed that the court does not hear neither the analyses of the psychologists, nor is it allowed for them to present in the court as expert witnesses. I know that there are things that could not be exposed at the court due to confidentiality, but they absolutely neglect their voice. I am very shocked how our [Bulgarian] court accept the emotional and psychological condition of people as a blank coin. I did not expect this.” (75, Parent)*

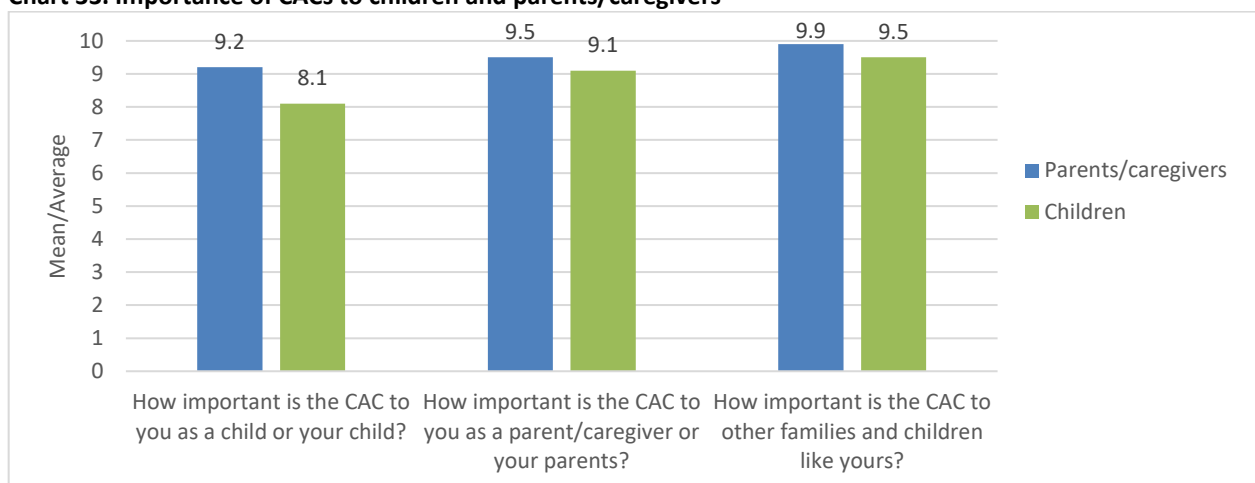
5.3.5. Importance of CACs to Children and Parents/Caregivers

Parents and children were asked to rank on a scale of 1 to 10 (1=not important to 10=very important) how important the CAC is to them (see Chart 33). When asked how important the CAC is to their children, parents/caregivers reported an average score of 9.2 on 10-point scale; in comparison, when children were

asked how important the CAC is to them personally, children reported an average score of 8.1. Two parents explained,

- a. *“If you have asked me that question before the incident, I would have told you this is not important at all. But after all we passed through, I will tell you this is very important. I will tell you directly why. These talks that they had for those three months was very useful for him. A child that I barely can speak with, she managed to talk to him. And it was always that after he had a talk with her, he behaved differently, he was like another person.” (15, Parent)*
- b. *“For my children it is very important. If we talk about the support that we received here I will put 10 because it helped them a lot. The children used to come here with pleasure. My daughter used to come here alone. She used to make the appointments with her psychologist on her own and they used to have a very strong relationship. At one point my daughter told me that there was nothing more to share here. She just passed that moment [trauma] and felt she did not need anymore. It was very important that she was able to overcome a lot of stress. We all have moments of stress in our lives and I always tell her that someone needs support [psychological support], it is good to go for it. I want her to know that it is normal to ask for psychological support. In Bulgaria, the mentality is that you are crazy if you visit a therapist; no, you are not crazy.” (75, Parent)*

Chart 33. Importance of CACs to children and parents/caregivers



Note: 1=Not important to 10=Very important

When parents/caregivers were asked how important the CAC is to them personally, parents/caregivers reported an average score of 9.5 (see Chart 33). Similarly, when children were asked how important the CAC is to their parents/caregivers, children reported an average score of 9.1. From the perspective of one parent, *“I have changed thanks to their help and support. I am balanced and a calm person. I am already able to understand my children; what they want from me and what I want from them. This is the most important thing for me. The CAC is important for me and for my children” (62)*. Another parent added, *“There are many mothers and children that are beaten, and I think this is very important to come here and to talk calmly about the situation and to guide them, to find a solution to it” (28)*. Similarly, another parent reported,

“I would have not been able to get through this without these people [CAC staff]. They gave me the stable grounds to be able to go on. They helped me to get through that crisis.” (3, Parent)

- a. *“From my personal point of view, the CAC is extremely important. There must be a CAC in every town because situations like mine and even more complicated are difficult to overcome. The CAC must accompany each family, each child, and each parent to be able to understand the situation and pass through it. You must be able to give clear self-estimation that you are not inferior person. You are not a person incapable to take care because this is actually what is imbedded by the abuser all the time . . . Many women just like me cannot realize that this is a problem, this is not normal.” (67, Parent)*

5.4. Partnerships and Cooperation

Findings related to partnerships and cooperation are grouped into three sections: 1) partnerships established to support CACs; 2) new partnerships identified; and 3) support for CACs by partner institutions.

5.4.1. Partnerships Established to Support CACs

UNICEF supported formal partnerships between CACs and stakeholders in municipalities in each of the pilot regions because they recognized these partnerships are crucial to the success of CACs. **UNICEF also played a pivotal role in promoting and advocating at both national and local levels for CACs.** At the national level, the partnership with the ASA and SACP have been extremely important, particularly since *“the State Agency for the CPD is responsible for the licensing process and they approved the licenses for the services, even though they are not regulated in any legal regulation in Bulgaria”* (165).

Partnerships with municipal authorities, service providers, social workers, police, prosecutors, and courts are crucial to the work of CACs. These partnerships are important for referrals and coordination mechanisms to support child victims and their parents/caregivers. CACs maintained partnerships with the CPD are crucial because *“without them we cannot do anything”* (101, Partner), while others added *“the police are very important because it is of key importance to intervene at the earliest stage because the police are the first point of contact in cases of violence”* (111, 112, 113, Partner). Similarly, another respondent explained, *“The partnership with the police is extremely important and especially with the chief investigating officers in the regional directorate and the child pedagogical officer is the one who works with the child”* (165). Respondents also reported partnerships between CACs and forensic and medical doctors in hospitals are important. One respondent explained, *“We have a shared goal working in the best interest of the child”* (116, 117, Partner).

CACs also recognized that *“partnership with other NGOs operating services are important because they have expertise. Lawyers are also very important because lawyers pursue the interests of their clients”* (114, 115, Partner). Essentially, *“all partnerships are important depending upon a particular case and the problem in the family . . . I have also had to ask the municipal housing services for support”* (116, 117, Partners).

“All these partnerships give a different perspective in CACs work, the partnerships with the police, court, the prosecution office, the social assistance structure, even with municipalities because it is municipalities that can resolve certain housing and subsistence issues. So, it is not by chance that all of these structures are partners of CACs and participants in the coordination mechanism” (133, 134, 135, Stakeholders).

CACs also recognized the need to establish partnerships with schools to raise awareness among parents and children as to the integrated services CACs offer to children and families.

Thus, CACs partnered, to the degree possible, with schools in their regions to deliver violence prevention awareness-raising campaigns and to work with school staff and children to address school violence and peer bullying. Schools are thought to be an effective channel for outreach to the community.

CAC staff and stakeholders recognized that partnerships are not one-sided but are mutually beneficial. CAC staff recognized that *“in the field of prevention, partnerships with schools and kindergartens are very important”* (114, 115, Partner).

UNICEF Bulgaria regularly made programme visits to CACs in the three pilot regions. Sometimes UNICEF management participated in the programme visits to speak with partners on a local level about CACs and integrated service delivery. In 2017, the CAC in Shumen formalized partnerships with stakeholders in the CPD, police and justice system with a formal coordination agreement. The CAC in Montana was unable to do this *“because of the rigidness of the stakeholder; they find when it is not explicitly state in the law or by law that they should not rely upon it as something important”* (110). The CAC in Sofia did not try to establish such a formal coordination agreement with local stakeholders because of the large-scale size of the urban capital.

In Montana, despite the lack of a formal agreement the court was the first to adopt the internal rules for the Blue Room; both CACs in Montana and Shumen established good partnerships with the courts. Still, barriers remain, including lack of special legislation for children in court proceedings. Reportedly, legislation that has been drafted relevant to children in court proceedings has been blocked for the past year. The other challenge is that there are no specialized courts or specialized units in courts that deal with children or cases of child abuse and neglect. For this reason, *“it is very important to write endlessly to complain and appeal decisions.”*

This same respondent went on to explain, “We struggle all the time with the difficulties in the system. On the one hand we move the system, and on the other we try to pursue things to the end” (101, Partner).

5.4.2. New Partnerships Identified

CACs have a sufficient number of partnerships established, but given the fact that “Bulgaria’s social assistance system is still very much developing, there may be new social services emerging.” This same respondent added, “Because they [CACs] are already recognized as a key figure in the social work field, they have developed all the relevant partnerships. If for any reason CACs fail to identify a new partnership possibility, CACs are so well recognized that those new social services would immediately get in touch with the CACs” (159, 160, Stakeholders).

Partnerships with the health sector were originally discussed as being important to CACs; however, not all CACs had solid partnerships with medical doctors (e.g., pediatricians and gynecologists), forensic examiners, and hospitals and health clinics. Respondents explained, “Our cooperation with doctors is not so solid, but probably that is due to the fact that we have never had a case requiring medical help here in the CAC. We accompany the users to the forensic doctor or a doctor, but sometimes it is the police that accompanies the child to the forensic doctor. If we need to visit them at the hospital, we do that. But with the medical doctor, that is probably not our most solid partnerships” (111, 112, 113, Partner).

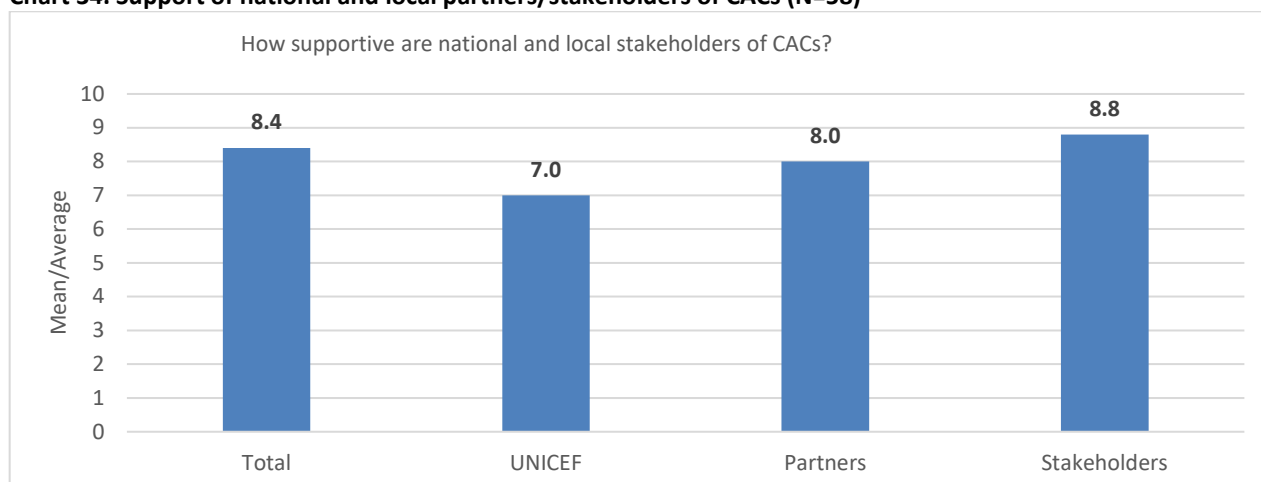
To support an equity-based approach, CACs should also explore partnerships with Roma health mediators who work to improve access to health for Roma populations. Roma health mediators are often aware of issues of VAC and child abuse and neglect within Roma communities, so they can be an important resource to CACs.

Respondents also identified the need for CACs to develop better partnerships and cooperation with local media outlets which can help with awareness-raising and prevention efforts. One respondent thought that “working with the media on changing stereotypes is also important” (108).

5.4.3. Support for CACs by National and Local Institutions/Agencies

Respondents were asked to rank on a scale of 1 to 10 (1=not supportive and 10=very supportive), how supportive are national and local stakeholders of CACs? Chart 34 shows **the majority of respondents maintained national and local stakeholders are very supportive of CACs**, with a mean/average score 8.4 on a 10-point scale. Stakeholders (including municipal authorities, service providers, police and justice officials, as well as national authorities) reported the highest average score of 8.8, meaning they recognized that national and local stakeholders are very supportive of CACs. Partners also recognized that national and local stakeholders are very supportive of CACs, but with an average score of 8.0. UNICEF’s average mean score was the lowest at 7.0.

Chart 34. Support of national and local partners/stakeholders of CACs (N=58)



Note: 1=Not supportive to 10=Very supportive

Partners were hesitant to report that local stakeholders are very supportive because CACs struggles at times with coordination, cooperation and communication with stakeholders. For instance, police and justice officials are hesitant to use Blue Rooms to conduct child friendly interviews in all cases involving child victims and witnesses of crimes. One respondent stated, *“Because the police and courts often do not take us into account when taking their decisions and there have been cases of them interviewing children in the Blue Rooms without our knowledge”* (153, Partner). Similarly, another respondent added,

- a. *“Because of rigid mindset and because of child friendly interviews are not a legal requirement. I think it should be a mandatory requirement whenever child friendly interviews are available. Now it is up to the investigator to decide whether to interrogate the child at the police academy or to us the child friendly interview to protect the child.”* (158, Stakeholder)

There was also skepticism as to the level of support from national and local stakeholders because the Social Services Act has yet to be launched and national stakeholders do not publicly advocate and promote CACs or integrated service delivery. This is despite the fact that national and local stakeholders revealed during interviews as part of this evaluation that they are strongly supportive of CACs and integrated service delivery to child victims of violence and crimes and their families. They also revealed they recognize the importance and effectiveness of CACs and they work they do with children and families. Stakeholders recognized that if CACs were to close or cease to exist it would be to the detriment of municipalities and leave a significant gap in service delivery to children and families (see Section 5.7).

Respondents explained, *“It makes it difficult because CACs are not recognized as a legally regulated service”* (115, Partner) and *“CACs are not a mandatory member in the Coordination Mechanisms in municipalities”* (127, Stakeholder). Similarly, another respondent added,

- a. *“If they are able to get the service recognized as a state-delegated service this would be an additional source of service from the government. And, if it is recognized as a state-delegated service it would be scaled up . . . Municipalities can provide the services themselves or to delegate to NGOs, they can choose to do either or. According to the current legislation we have the Coordination Mechanism, which is an interdisciplinary team, but it is convened only on occasion, it is not available all the time. If we had adequate legislative amendments this Coordination Mechanism could be transformed into a standing structure that is available all the time.”* (144, 145, 146, Stakeholders)

Stakeholders recognized that *“quite often it is NGOs that develop the services, but then the municipalities decide to take them over, and they turn out not so capable of operating the services.”* Given this reality, these same stakeholders stated that *“one way would be to amend the Social Service Act to make it mandatory to sub-delegate the service to NGOs, but this would not happen. The other is to get the municipalities to understand that operating the services would be too much for them”* (144, 145 146, Stakeholders). There is concern that municipalities would turn the CAC integrated service delivery model into an administrative/bureaucratic service; thus, *“the government’s and municipalities roles should be to fund and carry out oversight of the services; not to operate the services because they don’t have the capacities or human resources”* (144, 145, 146, Stakeholders). Stakeholders contend government funding for CACs should go directly to NGOs through a national committee versus giving the funding to municipalities to disperse to NGOs. The concern is that municipalities would spend money earmarked for integrated services for child victims of violence and their families on other things.

5.5. Efficiency

Evaluation questions related to efficiency focused on the extent to which the intervention delivers or is likely to deliver results in an economic and timely way. Findings related to efficiency are grouped into three sections: 1) efficient use of resources; 3) intervention management and operations; and 2) monitoring, reporting and evaluation.

5.5.1. Efficient Use of Resources

This evaluation was unable to evaluate the intervention's efficiency in terms of measuring how economically resources/inputs (funds, expertise, time, etc.) were converted into results or if there could have been a more cost-effective way to achieve results. In 2020, UNICEF reported funding the three CACs at a total cost of BGN 516,160. SAPI operates the CACs in Montana and Shumen at a cost of BGN 274,388 (matched by BGN 29,390 in contributions from SAPI), and Animus Foundation operates the CAC in Sofia at a cost of BGN 241,772 (matched by BGN 24,106 in contributions from Animus Foundation). UNICEF reported funding amounts in previous years were more or less the same as in 2020.

With the funding provided, implementing partners were able to establish and operate CACs in the three pilot regions each year and provide services to increasing numbers of children and parents/caregivers. There is significant evidence that CACs accomplished their purpose and planned outcome to deliver quality integrated services to children and families, including vulnerable and marginalized children. The impact CACs has had on the lives of children and families is significant and meaningful. Moreover, national officials and municipal authorities, including social service providers, police and justice officials, recognize the services provided by CACs to children who experience violence and crimes is essential, as there are no other institutions or agencies providing similar integrated services in the pilot regions, or across the whole of Bulgaria.

"Each case they work on is an achievement. Saving or securing another child is an achievement, supporting a child is an achievement. This means rescuing a child from a dire situation. We usually refer to children, but they also support adult victims and each case is a victory of a kind. We are proud of all such case. Whenever we are able to reform a victim this is also a victory because we prevent further violence." (133, 134, 135, Shumen, stakeholder)

Children and parents/caregivers maintain the benefit of CAC integrated services are significant. Providing children with quality social and psychological support, and legal aid services in one location is essential. Such comprehensive services enable children to access justice and recover from the trauma, violence and victimization. CACs also protect children from further violence and abuse. The benefits for children and families are priceless, as are the benefits to communities and society at-large. It has been documented globally that the economic costs of VAC and VAW are high for individuals, families, communities and societies.

Providing psychotherapy and free legal services to battered women and their children to support them to leave violent relationships and to obtain protection/restraining orders is crucial, and a wise investment of resources. One respondent explained, *"We give more of our clients, we give them a life free of violence and the opportunity to develop normally"* (101, Partner). Similarly, stakeholders saw significant value in *"the fact that they [CACs] save lives, support users to get out of the violence cycle, and cultivate a culture of no violence."* (144, 145, 146, Stakeholders).

5.5.2. Management and Operations

UNICEF's intervention to establish CACs was well planned and managed as evidenced in documents that guided planning, design and implementation. In 2014, a determinant analysis was conducted and a theory of change developed by UNICEF Bulgaria to inform development of CACs and the decision to pilot CACs in the regions of Montana, Shumen and Sofia. In 2015, at the start of UNICEF's intervention, business plans, detailed descriptions of programme interventions, and Memorandums of Understanding (MOUs) were established with each of the implementing partners. In 2018 and 2019, UNICEF also led a child protection system analysis and a legislative analysis related to VAC; these analyses informed efforts to advocate for the Social Services Act and strengthening of the child protection system.

Since 2015, UNICEF has been heavily engaged in programme management and oversight of CACs. In the first two years, the focus was on providing technical assistance for capacity building of CAC staff. In the past year, the focus was more on integrated service delivery to children and families. For nearly three years, UNICEF was insistent that each CAC should have two lawyers; one with a specialization in criminal law. This was achieved by the CAC in Sofia and Shumen, but not by the CAC in Montana.¹³⁴

UNICEF established efficient cooperation arrangements with implementing partners and municipal and national government institutions. In the pilot regions, UNICEF signed MOUs with the municipalities. As previously mentioned, the CAC in Shumen also signed a formal coordination mechanism agreement with

municipal authorities. At the national level, UNICEF invested in advertising and advocating for the integrated service delivery model of the CACs, and highlight the outcomes of this model in the three pilot regions. Although there is room for improvement, this evaluation found that there has been significant progress made as stakeholders at both the national and local levels recognized the importance of CACs and the integrated service delivery model.

“We can promote the services in a more strategic and organized manner. We need to develop different promotion and communication materials for the different audiences. UNICEF needs to be more involved in the promotion of services at the national level and CACs need to be more involved in the promotion locally. We need the evaluation to see where we should put the focus.” (165)

3.3.2. Monitoring, Reporting and Evaluation

UNICEF had a M&E approach to ensure effective and efficient project management, but it was not clearly documented beyond the monitoring reports required in keeping with office policy; therefore, it cannot be evaluated. Early on UNICEF identified key indicators that guided CAC administrative data collection and CACs shared that data on a quarterly and annual basis with UNICEF to monitor progress made toward project outcomes. It would have been helpful if there was a formalized monitoring framework and reports that documented changes over time in the intervention’s management and operations. One respondent explained,

- a. *“We had a somewhat effective approach that evolved. We started with a set of indicators that was revised twice. We now have better data for analysis, which was not in case in the beginning. We had an approach on programme monitoring that evolved, meaning that during our programmatic visits and reviews of reports that we received from the implementing partners where we identified issues needing our attention or intervention or more efficient management. We tried to address these issues that were not part of the M&E framework at the beginning. We could have done a better job of documenting cases that were part of the work of the CAC, meaning cases that had good result for the child and family and cases that were not resolved in the best interest of the child or parent. They were not documented for use with advocacy or policy support for certain change” (165).*

Another limitation was that UNICEF did not document lessons learned on a continual basis or share those with appropriate parties who could learn from the intervention and approach. Although there was a mid-term review of the intervention, it did not document lessons learned. This evaluation is one of the first attempts to document lessons learned and good practices. Over the years, UNICEF Bulgaria did share achievements related to this intervention in presentations and annual and donor reports; however, there was no systematic approach for sharing lessons learned and good practices.

5.6. Sustainability

Evaluation questions related to sustainability focused on the extent to which the net benefits of the intervention continue, or are likely to continue. Findings related to sustainability are grouped into two section: 1) legal and financial mechanism needed for sustainability of CACs; and 2) exit strategy to support sustainability.

5.6.1. Legal and Financial Mechanisms Needed for Sustainability of CACs

As previously mentioned, UNICEF established MOUs with SAPI and Animus Foundation to establish and deliver CAC integrated services to children and families in the three pilot regions. In the pilot regions, UNICEF and their implementing partners advocated with municipal authorities for cooperation and coordination with CACs in cases involving child victims of violence and crimes. UNICEF and their implementing partners also advocated the national government to draft a Social Services Act that would strengthen regulation of the provision, use, planning, funding, quality, control and monitoring of social services in Bulgaria, and formalize state regulation of an integrated approach to social service provision.

The objectives of the Social Services Act are to:

- a. Ensure equal access to social service tailored to individual needs of each person
- b. Ensure the quality and effectiveness of social services
- c. Ensure every person’s right to receive support for a life at home and in the community

- d. Promote an integrated approach to providing support to people
- e. Promote and develop the public-private partnership in the provision of social services

The Social Services Act would formalize in state regulation the integrated approach to social service provision. Modeled after the integrated service delivery approach implemented by CACs, the integrated approach advanced in the Social Services Act would include coordination and interaction with other systems and within the social service system, and provision of integrated cross-sectoral services.

“Bulgaria’s government is aware of the importance of integrated measures in the social services field. Without UNICEF’s support, I don’t believe the model would have been verified in Bulgaria because of the financial situation. But because of UNICEF’s support it has been piloted and has shown to work. The Government recognizes the integrated support and integrated measures and would probably be willing to fund this or at least include this kind of support in available service.” (104, 105, 106, Stakeholders)

As previously mentioned, the Social Services Act was passed, but the launch of the Social Services Act has been postponed until 1 July 2020, and the postponement has been extended due to the COVID-19 global pandemic. Some respondents are skeptical as to whether the Social Services Act will be ever launched. Until the Social Services Act is launched and implemented, national ownership of integrated service provision has yet to be demonstrated, and sustainability of CACs without UNICEF financial support is uncertain.

- a. *“It depends if the new Social Services Act is adopted. It has been passed by parliament, but it has been suspended now. If they start applying the Social Services Act the funding will be activity-based and not agency-based and we would be able to receive funding for the social services. If the new Act is repealed and we go back to applying the old social services, the activities in Shumen could possibly be sustained if provided by the Community Social Support Centre, but it would be much more difficult because the team would not be delegated as it is now. In Montana it would be very difficult.” (102, 103, Partner)*

Stakeholders questioned whether the quality of integrated services currently being delivered by CACs could be sustained without UNICEF support, and there was concern that CAC staffing numbers would be at risk without UNICEF financial support. CACs would also struggle to hire qualified staff and to provide much needed capacity building of CAC staff if the CACs became state-delegated service providers and lost UNICEF financial support and technical assistance. Stakeholders stated, *“Even if CACs became a state-delegated service, CACs would still need UNICEF support because the state salary is not enough to maintain this expertise. UNICEF support is vital to continue and developing existing services” (144, 145, 146, Stakeholders).* Similarly, other stakeholders explained,

- a. *“We don’t know how likely it would be to become a state-delegated service and if it does then there is large uncertainty about their staff number, a very positive effect of UNICEF support is the continuous training, and its training by experts in the field, if it is not for UNICEF support this training would not be available. This is the difference between UNICEF support and the other state-delegated, and CPD does not get such training.” (124, 125, 126, Stakeholders)*

Other respondents took a more critical stance and maintained CACs *“would die without UNICEF support” (130, Partner).* Stakeholders maintained *“the absence of project funding would jeopardize the services” (116, 117, Partners).* Yet, there is more to sustainability than just financial support, it is also about the confidence and trust that the community and stakeholders have in CACs. There was concern that this confidence and trust would waiver if CACs were not supported by UNICEF, as UNICEF has oversight and expertise that helps to ensure effective operation of CACs and quality integrated service delivery.

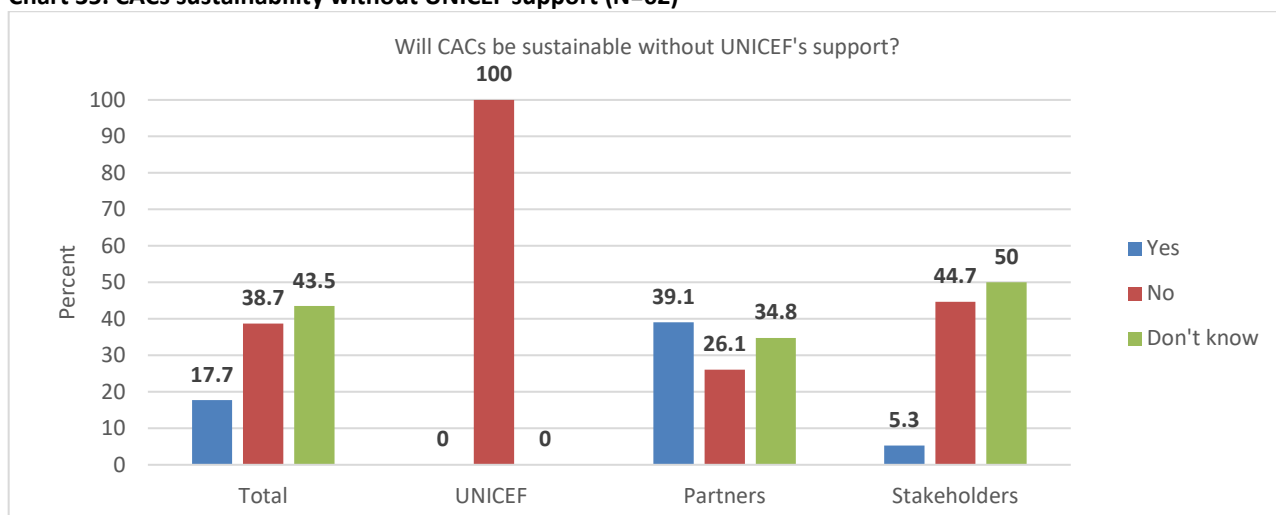
- a. *“Without the financial support CACs would not be sustainable. I do not know how their funding is arranged, but even if there is government funding it is limited . . . Even if we consider the support as financial support, it also has its moral dimension, when it is known that CACs are supported by such a big reputable organization [UNICEF], than CACS can operate in a much more organized way and others take it more seriously. If CACs were not supported in the future [by UNICEF], then the trust would be lost. UNICEF support is of paramount importance, others would not treat CACs in the same way. CACs have the capacity to work and are willing to work, but if they lose their funding and their trust things would change a lot.” (133, 134, 135, Stakeholders)*

Stakeholders recognized that financial support and technical assistance from UNICEF is very important to sustainability of CACs, particularly since state funding for social services would be insufficient to sustain CACs. Even if CACs are transformed into state-delegated service providers, they would still need to secure other sources of funding to ensure sustainability. One proposal is that the Government could include CACs in an EU-funded programme and delegate budgets to municipalities. Still, the issue of delivering quality integrated services will remain a challenge as “municipalities may change the focus and jeopardize the whole idea; it is about prioritizing and political will” (108).

Chart 35 shows respondents’ perceptions of CACs sustainability without UNICEF support. **Only 17.7 per cent of respondents thought CACs would be sustainable without UNICEF’s support; 38.7 per cent of respondents thought CACs would not be sustainable and 43.5 per cent did not know.** More specifically, only 5.3 per cent of stakeholders thought CACs would be sustainable without UNICEF’s support. Most stakeholders thought CACs would not be sustainable (44.7 per cent) or they did not know (50.0 per cent). In comparison, 39.1 per cent of partners thought CACs would be sustainable without UNICEF’s support, but 26.1 per cent of partners reported CACs would not be sustainable without UNICEF support and 34.8 per cent did not know. UNICEF recognized CACs would not be sustainable without UNICEF support.

“I guess if there is no one to finance the project. My experience with other organizations, once the international donor withdraws the service dissolves because there is a fight between local actors over who will take the lead, because this is more important than the patients [victims of violence].” (143, Partner)

Chart 35. CACs sustainability without UNICEF support (N=62)



Another barrier to sustainability is the absence of national regulations that require police and justice officials to perform child friendly interviews in Blue Rooms when children are victims and/or witnesses of violence and crimes. Child friendly interviews are the cornerstone of child abuse investigations and an important service provided by CACs. Child friendly interviews should be conducted by trained interviewers in child friendly Blue Rooms established in CACs and courts and municipalities across Bulgaria. The use of child friendly interviews in Blue Rooms ensures that children are given the opportunity to provide their statement in safe space. The interview is observed through closed circuit TV or a one-way window by police and justice officials who need to know what happened so that the child will only have to talk about the details of what happened once during this interview.

5.6.2. Exit Strategy to Support Sustainability

UNICEF has been aiming for a national scale-up of CACs and a strategy for turning over responsibility and transferring management of CACs to the Government; however, it is not operationalized in a concrete action plan. UNICEF started discussions on national and local levels to support sustainability of CACs; this evaluation is part of that strategy. UNICEF also plans to develop an advocacy and promotion plan and conduct a costing study to support the transfer of responsibility and management of CACs to relevant national and municipal authorities.¹³⁵

This evaluation provides UNICEF with much needed information and data to document the relevance, effectiveness and impact of CACs, and key partnerships and cooperation to support CACs. This information can be used to improve and strength the integrated service delivery model of CACs and to work with the Government to develop a transition plan and exit strategy, including a costed budget and action plan to support CACs. This also requires that the Social Services Act be launched and effectively implemented. Standard operating procedures for CACs also need to be adopted and job descriptions and qualifications for CAC staff defined.

5.7. Unexpected Results

An unexpected result of UNICEF’s intervention was revealed when stakeholders at national and local levels were asked a hypothetical question, “What would it mean if CACs closed this year?” Responses to this question revealed **significant support for CACs at national and local levels among stakeholders. Respondents recognized that closing CACs would be detrimental to children and families, and detrimental to municipal authorities who are responsible for child protection and ensuring justice for child victims of violence and crimes, and women are victims of domestic violence.**

“It should not close at any cost. Children and families would be deprived of support, they would be deprived of this expertise. It would be a problem.” (147, 148, Stakeholders)

Stakeholders maintained closure of CACs would “mean we will return to the place it was six years ago.” This same respondent went on to explained that, “CACs are very important, it would be very difficult for us to coordinate. It would be a huge mistake if CACs closed.” (156, Stakeholder). Numerous stakeholders explained how closing CACs would result in a backward slide for society and a return to the past where vulnerable children and families, particularly those exposed to violence and crimes, would not have access to quality services.

- a. *“We should not discuss this even hypothetically. This would be a huge problem. It would be a big step backwards and all our efforts so far would turn out to be in vein. It would be to the determinant of children and to us as professionals, and a determinant to the whole of society. We have presented this model throughout Bulgaria and the professional community is impressed by it, and the professionals have agreed that child friend interviews are the right way.” (127, 128, 129, Stakeholders)*
- b. *“There would be a gap, we all aim to upgrade the already existing achievements. If CACs closed that would be a huge step backwards to the period before CACs. CACs are especially important to children . . . If there is no one in the family to cater to their rights, there should be someone.” (122, 123, Stakeholders)*
- c. *“This would mean going 20 years back in the justice field. This will remain a gap and this gap will exist until another NGO comes to fill the gap. So, if a new NGO comes to filling the gap, they will need to start from scratch building trust and relationships . . . We have been building that trust for 20 years now . . . Before it used to be an us and them issue, now we already remember only our first names and not our surnames, this is the result of years of cooperating and building trust.” (133 134, 135, Stakeholders)*

Many stakeholders recognized that this evaluation and the questions, “What would it mean if CACs closed this year?” made them reflect upon “how important the work of CACs is” (120, Stakeholder). Stakeholders also reflected on the fact that if CACs were to close “there would be no access to mental health services and the local community would relapse as to what it has been for years now; there would a loss of hope” (143, Stakeholder). Another respondent added, “A large number of families and children at-risk would be deprived of professional support . . . I can’t even imagine it closing” (162, 163, Stakeholders).

Stakeholder also stated, “I can tell you what would happen if we didn’t have CACs . . . we would have to resort to taking the child out of the family. This service [CACs] helps to keep the family together” (124, 125, 126, Stakeholders). Other key stakeholders maintained CACs “success in keeping the child within the family is very relevant, because otherwise in cases of child abuse we would have to take the child out of the family, and it is difficult to find a placement for the child because there is a deficiency of social services and the crisis center is full” (149, 150, Stakeholders). In Shumen and Montana, partners maintained,

- a. *“The CAC is the only place, the only structure that provides care for families and children where there is violence or similar issues. If CACs were to close, no one else could provide such support and care. That is why I think it is extremely important that CACs continues to exist. If CACs were to close, I don’t see any alternative mechanism that would generate any similar service in the next 10 to 15 years.” (130, Shumen, Partner)*

Numerous other **stakeholders explained how detrimental it would be to communities, families and children if CACs were to close. It would deprive children and families of much needed quality psychosocial services that are provided by CACs.**

- a. *“Victims will be deprived from a number of very useful services. Children will be deprived of the psychological support from CACs . . . It would make my work much more difficult, meaning it would require much more effort to predispose children to answer questions in interrogations. CACs and Blue Rooms have increased our prosecution rates [in cases involving child victims of violence and crimes].” (136, 137, Stakeholders)*
- b. *“We don’t even want to imagine that. First, we would have to refer children to some kind of psychologists, but they would not be qualified to meet the needs of child victims of violence. I doubt whether they would help. Also, if we were to reproduce their interdisciplinary approach or team it would be difficult because we don’t have the resources. It would take a lot of time and time is very important for these children.” (149, 150, Stakeholders)*
- c. *“It will be a huge understatement if I say a large number of children and families would be disappointed. The consequences will emerge after many years because children will not be able to overcome their trauma. There would not be professional experts to support them. Children and families would feel abandoned and betrayed. The CPDs would want to kill themselves without the ability of CACs.” (144, 145, 146, Stakeholders)*
- d. *“If we were deprived of CACs it would be a painful blow for the whole team. I would not know what to do with the children. There would be no one to take care to their needs, there would not be a psychologist to especially meet the needs of child victims of violence. Psychologists are available at the Community Support Centres, but they are not so qualified to do that.” (158, Stakeholder)*

Stakeholders worried that children’s access to justice would be limited or blocked because investigations would be more difficult without children friendly interviews in Blue Rooms. In practice, not all child victims of violence and crimes are interrogated using child friendly interviews in Blue Rooms, particularly among children over the age of 14. The decision to use Blue Rooms is done on a case-by-case basis at the discretion of local police and justice officials. **Child victims need the psychological support that CACs provide to prepare children to participate in investigations and pre-trial and judicial proceedings.** In addition, **CACs provide child victims and their parents/caregivers with free legal services that enable them to access justice.** One respondent explained,

- a. *“Strictly speaking, if the Blue Rooms did not exist, it would be to the detriment of child victims and make the work of investigating services more difficult. It would put more pressure on CPDs, given their work load is way too high . . . Providing the services given by CACs would be more difficult, those children [child victims of violence and crimes] would be left only to the CPD.” (155, Partner).*

Stakeholders also recognized that CAC closures would be harmful for women and children who are victims of domestic violence. Stakeholders explained,

- a. *“According to police statistics, in 2019, every third women in Bulgaria is a victim of violence which means in every third family a child is witnessing domestic violence. The outcomes for many families would be much more negative. Many cases of violence remain unidentified and unreported . . . Even a divorce in the family, without support [of CACs] could lead to murder between parents. In my experience, when there was no CAC there were five to six cases of murder between parents and it resulted in children becoming orphans.” (144, 145, 146, Stakeholders)*

6. FINDINGS FROM THE COMPARISON REGION

Kyustednil was included in this evaluation as a so-called control or comparison region; a region that does not have a CAC. The hope of UNICEF and the Evaluation Reference Group was that interviews with key stakeholders in Kyustednil would reveal what happens in a community that lacks a CAC. Unfortunately, interviews with key stakeholders in Kyustednil were not so meaningful or as relevant as anticipated because simply adding a comparison region at the evaluation stage does not produce data or information that is comparable with that collected in the pilot regions. Moreover, there is no longitudinal data from Kyustednil that would allow for comparison with the pilot region, and many of the issues raised by key stakeholders in Kyustednil as it relates to municipal services and responses to violence against children were aligned with municipal practices that exist in the pilot regions, regardless of the CACs.

One of the major findings from Kyustednil was that at the municipality level there is a coordination mechanism, similar to that in the pilot regions; this was described as part of a country-wide effort to establish coordination mechanisms at the municipal level. In Kyustednil, as in the pilot regions, municipalities do not have the resource necessary to ensure all the measures for the coordination mechanism function effectively and efficiently. In the pilot regions, CACs are not a member of the coordination mechanism and are not a state-delegated service, so they have not formally influenced the functioning of the coordination mechanism, although they have been an important service provider that coordination mechanism have relied upon.

In Kyustednil, the main service providers for child victims of violence and crimes are the Centres for Community Support. Centres for Community Support also exist in the pilot regions and are utilized by children and families, including child victims of violence and crimes. In the pilot regions and in Kyustednil, Centres for Community Support provide children and families with access to social workers and psychologists, however their capacities are limited and they do not typically provide long-term support, but can provide short-term up to two or three months. This is where CACs have more qualified personnel and expertise in the areas of social work, child psychology and psychotherapy, and legal advocacy that children and families can access, and CACs are able to provide longer-term support of up to one-year. CACs do fill an important gap, and if CACs were to close there would again be a lack of qualified professionals to work with child victims of violence and crimes and their families in the pilot regions.

In Kyustednil, key stakeholders identified lack of shelter services for mothers and children who are victims of domestic violence as a real challenge. Authorities often use crisis centres and shelters in communities hundreds of kilometers away, particularly when the goal is it to keep a mother and her children together in a shelter. For instance, key stakeholders often use the crisis centre in Gotse Delchey or PULSE Foundation in Pernik, but these shelters have limited bed space and can often be full to capacity. One respondent explained, *“We need to have a crisis center for children, as well as a Mother and Baby Unit. We send them around the whole country”* (80, Key Stakeholder). Bear in mind, CACs do not offer shelter services to victims of violence, however Animus Foundation does run a domestic violence shelter. CACs do work to find shelter space for women and children who are victims of domestic violence, such as in Mother and Baby Units, as do municipal authorities.

As it related to Blue Rooms, some key stakeholders in Kyustednil said there are no Blue Rooms, while others maintained there are Blue Rooms in some municipalities. Blue Rooms can be located in the Centres for Community Support which have psychologists who are able to help with the child friendly interviews. Usually the Blue Room are used by prosecutors and police, but not in call cases. This finding is similar to the pilot regions.

In Kyustednil, key stakeholder recognized there is a lack of support to domestic violence victims; as a result, domestic violence victims are more likely to drop their case, withdraw their statement, and not follow through on criminal or civil proceedings. This is a reality in the pilot regions as well, particularly among battered women who do not receive support from the CACs. While CACs are able to provide long-term support services to some domestic violence victims and their children, they are not reaching all domestic violence victims. Without a mandatory ‘no drop’ policy in domestic cases, battered women will often drop their charges and retract their statements out of fear of their batterer/abuser and/or because they are manipulated by their batterer/abuser who draws them back into the relationship with promises that they will change and will not be violent again. This is a common pattern in abusive relationships, it is part of the cycle of violence. Slow justice systems also lead to dropped cases, particularly in domestic violence cases; but these are issues in the pilot regions as well, the only difference is that battered women and their children who access support service from CACs are able

to receive specialized and long-term psychological support and legal aid, as they wait for their cases to process through the justice system, and they have legal advocates who are able to support them in accessing justice and accompany them to court. By providing psychological support to domestic violence victims and their children, they are better able to overcome the trauma and abuse, develop self-esteem and self-confidence, and prepare to participate in criminal and civil court proceedings. CACs provide battered women and their children with the support they need to leave a violent relationship and to learn to live a life free from violence and abuse.

Similar to the pilot regions, people living in more rural and remote villages lack access to victim support services and are required to travel to the regional centre or larger towns to access such services. In the pilot regions of Montana and Shumen, some children and families are able to benefit from the CACs mobile services; however, these services are not provided by municipal authorities or service providers.

In Kyustednil and the pilot regions, CPDs are unable to provide 24-hour services or emergency support services, this where CACs have filled an important gap in the pilot regions. CACs are able to mobilize their teams on short notice and after normal work hours to support child victims of violence and crimes and their families.

In Kyustednil there are legal aid and legal advocacy services that work with child victims and support them in accessing justice, but they are not specialized in the areas of violence against children. There is an NGO in Dupnitsa that has a lawyer and provides free legal aid. In addition, there are municipal legal aid services for people with low financial resources; there is a list of lawyers from which one can choose. Similar municipal legal services were described in the pilot regions. These free legal aid services, however, are limited and users must fulfil certain criteria, mainly related to income, to be able to access them. One respondent explained, *“The problem is with those who work even on the minimum wage, they do not have the right to use these services. We can try to give them some consultations, but we cannot represent them in court. Many people cannot afford lawyer services. This might be a barrier for many of the victims to continue the process. If they lose the court case, they must pay all expenses to the court. This is very risky”* (82, Key stakeholder).

Finally, in Kyustednil, key stakeholders who were interviewed lacked knowledge of the CACs and had limited understanding of integrated service delivery. Whether this was an issue in the pilot regions is unknown, as interviews were conducted with key stakeholders who had knowledge of the CACS and the service they provide.

7. CONSTRAINTS

This evaluation experienced very few, if any, constraints. The only real constraint was that Montana experienced an influenza epidemic at the time that the evaluation team planned to visit the region for data collection. The evaluation team still visited the region, however, the amount of time spent in the region was limited to one to two days for each evaluator versus the three days originally planned. In addition, some stakeholders and beneficiaries (parents and children) who planned to participate in an interview cancelled due to the influenza outbreak. Thus, the number of stakeholders sampled in Montana (n=7) was significantly lower than the number stakeholders sampled in Shumen (n=19) and Sofia (n=19). Similarly, the number of beneficiaries (n=8) sampled in Montana was significantly lower than the number of beneficiaries sampled in Shumen (n=24) and Sofia (n=19). This, however, did not limit the findings in any way as the interviews conducted in Montana were in-depth and meaningful, and quantitative and qualitative data from those interviews were collected and analysed.

8. CONCLUSIONS

Conclusion 1: UNICEF Bulgaria played a pivotal role in establishing the CAC model in Bulgaria, an evidence-based approach. The CAC model also uses victim-centred approaches to delivery services to child victims of violence and crimes, and their parents/caregivers, including domestic violence survivors; this includes legal services to help them obtain protection/restraining orders against their abuser. (Refer to paragraphs 171-181)

Conclusion 2: UNICEF’s initiative to develop CACs that are able to deliver quality integrated services in three pilot regions – Montana, Shumen and Sofia – has been relevant and squarely aligned with national priorities and needs of the government to develop prevention and response services for child victims of violence as identified in the National Strategy for the Child, 2008-2018, as well as advanced in the CRC and CRC Observations and Recommendations to the Government of Bulgaria, Europe 2020 Strategy, EU

Recommendation "Investing in Children: Breaking the Cycle of Disadvantage" and the Council of Europe Strategy for the Rights of the Child (2016-2021). UNICEF's initiative has also been aligned with UNICEF's CPDs and Global Strategic Framework 2018-2021, as well as the 2030 Agenda for Sustainable Development. National stakeholders recognized CAC's collaboration with schools to address violence and bullying in schools is also aligned with the Government's national priorities to ensure a safe environment for children in schools. (Refer to paragraphs 161-166)

Conclusion 3: A key to success has been UNICEF's partnership with two well established and recognized NGOs, SAPI and Animus Foundation, with expertise in the areas of VAC, domestic violence, victim advocacy, and access to justice. SAPI and Animus Foundation had the capacities, reputation, and partnerships with local municipalities, service providers and police and justice officials that benefited UNICEF's efforts to establish CACs. Other factors crucial to the effectiveness and achievements of CACs were their interdisciplinary teams/staff, including qualified professionals in the areas of social work, psychological counselling and therapeutic services, and legal advocacy for children and victims of violence. (Refer to paragraphs 207-208 and 259-261)

Conclusion 4: It is quality integrated service delivery that benefits children and families the most. As CACs successfully supported children and families, the number of referrals made to CACs by institutions/agencies and self-referrals to CACs has significantly and steadily increased from 2015 to 2019. In keeping, the number of children and parents who received social support, psychological and therapeutic support, crisis intervention, and legal services from CACs significantly and steadily increased from 2015 to 2019. The ability of CACs to provide free services, particularly psychosocial support and legal services, as well as mobile services to vulnerable children and families in marginalized communities, has been important to beneficiaries and stakeholders in the three pilot regions. Services provided by CACs contributed to an increase in demand for services from CACs, particularly from parents and the community (Refer to paragraphs 199-223 and 278-288)

Conclusion 5: CACs have improved access to justice for children who experience violence and crimes, including improved access to justice for vulnerable and marginalized children. CACs were able to improve access to justice because they worked with lawyers who provided free legal services to children and their families. CACs also prepare children for involvement in litigation when they have been witnesses or victims of violence and crimes, and they accompany children and parents to court proceedings as their cases proceed through the justice system. CACs also promote proper use of Blue Rooms in cases involving children as victims and witnesses of violence and crimes. (Refer to paragraphs 209-214)

Conclusion 6: The majority of parents/caregivers reported CACs made it easier for their children to receive psychosocial support and legal services. Nearly all parents/caregivers and children reported CAC staff listened to them and were responsive to their needs. In addition, nearly all parents/caregivers and children reported that CAC staff showed them respect and explained things in a way they could understand, helped them understand their rights to safety and protection, and made them aware of the services available to them. The majority of beneficiaries maintained they are very likely to recommend CACs to other parents and children. (Refer to paragraphs 243-246)

Conclusion 7: In keeping with expected results, CACs were able to improve cooperation and coordination across sectors and professionals (e.g., teachers, social workers, police officers, prosecutors and judges) in keeping with the best interests of children victims of violence. Despite the fact that CACs are not a state-regulated body and does not have coordination mechanism powers (this is the responsibility of CPDs), CACs were able to establish good relations with professionals across sectors to support inter-agency coordination to support child victims of violence and crimes and their families. (Refer to paragraphs 224-231)

Conclusion 8: CACs contributed to positive changes in children's well-being, such as recovery from violence and victimization, and positive changes for parents/caregivers. CACs are able to contribute to long-term positive changes in children's well-being and recovery because they provide long-term services, especially in serious cases of violence where children show negative effects and symptoms related to the violence and victimization. Both children and parents reported the CACs helped to make positive changes or improvements in their lives. Nearly all parents and children reported feeling better, less anxious and less fearful, and more confident because of services received at CACs. It is the psychological/therapeutic support and legal services that parents and children identified as particularly beneficial and impactful in their lives. Many parents were mothers who were themselves survivors of domestic violence, along with their children. (Refer to paragraphs 270-277)

Conclusion 9: UNICEF supported formal partnerships between CACs and other service providers and key stakeholders in municipalities in the pilot regions; these partnerships have been crucial to the success of CACs. UNICEF and its implementing partners played a pivotal role in promoting and advocating at national and local levels for CACs. At the national level, the partnership with the State Agency for Child Protection and the Social Assistance Agency have been extremely important. Partnerships with municipal authorities, service providers, social workers, police, prosecutors, and courts have also been crucial to the work of CACs. These partnerships were important for referrals and coordination mechanisms to support child victims and their parents/caregivers. The majority of respondents maintained national and local partners and stakeholders are very supportive of CACs. CACs demonstrated to local municipalities and other professionals how they can deal with cases of VAC and support child victims and their families in a coordinated manner with a focus on the best interests of the child. (Refer to paragraphs 292-307)

Conclusion 10: This evaluation attempted to assess the intervention's efficiency in terms of measuring how economically resources/inputs (funds, expertise, time, etc.) were converted into results. The benefits of CACs are significant because providing children with quality integrated services in one location is essential. Quality integrated services enable children to access justice and recover from the trauma of experiencing violence and victimization, and protect children from further violence and abuse. The benefits are priceless, particularly considering the long-term benefits for children and families, communities and society at-large. (Refer to paragraphs 309-315)

Conclusion 11: UNICEF and their implementing partners supported the national government to draft a Social Services Act that would strengthen regulation of the provision, use, planning, funding, quality, control and monitoring of social services in Bulgaria, and formalize state regulation of an integrated approach to social service provision. Stakeholders questioned whether the quality of integrated services being delivered by CACs could be sustained without UNICEF support, as CACs ability to hire qualified staff and to provide capacity building are because of support from UNICEF, and would not necessary be sustainable if CACs became a state-delegated service provider. Stakeholders recognized financial support and technical assistance from UNICEF is very important to sustainability of CACs in their present form. Another barrier to sustainability is the absence of national regulations that require police and justice officials to perform child friendly interviews when children are victims and witnesses of violence and crimes. Child friend interviews are the cornerstone of child abuse investigations and a quality service provided by CACs. (Refer to paragraphs 319-327)

Conclusion 12: National and local stakeholders recognised that closing CACs would be detrimental to children and families, and the communities in which they are piloted. It would deprive children and families of much needed quality psychosocial and legal services that are provided by CACs. Stakeholders worried that children's access to justice would be limited or blocked because investigations would be more difficult without children friendly interviews and Blue Rooms, and the psychological support that CACs provide and helps child victims and witnesses to participate in investigations and pre-trial and judicial proceedings. Stakeholders also recognized that CAC closures would be harmful for domestic violence victims, including women and children. (Refer to paragraphs 330-333)

9. LESSONS LEARNED

It was learned that UNICEF's intervention to design and support implementation of CACs, an integrated service delivery model, has been crucial to meeting the needs of child victims of violence and crimes and their families in the project areas. It was also learned that CACs have filled a significant gap in services that are important to all children and families, but especially vulnerable and marginalized children and families who benefit from the free services, including social support, psychological counselling, psychotherapy, and legal services offered by CACs.

Another lesson learned was that CACs have had a significant impact on children and families, including helping them to access justice and psychologically recover from the trauma of experiencing violence and victimization. It is well documented that children and parents/caregivers who access CACs have experienced traumatic events (e.g., exposure to domestic violence, physical violence, rape/sexual assault, and neglect) that have caused them to suffer physical, psychological, emotional and spiritual harm, and even post-traumatic stress disorder (PTSD) in some cases.¹³⁶ Failure to process and overcome trauma can have long-term negative impacts on children and abused parents/caregivers; thus, CACs work with children and families have helped to improve their well-being and minimize the risk of such long-term negative impacts.

In support of strengthening and scaling up an integrated service delivery model, UNICEF's CAC initiative has focused on building the capacities of national and municipal authorities, child protection and social workers, police and justice officials, school officials and health workers, and other service providers to recognize the importance and value of the integrated service delivery model provided by CACs. These key stakeholders also recognize that CACs have been effective at providing quality integrated services to children and families, and advocate for more effective coordination mechanisms to support children and their families in accessing social services, protection and justice.

Another lesson learned early on in this intervention was that there needs to be a cadre of highly qualified social workers, psychologists, psychotherapists and lawyers in Bulgaria who have been trained to deliver quality services to child victims of violence and crimes, and families, including abused parents/caregivers and abusive parents/caregivers. It has been important that this cadre of qualified service providers and experts who have staffed CACs have been able to focus on their work with children and families and have not gotten bogged down in administrative and bureaucratic aspects of their work, which is a reality for social workers in the CPD. It will be important if there are any efforts to scale up CACs or classify them as a state-delegated service provider, that the quality and expertise of staff are ensured, and that they do not become administrative or bureaucratic civil servants.

The national government postponed the launch and implementation of the Social Services Act which would mandate government support for the provision of integrated services. During this evaluation, national government officials were reluctant to speak openly of their support for CACs and to recognize the benefit of integrated service delivery to child victims of violence and crimes and their families. The GoB and municipal authorities cannot assume that UNICEF Bulgaria will provide long-term support to CACs; thus, sustainability of CACs is at risk, particularly if the Social Services Act is not launched and implemented and government funding is not directed to support CACs. It is evident, however, that national and municipal authorities recognize the importance of CACs and the significant role they play in providing integrated services to child victims of violence and crimes, including the most vulnerable and marginalized children. This is a lesson learned that the GoB needs to reflect upon as they move forward with their decision to launch the Social Service Act and invest in strengthening and scaling up the CAC model.

It was unfortunate that UNICEF did not have a clearly documented M&E framework or approach that could have been evaluated. From the start of any project or initiative, such as this, having a well-developed M&E approach and a results-based management approach is important. In addition, if there is a desire to have a control region for comparison purposes, it is important that the control region be identified early as possible at the start of the project/intervention. Adding a comparison region (or so-called control region) at the evaluation stage does not follow prior scientific processes for having a control region, and in this case did not generate the comparisons data that was desired. If scientific processes were followed, comparable data would be collected in the pilot regions and the control region for purposes of comparison over time.

Another lesson learned was the need to strengthen administrative data collection and data disaggregation related to key indicators. The collection of administrative data and data disaggregation evolved over the five-year period of the project. In some cases, some indicators were modified, including in the way they were disaggregated, which made it difficult to compare across years (e.g., comparisons of 2019 data with previous years). The impact of making such data collection changes over time need to be considered carefully, particularly when comparisons of administrative data from year-to-year are important to measuring the impact and effectiveness of CACs work.

10. RECOMMENDATIONS

The recommendations that follow are based upon the evaluation findings and conclusions which have been presented in the previous sections, including recommendations offered by partners, stakeholders, beneficiaries and UNICEF CO staff during the course of data collection. The recommendations are also guided by good practices identified during the desk review, particularly those related to the integrated service delivery model. The level of participation of UNICEF CO staff and the Evaluation Reference Group in formulating the recommendations is not in proportion to their level of participation in the intervention and/or this evaluation.

The recommendations offered below aim to provide concrete ideas and solutions for improving implementation and sustainability of UNICEF's contribution to integrated service delivery for child victims of violence and crimes and their families. Following the description of each of the recommendations, a clear

prioritization and classification of the recommendations based upon urgency, impact and difficulty is provided, along with identification of target group action for each recommendation (see Table 8).

Recommendation 1: Bulgarian authorities need to enforce the Social Service Act; it is in the best interests of society, including children and families. Bulgarian authorities need to enter into force the Social Services Act and relevant by-laws to the Social Services Act, to strengthen the regulation of the provision, use, planning and funding of social service and integrated services, and to formalize state legal and financial regulations for an integrated approach to social service provision.

Delaying the launch of the Social Services Act serves as a barrier to improving the quality of social services available to children and families. This evaluation provides ample evidence that quality social services and integrated service delivery are best practices and necessary to address the complex needs of vulnerable children and families, including child victims and witnesses of violence and crimes, and parents/caregivers, including battered women. The CAC model supported by UNICEF is an international best practice that has been effectively adapted to Bulgaria's national context and effectively and efficiently implemented, as recognized by key stakeholders at the national level of government and among municipal authorities, as well as among parents and children who accessed support services from the CACs in the three pilot regions. Without the launch of the Social Services Act, sustainability of CACs is clearly at risk.

Recommendation 2: UNICEF and the Government of Bulgaria need to develop an exit strategy for UNICEF's funding of CACs. After five years of programme support and implementation, UNICEF needs to develop an exit strategy for the CACs. Most likely a phased or gradual withdraw of support to CACs from the side of UNICEF, coupled with a phased-up process of funding CACs by the Government of Bulgaria is a good approach. Funding and support for the CAC model of integrated service delivery as a state-delegated service is outlined in the Social Services Act; thus, passing the Social Services Act would ensure funding for CACs. In the short-term, UNICEF could provide top-up financial support and support to ensure capacity building for CACs; whereas, the Government of Bulgaria, including municipalities, would essentially fund the operation and staffing of CACs.

Recommendation 3: Given the COVID-19 pandemic, the Government of Bulgaria and local municipalities would benefit significantly by establishing CACs as state-delegated services. The declaration of COVID-19 as a global pandemic set national authorities in motion to implement preparedness plans, identify COVID-19 cases as efficiently as possible, and minimize serious illness and deaths with proper treatment. In response, the Government of Bulgaria implemented border closures, mandatory lockdown and stay-at-home orders, requirements for quarantine and self-isolation, closing of schools and civil services for non-essential staff, and banned public gatherings. The COVID-19 global pandemic amplifies and heightens all existing inequalities. These inequalities are likely to intensify as the COVID-19 outbreak continues to affect all segments of the population, but is particularly detrimental to members of social groups in the most vulnerable situations, including people living in poverty, women and children, older persons, persons with disabilities, and ethnic minority groups. In addition, domestic violence is increasing exponentially as COVID-19 deepens economic and social stress for families, coupled with restricted movement and social isolation measures. Many women and children are being forced to 'lockdown' at home with their abusers, at the same time that essential services to support survivors of violence and abuse, such as CACs, are being disrupted or made inaccessible.¹³⁷ In Montana, municipality showed courage when they voted to declare the CAC in Montana would be a state-delegated service offering critical social rehabilitation services to vulnerable families in the region during the COVID-19 pandemic. This is an opportune time for municipalities of Shumen and Sofia to also declare the CACs a state-delegated service and to provide CACs with state and/or municipal funding to deliver much needed integrated services to vulnerable and at-risk children and families. After all, the global pandemic is not only a health crisis, but is also a human, economic and social crisis that will impact communities and families for several years. CACs can play an important role in helping to reduce the impact of the pandemic on families and communities they serve, and to provide domestic violence victims with ongoing support services.

Recommendation 4: The Government of Bulgaria should work in partnership with UNICEF to develop a strategy and plan to fund and support the scale up of CACs and/or the CAC model of integrated service delivery to other regions and municipalities. This evaluation provides ample qualitative and quantitative evidence that CACs are relevant, effective and impactful, and fill a significant gap that exists within municipalities as it relates to delivering quality services, and integrated services to child victims and witnesses of violence and crimes and their families. CACs are an evidence-based good practice that should be scaled up to other regions and municipalities, and supported by the national government and municipalities. The Government of Bulgaria should work in partnership with UNICEF to develop a strategy and plan to fund and

support the scale up of CACs and/or the CAC model of integrated service delivery to other regions and municipalities, which is coupled and aligned with a phased out exist strategy of UNICEF support to CACs.

It is crucial that a strategy and plan is developed to ensure sustainability the quality of CAC services, if and when CACs become state-delegated service providers and lose UNICEF financial support and technical assistance. It is important during a scale up that CACs do not fall into the trap of becoming nothing more than a bureaucratic agency that pushes papers. CACs require highly qualified and trained staffed, along with salaries that are comparable to their expertise. During a scale-up CACs should not be staff with low paid civil servants who lack qualifications and are ill-trained to deliver quality integrated services, including child friendly and victim-centred support services, trauma-informed care and social work support, child psychological and psychotherapy services, and free legal aid and support.

Recommendation 5: National and municipal authorities need to establish better regulations and coordination mechanisms to improve cooperation in VAC cases, and in the pilot regions of Montana, Shumen and Sofia, CACs should be made a formal member of the municipal coordination mechanisms. In regions across Bulgaria, there needs to be better regulations and coordination mechanisms to improve cooperation in VAC cases. In the pilot regions where CACs have demonstrated the important role they play in delivering integrated services to children and families, steps should be taken by municipal authorities to make them a formal member of the local coordination mechanism and give them coordination responsibilities, particularly as it relates to coordination of services for child victims and witness of violence and crimes. The CAC in Shumen has established a formal MoU with municipal authorities for coordination; however, they have not been made an official member of the local coordination mechanism.

Recommendation 6: The Government of Bulgaria should establish national regulations that require police and justice officials preform child friendly interviews in Blue Rooms when children are victims and witnesses of violence and crimes. Children friendly interviews are the cornerstone of child abuse investigations and an important service provided by CACs. Child friendly interviews should be provided by trained interviewers in child friendly Blue Rooms established in CACs and courts and municipalities across Bulgaria. The use of child friendly interviews and Blue Rooms ensure that children are given the opportunity to talk to the interviewer about their victimization or what they witnessed. The interview is observed through closed circuit TV or a one-way window by police and justice officials who need to know what happened so that the child will only have to talk about the details of what happened once during this interview.

Recommendation 7: CACs need to develop strategy and action plans for enhancing service delivery and coordination with municipal authorities, service providers, police and justice officials, and health workers and educators. Under the aegis of UNICEF, each of the CACs need to develop a strategy and action plan for enhancing their work and coordination with national and municipal authorities, service providers, police and justice officials, and health workers and educators. The strategy and action plans of CACs should focus on enhancing integrated service delivery to child victims of violence and crimes and their families, and their coordination with municipal authorities, service providers, police and justice officials, and health workers and educators. This requires developing a strategy and action plan for communicating with partners and key stakeholders, as well as the national government, evidence of increases in demand for CAC services in referrals and the number of children and parents/caregivers services from year-to-year, and evidence of impact of services on supporting children in their recovery and access to justice, and improving the lives of children and families. CACs should be trained to ensure that they protect their client's confidentiality and privacy when sharing success stories.

Awareness-raising activities should be brought directly into the offices of partner/key stakeholder institutions/agencies. CACs should go to their partners/key stakeholders with information, versus making partners/key stakeholders come to them. The strategy and action plan should include agency-specific awareness-raising activities which may need to vary based upon the targeted audience/institution. CAC should communicate the type of interactions CACs are able to have with other institutions/agencies when partnering with them on cases involving children and families to reduce any confusion or over expectations that are not in keeping with evidence-based practices, standard operating procedures, and agreements of privacy and confidentiality with CAC clients.

It would also be beneficial if once a year CACs plan an open house and invite municipal authorities, service providers, police, justice officials, health workers and educators to visit the CAC, tour the facility and the Blue Room, receive information about integrated service delivery, and meet/network with CAC staff.

Recommendation 8: CACs need to develop an awareness-raising strategy that targets the general public.

CACs need to develop an awareness-raising strategy that targets the general public. The awareness-raising strategy should focus on the type of integrated services CACs provide to child victims of violence and crimes and their families, and information about domestic violence, child abuse and neglect, and crimes against children. The awareness-raising strategy should include messaging appropriate and relevant to children and adults. The awareness-raising strategy that targets the general public should include different local media outlets, such as local television and radio stations. CACs need to develop better partnerships and cooperation with local media outlets which can help with awareness-raising and prevention efforts

Recommendation 9: CACs should strengthen partnerships with the health sector. Partnerships with the health sector were originally discussed as being important to CACs; however, not all CACs had solid partnerships with medical doctors (e.g., pediatricians and gynecologists), forensic medical examiners, and hospitals and health clinics.

Recommendation 10: CACs should have a mandatory induction training for all new staff and a planned capacity building programme delivered as in-service training on an annual basis. CACs should have a mandatory induction training that all new CAC staff are required to complete and pass before they start working with children and families. CACs should also have a planned capacity building programme that staff should pass on an annual basis to raise their qualifications and maintain certification.

Recommendation 11: CACs should strengthen their staff with more qualified child psychologists, clinical psychologists, psychotherapists and lawyers. Each CAC should have two to three qualified child psychologists, clinical psychologists, psychotherapists and two lawyers, including one lawyer with a specialization in criminal law.

Recommendation 12: CACs should recruit Roma and Turkish staff and outreach workers. To support an equity-based approach, CACs should recruit Roma and Turkish staff and outreach workers, particularly in regions where there are ethnic Roma and Turkish populations. Roma and Turkish staff can help to reduce the barriers and open lines of communication with ethnic Roma and Turkish communities. CACs should also explore partnerships with Roma health mediators who work to improve access to health care for Roma populations. Roma health mediators are often aware of issues of VAC within Roma communities, so they can be an important resource.

Recommendation 13: UNICEF and CACs should establish a community of practice for CAC lawyers. CAC lawyers can play a key role in advancing legislative reform and improving police and justice system response to crimes against children and domestic violence. They can also help to transform police and justice officials approaches to working with child victims and witnesses of violence and crimes. CAC lawyers can create a community of practice where they can provide technical assistance and research with each other as it relates to jurisprudence. They can also share with each other guidance as it relates to securing court-ordered protection/retraining orders, presenting evidence in court, and writing pleads, motions and legal briefs. Through a community of practice, CAC lawyers can push cases through the justice system pipeline and identify gaps, challenges and barriers that need to be addressed. They can file appeals and establish legal precedent that can help to improve police, prosecutors and judges use of Blue Rooms to interview child victims and witnesses, and to adjudication of cases of crimes against children and domestic violence.

Recommendation 14: CACs should develop indicators and measures of successful recovery and positive changes in children's well-being and for parents/caregivers. It is also noted that there is no clear indicator or measure of successful recovery of CACs clients. For UNICEF and their partners there is a lack of clarity as to how to define and measure success in cases and in supporting long-term positive changes in children's lives and well-being.

Given a lack of indicators and measures of success, partners and stakeholders tend to rely upon case studies to document positive impacts of CAC services and successful outcomes for children and families; at the same time, partners and stakeholders rely upon case studies to question the long-term impact of CACs on children's well-being. It is important that CACs develop indicators and measures of successful recovery and positive changes in children's well-being and for parents/caregivers, such as the extent to which children feel safe and protected, are able to regulate their emotions, recognize the impact of the victimization they experienced, begin to believe that the trauma is no longer a defining principle in their life, redefine themselves in the context of meaningful relationships, create a new sense of self and new future.

Recommendation 15: Strengthen administrative data collection on VAC across sectors and service providers.

National authorities should establish an inter-agency committee/working group to establish an action plan for strengthening administrative data collection and data disaggregation related to key indicators on VAC. VAC administrative data collection needs to be strengthened across sectors and frontline service providers to better monitor patterns and trends in VAC from year-to-year, and to understand types of VAC, demographics of child victims and perpetrators of VAC, as well as access to services and justice, and points of entry into the system. Any effort to strengthen administrative data collection should begin with a proper multi-sectoral assessment of existing administrative data sources and data on VACs so that strengthening efforts can be aligned with and build upon existing systems, and ground in international evidence-based best practices for administrative data collection on VAC.


Essential service providers, including both governmental and nongovernmental organizations, can have a wealth of information on VAC, if it is registered and recorded. The challenge, however, is that essential service provider and police and justice officials often do not have effective record-keeping systems in place that regularly collect this data on VAC, and if they do, the record-keeping systems do not typically go beyond internal record-keeping purposes. Even when service-based administrative data is collected, it is rarely analyzed or used for monitoring the effectiveness and impact of services provided or to improve access to essential services and support for child victims of violence. Administrative data can also capture household and non-household data, and data and information related to hard to reach populations. This true, however, only to the extent that children and families from these hard to reach populations access services and justice systems. In strengthening administrative data on VAC, care should be taken to avoid data disaggregation mistakes, such as category overlaps in age, as highlighted in the findings; data categories should be mutually exclusive.

Table 9 reveals the ranking of each of the recommendations based upon a prioritization or classification of urgency, impact and difficulty to support use. The ranking provided of urgency, impact and difficulty is high, medium or low. Table 9 also identifies responsible parties, including target groups for action or responsible parties (e.g., lead, co-lead, partner and/or technical support).

Table 9. Recommendations by ranking of urgency, impact and difficulty, and responsible parties					
#	Recommendation	Urgency	Impact	Difficulty	Responsible Parties
1	Bulgarian authorities need to re-launch the Social Service Act; it is in the best interests of society, including children and families.				Government of Bulgaria (Lead) SAPI (Partner) Animus Foundation (Partner) CACs (Partner) UNICEF (Technical partner)
2	UNICEF and the Government of Bulgaria need to develop an exit strategy for UNICEF's funding of CACs.				Government of Bulgaria (Lead) SAPI (Partner) Animus Foundation (Partner) CACs (Partner) UNICEF (Partner)
3	Given the COVID-19 pandemic, the Government of Bulgaria and local municipalities would benefit significantly by establishing CACs as state-delegated services.				Government of Bulgaria (Lead) SAPI (Partner) Animus Foundation (Partner) CACs (Partner) UNICEF (Technical partner)
4	The Government of Bulgaria should work in partnership with UNICEF to develop a strategy and plan to fund and support the scale up of CACs and/or the CAC model of integrated service delivery to other regions and municipalities.				Government of Bulgaria (Lead) SAPI (Partner) Animus Foundation (Partner) CACs (Partner) UNICEF (Technical partner)
5	Municipal authorities need to establish better regulations and coordination mechanisms to improve cooperation in VAC cases, and in the pilot regions of Montana, Shumen and Sofia, CACs should be made a formal member of the municipal coordination mechanisms.				Government of Bulgaria (Lead) CACs (Co-Lead) UNICEF (Partner)
6	The Government of Bulgaria should establish national regulations that require police and justice officials perform child friendly interviews in Blue Rooms when children are victims and witnesses of violence and crimes.				Government of Bulgaria (Lead) SAPI (Partner) CACs (Partner) UNICEF (Technical partner)
7	CACs need to develop strategy and action plans for enhancing service delivery and coordination with municipal authorities, service providers, police and justice officials, and health workers and educators.				CACs (Lead) SAPI (Co-Lead) Animus Foundation (Co-Lead) UNICEF (Technical partner)
8	CACs need to develop an awareness-raising strategy that targets the general public.				CACs (Lead) SAPI (Co-Lead) Animus Foundation (Co-Lead) UNICEF (Technical partner)

9	CACs should strengthen partnerships with the health sector					CACs (Lead) UNICEF (Technical partner)
10	CACs should have a mandatory induction training for all new staff and a planned capacity building programme delivered as in-service training on an annual basis					SAPI (Co-Lead) Animus Foundation (Co-Lead) UNICEF (Technical partner)
11	CACs should strengthen their staff with more qualified child psychologists/psychotherapists and lawyers					CACs (Lead) SAPI (Co-Lead) Animus Foundation (Co-Lead) UNICEF (Technical partner)
12	CACs should recruit Roma and Turkish staff and outreach workers					CACs (Lead) SAPI (Co-Lead) Animus Foundation (Co-Lead) UNICEF (Technical partner)
13	UNICEF and CACs should establish a community of practice for CAC lawyers					CACs (Lead) SAPI (Co-Lead) Animus Foundation (Co-Lead) UNICEF (Technical partner)
14	CACs should develop indicators and measures of successful recovery and positive changes in children's well-being and for parents/caregivers					UNICEF (Lead) CACs (Partner)
15	Strengthen administrative data collection on VAC across sectors and service providers.					Government of Bulgaria (Lead) CACs (Partner) UNICEF (Technical partner)

 = High

 = Medium

 = Low

ANNEX A: LIST OF DOCUMENTS

Agreement: PCA/BULA/2015/02 Annex to Programme Document.

Agreement: PC/BULA/2015/03 Annex to Programme Document.

Analysis of the Child Protection System in Bulgaria, UNICEF, 2019.

Child Protection Act.

Determinants Analysis and Theory of Change on Addressing Violence Against Children in Bulgaria, UNICEF, 2014

Glaser & Strauss (1967). *Grounded Theory*

Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014

Human Development Indices and Indicators: 2018 Statistical Update. UNDP, 2018

Mission Report for Violence Against Children Consultancy for UNICEF Child Protection Unit, Bulgaria, July-October 2016

Norms and Standards for Evaluation, United Nations Evaluation Group, 2017.

Republic of Bulgaria. Agency for Social Assistance.

Situation Analysis of Children and Women in Bulgaria, UNICEF, 2017.

Social Services Act, 2019.

Training Programme on the Treatment of Child Victims and Child Witnesses of Crime for Prosecutors and Judges. UNODC/UNICEF, 2015.

UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.

UNICEF Child Protection Strategy 2008

UNICEF, Draft Country Programme Document, 12-15 September 2017

Violence Against Children in Bulgaria: Analysis and Assessment of Legislation, UNICEF, 2018.

Violence Against Children in Bulgaria, Child Advocacy Centres ToC

UNICEF BULGARIA COUNTRY OFFICE
TERMS OF REFERENCE
FOR
INTERNATIONAL CONSULTANT
FOR CONDUCTING
EVALUATION OF THE SERVICES CHILD ADVOCACY AND SUPPORT
CENTERS “Zona ZaKmila”, SUPPORTED BY UNICEF CO BULGARIA

Start date of consultancy: 15 October 2019

End date consultancy: 15 April 2020

Total number of days: up to 55 days

1. CONTEXT AND BACKGROUND

General context

Over the past decades recognition of violence against children (VAC) has grown and Bulgaria has been addressing the issue of VAC at multiple levels to ensure prevention, identification, reporting, response and redress through stakeholders at multiple levels of government, judiciary, civil society, academia, and professionals.

Since the adoption of the Child Protection Act in 2000 Bulgaria has been building a nation-wide child protection system, which also addresses issues related to prevention, identification and response to violence against children. Progress has been made with regard to knowledge generation; development and implementation of prevention programmes and services; raising sensitivity and awareness; coordination and referral mechanisms; support to children victims of violence and abuse; monitoring and inspection system.

In terms of legislative and policy framework to protect children from violence, the main acts¹³⁸ establish obligations that are generally aligned with article 19 of the UN Convention on the Rights of the Child.

Amongst the administrative measures that have been put in place, the legal framework provides for measures and mechanisms to identify, report, refer and investigate cases of violence against children as well as coordination and cross-sectorial mechanisms at different administrative levels. However, among the gaps is the lack of mechanisms for prevention and response services to promote the physical and psychological recovery and social integration of child victims of violence (as per article 39 of the Convention on the Rights of the Child).¹³⁹

Detailed information on the available services for identification and protection against violence include community-based and alternative care services could be found in the chapter on the UNICEF Situation analysis of children and women in Bulgaria¹⁴⁰

Gaps in coordination are preventing multidisciplinary teams at the local level from functioning properly. The UN Committee for the Rights of children expresses in its last concluding observations to Bulgaria concerns that there are insufficient services for children who have experienced violence. It is further concerned at prevailing societal attitudes that consider domestic abuse to be a private matter¹⁴¹.

It should be also noted, that human rights and particularly child rights have been challenged in the past couple of years in Bulgaria. This lead to the non-ratification of the Council of Europe’s Convention on Preventing and Combatting Violence Against Women and Domestic Violence (Istanbul Convention) and the blocking of the draft Strategy for the Child 2019-2030 and is a serious challenge to the advancement of reforms related to child rights.

UNICEF Role:

In 2014, during the second year of implementation of the CPD for the period 2012 – 2017 UNICEF Bulgaria focused considerable efforts on the issues related to violence against children in the country. A determinant analysis of the issue of VAC and the capacity of the country to address it was carried out by a consultant. Based on the analysis, UNICEF, with the support of the consultant, developed a Theory of Change, defining the building blocks and pathways required to bring positive change in the area of VAC. The Theory of Change described the types of interventions that could lead to positive outcomes and impact on VAC in Bulgaria. Based on the determinant analysis and the ToC were developed a programme intervention in the area of VAC, namely for development and piloting of integrated service for children victims and witnesses of violence.

UNICEF went through a process of consultation and identification of partners to develop a methodology for an integrated service for children victims and witnesses of violence and crime, following the suggested best practice model of the Child and Youth Advocacy Centres in Canada and pilot the model. Programme Cooperation Agreements were signed with two NGO partners and 3 pilot services were opened in three regions of the country: Montana (September 2015), Sofia (October 2015) and Shumen (January 2016).

In July-September 2016, a review and assessment of the work of the Child Advocacy Centres was carried out which resulted in a report with observations and recommendations towards partners.

During the current partnership between UNICEF and the Government of Bulgaria for the period 2018 – 2022 which places a significant attention to strengthening the national capacities to prevent, identify and respond to violence against children, UNICEF continues the support for the Child Advocacy Centres.

Determinants Analysis and Theory of Change on Addressing Violence against Children in Bulgaria, Documents on the “Best Practice Model of Child and Youth Advocacy Centres, CPD 2018 – 2022 and Mission Report for Violence Against Children Consultancy for UNICEF Child Protection Unit, Bulgaria assessing the work of the Child Advocacy Centres (2016), as well as other reports, analysis and any pertinent data and UNICEF and partners documentation will be provided to the successful applicant.

Full description of the structure, functions and activities of the CACs is provided in Appendix 1 and a ToC for the services is Appendix 2, part of the current ToR.

II. PURPOSE OF THE EVALUATION

The purpose of the evaluation of the model service Child Advocacy Centers “Zona ZaKmila” is to lead to improvement of the structure, functioning and quality of the services, and eventually to ensure their national scale up and sustainability through their legal and administrative institutionalisation and state budgeting.

The main audience of the evaluation will be UNICEF CO, service providers (both the NGOs providing the three services and other service providers – NGOs and Municipalities), the key state authorities at national and local level, Parliamentarians and civil society.

It is planned the evaluation to be supported by a Reference Group, consisting of representatives of Ministry of Labour and Social Policy, Agency for Social Assistance, State Agency for Child Protection, Ministry of Interior, Prosecutor’s Office, local authorities in Sofia, Shumen and Montana and service providers. The group will support and oversee the evaluation process, as well as will review the findings and recommendations.

III. EVALUATION OBJECTIVES

To conduct an independent evaluation of the model and services provided by the Child Advocacy Centers (CACs) Zona ZaKmila for children victims of violence and their families, established with UNICEF support in Sofia, Shumen and Montana regions.

The evaluation is both formative and summative in nature - the overall evaluation should bring an understanding and improvement of the process and also on whether the model works.

The specific objectives will be:

- Assess and evaluate the model, its implementation relevance, efficiency, effectiveness and sustainability and, to the extent possible, its impact on children and parents;
- Assess the CACs equity and child rights perspective both in terms of the capacities to reach out to and deliver prevention and support services to victims of violence.

- Identify and document lessons learnt, including in terms of service design, scope of support provided, resourcing, implementation, reach, involvement of state partners (police, child protection system, educational system and health system), for meeting the complex needs of children and parents.
- Identify the enablers and challenges for institutionalising and upscaling the service nationally.
- To assess the situation with VAC in a municipality without comparable services.
- To examine the relationships and integration of the services into the local systems of services for children and parents in Sofia, Shumen and Montana regions.
- Provide recommendations for the process of institutionalizing and scaling up of the CaC model and services nationally and for actions to ensure their quality and sustainable implementation in the future.

The provisions of the UN Convention on the Rights of the Child, including the Concluding observations to Bulgaria, and the other key human rights documents should guide the process of the evaluation, together with design of the methodology, implementation and analysis. The evaluation should also be designed and carried out to assess the equity dimensions of the interventions, as well as gender equality.

IV. EVALUATION SCOPE

The evaluation will focus on the three CACs, established with UNICEF support and will cover the period April 2015 – present.

Geographical coverage of the evaluation includes the regions of Sofia, Shumen and Montana. Additional region or municipality without comparable service should be also be included to serve as a landmark of CACs` impact. The evaluation shall include the perspective and views of all relevant stakeholders: children, parents, who benefited from the services, children and parents who did not benefit from services but fall within the target groups, local providers of social and health services (general practitioners/paediatricians, hospital staff, social service providers), representatives of the regional police authorities, child protection service, education sphere, judicial system. Additional meetings with key stakeholders at national level such as MLSP, ASA, SACP, Mol, MoJ, MoH, MoE, Prosecutor’s Office etc. should be also covered.

The Human Rights Based Approach (HRBA), equity and gender equality and mainstreaming approaches also need to be assessed. Particular attention should be paid to exploring equity dimensions of the intervention. For UNICEF equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias or favoritism. Equity-based evaluation provides assessments of what works and what does not work to reduce inequity, and it highlights intended and unintended results for the most vulnerable groups as well as the inequalities in the outcomes for vulnerable children and families. To the extent possible access to quality support and outcomes for different subgroups of vulnerable children and families should be explored in the evaluation (based on ethnicity, residence, setting – institutional/family, gender, disability, etc.) and the groups least reached identified.

V. EVALUATION FRAMEWORK AND QUESTIONS

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

Below are given indicative questions to guide the evaluation but the Consultant may further expand and refine them during the inception phase in consultation with UNICEF and implementing partners and the Reference Group. The need of assessment of relevant human rights, equity and gender equality aspects should be considered while formulating the questions. Regional dimension (with respect to the three regions of implementation) should be explored as well.

<p>Relevance: <i>the extent to which the objectives of the service address the real problems and the needs of the target groups and country priorities.</i></p>	<p><i>Questions to be explored include:</i></p> <ul style="list-style-type: none"> • To what extent the CACs (objectives, strategies, activities, etc.) are aligned with the government policy priorities/policies/reforms agendas in the areas of prevention and response to VaC? • To what extent the CACs and approaches to delivery of support are evidence-based, correspond and address actual needs of children, families and communities in the three regions and nationally? • To what extent the services are important for and relevant to the needs of the most vulnerable children and families? • Is the design of the model services and the activities appropriate for achieving the intended results and outcomes?
---	---

	<ul style="list-style-type: none"> • Has the model service design and implementation been aligned with the CRC principles (non-discrimination, best interest of the child, the right to life, participation), gender mainstreaming and Human Rights Based Approach (HRBA) to programming? Did it contribute towards gender mainstreaming and HRBA?
<p>Effectiveness <i>The positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended.</i></p>	<ul style="list-style-type: none"> • Have the services achieved/or are likely to achieve the planned objectives? To what extent the objectives are realistic? • To what extent the target groups have been reached? Have the services been able to reach out to the most vulnerable groups of children and pregnant women? • What are the key benefits for children and families who received support from the services? Are different groups (based on ethnicity, socio-economic profile, urban-rural residence, children with special needs, etc.) benefitting to the same extent of the services? • What factors affected the effectiveness of the services and their impact on families and children? What factors affected the effectiveness in relation to the most vulnerable groups? • What factors (e.g. political, social, gender and cultural, social norms, systemic, or related to the service design and implementation, professional practices) were crucial for the achievement or failure to achieve the service objectives in the three regions so far? • Have services provided any additional (unintended) significant contribution to or effect on families and children, including on vulnerable families and children? • How effective were the capacity building activities targeting the staff of the demonstration services? • What is the level of satisfaction of the Children, young people and parents who benefited from the services? What are their views for improving the service?
<p>Efficiency: <i>a measure of how economically resources/ inputs (funds, expertise, time, etc.) are converted to results.</i></p>	<ul style="list-style-type: none"> • To what extent have UNICEF and the implementing partners used the available human, financial and technical resources in the most efficient manner? • Would there have been a more cost-effective way to achieve the expected results? • How well the establishment and implementation of the services was planned and managed? • Were the services coordinated with other similar programme interventions, including of UNICEF (for example Family Consultative centres established in Shumen and Montana with UNICEF support, others) to encourage synergies and avoid overlap? Was there any overlap of efforts? • To what extent the data collection and monitoring activities performed by UNICEF informed and contributed to improving the implementation of project activities and achievement of results?
<p>Sustainability: <i>The continuation of the benefits after the end of the intervention. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time</i></p>	<ul style="list-style-type: none"> • To what extent has UNICEF been able to support its partners in developing capacities and establishing mechanisms to ensure ownership of the service, both on national and subnational level? • Are legal, institutional and financial mechanisms established to ensure sustainability of the Child Advocacy and Support Centers. Are conditions established to ensure quality of the services (service standards, training, supervision mechanisms, etc.)? • What are the key factors that can positively or negatively influence the institutionalisation and long-term financial sustainability of the services? • What specific recommendations could be given that would contribute to the sustainability of the services – financial and institutional? • How sustainable are the results achieved for children? • What conditions need to be put in place to ensure the provision of quality specialised prevention and response to VaC services and results for children and parents, in terms of resources (human, financial, material),

	<p>human resource development, institutional linkages within the child protection system and with other sectors, etc.)?</p>
<p><i>Impact: The positive and negative, primary and secondary long-term effects produced directly or indirectly, intended or unintended.</i></p>	<ul style="list-style-type: none"> • To what extent did the services contribute to long-term positive changes in wellbeing of children and their parents? Are there any differences in terms of the impact on the most vulnerable children and families? • To what extent did the services contribute to increasing parent and community demand for such service, including of the most vulnerable groups? Are there any differences in the impact in the three regions? • To what extent and in which areas the services had significant impact? Are there any sub-group differences? • What factors favourably or adversely affected the impact of the services on children and parents, including on the most vulnerable? • To what extent the services are recognised by the target group and the population in general in the three regions? • What worked and what did not work to reduce inequities (in child outcomes, access to and utilisation of essential service, etc.)? What are the reasons for this?
<p>Partnerships and cooperation</p>	<ul style="list-style-type: none"> • To what extent have partnerships been sought and established and synergies created to support the work of the services? • Were efficient cooperation arrangements established between UNICEF and partners (NGOs, governmental institutions, municipal institutions, professionals, other partners)? • Have any new partners emerged that were not initially identified? • To what extent the services were integrated in the existing local systems of services (health, social, and educational) for children and parents and how well they coordinated efforts for meeting the complex needs of children and parents?

Issues related to the Human Rights-Based Approach to Programming, Equity, Results-Based Management and Gender Equality will be addressed across the evaluation questions or, if required, developed as specific points as per United Nations Evaluation Group (UNEG) Guidance on Integrating human-rights and gender equality in evaluation (see link below) and complies with the organization’s commitment to gender mainstreaming as expressed in the Policy on Gender Equality and the Empowerment of Girls¹⁴².

VI. METHODOLOGY AND PHASES

The evaluation will follow internationally agreed evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability.

Mixed method approach will be applied in the evaluation combining qualitative and quantitative components to ensure complementary strengths and non-overlapping weaknesses. The analysis is expected to build on information collected from variety of sources through different methods including review of administrative data, primary data collection from government representatives, representatives of local authorities and service providers, judiciary, community members, staff and managers of the CACs, case studies and others. It should critically examine the information gathered and synthesize it in an objective manner. If contradictory information is obtained from different stakeholders, an effort should be made to understand the reasons for such information, including any gender-based differences.

The evaluation should be participatory involving service users, representatives of the target groups (who have not used the service) and members of the communities. Methods, data collection tools and analysis should build on a human rights and child rights approach and should be gender and culturally sensitive.

The evaluation results will be validated with national partners and key stakeholders.

Inception Phase: The first step of the evaluation process will be the inception phase during which the Consultant will develop an evaluation framework, methodology, sources of information (including stakeholders to be involved) and data collection tools based on the TOR. For each of the questions and sub-questions, the Consultant will develop indicators to inform the responses and identify the corresponding means of verification. In addition, the Consultant will assess potential limitations to the evaluation work and the availability and reliability of data. During the inception phase the Consultant will also examine any ethical issues that may arise and propose appropriate mitigation strategies.

A **Desk Review** of relevant available reports and, if necessary, laws, policies and strategies, official and administrative information, service documentation (methodology, progress and statistical reports, training and supervision reports, monitoring electronic database, other). The necessary documentation related to the demonstration services will be provided by UNICEF and the respective local partners in English. Administrative data or other available data sources will be verified and analysed to confirm system level results and impact.

Primary data collection: Primary data will be collected at regional level – in the regions of Sofia, Shumen and Montana, through in-depth, semi-structured interviews, individual face to face interviews/questionnaires, focus group discussions and case studies. The international consultant should ensure that the methodology allows for exploring the views of representatives of different stakeholders: representatives of the Child protection departments, Police, Prosecutors and Judges, teachers, child protection services, health and social service providers, staff of the CACs services, service users, representatives of the target group and community members. In addition, evaluation data on and from service users/community members with different socio-economic, ethnic and residence (urban/rural) profile should be collected as well to assess equity dimensions of the interventions. The methodology and data collection tools should also consider language difficulties experienced by some ethnic groups whose mother tongue is not Bulgarian (Turkish and Roma).

The possibility to use electronically administered questionnaires should be considered if applicable.

At national level, data will be collected from relevant national stakeholders from the Ministry of Labor and Social Policy, Agency for Social Assistance, State Agency for Child Protection, Ministry of Interior, Ministry of Justice, Judiciary, others.

Data analysis and report writing: the process will start at the inception phase when the Consultant will propose a detailed methodology and the structure of the final report. Data analysis will progress simultaneously with the desk review and the in-country data collection. Draft final report will be reviewed by UNICEF CO and national stakeholders as well as an external quality review company. Consultant will incorporate the received comments and submit the final report to UNICEF Bulgaria.

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

Data/information sources:

Official state institutions and UNICEF are the main sources of data and information for the purposes of the evaluation and are therefore considered reliable and of sufficient quality. Disaggregated data (based on ethnicity, socio-economic status, gender, disability, etc.) may not always be available through the official sources and the

Monitoring system of the demonstration services.

Available documentation:

- Service documentation – initial and updated project descriptions and plans, statistical data on service implementation, supervision and training reports; service methodology and service database;
- MoUs and other agreements related to the demonstration services;
- National strategic and policy documents in the area of child protection and Violence prevention and response.
- Statistical data of the National Statistical Institute, Agency for Social Assistance, State Agency for Child Protection, e Ministry of Interior, Prosecutor’s Office, etc.
- Situational Analysis of Children in Bulgaria, UNICEF, 2018;
- Any other studies, assessments and relevant documents available or that may be provided by the partners.
- Determinants Analysis and Theory of Change on Addressing Violence against Children in Bulgaria, CPD 2018 – 2022.
- Mission Report for Violence Against Children Consultancy for UNICEF Child Protection Unit, Bulgaria

All needed documents in English, together with a contact list of key stakeholders whose views should be taken into consideration, will be provided to the Consultant once a contractual agreement has been made.

Limitations of the evaluation

An evaluability assessment with all the partners hasn't been conducted. However, despite some data gaps there is available information to conduct a formative evaluation. Data sources being different from country to country, trends analysis will be preferred over comparison.

The limitations consist of lack of sufficient quantitative data on VAC in Bulgaria, as well as standardised tools for collecting such data on population level may constrain the analysis of the impact of the services on child outcomes. This can be mitigated by collecting information from CACs staff and through analysis of case studies.

The level of disaggregation of available data and the quality of data provided by the monitoring system of the demonstration services may not be sufficient to assess equity dimension. This limitation can be addressed by ensuring the participation of the most vulnerable families in the evaluation process through appropriate data collection methods and tools.

VII. TENTATIVE WORK PLAN AND EVALUATION MANAGEMENT

The evaluation will take place over the period October 2019 – May 2020 and will include the following activities, for a total 55 consultancy days:

Two country visits are expected for the purposes of evaluation:

- January, 2019 (for data collection);
- April 2020 – for presentation of the findings of the evaluation.

All dates are tentative and may be further discussed with UNICEF office.

The international consultant is expected to provide the following deliverables:

Activities	Responsible	Expected Timeline
INCEPTION PHASE (16 days)		
<i>Desk review of reference material and mapping of relevant stakeholders</i> UNICEF team will support the compilation of the most important background material, documents, and reports related to the object of evaluation. Documents will be provided in English.	International consultant (5 days-remote).	11 of November 2019
<i>Development of the inception report</i>	International consultant (7 days - remote)	9 of December 2019
<i>Review and feedback on the draft inception report</i>	UNICEF and the Reference group	10 of January 2020
<i>Submission of the final inception report</i>	International consultant (3 days - remote)	15 of January 2020
<i>Presentation of the evaluation methodology to the Reference group</i>	International consultant (1 day – in country)	January 2020
EVALUATION – IMPLEMENTATION (15 days)		
<i>Orientation/training of the national consultants to support the evaluation</i>	International consultant (1 day – in country)	January 2020
<i>Data collection</i> <ul style="list-style-type: none"> • Collection of evaluation data (primary and secondary) is expected to be carried out through different techniques, including desk-reviews, in-depth and semi-structured interviews, questioner (survey) and focus group discussions. • Protocols/transcripts of interviews, focus groups and data/ collection (survey) results. 	International consultant (7 days – in country) National consultants	January 2020
<i>Provision of methodological support and supervision to the national consultants</i>	International consultant (2 days, remote)	January 2020
<i>Data analysis</i>	International consultant (5 days) National consultants	February 2020
EVALUATION REPORTING (20 days)		
<i>Development of the 1st draft evaluation report</i>	International consultant (15 days - remote) with inputs from the national consultants	February 2020
<i>Review and feedback from UNICEF</i>	UNICEF team	March 2020
<i>Development of the 2nd draft of the evaluation report</i>	International consultant (3 days -remote)	March 2020
<i>Review and feedback from UNICEF and the Reference group</i>	UNICEF CO and RO team Reference group	March 2020
<i>Submission of the Final Evaluation Report, including a summary</i>	International consultant (2 days - remote)	March 2020
DISSEMINATION (1 day)		
<i>Presentation of key findings</i> <ul style="list-style-type: none"> • Presentation of key findings of the evaluation to the Reference group and UNICEF • Discussions with stakeholders 	International consultant (1 day in country) National consultants	April 2020
<i>Dissemination</i> Dissemination of evaluation report/key report findings (to key stakeholders and partners, Regional Office, etc.).	UNICEF team	April 2020
<i>Follow-up</i> Management response	UNICEF management	April/ May 2020

The following deliverables are expected to be produced:

1. **First draft of the Inception report**, max. 40 pages without annexes – by December 2019.
The inception report should include methodological approach and rationale for choosing specific research methods (sampling approach, data collection tools, data analysis and reporting); mechanisms for quality control; limitations of the methodology, along with mitigation strategies; proposed work plan; annotated outline of the study; outline of the potential ethical issues and mitigation strategies; data storage and data handling – procedures for ensuring data confidentiality, how, where and for what period data will be stored and accessed, procedures for release of data; data collection tools to be used in the study (as Annex); Informed consent sample (as Annex).
2. **Final Inception report** – by January 2020.
3. **First draft evaluation report** (draft findings, conclusions and recommendations) – February 2020
4. **Second draft evaluation report** – March 2020;
5. **Final evaluation report, max. 50 pages without annexes** – March 2020.
6. **Evaluation summary** – March 2020.
7. **Two ppt presentations**: one with the methodology of the study and one summarising key findings and recommendations to be used for dissemination and advocacy
8. **Concept note for additional communication materials presenting the evaluation results** – March 2020.

All deliverables should be submitted in English.

The evaluation report must be compliant with the UNICEF Evaluation report standards¹⁴³ and to the Geros Quality Assessment System¹⁴⁴. The consultant is required to clearly identify any potential ethical issues and approaches as well as the processes for ethical reviews and will ensure that the evaluation process is ethical, in line with UNEG Ethical Guidelines, UNEG Norms and Standards.

The consultant must conform the final report to the recommendations of the CO and the external quality review board.

Proposed structure for the inception and evaluation report (to be agreed with the Consultant):

Structure of the Evaluation Report (Tentative)

- Title Page
- Table of content
- List of Acronyms
- Executive Summary
- Acknowledgements
- Background and Context of project implementation
- Evaluation Purpose, Objectives and Scope
- Evaluation Methodology
- Findings
- Conclusions and Lessons Learned
- Recommendations
- Case Studies
- Annex

The structure of the final report will be further discussed with the International consultant (during the Inception Phase). The approximate size of the main body of the report should be not more than 50 pages.

Requirements for effective evaluation recommendations:

- The International consultant should highlight key strategic recommendations, suggesting an appropriate sequencing in the implementation of recommendations whenever possible;
- Recommendations should be firmly based on evidence and analysis;
- Recommendations should clearly identify the specific operational units/offices/divisions responsible for its implementation.

The necessary format of the communication materials presenting the results of the evaluation will be agreed during the discussions of the draft of the final report.

Evaluation team composition:

The international consultant will be assisted by one or more national experts. The national expert(s) will be approved and contracted by UNICEF CO separately, based on a proposal for scope of engagement and responsibilities made by the international expert.

The competencies required from the international consultant are the following:

- Advanced degree in social sciences, law, medicine, psychology, public health policy or related fields;
- Extensive experience in conducting evaluations, assessments and analyses, with a focus on VAC prevention and response;
- Proven knowledge on child rights;
- Ability to work in an international environment;
- Previous experience of working in CEE & CIS countries is an asset;
- Excellent analytical and report writing skills;
- Familiarity with UNICEF's mission and mandate is an asset;
- Familiarity with UNICEF Global evaluation report oversight system¹⁴⁵ is an asset;
- Knowledge of the country context is an asset;
- Expertise on gender equality and human rights will be considered an asset;
- Excellent knowledge of English.

Roles and responsibilities of the team members:

The **international consultant** will be responsible for the following:

- Design of the evaluation, including evaluation framework, sampling, data collection methods and selection or/and development of data collection tools (questioners for collecting quantitative information, scripts for focus group discussions, semi-structured interview questionnaires, etc.), analytical methods.
- Development of the inception report;
- Training of the national consultant/consultants on the evaluation framework and methodology, data collection tools, ethical considerations, procedures for confidential data handling, etc.;
- Provision of guidance and support to the national consultants in the process of primary data collection;
- Conducting interviews with key informants and other relevant stakeholders;
- Data processing and analysis;
- Preparation of the evaluation report;
- Based on the feedback and comments provided by with representatives of the Reference group development of a final report with incorporated changes, comments and recommendations received.
- Delivery of two presentations to the national stakeholders – on the methodology of the study and on the key findings.

Task of the national consultants:

- Provision of additional information, data, documentation, etc. to support the evaluation as requested by the international consultant, including data on key indicators related to child wellbeing, etc.;
- Testing of data collection tools;
- Provision of input to the draft evaluation report;
- Collection of primary data – liaise with partners, respondents and other stakeholders with a view of identifying respondents, organize focus group discussions and individual interviews as agreed with the International consultant, etc., monitor for any issues that may hinder the process of data collection and address them in consultation with the international consultant,
- Transcribe and code discussions in the focus groups.
- Provide support for data analysis as needed.

Ethical considerations:

The evaluation should be carried out in accordance with the ethical standards set in the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (Attached as Annex). The Consultant is required to clearly identify in her/his proposal any potential ethical issues and approaches, as well as the processes for ethical review and oversight of the evaluation process. The inception report should further elaborate on them including appropriate mitigation strategies to address any potential ethical issues. Participation in the research should be voluntary and the identity of the respondents should be protected. The inception report should also describe procedures for obtaining informed consent and preserving privacy and confidentiality of the respondents.

The evaluation methodology will go through an ethical review by an internal Ethical Board set up at UNICEF CO in Bulgaria.

Data sharing requirements and procedures: The consultant is responsible for ensuring that all data collected is stored and protected appropriately. Consultant needs to set up a system to ensure that personal data is accessible only to the members of the team involved in the research and is transferred securely between research team members, as well as with UNICEF. If cloud-based storage is used, limited sharing rights should be established. It should be also ensured that data cannot be moved from secure systems.

XII. ROLES AND RESPONSIBILITIES

The Evaluation will be led by the UNICEF Country Office in Bulgaria. The evaluation will be supported by a Reference group, including representatives of the Ministry of Labour and Social Policy, Agency for Social Assistance, SACP, Ministry of Interior, local authorities in Sofia, Shumen and Montana, and others. The group will review assessment methodology, support data collection, review, provide comments on and approve the report.

The selected international consultant, as well as the national consultant(s) will work under the direct supervision of UNICEF Child Rights Monitoring Specialist and in close cooperation with UNICEF Child Protection Specialist, VAC consultant and Access to Justice Officer. The implementation process will be jointly monitored by UNICEF and the Reference Group, including the approval of final deliverables.

UNICEF Country Office together with national partners will be responsible for providing all available documents, organizing the field visits, meetings, focal groups, consultations and interviews, for providing access to the government counterparts, donors and partners, and for coordinating the work at country level with other stakeholders.

The evaluation findings will be shared with all relevant national and local stakeholders, as well as internally within UNICEF including the UNICEF Regional Office for Europe and Central Asia.

XIII. PAYMENT

The Consultant should present a detailed financial proposal in accordance with the Terms of Reference, including 1) professional fee (daily consultancy rate), 2) travel related expenses (per diem, local and international travel, accommodation), 3) other relevant cost. The price must include all costs to be borne by the applicant for undertaking the assignment. The Consultant is responsible for assuming costs for obtaining visas and travel insurance. The lump sum for travel should be based on economy class travel, regardless of the length of travel. Costs for accommodation, meals and incidentals shall not exceed applicable daily subsistence allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC). The Consultant will be provided with office space at the UNICEF office. Laptops or computers will not be provided.

Payment shall be made as follows:

- 40% will be paid upon submission and approval of the Inception report;
- 60% will be paid upon submission and approval of the final report

The UNICEF CO will provide interpretation during the in-county visits and meetings. The evaluator will be provided with office space, transportation for site visits and official meetings, logistical support for meetings, translation during meetings, and, if necessary, visa arrangements.

XIV. REMARKS AND RESERVATIONS

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

All material developed will remain the copyright of UNICEF and according to UNICEF guidance on external academic publishing (January 2017). Evaluators are responsible for their performance and products. UNICEF reserves the copyrights and the products cannot be published or disseminated without prior permission of UNICEF.

Candidates interested in the consultancy should submit a proposal, all-inclusive fees (including lump sum travel and subsistence costs), timeline, resume/CV and a brief (max. to 7 pages) concept note on the evaluation framework (suggested methodology, sampling approach, etc.).

The selected candidate must undertake the on-line Basic Security in the Field training (to be provided by UNICEF).

Prepared by:

Approved by:

APPENDIX 1

CHILD ADVOCACY CENTRES “ZONA ZAKRILA”

Child Advocacy and Support Centers are established following the multi-disciplinary approach to provide an integrated service - a 'one stop shop' where a child victim of violence and crime can receive consultation, support, legal aid, psychological and social support, assistance for medical examination, child-sensitive forensic interview or hearing, advocacy for their best interests. The Centres work to provide coordinated case management in close cooperation and coordination with the child protection departments, police, prosecutor's offices and courts. This aims at improving the inter-sectoral communication and cooperation, reduction of inefficiencies, duplications and omissions in service provision for children and young people and overall improvement of links to community providers of therapeutic services to guarantee that children victims of violence and crime receive protection, support and gain redress.

At present, there are three Child Advocacy Centres in the territory of the country. The first Zona ZaKmila was opened in Montana, in the month of September 2015. The Second Child Advocacy Centre is established in Sofia and was opened in the month of October 2015. The third Zona ZaKmila was established in the month of January 2016 in Shumen. The Child Advocacy Centres were licensed by the Agency for Social Assistance in October 2016. Since the establishment of the services they are fully financed by UNICEF Bulgaria. All three Child Advocacy Centres have 24/7 response, to cases of violence against children. Zona ZaKmila in Montana and Shumen cover the entire area of their respective regions. Zona ZaKmila in Sofia, covers the metropolitan, however all three Child Advocacy Centres have responded to notifications, outside of area. All three CACs have the so called “Blue room”, facility specially equipped for evidential video interviewing of children, victims and witnesses of violence, and participants in legal proceedings. Zona ZaKmila in Montana and Shumen are managed by Social Activities and Practices Institute (SAPI) and the one in Sofia is managed by Foundation Association Animus. These are two of the largest, most experienced NGOs in the country, with over 20 years of experience in working with violence, and trauma.

For the implementation of Zona ZaKmila the two NGOs cooperate greatly with one another and were able to exchange methodologies, good practices and documentation/reports, in order to equip the staff of the CACs with knowledge and appropriate paperwork, for case management, risk assessment, case monitoring and review of progress, as well as final evaluation of the needs of the child/family, before the work is completed.

Types of cases:

The Child Advocacy Centres work with children victims of violence and their families. The Centres engage with children who have been subjected to violence recently, as well as with cases of violence that happened in the past. The Centres work on cases of sexual and physical abuse against children and children exposed to domestic violence, cases of violence at school.

Services:

The services offered by the Child Advocacy Centres are based on the individual assessment of the needs of each child victim of violence and their parents. Where a child has been a victim of violence and an interview is needed in order to establish the extent of the harm, the Child Advocacy Centres use a facility for hearing/interviewing children in a child-sensitive manner consisting of two parts (rooms) separated by a “Venetian glass” – a one-way mirror. The only exception is the CAC in Sofia where the two rooms are situated on different floors of the facility and the hearing is supported by video conference system. The room where the child and professional leading the interview/hearing are situated is a cozy and inviting room, painted in warm, unobtrusive colors. The atmosphere is friendly, there are no external stimuli and the interior setting is arranged so that the child can remain calm and feel safe to freely express his/her thoughts and tell about the incident. The room is equipped with video and sound recording system that allows making video and audio recording to be used later in the proceedings if there is a need, so that in most cases numerous interviews that further traumatize the child are not needed. The second room is the room for all other participants in the hearing procedure.

Depending on whether the hearing/interview refers to a stage of criminal proceedings or has a civil or administrative nature, the participants that gather in the second room could be: judge, prosecutor, investigating police officer, investigator, defendant and his lawyer, the child's parents/guardians or other participants. They are all able to see and hear the child, but at the same time the child has no visual contact with them and cannot hear them. They can ask questions when possible and permitted in view of the particular proceedings through the professional leading the hearing / interview who hears the question in the headphone and ask (interprets /adapts it to) the child based on his/her age and evolving capacities. The whole process is video-taped to guarantee that the rules of the proceedings were observed and ensure that the hearing/interview could be used as evidence in later stages.

Based on the disclosure made by the child and the evidence gathered by the Police in the process of investigation, the Child Advocacy Centre offer legal advice to the parents and legal representation to the child victim when needed.

The staff of the Child Advocacy Centre accompanies the child victim and the parents to forensic medical examinations, or to a specialist's medical appointment for the child's medical needs to be established and support to be identified.

Psychologists from the Child Advocacy Centre provide crises intervention for the child victim and the parents and engage in long-term therapeutic work with the child in order to assist their emotional recovery.

The team from the Child Advocacy Centres works with the parents, providing psychological and parenting advice in order to support them to be able to continue to care and assist the child victim in their recovery. The team from the Child Advocacy Centres works with both non-abusive and parents who have been violent towards the child, and where possible aims for the family unit to remain intact after the interventions are completed.

In cases of sexual and domestic violence, the Child Advocacy Centres work with the non-abusive parent in order to develop their protective capacity and ability to recognize risk, in order to support the child remaining/returning in the care of their family.

The Centres provide support to the child victim of violence and his or her family, based on child centered approach, where the child's safety and welfare is of paramount consideration. One of the main goals is to assist the parents to continue to care for the child within their home environment, and in the cases where this is not possible - to lead the abusive parent out of the family home, in order to minimize the stress and the trauma for the child victim of violence. CACs also provide programme for abusive parents and professionals work with them when possible and appropriate.

The Child Advocacy Centres are supported by lawyers working under civil contracts to advise the child and the family on their rights as participating in legal proceedings and ensure that the rights of the child and the procedural guarantees are adhered to at all times and by all professionals. In difficult cases and when free legal aid under the Legal Aid Act is not available, the lawyer represents the child in the proceedings.

In 2017 all three Centres were inspected by SACP. The inspections were thematic and planned and had as its main goal to examine the efficiency of work of the licensed suppliers of the different types of social services with children who committed crimes or juvenile delinquency; children with deviant or risky behavior, the work with their families, the efficiency of the measures taken and the service provided. Inspections examined the interactions with the local child protection authority – the Social Assistance Department, as well as the other stakeholders – the police authorities, the municipal administration, the local committee for combatting juvenile crime, the educational institutions. Based on the findings, the overall conclusion from the inspections carried out at the CACs are that the rights of the child stipulated in Article 3, Article 18 and Article 39 of the United Nations Convention on the Rights of the Child, as well as the children's right to protection provided for in Article 10, Para. 1 of the Child Protection Act are guaranteed.

Detailed methodology and information on the project implementation will be provided to the successful applicant.

Team

The Child Advocacy and Support Centres is staffed, following a multi-disciplinary approach and includes: 1) experienced/specifically trained social workers working directly with the child victim of violence and his or her parents, who also coordinates the assessment process of the needs of support in every individual case; 2) psychologists who work with the child victim of violence and the parents on their immediate and long-term recovery; 3) lawyers under civil contracts who provide legal consultation and legal aid;

The Centres work in close cooperation with the Police, the Prosecutor's Office, the Child Protection Department and in particular with:

- the investigative officer (police officer) who in charge of the particular case of violence when it constitutes a crime under the criminal law;
- the social worker from Child Protection Department that leads the process in respect of protective measures to be initiated to ensure the safety of the child;
- the prosecutor in charge of the criminal case who leads the process of investigation and conduct all pre-trial procedures, including the forensic interviews in a child-sensitive manner.

Zona ZaKmila Montana

The team in Montana was recruited for the needs of the Child Advocacy and Support Centre. They were all qualified social workers and psychologists, however with little or no experience in child protection. The manager of the Center was an inexperienced manager and needed a lot of support, in order to branch out to partnered agencies and to be able to assert the concept of the service as best practice with children victims of violence and their families. The team is constantly trained and supported by SAPI (the managing NGO).

Zona ZaKmila Sofia

Zona ZaKmila Sofia are managed by Association Foundation Animus. They are the most experienced NGO in Bulgaria, providing therapeutic input and trauma informed psychotherapy. The team of Zona ZaKmila are very experienced psychologists, which have been in Animus for many years. Most of them worked at the other services provided by Animus for more than 20 years.

The Manager of the Center is a psychologist with longstanding career in the organization, including management of the Crisis Centre operated by Animus.

The CAC Sofia managed to develop strictly therapeutic model of practice and to employ social work led approach to children and families, victims of violence. The legal aid provided by the Centre relies on experienced lawyers and is of high quality.

Zona ZaKmila Shumen

Similarly to Sofia, the staff of Zona ZaKmila in Shumen have many years of direct work experience with clients, both in therapeutic and social work setting. They are the most experienced team in evidentially interviewing children, victims of violence.

The Manager of Zona ZaKmila in Shumen is a well-known and well established practitioner, which assists with the advocacy of the model on local level. The whole team is appreciated on a local level by other stakeholders and professionals.

Cooperation with partners

The Child Advocacy and Support Centres are envisaged as joint effort between UNICEF, the NGO partners Social Activities and Practices Institute and ANIMUS Foundation, as well as the Agency for Social Assistance, the State Agency for Child Protection, the Ministry of Interior. The NGO partners are recognized as leading organizations in the area of consultative and support services for children and women victims of violence and crime and advocates for legal and institutional reforms aimed at ensuring the rights of vulnerable victims in the area of social protection, justice and healthcare.

Detailed information on the MoUs will be provided to the successful applicant.

Training of the staff

The staff of the Child Advocacy Centres receive regular training focused on strengthening the professional capacity related to identification and work with victims of violence, multi-disciplinary work and cooperation with institutions, child-centered and child-sensitive practices, forensic interviewing, individual assessment in line with Directive 2012/29/EU (of the European Parliament and the Council establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA), risk-assessment and management of risk, work with trauma, therapeutic interventions and support, etc.

Results

At present, all three Child Advocacy Centers use the same integrated assessment form in evaluating the needs of their clients. The therapeutic programmes offered by Zona ZaKmila are also very robust across the three Centers and include:

- Programme for children victims of violence and their families
- Psychological support for parents of children, who have suffered violence
- Therapeutic work with non-abusive parents
- Therapeutic work with children victims of bullying, within school environment
- Violence prevention programme

- Programme for children victims of trafficking and sexual exploitation
- Programme for perpetrators of domestic violence
- Programme for preparation of children victims of violence to participate in legal proceedings and to testify in a “blue room”

Since the beginning of their work in 2015 until the end of March 2019 the three Child Advocacy Centres “Zona ZaKmila” in Sofia, Shumen and Montana have provided support in 720 cases of children victims of violence and abuse.
The successful candidate will receive detailed desegregated data about the workload for each CAC.

APPENDIX 2
VIOLENCE AGAINST CHILDREN
THEORY OF CHANGE FOR THE CHILD ADVOCACY CENTERS

PROBLEM	Children victims of violence do not have access to specialized services targeting VAC and suffer from the lack of effective cooperation between the systems – child protection, police, justice, healthcare, educational system.
STRATEGIES	<ul style="list-style-type: none"> - Advocating for legal reform - Fostering an enabling legal and policy framework for prevention, identification and response to VAC cases. - Building awareness among the public, children, parents and professionals on VAC - Educating and mobilizing parents, families, teachers and community members to change attitudes and behaviours towards VAC - Strengthening child protection and justice systems - Strengthening the capacity of the professionals to improve coordination in VAC cases - Developing, piloting and promoting integrated services to support children victims and witnesses and their parents
OUTPUTS	<ul style="list-style-type: none"> - National communication and fundraising campaign has raised the awareness on adverse effects of VAC in general public, children, parents and professionals and funds for pilot intervention; - Children, adolescents, their parents and families in three pilot regions are aware of different types and forms of VAC and where to seek professional help. - Local authorities in three pilot regions identify and refer children victims of violence to pilot services. - Cross-sectoral cooperation and coordination in three pilot regions is strengthened. - CP system in three pilot regions is better equipped to respond to VAC. - In three piloting regions, child sensitive investigation and hearing/ forensic interviewing is implemented in VAC cases. - Children victims of violence benefit from professional legal aid.
OUTCOMES	<ul style="list-style-type: none"> - By 2020, children victims of violence in three pilot regions receive multidisciplinary support in integrated services. - By 2020, pilot services in three regions to influence legislation and policies on national level. - By 2020, relevant sectoral systems engaged in prevention and response to VAC deliver prompt and effective services.
RESULTS	<ul style="list-style-type: none"> - Raised awareness on adverse effects of VAC; - Developed methodology for integrated service for children victims of violence - Piloted integrated services for children victims of violence in three regions in the country - Children and families are better informed, recognize and report cases of VAC - Professionals (teachers, social workers, police officers, prosecutors, judges) cooperate and coordinate actions following the best interests of children victims of violence
IMPACT	To create a model of integrated service applicable to all regions in Bulgaria to meet the complex needs of children suffering and witnessing violence and eliminate its consequences.
VISION	Children victims of violence benefit from efficient child protection and judicial systems and have access to integrated services providing psycho-social support, legal aid and therapy recover and gain redress.

ANNEX C: THEORY OF CHANGE

THEORY OF CHANGE FOR THE CHILD ADVOCACY CENTERS	
PROBLEM	Children victims of violence do not have access to specialized services targeting VAC and suffer from the lack of effective cooperation between the systems – child protection, police, justice, healthcare, educational system.
STRATEGIES	<ul style="list-style-type: none"> • Advocating for legal reform • Fostering an enabling legal and policy framework for prevention, identification and response to VAC cases. • Building awareness among the public, children, parents and professionals on VAC • Educating and mobilizing parents, families, teachers and community members to change attitudes and behaviours towards VAC • Strengthening child protection and justice systems • Strengthening the capacity of the professionals to improve coordination in VAC cases • Developing, piloting and promoting integrated services to support children victims and witnesses and their parents
OUTPUTS	<ul style="list-style-type: none"> • National communication and fundraising campaign has raised the awareness on adverse effects of VAC in general public, children, parents and professionals and funds for pilot intervention; • Children, adolescents, their parents and families in three pilot regions are aware of different types and forms of VAC and where to seek professional help. • Local authorities in three pilot regions identify and refer children victims of violence to pilot services. • Cross-sectoral cooperation and coordination in three pilot regions is strengthened. • CP system in three pilot regions is better equipped to respond to VAC. • In three piloting regions, child sensitive investigation and hearing/ forensic interviewing is implemented in VAC cases. • Children victims of violence benefit from professional legal aid.
OUTCOMES	<ul style="list-style-type: none"> • By 2020, children victims of violence in three pilot regions receive multidisciplinary support in integrated services. • By 2020, pilot services in three regions to influence legislation and policies on national level. • By 2020, relevant sectoral systems engaged in prevention and response to VAC deliver prompt and effective services.
RESULTS	<ul style="list-style-type: none"> • Raised awareness on adverse effects of VAC; • Developed methodology for integrated service for children victims of violence • Piloted integrated services for children victims of violence in three regions in the country • Children and families are better informed, recognize and report cases of VAC • Professionals (teachers, social workers, police officers, prosecutors, judges) cooperate and coordinate actions following the best interests of children victims of violence
IMPACT	To create a model of integrated service applicable to all regions in Bulgaria to meet the complex needs of children suffering and witnessing violence and eliminate its consequences.
VISION	Children victims of violence benefit from efficient child protection and judicial systems and have access to integrated services providing psycho- social support, legal aid and therapy recover and gain redress.

ANNEX D: WORK PLAN AND EVALUATION TEAM MEMBER RESPONSIBILITIES

Steps	Description of Deliverables	Responsibilities	TL Total Days	TL Number Days/Location	TM Total Days	TM Number Days/Location	Evaluation Deliverables (Submission Dates)	Team
Step 1: Desk Review	Desk review of relevant background documents, reports and data to understand the UNICEF's initiative to support establishment of the Child Advocacy Centres	Joint: Robin Haarr (Team Leader)	16 days	16 days home-based and 1 days in-country			Draft Inception Report Date: 11 December 2019 Finalized Inception Report Date: 15 January 2020	
Step 2: Preparation of Inception Report	Preparation of the Inception Report, including evaluation methodology data collection tools and protocols. The evaluation approach was developed to cover all intended criteria and objectives of the evaluation and will be finalized in agreement with UNICEF CO and the ERG. The Inception Report was prepared based on the Evaluation Norms and Standards of the UNEG and submitted to UNICEF CO for approval.	Lead: Robin Haarr Inputs: National Consultant(s)						
Step 3: Data Collection	The application of a mixed methods approach will ensure the collection of quantitative and qualitative data. Human rights-based, child rights-based, equity-based and gender sensitive approaches will guide the evaluation and data collection approach. The evaluators will seek to collect, use and report disaggregated data wherever possible, and conduct interviews in a manner that encourages active and equal participation of rights holders vis-à-vis duty bearers, among others.	Joint: Robin Haarr & National Consultants Joint: Robin Haarr & National Consultants	19 days	19 days in-country 15-31 January 2020	XX days	XX days in-country 15 January – 28 February 2020	Presentation of observations from the field Date: 31 January 2020	
Step 4: Sharing Observations	The evaluators will share observations from the field with the UNICEF CO and/or the ERG, and feedback will be taken into							

from the Field	consideration and incorporated into the draft report. Steps will be taken to guard against data validity threats, such as personal bias.								
Step 5: Data Analysis	Collected data will be analysed by using relevant data analysis methods and triangulation. Data analysis and synthesis will take into account intersectionality issues, such as ways in which gender and equity intersects with other identities, and how intersectionality contributes to enjoyment of rights or rights deprivation. All reported data will be disaggregated wherever possible and gender of interviewed persons will be provided.	Lead: Robin Haarr Inputs: National Consultants	8 days	8 days home-based	X days	X days home-based Mission Report for Violence Against Children Consultancy for UNICEF Child Protection Unit, Bulgaria, July-October 2016	<u>First draft evaluation report</u> (in English), maximum 50 pages, excluding annexes, to be reviewed by the RG and UNICEF Date: 28 February 2020 <u>Second draft evaluation report</u> (in English), maximum 50 pages, excluding annexes, to be reviewed by the RG and UNICEF Date: 31 May 2020		
Step 6: Draft Evaluation Report	Prepare a draft report with data-driven conclusions, lessons learned and recommendations. The report structure will follow UNICEF's evaluation report guidance.	Lead: Robin Haarr Inputs: National Consultants	18 days	18 days home-based	X days	X days home-based			
Step 7: Finalisation of the Evaluation Report & Presentation of Key Findings	Present final evaluation conclusions and recommendations to the ERG and other key stakeholders using PowerPoint presentation in a participatory manner and in an accessible language form, if needed. Evaluation recommendations will be presented and prioritized, and comments and feedback on the draft report will be incorporated to finalise the report.	Lead: Robin Haarr Inputs: National Consultants	3 days	3 days home-based and 1 day in-country for presentation	X days	X days home-based	<u>Final evaluation report</u> (in English), maximum 50 pages, excluding executive summary and annexes. PowerPoint presentation (in English) to be used to share findings with the ERG, the Government, and other stakeholders Date: 30 April 2020		
			Total: 64 days		Total: X days				

ANNEX E: DRAFT ITINERARY FOR DATA COLLECTION IN THE FIELD

Date	Place of Data Collection
Wed, 15 Jan	Morning – UNICEF meeting Afternoon – Training of national consultants on the methodology, data collection tools and ethical standards
Thurs, 16 Jan	Morning - Training of national consultants on the methodology, data collection tools and ethical standards Afternoon – Data collection in Sofia (1/2 day)
Fri, 17 Jan	Data collection in Sofia (full-day)
Sat, 18 Jan	Sofia – parents/children
Sun, 19 Jan	Leave for Shumen
Mon, 20 Jan	Shumen data collection
Tues, 21 Jan	Shumen data collection
Wed, 22 Jan	Shumen data collection
Thurs, 23 Jan	Sofia (full-day)
Fri, 24 Jan	Sofia (full-day)
Sat, 25 Jan	Sofia – parents/children
Sun 26 Jan	Leave for Montana
Mon, 27 Jan	Montana
Tues, 28 Jan	Montana
Wed, 29 Jan	Montana, leave for Sofia at 5:00
Thurs, 30 Jan	Sofia – data collection
Fri, 31 Jan	Presentation of observations from the field with UNICEF Afternoon – Robin Haarr departs Bulgaria
Sat, 1 Feb	
Sun, 2 Feb	
TBD	National consultants – visit to small region similar to Montana, within 1 hour from Sofia (knowledge related to VAC, prevention, response and rehabilitation)
TBD	National consultant – visit to small region similar to Montana, within 1 hour from Sofia (knowledge related to VAC, prevention, response and rehabilitation)

ANNEX F: EVALUATION MATRIX

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

<p>1.D. To what extent the services are important for and relevant to the needs of the most vulnerable children and families?</p>	<p>1.d.1. Ways in which services are important for and relevant to the needs of the most vulnerable children and families (Qualitative) 1.d.2. % of key stakeholders who maintain services are important to vulnerable children and families, similar to themselves (Qualitative) 1.d.3. % of beneficiaries who maintain services are important to vulnerable children and families, similar to themselves (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews</p>
<p>1.E. Is the design of the model services and activities appropriate for achieving the intended results and outcomes?</p> <p>1.F. Has the model service design and implementation been aligned with CRC principles of non-discrimination, best interests of the child, the right to life and participation, HRBA and gender mainstreaming to programming? Did this contribute to HRBA and gender mainstreaming?</p>	<p>1.e.1. Type of ways in which design of the model services and activities are appropriate for achieving the intended results and outcomes (Qualitative) 1.f.1. Type of ways the model service design has been aligned with CRC principles of non-discrimination, best interests of the child, the right to life and participation, HRBA and gender mainstreaming to programming (Qualitative) 1.f.2. Ways in which such alignments have contributed to HRBA and gender mainstreaming (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p> <p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews</p> <p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews</p>
Effectiveness			
<p>2.A. Have the services achieved or are likely to achieve the planned objectives? To what extent the objectives are realistic?</p>	<p>2.a.1. Ways in which services achieved or are likely to achieve each of the planned objectives (Qualitative) 2.a.2. % of key stakeholders who recognize services achieved or are likely to achieve each of the planned objectives (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews</p>
<p>2.B. To what extent the target groups have been reached? Have the services been able to reach out to the most vulnerable groups of children and families?</p>	<p>2.b.1. # and type of ways that target groups have been reached, including the most vulnerable groups of children and families (Quantitative/Qualitative) 2.b.2. Types of target groups reach by services (Qualitative) 2.b.3. % of key stakeholders who recognize services have been able to reach out to vulnerable groups and children and families (Quantitative)</p>	<p>UNICEF project documents Centre data UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review Administrative data UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews</p>

<p>2.C. What are the key benefits for children and families who received support from the services? Are different groups (based on ethnicity, socio-economic status, urban-rural residence, children with special needs, etc.) benefitting to the same extent from the services?</p>	<p>2.c.1. Types of key benefits received by children and families who received support from the services (Qualitative) 2.c.2. % of beneficiaries who maintain they benefit from the services received (Quantitative)</p>	<p>UNICEF project documents Centre data UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review Administrative data UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews</p>
<p>2.D. What factors affected the effectiveness of the services and their impact on families and children, particularly in relation to the most vulnerable families and children?</p>	<p>2.d.1. Type of factors and/or issues reported by duty bearers and individual rights holders that have impeded and/or sustained achievements of the Child Advocacy Centres and their impact on families and children (Qualitative)</p>	<p>UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews</p>
<p>2.E. What factors (e.g., political, cultural, social, gender, service design, implementation, and professional practices) were crucial for the achievement or failure to achieve the service objectives in the three regions?</p>	<p>2.e.1. Type of factors and/or issues reported by duty bearers and individual rights holders that have been crucial for the achievement or failure to achieve the service objectives (Qualitative)</p>	<p>UNICEF CO staff interviews National partners/key stakeholders</p>	<p>UNICEF CO Interviews Partner/Key Stakeholder Interviews</p>
<p>2.F. Have services provided any additional or unintended significant contributions or effects on families and children, including vulnerable families and children?</p>	<p>2.f.1. Type of additional or unintended contributions or effects on families and children reported by duty bearers and individual rights holders (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews</p>
<p>2.G. How effective were the capacity building activities for staff of the services?</p>	<p>2.g.1. % of Child Advocacy Centre staff who maintained the capacity building activities were effective (Quantitative) 2.g.2. % of beneficiaries who recognized the abilities of Child Advocacy Centre staff to be responsive to and communicate with them, and to address their needs (Quantitative)</p>	<p>National partners/key stakeholders</p>	<p>Partner/Key Stakeholder Interviews</p>

Efficiency			
3.A. To what extent has UNICEF and implementing partners used the available human, financial and technical resources in the most efficient manner?	3.a.1. Type of efficient managerial structures identified by UNICEF and their partners, and what made them efficient (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
3.B. Would there have been a more cost-effective way to achieve the expected results?	3.b.1. Type of ways, if any, that expected results could be achieved in a more cost-effective way (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
3.C. How well establishment and implementation of services was planned and managed?	3.c.1. Type of strategies and actions utilized to establish and implement planned services.	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
3.D. Were the services coordinated with other similar programme interventions, including UNICEF interventions (e.g., Family Consultative Centres established in Shumen and Montana with UNICEF support), to encourage synergies and avoid overlap? Was there any overlap of efforts?	3.d.1. Type of services coordinated with other similar programme interventions and the benefits of such coordination (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews
	3.d.2. % of key stakeholders who recognize coordination of services and the benefits of such coordinated services (Quantitative)		
	3.d.3. % of beneficiaries who recognize coordination of services on their behalf and the benefits of such coordinated services (Quantitative)		
3.E. To what extent data collection and monitoring activities performed by UNICEF CO informed and contributed to improving implementation of project activities and achievement of results?	3.e.1. M&E reports produced to report on and/or assessed UNICEF's project activities and achievement of results (Qualitative) 3.e.2. Data produced that documents improved implementation of project activities and achievement of results (Quantitative/Qualitative)	UNICEF project documents Centre data UNICEF CO staff interviews National partners/key stakeholders	Desk review Administrative data UNICEF CO Interviews Partner/Key Stakeholder Interviews
Sustainability			
4.A. To what extent has UNICEF been able to support its partners in developing capacities and establishing mechanisms to ensure ownership of the services on both national and sub-national levels?	4.a.1. Type of capacity building trainings and technical expertise provided by UNICEF to partners, and the impact it has had on their work with vulnerable children and families. (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews

	4.a.2. # of service providers in the 3 target areas that benefited from the capacity building trainings and technical expertise. (Quantitative)			
4.B. Are legal, institutional and financial mechanisms established to ensure sustainability of the Child Advocacy and Support Centers? Are conditions established to ensure the quality of services (e.g., service standards, training, supervision mechanisms, etc.)?	4.b.1. Type of legal, institutional and financial mechanisms established to ensure sustainability of the Child Advocacy Centres (Qualitative) 4.b.2. Type of conditions established to ensure the quality of services, and the perceived impact of those conditions (Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews	
4.C. What are the key factors that can positively or negatively influence the institutionalisation and long-term financial sustainability of the services?	4.c.1. Type of key factors that can positively and/or negatively influence the institutionalization and long-term financial sustainability of the service (Quantitative/Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews	
4D. What specific recommendations could be given that would contribute to the sustainability of the services, both financial and institutional?	4.d.1. # of recommendation offered to contribute to the sustainability of the services (Quantitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews	
4.E. How sustainable are the results achieved for children?	4.e.1. % of key stakeholders who recognize the sustainability of results achieved for children (Qualitative) 4.e.2. Ways in which key stakeholders and individual rights holders see sustainability of the results achieved for children (Qualitative) 4.e.3. % of beneficiaries who recognize results achieved for children (Quantitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews Partner/key Stakeholder Interviews	
4.F. What conditions need to be put in place to ensure the provision of quality specialised prevention and response to VAC services, and results for children and parents in terms of resources (human, financial, material), human resource development, institutional linkages within the child protection system and with other sectors, etc.]?	4.f.1. # and type of conditions that need to be put in place to ensure the provision of quality specialized prevention and response to VAC services and results for children and families (Quantitative/Qualitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children	Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews Parents interviews Children interviews	
Impact				
5.A. To what extent did the services contribute to long-term positive changes in well-being of children and their parents? Are there any differences in terms	5.a.1. % of beneficiaries who rate the quality of services received as very good and effective (Quantitative)	UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders	Desk review UNICEF CO Interviews	

<p>of the impact on the most vulnerable children and families?</p>	<p>5.a.2. % of beneficiaries who confirmed services helped to improve their situation and well-being (Quantitative) 5.a.3. Type of impacts and differences produced by services on well-being of children and their parents (Qualitative)</p>	<p>Parents Children</p>	<p>Partner/Key Interviews Parents interviews Children interviews</p>	<p>Stakeholder Stakeholder Stakeholder</p>
<p>5.B. To what extent did the services contribute to increasing parent and community demand for such services, including of the most vulnerable groups? Are there any differences in the impact in the three pilot regions?</p>	<p>5.b.1. % of key stakeholders and beneficiaries who maintain services contribute to increased parent and community demand for such services (Quantitative) 5.b.2. Type of impact services have on parents and community demand for such services (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review UNICEF CO Interviews Partner/Key Interviews Parents interviews Children interviews</p>	<p>Stakeholder Stakeholder Stakeholder</p>
<p>5.C. To what extent and in which areas the services had significant impact? Are there any sub-group differences?</p>	<p>5.c.1. % of duty bearers and rights holders who document the impact of services in select areas of psycho-social support, legal aid and advocacy, and recovery and rehabilitation (Quantitative) 5.c.2. Type of impacts identified by duty bearers and rights holders (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review UNICEF CO Interviews Partner/Key Interviews Parents interviews Children interviews</p>	<p>Stakeholder Stakeholder Stakeholder</p>
<p>5.D. What factors favourably or adversely affected the impact of the services on children and parents, including on the most vulnerable?</p>	<p>5.d.1. Type of factors that duty bearers and rights holders identified as both favourably and/or adversely affecting the impact of services on children and parents (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review UNICEF CO Interviews Partner/Key Interviews Parents interviews Children interviews</p>	<p>Stakeholder Stakeholder Stakeholder</p>
<p>5.E. To what extent the services are recognised by target groups, and the population in general in the three regions?</p>	<p>5.e.1. % of beneficiaries who recognize the benefits, impact and quality of services on children, families and communities (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders Parents Children</p>	<p>Desk review UNICEF CO Interviews Partner/Key Interviews Parents interviews Children interviews</p>	<p>Stakeholder Stakeholder Stakeholder</p>
<p>5.F. What worked and what did not work to reduce inequities (in child outcomes, access to and utilisation of essential service, etc.)? What are the reasons for this?</p>	<p>5.f.1. Type of factors that helped to reduce inequities in child outcomes, access to and utilization of essential services (Qualitative) 5.f.2. % of key stakeholders and beneficiaries who recognize improved access to and utilization of essential services (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review UNICEF CO Interviews Partner/Key Interviews Parents interviews Children interviews</p>	<p>Stakeholder Stakeholder Stakeholder</p>
<p>Partnerships and Cooperation</p>				

<p>6.A. To what extent have partnerships been sought and established and synergies created to support the work of the services?</p>	<p>6.a.1. Type of partnerships established to support the work of the services (Qualitative) 6.a.2. Benefits of partnerships established to support the work of and delivery of essential services to rights holders (Qualitative) 6.a.3. % of key stakeholders confirming that established partnerships have benefited the work of service delivery to children and parents (Quantitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews</p>
<p>6.B. Were efficient cooperation arrangements established between UNICEF and partners (NGOs, governmental institutions, municipal institutions, professionals, other partners)?</p>	<p>6.b.1. Type of cooperation arrangements that were identified as efficient and effective (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews</p>
<p>6.C. Have any new partners emerged that were not initially identified?</p>	<p>6.c.1. Type of new partnerships that emerged, and the benefits of those partnerships (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews</p>
<p>6.D. To what extent the services were integrated in the existing local systems of services (health, social, and educational) for children and parents and how well they coordinated efforts for meeting the complex needs of children and parents?</p>	<p>6.d.1. Type of ways that services have been integrated into local systems of services for children and parents (Qualitative) 6.d.2. Ways that integrated services have been coordinated to meet the complex needs of children and parents (Qualitative)</p>	<p>UNICEF project documents UNICEF CO staff interviews National partners/key stakeholders</p>	<p>Desk review UNICEF CO Interviews Partner/Key Stakeholder Interviews</p>

ANNEX G: STAKEHOLDER ANALYSIS

Stakeholder Analysis						
Human Rights Role	Target Groups	Role in Intervention	Mandate Area(s)	Thematic Areas		
Duty bearers with decision-making authority related to the intervention (e.g., government officials, leaders, funding agency)	UNICEF Bulgaria CO	Programme Management Funder	Normative Operational Coordination	Cross-cutting		
	Animus Association Foundation	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Social Activities and Practices Institute (SAPI)	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Child Advocacy Centre - Sofia	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Child Advocacy Centre - Shumen	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Child Advocacy Centre - Montana	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Ministry of Interior (Moi)	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	UNICEF Bulgaria CO	Programme Management	Normative Operational Coordination	Cross-cutting		
	Animus Association Foundation	Programme Management	Normative Operational Coordination	Cross-cutting		
	Social Activities and Practices Institute (SAPI)	Programme Management	Normative Operational Coordination	Cross-cutting		
	Child Advocacy Centre - Sofia	Programme Management	Normative Operational Coordination	Cross-cutting		
	Child Advocacy Centre - Shumen	Programme Management	Normative Operational Coordination	Cross-cutting		
	Child Advocacy Centre - Montana	Programme Management	Normative Operational Coordination	Cross-cutting		
Duty bearers with direct responsibility for the intervention (e.g., funding agency, programme managers, partners and staff members)	Agency for Social Assistance (ASA)	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	State Agency for Child Protection (SACP)	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Ministry of Labour and Social Protection (MLSP)	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Ministry of Interior (Moi)	Partner Programme Beneficiary	Normative Operational	Cross-cutting		
	Child Protection Departments	Primary Beneficiary	Operational	Social service delivery		
	National Policy Force	Primary Beneficiary	Operational	Police		
	Prosecutor's Office	Primary Beneficiary	Operational	Justice		
	Courts/Judiciary	Primary Beneficiary	Operational	Justice		
	Health Departments	Primary Beneficiary	Operational	Health		
	Child protection services	Primary Beneficiary	Operational	Social service delivery		
	Individual rights holders (who are the intended and unintended beneficiaries of the intervention)					

Mayors	Primary Beneficiary	Operational	Cross-cutting
Child victims of crimes and violence	Primary Beneficiary	Operational	Social Services
Parents/guardians of child victims	Primary Beneficiary	Operational	Social Services
EU	Donor	Normative	Cross-cutting
UNHCR	Interested Partner	Normative Coordination Programme	Cross-cutting
WHO	Interested Partner	Normative Coordination Programme	Cross-cutting
National Council for Child Protection	Interested Partner	Normative Coordination Programme	Cross-cutting
Childhood Without Violence Alliance (VAC coalition of NGOs)	Interested Partner	Normative Coordination Programme	Cross-cutting
Learning Action Partnership (Alliance of NGOs against sexual violence, exploitation and abuse of children)	Interested Partner	Normative Coordination Programme	Cross-cutting

Collective rights holders
Other interest groups who are not
directly participating in the intervention
but have strategic technical inputs into
the intervention

ANNEX H: CONSENT FORM FOR UNICEF/PARTNER/STAKEHOLDER INTERVIEWS

CONSENT FORM FOR UNICEF/PARTNERS/STAKEHOLDERS

Agreement for Participation in the Evaluation of the Child Advocacy Centre

The Child Advocacy Centres have been selected to participate in an evaluation of their services. The evaluation is being conducted by the United Nation's Children Fund (UNICEF), in cooperation with Child Advocacy Centre and their operators.

As part of the evaluation, UNICEF and their partners operating the Child Advocacy Centres, as well as other key stakeholders in Montana, Shumen and Sofia are being asked to participate. The evaluation is being conducted in three regions where the Child Advocacy Centres are located, and in one municipality where comparable services are not currently available. In each region, we will be interviewing up to 30 partners and key stakeholders. A total of 90 partners and key stakeholders will be interviewed as part of this evaluation. You are only 1 out of 90 people who will participate in this multi-site evaluation.

Persons who participate in an interview as part of this evaluation will be asked about UNICEF's contribution to the development and operation of Child Advocacy Centres, including the relevance, effectiveness, impact, efficiency and sustainability of the Child Advocacy Support Centres.

The evaluators are contracted by UNICEF, but **are not** employees of UNICEF. The evaluators **are not** employees of the Child Advocacy Centres. The evaluators have been contracted by UNICEF to be independent evaluators. The evaluations will be conducted between 15 January and 28 February 2020.

Completing the interview will cause **no risk** to you and follows international ethical standards and guidelines. The only potential is that some respondents might find the topic of some interview questions to be sensitive given their focus on the work of the Child Advocacy Centre.

The interview has been designed to protect your privacy. Every person we interview is guaranteed confidentiality. No one from the Child Advocacy Centre or UNICEF will know who says what to us. Names or identities will **not** be included in any documents or reports. Only summary data for all 90 partners and key stakeholders will be presented in a report of the results (e.g., 65% of 45 parents/guardians interviewed thought the services they received at the Child Advocacy Centre were beneficial).

We anticipate the interview will take approximately 1 hour.

- This interview will **not** be audio recorded, the interviewer will take detailed notes on their laptop
- I am aware this interview will be audio recorded.

If you are participating in a small group interview with others from your ministry/agency/organization, you are obliged to keep information confidential that is discussed during the interview.

Findings from this evaluation will be used to support efforts to strengthen the Child Advocacy Centres and improve the support they are able to provide to children and families. While you will not benefit immediately from taking part in the interview, the outcomes of the interview will help to improve service delivery and coordination of service by the Child Advocacy Centres in the future.

We would like you to participate in an interview, but your participation is voluntary. Evaluators will **not provide** financial reimbursement **nor** gifts of any type for participation. Refusal to participate **will not impact** you in any way. You can skip any question in the interview that you do not want to answer, and can stop the interview at any point without penalty. You may contact UNICEF and the Child Advocacy Centre if you have questions.

HOW DO I GIVE PERMISSION FOR MY PARTICIPATION IN THIS EVALUATION?

You give your permission to participate by checking the appropriate 'Yes' box and signing the form. If you do not give your permission to participate, check the 'No' box. You should fill out the below information and sign and return this form to the evaluators before you participate in the interview (on the day of the interview).

Yes, I agree to participate in the interview for this evaluation

No, I do not agree to participate in the interview for this evaluation

Signature _____ Date _____

Name (please print) _____

Later, if you have questions about this evaluation, you can contact

ANNEX I: UNICEF/PARTNER/STAKEHOLDER INTERVIEW QUESTIONNAIRE

Introduction/Directions	
<p>BEFORE YOU BEGIN MAKE SURE TO SAVE THIS FILE IN YOUR DATA COLLECTION FOLDER WITH THE FOLLOWING DOCUMENT TITLE:</p> <p>Region__ Name of Agency/Institution_ Interview Date_ Your Name</p> <p>Example: Sofia_ASA_19 Jan 2020_Haarr</p> <p>Introduce yourself and explain the scope and purpose of the evaluation and offer a brief description of the methodology. Share the Informed Consent Form with the respondent and go through the details with them. Let the respondents know that they are only one of a large number of stakeholders who are being interviewed in three regions of Bulgaria – Sofia, Shumen and Montana.</p> <p>Read the following script before starting each interview:</p> <p>Your participation in this interview is voluntary which means that you can choose not to participate in this interview or if you participate that you can skip questions or end the interview at any time without penalty.</p> <p>There are no right or wrong answer. You guaranteed confidentially which means that <u>no one</u> at the Centre will know how you answered any of the questions.</p> <p><input type="checkbox"/> I will use my laptop computer to type in your responses to my questions.</p> <p><input type="checkbox"/> I will audio-record your responses with your permission. After the interview I will transcribe the audio recording and then delete/erase the recording. Do I have your permission to audio record the interview?</p> <p><u>No names</u> will be used during the report writing process, and <u>no</u> information that you provide will be attached to your name. If a quote is used it will be identified in general terms, such as “service provider”. Also, everyone will be randomly assigned a number to guarantee confidentiality.</p> <p><u>In the case of small group interviews explain:</u> It is important that you keep information confidential that is discussed during this interview.</p> <p>THE INTERVIEW SHOULD TAKE NO MORE THAN 1 HOUR. Make sure to monitor your time.</p>	
Background/Demographic Information	
Date	
Name of evaluator	
Location	<input type="checkbox"/> Sofia <input type="checkbox"/> Shumen <input type="checkbox"/> Montana
Ministry/Agency/Institution	
Number of participants	
Number of males	
Number of females	
Participant names and job titles	
Have you obtained a copy of the signed consent form prior to beginning the interview?	<input type="checkbox"/> Yes → Proceed to interview the parent/caregiver <input type="checkbox"/> No → Do not interview the parent/caregiver
<p><u>If more than one person is participating in the interview, assign them a number (e.g., 1, 2, 3) and record their responses to each close-ended question using their number. Make sure that each respondent responds to each of the close-ended questions and their separate responses are recorded. Do not skip any questions. If they don't</u></p>	

know the response, make sure to record their response as do not know. This allows each respondent voice to be heard and recorded separately, even in small group interviews.

Familiarity with the Child Advocacy Centres

1	<p>Are you familiar with the Child Advocacy Centre(s)?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p>What type of knowledge or experience do you have with the Child Advocacy Centres?</p>
---	---

2	<p>Do you know that UNICEF has supported the Child Advocacy Centre(s)?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p>
---	--

Relevance and Effectiveness

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

3	<p>In what ways has the Child Advocacy Centre been important or relevant?</p>
---	---

4	<p>Has UNICEF's support to develop the Child Advocacy Centre been in line with national priorities and needs of the Government?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p>If yes, in what ways? If no, where has UNICEF's support been unaligned?</p>
---	--

5	<p>Has the Child Advocacy Centre helped to prevent and respond to violence against children?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p>If yes, in what ways? If no, why not?</p>
---	---

6	<p>Has the Child Advocacy Centre improved integrated services delivery to child victims of violence and crimes?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p>If yes, in what ways? If no, why not?</p>
---	--

7	<p>Has the Child Advocacy Centre helped to improve access to justice for child victims of violence and crimes?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p>If yes, in what ways? If no, why not?</p>
---	---

8	<p>On a scale of 1 to 10, how important is the Child Advocacy Centre to children victims and witnesses of violence and crime?</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Not important</td> <td style="text-align: center;">Somewhat important</td> <td style="text-align: right;">Very important</td> <td style="text-align: right;">Don't know</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1 2 3 4 5 6 7</td> <td style="text-align: center;">8 9 10</td> <td style="text-align: center;">99</td> </tr> </table> <p>What did you give it a ____?</p>	Not important	Somewhat important	Very important	Don't know	0	1 2 3 4 5 6 7	8 9 10	99
Not important	Somewhat important	Very important	Don't know						
0	1 2 3 4 5 6 7	8 9 10	99						

9	In what ways does the Centre address the needs of children victims and witnesses? And the needs of parents/guardians?
10	How important is the Child Advocacy Centre to this municipality and region? Not important Somewhat important Very important Don't know 0 1 2 3 4 5 6 7 8 9 10 99 What did you give it a ____?
11	In what ways does the Centre address the needs of children and families living in this municipality/region?
12	Do you think the Child Advocacy Centre has improved access to services and access to justice for vulnerable and marginalized children and families, particularly those who are poor, ethnic minorities, refugees and migrants? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, in what ways? If no, why not?
13	How effective is the Child Advocacy Centre at meeting the needs of vulnerable and marginalized children and families, such as poor, ethnic minorities, refugees and migrants? Not effective Somewhat effective Very effective Don't know 0 1 2 3 4 5 6 7 8 9 10 99 What did you give it a ____? What does the Centre do that is effective? What more needs to be done to improve the Centre's abilities to meet the needs of vulnerable and marginalized children and families?
14	Do you know if lessons learned from other projects were considered when designing the Child Advocacy Centres in Bulgaria? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, what lessons learned from other projects were considered and incorporated?
15	How effective is the Child Advocacy Centre at getting professionals from across sectors to cooperate and coordinate their activities in the best interest of child victims of violence and crime? Not effective Somewhat effective Very effective Don't know 0 1 2 3 4 5 6 7 8 9 10 99 What did you give it a ____? In what ways is the Centre effective? In what ways has the Centre struggled to be effective?
16	Has the Child Advocacy Centre been able to influence national legislation or policies as it relates to improving prevention or responses to VAC? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, what influence did the Centre have? If no, what has been the challenge to influencing national legislation and policies?

17	<p>Has the Child Advocacy Centre been able to influence national efforts to improve services for child victims and access to justice for children?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, what influence did the Centre have? If no, what has been the challenge to improving services for child victims? To improving access to justice for children?</p>
18	<p>Ask only to UNICEF</p> <p>Since 2015, in what way has UNICEF's support to the Child Advocacy Centres been in line with UNICEF's Country Programme outcomes and outputs? Was this part of the planning process?</p>
19	<p>Ask only to UNICEF</p> <p>In what way has UNICEF's support to the Child Advocacy Centres been aligned with Convention on the Rights of the Child? Was this part of the planning process?</p>
20	<p>Ask only to UNICEF</p> <p>Also, how has UNICEF's contribution to the Child Advocacy Centres been in line with UNICEF's Gender Action Plan?</p>
21	<p>Ask only to UNICEF</p> <p>In what ways and to what extent did UNICEF integrate an equity-based approach into the design and implementation of their contribution to Child Advocacy Centres?</p>
22	<p>Ask only to UNICEF</p> <p>Has UNICEF's contribution to the Child Advocacy Centres been aligned with any regional flagship areas? If yes, can you tell more.</p>
<p>Effectiveness</p>	
<p><i>I would like to ask you some questions about the effectiveness of the Child Advocacy Centres and UNICEF's efforts to support the Centres.</i></p>	
23	<p>From your perspective, what are the benefits for children and families who receive support from the Child Advocacy Centre?</p>
24.1 24.2 24.3 24.4 24.5 24.6 24.7 24.8 24.9 24.10 24.11 24.12 24.13 24.14	<p>Which of the following groups of children and families <u>regularly</u> receive support from the Child Advocacy Centre in your region? (check all that apply)</p> <p><input type="checkbox"/> Poor children and families <input type="checkbox"/> Ethnic Bulgarian children and families <input type="checkbox"/> Ethnic Turkish children and families <input type="checkbox"/> Ethnic Roma children and families <input type="checkbox"/> Refugee or migrant children and families <input type="checkbox"/> Urban children and families <input type="checkbox"/> Rural children and families <input type="checkbox"/> Children with disabilities <input type="checkbox"/> Children with special needs <input type="checkbox"/> Separated and/or unaccompanied children <input type="checkbox"/> Children living in residential institutions <input type="checkbox"/> Children living in foster care <input type="checkbox"/> Other, specify all other groups _____ <input type="checkbox"/> Do not know/refuse to answer</p>

25	What are the barriers for vulnerable and marginalized children and families in this region to access the Child Advocacy Centre?
26	What barriers does the Child Advocacy Centre face when it comes to providing coordinated and integrated services to children and families?
27	What factors have contributed to the success and effectiveness of the Child Advocacy Centres?
28	What partnerships have been important to the Child Advocacy Centre, and have contributed to its success to deliver services to children and families?
29	What partnerships have been important when it comes to improving child victims' access to justice?
30	Are there other partnerships that the Centre needs to establish or strengthen to improve their work on behalf of children and families?
31	Ask only to UNICEF and NGO partners (SAPI & AAF) What type of capacity building have staff at the Child Advocacy Centre received?
32	Ask only to UNICEF and NGO partners (SAPI & AAF) How effective were the capacity building activities for Centre staff? Which capacity building activities most influenced your work with child victims and their families?
Impact	
<i>Now I would like to ask you some questions about the impact of Child Advocacy Centres and UNICEF's efforts to support the Centres.</i>	
33	Has the Child Advocacy Centre contributed to long-term positive changes in well-being of children, such as their recovery from violence and victimization? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, how? In what ways/areas? If no, why not?
34	What differences have you seen in the impact of the Centre's services on girls vs. boys?
35	What differences have you seen in the impact of the Centre's services on young children (under 10 years) vs. adolescents (over 10 years)?
36	Has the Child Advocacy Centre contributed to long-term positive changes for parents? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, how? In what ways/areas? If no, why not?
37	What differences have you seen in the impact the Centre's services on mothers vs. fathers?

38	<p>Has the services provided by the Child Advocacy Centre contributed to increased demand for services from parents or the community?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, how? In what ways/areas? If no, why not?</p>
39	<p>What do you see as the most effective services provided by the Centre? What impact have those services had on child victims of violence and crimes? What impact have those services had on parents/guardians of child victims?</p>
40	<p>What do you think has been the greatest achievements of the Child Advocacy Centre(s)?</p>
41	<p>What can Child Advocacy Centres and UNICEF do to build upon or expand these achievements?</p>
<p><i>Now, I would like to ask you a few questions about partnerships and cooperation.</i></p>	
42	<p>What partnerships been sought and established and synergies created to support delivery of services to child victims and their families?</p>
43	<p>Have new partnerships emerged that have been important, but were not initially identified or planned? What are those partnerships?</p>
44	<p>What services have been integrated in the local system of services (health, social, and educational) to support child victims and their parents/guardians? How do they coordinate efforts to meet the complex needs of children and parents?</p>
45	<p>Ask only to UNICEF</p> <p>Were efficient cooperation arrangements established between UNICEF and partners, such as NGOs, governmental institutions, municipal institutions, professionals, other partners?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, what cooperation arrangements have been established? If no, what cooperation arrangements should be established to improve the work?</p>
<p>Sustainability</p>	
<p><i>I would like to ask you some questions about the sustainability of UNICEF's efforts to contribute to development of the Child Advocacy Centres.</i></p>	
46	<p>Do you think UNICEF's support to develop Child Advocacy Centres will be sustainable?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, why do you think the Centres will be sustainable? If no, ask them why they don't think the Centres will be sustainable?</p>
47	<p>How supportive are national partners and stakeholders of the Child Advocacy Centres?</p> <p><input type="checkbox"/> Very supportive (1) <input type="checkbox"/> Somewhat supportive (2) <input type="checkbox"/> Not very supportive (3) <input type="checkbox"/> Not supportive (4) <input type="checkbox"/> Don't know (9)</p> <p>If supportive, in what ways are they supportive? If not supportive, why are they not supportive?</p>

48	<p>Are there any social or political risks that may jeopardize sustainability of the Child Advocacy Centres?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, can you tell me about the social or political risks that exist?</p>
49	<p>Will financial resources will be available to sustain the Child Advocacy Centres?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, what are those financial resources? If no, why not?</p>
50	<p>Are there any financial risks that may jeopardize the sustainability of the Child Advocacy Centres??</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, can you tell me what those financial risks?</p>
51	<p>Are there legal frameworks, policies and governance structures in place to support sustainability of UNICEF's contribution to Child Advocacy Centres?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, what are those legal frameworks, policies and governance structures? And, how are they important?</p> <p>If no, what legal frameworks, policies and/or governance structures need to be adopted to support sustainability of UNICEF's contribution to the Centres?</p>
52	<p>What conditions need to be put in place or strengthened to ensure Child Advocacy Centre will be able to deliver quality services to children and families in the future, even without UNICEF support?</p>
53	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>Do you know if UNICEF's has a well-planned strategy for turning over responsibility and transferring management of the Child Advocacy Centres to the Government of Bulgaria?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, can you tell me what that is and why you think it will be effective? If no, can you tell me what you think will be the challenge?</p>
54	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>Is there anything that UNICEF can do to strengthen their exit strategy and sustainability?</p>
<p><u>Efficiency</u></p>	
<p><i>Finally, I would like to ask you some questions about the efficiency of UNICEF's efforts to contribute to develop the Child Advocacy Centres and improve the quality of services to child victims and their families. Remember, if you do not know the answer to a question, we can skip it.</i></p>	

55	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>To what extent has UNICEF’s funds and activities been delivered in a timely manner? Were there any challenges when it came to delivering funds or activities in a timely manner?</p>
56	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>Do you think UNICEF’s implementation strategy has been efficient?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don’t know (9)</p> <p>If yes, in what way has it been efficient? If no, why not? If no, how could the implement strategy have been more efficient?</p>
57	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>Has UNICEF’s project management structure been efficient in generating the expected results?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don’t know (9)</p> <p>If yes, in what way? If no, why not? If no, how could the intervention’s management structure have been more efficient?</p>
58	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>Has UNICEF and implementing partners used available human, financial and technical resources in the most efficient manner?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don’t know (9)</p> <p>If yes, in what way? If no, why not?</p>
59	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>Were Child Advocacy and Support services coordinated with other UNICEF interventions, such as Family Consultative Centres established in Shumen and Montana, to encourage synergies and avoid overlap?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don’t know (9)</p> <p>If yes, which programme interventions? In what ways? What was the benefit?</p>
60	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>Do you think UNICEF implementation strategy has been cost-effective?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don’t know (9)</p> <p>If yes, in what way has it been cost-effective? How have activities supporting the intervention been cost-effective? If no, why not? If no, how could the implementation strategy have been more cost-effective?</p>
61	<p><u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u></p> <p>As you reflect back, did UNICEF have an M&E approach that ensured effective and efficient project management?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don’t know (9)</p> <p>If yes, can you tell me what that M&E approach was? How and why was such an M&E approach effective?</p>

	If no, what was the M&E approach? What were the problems with the M&E approach? Why was the M&E approach lacking or nonexistent?
62	How did M&E activities performed by UNICEF inform and contribute to improving implementation of project activities and achievement of results?
63	<u>Ask only to UNICEF and NGO partners (SAPI & AAF)</u> To what extent were lessons learned documented by UNICEF shared with appropriate parties who could learn from the intervention?

ANNEX J: CONSENT FORM FOR PARENTS/GUARDIAN INTERVIEWS

CONSENT FORM FOR PARENTS/GUARDIANS

Agreement for Participation in the Evaluation of the Child Advocacy Centre

The Child Advocacy Centre has been selected to participate in an evaluation of their services. The evaluation is being conducted by the United Nation's Children Fund (UNICEF), in cooperation with Child Advocacy Centre and their operators.

As part of the evaluation, parents/guardians and children from Child Advocacy Centres in Montana, Shumen and Sofia are being asked to participate. At each Centre, we will be interviewing 10 parents/guardians and 10 children. A total of 30 parents/guardians and 30 children will be interviewed as part of this evaluation. You are only 1 out of 30 parents/guardians who will participate in this multi-site evaluation.

Parents/guardians who participate in an interview as part of this evaluation will be asked about the services received at the Child Advocacy Centre, and the benefits of those services for them and their children. Parents **will not** be asked about either their own or their child's victimization or violence/abuse experienced.

The evaluators are contracted by UNICEF, but **are not** employees of UNICEF. The evaluators **are not** employees of the Child Advocacy Centres. The evaluators have been contracted by UNICEF to be independent evaluators. The evaluators will be conducting interviews with parents/guardians at the Child Advocacy Centre on _____ 2020. On this day, the Child Advocacy Centre will invite you to visit the Centre to participate in a 30-45-minute interview.

Completing the interview will cause **no risk** to you or your child and follows international ethical standards and guidelines. The only potential is that some parents/guardians might find the topic of some interview to be sensitive given their focus on the services received at the Child Advocacy Centre.

The interview has been designed to protect your privacy. Every parent/guardian we interview is guaranteed confidentiality. No one from the Child Advocacy Centre or UNICEF will know who says what to us. Parents/guardians names or identities will **not** be included in any interview notes, documents or reports. Only summary data for all 45 parents/guardians will be presented in a report of the results (e.g., 65% of 30 parents/guardians interviewed thought the services they received at the Child Advocacy Centre were beneficial).

With your permission, this interview may be audio recorded.

- This interview will **not** be audio recorded, the interviewer will take detailed notes on their laptop
- I am aware this interview will be audio recorded.

Findings from this evaluation will be used to support efforts to strengthen the Child Advocacy Centres and improve the support they are able to provide to children and families. While your child and family will not benefit immediately from taking part in the interview, the outcomes of the interview will benefit you and your child and other parents/guardians and children in the future.

We would like you to participate in an interview, but your participation is voluntary. Evaluators will **not provide** financial reimbursement **nor** gifts of any type for participation. Parents/guardians have the right to refuse participation in the interview without penalty. Participation in the interview is in **no way** a requirement to access services. Refusal to participate **will not impact** your access to services or the quality of services you receive from the Child Advocacy Centre. You can skip any question in the interview that you do not want to answer, and can stop the interview at any point without penalty. You may contact the Child Advocacy Centre if you have questions.

HOW DO I GIVE PERMISSION FOR MY PARTICIPATION IN THIS EVALUATION?

You give your permission to participate by checking the appropriate 'Yes' box and signing the form. If you do not give your permission to participate, check the 'No' box. You should fill out the below information and sign and return this form to the evaluators before you participate in the interview (on the day of the interview).

Yes, I agree to participate in the interview for this evaluation

No, I do not agree to participate in the interview for this evaluation

Signature _____ Date _____

Name (please print) _____

Later, if you have questions about this evaluation, you can contact

ANNEX K: PARENTS INTERVIEW QUESTIONNAIRE

Introduction/Directions

BEFORE YOU BEGIN MAKE SURE TO SAVE THIS FILE IN YOUR DATA COLLECTION FOLDER WITH THE FOLLOWING DOCUMENT TITLE:

Region_Parent#_Interview Date_Your Name

Example: Sofia_Parent1_19 Jan 2020_Haarr

Introduce yourself and explain the scope and purpose of the evaluation and offer a brief description of the methodology. Share the Informed Consent Form with the respondent and go through the details with them. Let the respondents know that they are only one of a large number of parents who are being interviewed in three regions of Bulgaria – Sofia, Shumen and Montana.

Read the following script before starting each interview:

Your participation in this interview is voluntary which means that you can choose not to participate in this interview or if you participate that you can skip questions or end the interview at any time without penalty. Participation in the interview is not a requirement for receiving services. If you choose not to participate in the interview or choose to end the interview it will in no way impact your ability to access to services at the Child Advocacy Centre or your child's ability to access to services at the Centre. No one from the Centre will know that you declined to participate.

There are no right or wrong answer. You guaranteed confidentially which means that no one at the Centre will know how you answered any of the questions.

- I will use my laptop computer to type in your responses to my questions.
- I will audio-record your responses with your permission. After the interview I will transcribe the audio recording and then delete/erase the recording. Do I have your permission to audio record the interview?

No names will be used during the report writing process, and no information that you provide will be attached to your name. If a quote is used it will be identified in general terms, such as "parent". Also, everyone will be randomly assigned a number to guarantee confidentiality.

THE INTERVIEW SHOULD TAKE NO MORE THAN 30-45 MINUTES. Make sure to monitor your time.

Background/Demographic Information

Date	
Name interviewer	
Location	<input type="checkbox"/> Sofia <input type="checkbox"/> Shumen <input type="checkbox"/> Montana
Sex of parent/guardian	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to child	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Other caregiver/guardian
Age (in years)	
Participant names	

Have you obtained a copy of the signed consent form prior to beginning the interview?		<input type="checkbox"/> Yes → Proceed to interview the parent/caregiver <input type="checkbox"/> No → Do not interview the parent/caregiver
Familiarity with the Child Advocacy Centres		
1	Are you familiar with the Child Advocacy Centre? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)	
1.2	When did you first come to the Child Advocacy Centre?	
1.4	Did someone refer you to the Child Advocacy Centre? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, who referred you? What agency/organization referred you to the Centre? If no, how did you find your way to the Centre?	
1.5	For how long have you and/or your child been coming to the Child Advocacy Centre?	
Relevance and Effectiveness		
<i>I would like to ask you some questions about the relevance and effectiveness of the Child Advocacy Centres. If you do not know the answer to a question, we can skip it.</i>		
3	What type of help or support have you received through the Child Advocacy Centre?	
6	Has the Child Advocacy Centre made it easier for your child to receive help and support? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If yes, in what ways? If no, why not?	
7	Has the Child Advocacy Centre helped you to receive legal advice or legal services for your child? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If yes, in what ways? If no, why not?	
7.1	Has the Child Advocacy Centre helped your child to recover from the violence or victimization they experienced? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If yes, in what ways? If no, why not?	

8	<p>How important is the Child Advocacy Centre to your child?</p> <p>Not important Somewhat important Very important Don't know</p> <p>0 1 2 3 4 5 6 7 8 9 10 99</p> <p>What did you give it a ____?</p>
8.1	In what ways has the Centre addressed your child's needs or helped your child?
8.2	<p>How important is the Child Advocacy Centre to you as a parent/guardian?</p> <p>Not important Somewhat important Very important Don't know</p> <p>0 1 2 3 4 5 6 7 8 9 10 99</p> <p>What did you give it a ____?</p>
8.3	In what ways has the Centre helped you as a parent/guardian?
10	<p>How important is the Child Advocacy Centre to families and children in this municipality/region?</p> <p>Not important Somewhat important Very important Don't know</p> <p>0 1 2 3 4 5 6 7 8 9 10 99</p> <p>What did you give it a ____?</p>
11	For families and children in the municipality/region, what kind of support is the Centre able to provide?
15	<p>Does the Child Advocacy Centre make it easy for parents/caregivers and children to access support from different specialists, such as psychologists, lawyers, health specialists?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p><input type="checkbox"/> Not applicable (99)</p> <p>If yes, what did the Centre do to make it easy to access support from different specialists? If no, why do you say no, what has been the challenge?</p>
15.1	<p>Did the Child Advocacy Centre coordinate all the services that your child needs?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p><input type="checkbox"/> Not applicable (99)</p> <p>If no, were there services that the Centre was unable to provide to your child? What are those services? Does your child still need those services?</p>
25	<p>Have you faced any difficulties accessing services here at the Child Advocacy Centre?</p> <p><input type="checkbox"/> Yes (1)</p> <p><input type="checkbox"/> No (2)</p> <p><input type="checkbox"/> Don't know (9)</p> <p>If yes, what difficulties have you faced when it comes to accessing services here at the Centre?</p>

Impact									
<i>Now I would like to ask you some questions about the impact of Child Advocacy Centres.</i>									
33	<p>Has the Child Advocacy Centre helped to make positive changes or improvements in your child's life?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If yes, what type of positive changes or improvements have you seen in your child? If no, why not?								
36	<p>Has the Child Advocacy Centre helped to bring positive changes or improvements to your life as a parent/guardian?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If yes, what positive changes or improvements have you experienced? If no, why not?								
39	From your perspective, what are the best services offered at the Child Advocacy Centre?								
40	<p>Are there any services you needed or wanted for your child or yourself, but the Centre was not able to provide?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, what would those services be?								
100	<p>Are there any changes or improvements that you would like to see at this Child Advocacy Centre?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If so, what changes or improvements would you like to see?								
101	<p>Do you feel like the staff at the Centre listen to your child and are responsive to your child's needs?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If no, what problems have you faced?								
102	<p>Do you feel the staff at the Centre listen to you and are responsive to your needs?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If no, what problems have you faced?								
103	<p>How would you rate the way specialists work with you and your child at the Child Advocacy Centre?</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Not good</td> <td style="text-align: center;">Somewhat good</td> <td style="text-align: center;">Very good</td> <td style="text-align: right;">Don't know</td> </tr> <tr> <td style="text-align: left;">0</td> <td style="text-align: center;">1 2 3 4 5 6</td> <td style="text-align: center;">7 8 9 10</td> <td style="text-align: right;">99</td> </tr> </table> <p>What did you give it a ____?</p>	Not good	Somewhat good	Very good	Don't know	0	1 2 3 4 5 6	7 8 9 10	99
Not good	Somewhat good	Very good	Don't know						
0	1 2 3 4 5 6	7 8 9 10	99						

104	How likely would you be to recommend the Child Advocacy Centre to other parents? Not likely 0 1 2 3 4 5 6 7 8 9 10 Very likely Don't know 99 What did you give it a ____?
-----	---

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

105	Is the location of this Centre okay for you, is it easy for you and your child to get her?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
106	Are the Centre's operating hours, the hours they are open, good for you?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
107	In the past, when you arrived here for services did you have to wait a long time to see a staff member?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
108	Do Centre staff show you respect?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
109	Do Centre staff explain things to you in a way that you can understand?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
110	Did Centre staff tell you that your information would remain private and confidential?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
112	Did Centre staff help you understand your child's rights to safety and protection?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
113	Did Centre staff provide you with information about other services available to you?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
114	Do you feel better able to handle your situation?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
115	Do you feel safer because of the services you received here at the Centre?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
116	Do you feel more confident because of the services you received here at the Centre?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)

ANNEX L: PARENTAL CONSENT FORM FOR CHILDREN'S PARTICIPATION

PARENTAL CONSENT FORM FOR CHILDREN'S PARTICIPATION

Agreement for Child's Participation in the Evaluation of the Child Advocacy Centre

The Child Advocacy Centre has been selected to participate in an evaluation of their services. The evaluation is being conducted by the United Nation's Children Fund (UNICEF), in cooperation with Child Advocacy Centre and their operators.

As part of the evaluation, parents/guardians and children from Child Advocacy Centres in Montana, Shumen and Sofia are being asked to participate. At each Centre, we will be interviewing 10 parents/guardians and 10 children. A total of 30 parents/guardians and 30 children will be interviewed as part of this evaluation. Your child will be only 1 out of 30 children who will participate in this multi-site evaluation.

Children who participate in an interview as part of this evaluation will be asked about the services received at the Child Advocacy Centre, and the benefits of those services for them and their families. Children **will not** be asked about their victimization or the violence/abuse they experienced.

The evaluators are contracted by UNICEF, but **are not** employees of UNICEF. The evaluators **are not** employees of the Child Advocacy Centres. The evaluators have been contracted by UNICEF to be independent evaluators. The evaluators will be conducting interviews with children at the Child Advocacy Centre on _____ 2020. On this day, the Child Advocacy Centre will invite you to bring your child to the Centre to participate in a 30-40-minute interview. We would like to interview your child one-on-one; however, as a parent/guardian you have the right to remain in the room with your child during the interview.

Completing the interview will cause **no risk** to you or your child and follows international ethical standards and guidelines. The only potential is that some children might find the topic of some interview to be sensitive given their focus on the services received at the Child Advocacy Centre.

The interview has been designed to protect your child's privacy. Every child we interview is guaranteed confidentiality. No one from the Child Advocacy Centre or UNICEF will know who says what to us. Children names or identities **will not** be included in any documents or reports. Only summary data for all 45 children will be presented in a report of the results (e.g., 65% of 45 children interviewed thought the services they received at the Child Advocacy Centre were beneficial).

With your permission, this interview may be audio recorded.

- This interview will **not** be audio recorded, the interviewer will take detailed notes on their laptop
- I am aware this interview will be audio recorded.

Findings from this evaluation will be used to support efforts to strengthen the Child Advocacy Centres and improve the support they are able to provide to children and their families. While your child and family will not benefit immediately from taking part in the interview, the outcomes of the interview will benefit you and your child and other parents/guardians and children in the future.

We would like your child to participate in an interview, but their participation is voluntary. Evaluators will **not provide** financial reimbursement **nor** gifts of any type for participation. Parents/guardians and children have the right to refuse participation in the interview without penalty. Participation in the interview is in **no way** a requirement to access services. Refusal to participate **will not impact** your access to services or the quality of services you receive from the Child Advocacy Centre. Your child can skip any question in the interview that they do not want to answer and can stop the interview at any point without penalty. You may contact the Child Advocacy Centre if you have questions.

HOW DO I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS EVALUATION?

You give permission for your child to participate by checking the appropriate 'Yes' box and signing the form. If you do not give your permission for your child to participate, check the 'No' box. You should fill out the below information and sign and return this form to the evaluators before your child participate in the interview (on the day of the interview).

Yes, I agree to have my child participate in the interview for this evaluation

No, I do not give consent for my child to participate in the interview for this evaluation

Child Name (please print) _____ Age _____

Parent/Legal Guardian Signature _____ Date _____

Parent Name/Legal Guardian (please print) _____

Later, if you have questions about this evaluation, you can contact

ANNEX M: CHILD INTERVIEW QUESTIONNAIRE

Introduction/Directions

BEFORE YOU BEGIN MAKE SURE TO SAVE THIS FILE IN YOUR DATA COLLECTION FOLDER WITH THE FOLLOWING DOCUMENT TITLE:

Region_Child#_Interview Date_Your Name

Example: Sofia_Child1_19 Jan 2020_Haarr

BEFORE YOU BEGIN, MAKE SURE YOU HAVE OBTAINED PARENTAL CONSENT TO CONDUCT THE INTERVIEW WITH THE CHILD.

Introduce yourself and explain the scope and purpose of the evaluation and offer a brief description of the methodology. Let the respondents know that they are only one of a large number of children who are being interviewed in three regions of Bulgaria – Sofia, Shumen and Montana.

Read the following script before starting each interview:

Your participation in this interview is voluntary which means that you can choose not to participate in this interview or if you participate that you can skip questions or end the interview at any time without penalty. Participation in the interview is not a requirement for receiving services. If you choose not to participate in the interview or choose to end the interview it will in no way impact your ability to access to services at the Child Advocacy Centre or your child's ability to access to services at the Centre. No one from the Centre will know that you declined to participate.

There are no right or wrong answer. You guaranteed confidentially which means that no one at the Centre will know how you answered any of the questions.

- I will use my laptop computer to type in your responses to my questions.
- I will audio-record your responses with your permission. After the interview I will transcribe the audio recording and then delete/erase the recording. Do I have your permission to audio record the interview?

No names will be used during the report writing process, and no information that you provide will be attached to your name. If a quote is used it will be identified in general terms, such as "parent". Also, everyone will be randomly assigned a number to guarantee confidentiality.

THE INTERVIEW SHOULD TAKE NO MORE THAN 30-40 MINUTES. Make sure to monitor your time.

Background/Demographic Information

Date	
Interviewer	
Location	<input type="checkbox"/> Sofia <input type="checkbox"/> Shumen <input type="checkbox"/> Montana
Sex of child	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's age (years)	
Participant names	
Have you obtained a copy of the signed parental consent form prior to beginning the interview?	<input type="checkbox"/> Yes → Proceed to interview the child <input type="checkbox"/> No → Do not interview the child

Do you understand the directions that I just read to you? Do you have any questions before we begin? Do you agree to participate in this interview?		<input type="checkbox"/> Yes → Proceed to interview the child <input type="checkbox"/> No → Do not interview the child
Familiarity with the Child Advocacy Centres		
1	Have you come here to the Child Advocacy Centre before or is this your first time? <input type="checkbox"/> Came before (1) <input type="checkbox"/> This is the first time (2) <input type="checkbox"/> Don't know/Don't remember (9)	
1.1	Do you know any of the staff here at the Child Advocacy Centre? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)	
1.2	When did you first come to the Child Advocacy Centre?	
1.4	Did someone refer you or your parents or caregiver to visit the Child Advocacy Centre? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) If yes, who referred you? What agency/organization referred you to the Centre? If no, how did you find your way to the Centre?	
1.5	For how long have you been coming to the Child Advocacy Centre?	
Relevance and Effectiveness		
<i>I would like to ask you some questions about the relevance and effectiveness of the Child Advocacy Centres. If you do not know the answer to a question, we can skip it.</i>		
3	What do you do when you come here? Do you participate in any activities? How do the things you do here help you?	
6	Has the Child Advocacy Centre made it easier for you to receive help and support? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) What services have helped you?	
7	Has the Child Advocacy Centre provided you with legal advice or legal services with regard to your situation? <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99) If yes, in what ways? If no, why not?	

7.1	<p>Has the Child Advocacy Centre helped you to feel better and to recover from what you experienced?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <input type="checkbox"/> Not applicable (99)</p> <p>If yes, in what ways? If no, why not?</p>
8	<p>How important is the Child Advocacy Centre to you?</p> <p>Not important Somewhat important Very important Don't know</p> <p>0 1 2 3 4 5 6 7 8 9 10 99</p> <p>What did you give it a ____?</p>
8.1	<p>In what ways has the Centre helped you or addressed your needs?</p>
8.2	<p>How important is the Child Advocacy Centre to your parents/caregiver?</p> <p>Not important Somewhat important Very important Don't know</p> <p>0 1 2 3 4 5 6 7 8 9 10 99</p> <p>What did you give it a ____?</p>
8.3	<p>In what ways has the Centre helped your parents/caregiver?</p>
10	<p>How important is the Child Advocacy Centre to other families like yours and other children like you?</p> <p>Not important Somewhat important Very important Don't know</p> <p>0 1 2 3 4 5 6 7 8 9 10 99</p> <p>What did you give it a ____?</p>
25	<p>Have you and your parents/caregiver faced any difficulties accessing services here at the Child Advocacy Centre?</p>
Impact	
<i>Now I would like to ask you some questions about the impact of Child Advocacy Centres.</i>	
33	<p>Has the Child Advocacy Centre helped to make positive changes or improvements to your life?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, what type of positive changes or improvements have you experienced? If no, why not?</p>
36	<p>Has the Child Advocacy Centre helped to bring positive changes or improvements in your parents'/guardian's life?</p> <p><input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9)</p> <p>If yes, what positive changes or improvements have you see in your parents'/caregiver's life? If no, why not?</p>
39	<p>From your perspective, what have you done here at the Centre that has helped you the most? Are there any activities you have done here at the Centre that you would like to do again?</p>
40	<p>Is there something else that you would like to be included in the Centre?</p>

100	<p>Are there any changes or improvements that you would like to see at this Child Advocacy Centre? If so, what?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <p>If so, what changes or improvements would you like to see?</p>								
100.1	<p>Would you like to change the way the staff here at the Centre work with you?</p>								
101	<p>Do you feel like the staff at the Centre listen to you and respond to your needs?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (9) <p>If no, what problems do you face?</p>								
103	<p>How would you rate the way specialists work with you at the Child Advocacy Centre?</p> <table style="width:100%; border:none;"> <tr> <td style="width:12.5%; text-align:center;">Not good</td> <td style="width:37.5%; text-align:center;">Somewhat good</td> <td style="width:12.5%; text-align:center;">Very good</td> <td style="width:37.5%; text-align:center;">Don't know</td> </tr> <tr> <td style="text-align:center;">0 1 2 3</td> <td style="text-align:center;">4 5 6 7 8</td> <td style="text-align:center;">9 10</td> <td style="text-align:center;">99</td> </tr> </table> <p>What did you give it a ____?</p>	Not good	Somewhat good	Very good	Don't know	0 1 2 3	4 5 6 7 8	9 10	99
Not good	Somewhat good	Very good	Don't know						
0 1 2 3	4 5 6 7 8	9 10	99						
104	<p>How likely would you be to recommend the Child Advocacy Centre to other children?</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%; text-align:center;">Not likely</td> <td style="width:50%; text-align:center;">Somewhat likely</td> <td style="width:12.5%; text-align:center;">Very likely</td> <td style="width:12.5%; text-align:center;">Don't know</td> </tr> <tr> <td style="text-align:center;">0 1 2 3</td> <td style="text-align:center;">4 5 6 7 8</td> <td style="text-align:center;">9 10</td> <td style="text-align:center;">99</td> </tr> </table> <p>What did you give it a ____?</p>	Not likely	Somewhat likely	Very likely	Don't know	0 1 2 3	4 5 6 7 8	9 10	99
Not likely	Somewhat likely	Very likely	Don't know						
0 1 2 3	4 5 6 7 8	9 10	99						
<p><i>I want to finish this interview by asking you some questions about staff here at the Child Advocacy Centre. You can simply answer yes or no to these questions. If you want to skip any questions just let me know.</i></p>									
105	<p>Is the location of this Centre okay for you, is it easy for you and your parents to get here?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
106	<p>Are the Centre's operating hours, the hours they are open, good for you?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
107	<p>In the past, when you arrived here for services did you have to wait a long time to see a staff member?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
108	<p>Do Centre staff show you respect?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
110	<p>Do Centre staff explain things to you in a way that you can understand?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
110	<p>Did Centre staff tell you that your information would remain private and confidential?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
111	<p>Did Centre staff explain to you that what happened to you was <u>not</u> your fault?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
112	<p>Did Centre staff help you understand your rights to safety and protection?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
113	<p>Did Centre staff provide you with information about other services available to you?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								
114	<p>Do you feel better able to handle your situation?</p> <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know/Refuse to answer (9)								

115	Do you feel safer because of the services you received here at the Centre?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)
116	Do you feel more confident because of the services you received here at the Centre?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)	<input type="checkbox"/> Don't know/Refuse to answer (9)

unicef  | for every child

Research Ethics Approval

8 January 2020

Prof. Robin Haarr, Team Leader
United Nations Children's Fund
87 Kniaz Al. Doundukov Blvd.
Sofia 1504, Bulgaria

RE: Ethics Review Board findings for: *Evaluation of Child Advocacy and Support Centers ("Zona ZaKmila") Supported by UNICEF Bulgaria Country Office*

Dear Prof. Haarr,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board on 30 December 2019 – 08 January 2020.

This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**. You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to: 1) ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols; 2) investigators will conduct the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects; 3) and to promptly report any unanticipated problems involving risks to subjects or others in the course of this study.

HML IRB is authorized by the U.S. Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850), and has DHHS Federal-Wide Assurance approval (FWA #1102).

Sincerely,



D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Elena Atanassova, Diana Vakarelska, Penelope Lantz, JD

HML Institutional Review Board
1101 Connecticut Avenue, NW Suite 450
Washington, DC 20036 USA
+1.202.753.5040
unicef@hmlirb.com www.hmlirb.com

- ¹ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ² Retrieved from: <https://data.worldbank.org/country/bulgaria>
- ³ Ibid.
- ⁴ UNICEF, Draft Country Programme Document, 12-15 September 2017; Retrieved 25 November 2019 from: Eurostat, http://ec.europa.eu/eurostat/statistics-explained/index.php/GDP_per_capita_consumption_per_capita_and_price_level_indices.
- ⁵ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ⁶ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ⁷ Ibid.
- ⁸ Ibid.
- ⁹ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017; See also, European Union Statistics on Income and Living Conditions; ww.nsi.bg/en/content/8294/poverty-and-social-inclusion-indicators-national-level.
- ¹⁰ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ¹¹ Ibid.
- ¹² *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ¹³ Retrieved 25 November 2019 from: <http://hdr.undp.org/en/2018-update>
- ¹⁴ The HDI is a composite index focused on three basic dimensions of human development: the ability to lead a long and healthy life, measured by life expectancy at birth; the ability to acquire knowledge, measured by mean year of schooling and expected years of school; and the ability to achieve a decent standard of living, measured by gross national income per capita. The scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean and a ranking provided; see *Human Development Indices and Indicators: 2018 Statistical Update*. UNDP, 2018, p. 1.
- ¹⁵ The HDI was created to emphasize that people and their capabilities should be the criteria for assessing the development of a country, not economic growth alone.
- ¹⁶ The Human Development Report Office uses data from international data agencies with the mandate, resources and expertise to collect national data on specific indicators. For a list of international data providers; see *Human Development Indices and Indicators: 2018 Statistical Update*. UNDP, p. 18.
- ¹⁷ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ¹⁸ Ibid.
- ¹⁹ Ibid.
- ²⁰ The Convention on the Rights of the Child adopted by the UN General Assembly on 20.11.1989, ratified by a resolution of the Grand National Assembly of 11.04.1991 - SG No. 32 of 23.04.1991, published, SG, No. 55 of 12.07.1991, in effect from 3.07.1991, ECOSOC Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime, Guidelines of the Committee of Ministers of the Council of Europe on Child Friendly Justice, Convention of the Council of Europe on the Protection of Children against Sexual Exploitation and Sexual Abuse, ratified by an act passed by the 41st National Assembly on 2.11.2011 - SG No. 90 of 2011, in force for the Republic of Bulgaria from 1.04.2012; Directive 2011/92/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA, and Directive 2012/29/EU of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.
- ²¹ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017; UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ²² *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ²³ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ²⁴ UNICEF, Draft Country Programme Document, 12-15 September 2017.
- ²⁵ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ²⁶ Ibid; See also, Regional Knowledge and Leadership Agenda for Children in the CEE/CIS Region - Independent Multi-Country Evaluation of a Child's Rights to a Supportive and Caring Environment, May 2015
- ²⁷ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022; See also, Regional Knowledge and Leadership Agenda for Children in the CEE/CIS Region - Independent Multi-Country Evaluation of a Child's Rights to a Supportive and Caring Environment, May 2015
- ²⁸ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ²⁹ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ³⁰ Ibid.
- ³¹ Ibid.
- ³² Ibid.
- ³³ Ibid.
- ³⁴ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ³⁵ Ibid.
- ³⁶ Ibid.
- ³⁷ Ibid.
- ³⁸ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017; Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014
- ³⁹ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ⁴⁰ Attitudes toward the right for protection against corporal punishment in Bulgaria. National Network for Children, 2018.
- ⁴¹ *Attitudes toward the right for protection against corporal punishment in Bulgaria*. National Network for Children, 2018.

-
- ⁴² UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ⁴³ Ibid; Health Behaviour in School-aged Children – HBSC, Institute for Population and Human Studies, BAS, HBSC, 2014
- ⁴⁴ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017;
- ⁴⁵ Ibid.
- ⁴⁶ Data covers only children victims of international trafficking. *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017; See also, Eurostat and National Agency for Combatting Traffic in Human Beings; UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ⁴⁷ Data from a draft National Programme for Prevention of Violence and Abuse of Children (2016 - 2020); *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ⁴⁸ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ⁴⁹ Ibid.
- ⁵⁰ Ibid. The data quoted by the end of the section are from a Survey on gender-based violence against women, conducted by the EU Agency for Fundamental Rights (FRA), 2012 data set.
- ⁵¹ Ibid.
- ⁵² UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ⁵³ Ibid.
- ⁵⁴ *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019; See also, UNICEF Child Protection Strategy 2008.
- ⁵⁵ *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019.
- ⁵⁶ Ibid.
- ⁵⁷ Ibid.
- ⁵⁸ Ibid.
- ⁵⁹ *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019.
- ⁶⁰ Ibid.
- ⁶¹ Both the ASA and SACP's Inspectorate have oversight and control functions over ASA's CPD and social services providers. See *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019.
- ⁶² Ibid.
- ⁶³ Ibid.
- ⁶⁴ Ibid.
- ⁶⁵ Ibid.
- ⁶⁶ Although a high school diploma is required, 90 per cent of ASA social workers have university degrees; about one-third of the university degrees are unrelated to social work. See *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019.
- ⁶⁷ There are also no formal training requirements or professional development trainings to support social workers during their careers at ASA. About 42 per cent of ASA social workers had not undergone any type of training when they started working, the majority had participated in various ad hoc trainings offered by NGOs or the ASA. See *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019.
- ⁶⁸ Turnover of social workers is a major concern. For social workers there is no clear prospect for a career path, as Senior Social Worker posts were never established and advancement criteria for Main Social Worker and Head of CPD positions are not clearly defined. There are also no clear standards for workload of social workers at the ASA (the average workload according to 'open case' criteria is 40, which is much higher than 30 cases that most social workers consider as adequate). The current concept of workload does not consider complexity of cases, nor the other activities social workers are involved. The present oversight and control system of social workers' case work is formal and limited to procedural and administrative controls, not focused on outcomes. See *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019.
- ⁶⁹ *Analysis of the Child Protection System in Bulgaria*, UNICEF, 2019.
- ⁷⁰ Ibid.
- ⁷¹ Ibid.
- ⁷² Ibid.
- ⁷³ The project developed the Child Advocacy Centre in three Sofia metropolitan regions in close cooperation with the CPD, Metropolitan Directorate Internal Affairs, and representatives of the regional administrative offices. See Agreement: PC/BULA/2015/03 Annex to Programme Document, Agreement period: 18.09.2015-31.12.2016.
- ⁷⁴ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ⁷⁵ NGOs in Bulgaria Condemn Constitutional Court Decision Rejecting Istanbul Convention, Bulgarian Helsinki Committee, 30 July 2018. Retrieved on 28 December 2019 from: https://www.bghelsinki.org/en/news/press/single/20180730-press-istanbul-convention_EN/; See also, Bulgaria's Constitutional Troubles with the Istanbul Convention, Verfassungsblog on Matters Constitutional, 2 August 2018. Retrieved on 28 December 2019 from: <https://verfassungsblog.de/bulgarias-constitutional-troubles-with-the-istanbul-convention/>
- ⁷⁶ Retrieved on 28 December 2019 from: <https://nmd.bg/en/child-rights-under-attack-in-bulgaria/>
- ⁷⁷ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022; See also Training Programme on the Treatment of Child Victims and Child Witnesses of Crime for Prosecutors and Judges. UNODC/UNICEF, 2015.
- ⁷⁸ UNICEF Country Office in Bulgaria. Strategy Note for the Country Programme, 2018-2022.
- ⁷⁹ Lehner, E.A. (2017). Rape Process Template: A Hidden Cause of the Underreporting of Rape. *Yale Journal of Law and Feminism*; Retrieved on 27 April 2020 from: <https://www.nsvrc.org/statistics>.
- ⁸⁰ *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, 2014.
- ⁸¹ See Articles 2 and 3 of Ordinance № I-51 of 12 March 2001
- ⁸² *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, 2014.
- ⁸³ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.

-
- ⁸⁴ Ibid.
- ⁸⁵ Ibid.
- ⁸⁶ Ibid.
- ⁸⁷ Ibid.
- ⁸⁸ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017; See also Training Programme on the Treatment of Child Victims and Child Witnesses of Crime for Prosecutors and Judges. UNODC/UNICEF, 2015.
- ⁸⁹ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ⁹⁰ Ibid.
- ⁹¹ Depending on whether the hearing/interview refers to a stage of criminal proceedings or is of civil or administrative nature, the participants that gather could be a judge, prosecutor, investigating police officer, investigator, defendant and his lawyer, the child's parents/guardians or other participants. These individuals are able to see and hear the child, but the child has no visual contact with them and cannot hear them. They can ask questions when possible and permitted in light of the proceedings through the professional leading the hearing/interview. The whole process is videotaped to guarantee that the rules of the proceedings were observed and to ensure the hearing/interview could be used as evidence in later stages.
- ⁹² *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ⁹³ Ibid. The 25 include three in Sofia and the others in Vratsa, Montana, Sliven, Shumen, Plevan, Veliko Turnovo, Plovdiv, Pazardzhik, Vidin, Ruse, Kozlodui, Razgrad, Dobrich, General Toshevo, Varna, Burgas, Stara Zagora, Haskovo, Smolyan, Blagoevgrad, Dupnitsa and Kyustendil, as well as several others adapted in courts in Sofia, Zlatograd, Pavlikeni and so on.
- ⁹⁴ Ibid.
- ⁹⁵ Ibid.
- ⁹⁶ Ibid.
- ⁹⁷ Agreement: PCA/BULA/2015/02 Annex to Programme Document.
- ⁹⁸ Agreement: PCA/BULA/2015/02 Annex to Programme Document.
- ⁹⁹ *Situation Analysis of Children and Women in Bulgaria*, UNICEF, 2017.
- ¹⁰⁰ Ibid.
- ¹⁰¹ Ibid.
- ¹⁰² Depending on whether the hearing/interview refers to a stage of criminal proceedings or is of civil or administrative nature, the participants that gather could be a judge, prosecutor, investigating police officer, investigator, defendant and his lawyer, the child's parents/guardians or other participants. These individuals are able to see and hear the child, but the child has no visual contact with them and cannot hear them. They can ask questions when possible and permitted in light of the proceedings through the professional leading the hearing/interview. The whole process is videotaped to guarantee that the rules of the proceedings were observed and to ensure the hearing/interview could be used as evidence in later stages.
- ¹⁰³ Violence against children in Bulgaria, Child Advocacy Centres ToC.
- ¹⁰⁵ Agreement: PCA/BULA/2015/02 Annex to Programme Document.
- ¹⁰⁶ Mission Report for Violence Against Children Consultancy for UNICEF Child Protection Unit, Bulgaria, July-October 2016.
- ¹⁰⁷ Ibid.
- ¹⁰⁸ Ibid.
- ¹⁰⁹ Ibid.
- ¹¹⁰ Ibid.
- ¹¹¹ Mission Report for Violence Against Children Consultancy for UNICEF Child Protection Unit, Bulgaria, July-October 2016.
- ¹¹² Ibid.
- ¹¹³ *Norms and Standards for Evaluation*, United Nations Evaluation Group, 2017, p. 10
- ¹¹⁴ Additional regions or municipalities without comparable service may be included to serve as a landmark of Child Advocacy Centres` impact.
- ¹¹⁵ Children and parents who did not benefit from services of the Child Advocacy Centres, but fall within the target groups may also be included.
- ¹¹⁶ Retrieved from: <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>
- ¹¹⁷ Retrieved from: <http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>
- ¹¹⁸ *Norms and Standards for Evaluation*. United Nations Evaluation Group, 2017, p. 23.
- ¹¹⁹ *Norms and Standards for Evaluation*. United Nations Evaluation Group, 2017.
- ¹²⁰ Ibid.
- ¹²¹ *UNICEF Procedures for Ethical Standards in Research, Evaluation, Data Collection and Analysis*, 2015. Document Number: CF/PD/DRP/2015-001
- ¹²² Retrieved from: <http://www.uneval.org/normsandstandards/index.jsp> and <http://www.unevaluation.org/ethicalguidelines>
- ¹²³ *Norms and Standards for Evaluation*. United Nations Evaluation Group, 2017, p. 11.
- ¹²⁴ *Norms and Standards for Evaluation*. United Nations Evaluation Group, 2017.
- ¹²⁵ Ibid, p. 21.
- ¹²⁶ Article 7 (1) (amend. SG 120/02; suppl., SG 36/03 amend; SG 38/06) – A person who knows that a child needs protection shall oblige immediately to inform the directorate “Support Support”, the State Agency for Child Protection or the Ministry of Interior. (2) The same obligation shall have also each person to whom this has become known in connection with the profession or the activity exercised by him even if it is bound with professional secret.
- ¹²⁷ *Norms and Standards for Evaluation*. United Nations Evaluation Group, 2017, p. 12.
- ¹²⁸ Glaser & Strauss (1967). *Grounded Theory*.
- ¹²⁹ Europe 2020 is a ten-year strategy proposed by the European Commission on 3 March 2010 for advancement of the economy of the EU.

¹³⁰ Retrieved on 27 April 2020 from: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/rights-child/child-protection-systems_en

¹³¹ Retrieved on 18 February 2020 from: <https://childhub.org/en/promising-child-protection-practices/what-barnahus-and-how-it-works>

¹³² Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD. Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function. Retrieved from the Mayo Clinic: <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>

¹³³ This kind of inductive reasoning, where one makes a small number of observations and infers a claim based upon them, is risky. One cannot generalize from a single case or handful of cases to the whole. What is needed is more systematic data collection of key measures and indicators of success and positive changes in children's well-being and in parent's lives. It also requires tracking children and families over time to understand how the integrated services received influenced or impacted their life outcomes. This type of long-term tracking of child victims and survivors of domestic violence is typically *not done* to ensure privacy and confidentiality, and to avoid re-victimizing survivors of violence, abuse and exploitation.

¹³⁴ UNICEF explained that rationale for this recommendation was grounded in the fact that lawyers, in their legal practice, may come upon a client that needs services of the CAC, and the lawyer cannot provide legal aid to the client because they are representing another family member; the child should have an independent lawyer.

¹³⁵ In Bulgaria, social service are state-delegated activities and managed by municipalities who are not attached to the Ministry of Labor and Social Policy. The financing of social services, is provided by the State budget through the budgets of the municipalities.

¹³⁶ Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better. If the symptoms get worse, last for months or even years, and interfere with your day-to-day functioning, you may have PTSD. Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function. Retrieved from the Mayo Clinic: <https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>

¹³⁷ Policy Brief: The Impact of COVID-19 on Women, UN Women (9 April 2020). Retrieved on 16 May 2020 from: https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_april_2020.pdf

¹³⁸ Child Protection Act, Family Code, Social Assistance Act, Pre-school and school education act, etc

¹³⁹ Analysis of the child protection system in Bulgaria, Final man report, Fresno, the Right Link and PMG Analytics, July 2019

¹⁴⁰ Retrieved from: <https://www.unicef.org/bulgaria/en/reports/situation-analysis-children-and-women-bulgaria>

¹⁴¹ Retrieved from:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBGR%2fCO%2f3-5&Lang=en

¹⁴² Retrieved from: http://www.uneval.org/documentdownload?doc_id=980&file_id=1294

¹⁴³ Retrieved from: http://www.unicef.org/evaldatabase/files/UNICEF_Eval_Report_Standards.pdf

¹⁴⁴ Retrieved from: http://www.unicef.org/evaluation/files/GEROS_Methodology_v7.pdf

¹⁴⁵ Retrieved from: https://www.unicef.org/evaluation/files/GEROS_Handbook_FINAL_full_document.pdf

unicef  | for every child