EVALUATION
OF THE
FAMILY FOR EVERY CHILD PROJECT
IN THE REGION OF SHUMEN, BULGARIA

FINAL REPORT
25th January 2017

Elayn M. Sammon, E M Sammon Consulting Ltd.,
Joanna Rogers, CEE/CIS Consultancy Group,
Luba Devetakova, Independent Consultant.
This evaluation has been commissioned by the UNICEF Bulgaria Country Office, 87 Kniaz Alexander Dondukov Blvd., Sofia 1054.

The UNICEF contact point for this evaluation is Milena Harizanova mharizanova@unicef.org

Evaluation Team

Elayn Sammon holds an MSc. in Disability Studies and an MSc. in Equality and Social Inclusion. In her early career, she was involved in the transition from institutional to community based care for children and adults with disabilities in the UK and Ireland and consequently in CEE/CIS region. She now has more than 30 years of international experience in social policy in a range of transition economies of Sub-Saharan Africa, South-East Asia and Central and Eastern Europe in the public and NGO sectors, with UNICEF and on behalf of donor agencies such as the EU, DFID, and USAID. Elayn has a significant track record of strategic policy development, monitoring and evaluation and programme design in the child protection and wider basic social services sector.

Joanna Rogers holds an MSc in Social Work from Ersta Skondal University College in Stockholm and has been working on child welfare reform internationally and especially in the CEE/CIS region for over 25 years. She has extensive experience of strategic management of reform programmes and working with a range of NGO, INGO, government and donor stakeholders. Joanna has conducted research and evaluations for UNICEF with a focus on child protection and family support, systems reform, social work development, social assistance and social services, disability policy and programmes. She is a Senior Consultant for P4EC CEE/CIS consultancy group and an Associate with Oxford Policy Management.

Luba Devetakova holds a Master’s degree in Sociology and Social Anthropology from the Central European University of Budapest, Hungary, and a Bachelor’s degree in Sociology from the St Kliment Ohridski University of Sofia. She is a PhD student in Political Sciences at the New Bulgarian University and a researcher with more than 10 years’ experience in social, marketing and political studies. Luba is a specialist in the application of qualitative and quantitative research methods, including desk research, in-depth interviews, focus groups and the application of specialised research methods.

Acknowledgements

Our thanks go to the considerable number of people who contributed to and supported this evaluation. We are particularly grateful to UNICEF and its partners in Shumen region and Sofia for setting up and supporting the field visits, key informant interviews and focus group discussions. We also extend thanks to all who participated in the interviews and focus group discussions and to the communities we visited for their time and patience in answering our questions and contributing so generously their views and experience of the project. We further thank the participants of the two workshops held in January 2017 where the evaluation findings, conclusions and recommendations were discussed for their useful contributions to finalising this report.
List of Abbreviations

For consistency and ease of comparison we have adopted the standard abbreviations applied by the National Network for Children, Bulgaria, in their Report Card 2016 (NMD 2016). Where an appropriate abbreviation is not found in this reference tool we have first reverted to the UNICEF report, Deinstitutionalisation of Children in Bulgaria – How Far and Where To? (Rogers 2014).

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA</td>
<td>Agency for Social Assistance</td>
</tr>
<tr>
<td>CM&amp;CH</td>
<td>Centre for Maternal and Child Health (health visitor service)</td>
</tr>
<tr>
<td>CPD</td>
<td>Child Protection Department</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FCC</td>
<td>Family Counselling Centre</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FTPC</td>
<td>Family-type Placement Centre</td>
</tr>
<tr>
<td>HMSCC</td>
<td>Home for Medical and Social Care for Children (Infant Home)</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>MES</td>
<td>Ministry of Education and Sciences</td>
</tr>
<tr>
<td>MLSP</td>
<td>Ministry of Labour and Social Policy</td>
</tr>
<tr>
<td>MoF</td>
<td>Ministry of Finance</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
</tr>
<tr>
<td>RCA</td>
<td>Reality Check Approach</td>
</tr>
<tr>
<td>RDSA</td>
<td>Regional Directorate for Social Assistance</td>
</tr>
<tr>
<td>SACP</td>
<td>State Agency for Child Protection</td>
</tr>
<tr>
<td>SAPI</td>
<td>Social Activities and Practices Institute</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations convention on the Rights of the Child</td>
</tr>
<tr>
<td>UNCRPD</td>
<td>United Nations Convention on the rights of Persons with Disabilities</td>
</tr>
</tbody>
</table>
# Table of Contents

1. Executive Summary .................................................................................................................. 1  
   Evaluation Background and Methods .................................................................................. 1  
   Key Findings ......................................................................................................................... 2  
   Discussion and Conclusions ............................................................................................... 6  
   Recommendations ............................................................................................................... 9  

2. Purpose and Context of the Evaluation ................................................................................. 11  

3. Evaluation Design & Methodology ..................................................................................... 15  
   Scope ..................................................................................................................................... 15  
   Design .................................................................................................................................... 15  
   Methodology .......................................................................................................................... 16  
   Ethical Considerations ......................................................................................................... 19  

4. Description of the Project Family for Every Child .............................................................. 22  

5. Presentation of the Findings ............................................................................................... 25  
   5.1 Key informant Opinions of the Family for Every Child Project ...................................... 25  
   5.2 Closure of the Shumen HMSCC ...................................................................................... 27  
      Infant Home Closure Outcomes ...................................................................................... 29  
      Entries to the Infant Home During the Project Period ................................................... 29  
      Outcomes for Children from the Shumen Infant Home at September 2016 .................... 29  
      Shumen HMSCC Day Care Service for Children with Disabilities .............................. 33  
      Communications (public awareness and social norms) related to closure of the Shumen  
      HMSCC .............................................................................................................................. 34  
      Responsibility for Monitoring Child Placements after Closure .................................... 36  
      The Role of Community Based Family Counselling Centres in relation to the closure of  
      the Shumen HMSCC ......................................................................................................... 37  
   5.3 Development of Foster Care ........................................................................................... 37  
      Foster Care Service Data .................................................................................................. 38  
      Maternity Ward Crisis Intervention – Prevention of Relinquishment Service Data ........ 41  
   5.4 Family Counselling Centres (FCC) .................................................................................. 45  
      Review of 39 Family Counselling Centre Cases ............................................................. 51  
   5.5 Centre for Maternal and Child Health (CM&CH) ............................................................ 60  
   5.6 Child Centre for Advocacy and Support – Protection Zone ............................................ 62  
   5.7 Other Social Services for Children and Families in the Shumen Region ..................... 63  
   5.8 Impressions of Government Partners .......................................................................... 65  
   5.9 Coordination – National, Local and Project ................................................................. 70  
   5.10 UNICEF’s Role in Project Implementation and Stakeholder Perceptions .................... 72  
   5.11 Family for Every Child project service data ................................................................. 74  
   5.12 Shumen Child Protection and Family Support Systems Data .................................... 77  

6. Presentation of Findings - Discussion and Analysis ............................................................. 91  
   6.1 Relevance - Level 1 UNICEF Performance .................................................................... 91  
      Alignment to National Commitments and Government Priorities .................................. 91  
      Situation Analysis and Choice of Interventions .............................................................. 92  
      Capacity Building ............................................................................................................. 97  
      Learning and Feedback Contributing to Reform ............................................................. 98
1. Executive Summary

Evaluation Background and Methods

This evaluation relates to the Family for Every Child project implemented in the Shumen region by UNICEF Bulgaria from October 2010 to June 2016.

The purpose of the evaluation is to “assess the approach, results, resources and impact” of the project (see Terms of Reference Annex 1). The evaluation has taken as a starting point the original project plan “Closure Plan for the Home for Medical and Social Care for Children (HMSCC) – Shumen” (Annex 2).

The scope of the evaluation is focused on the closure of the Shumen Infant Home (HMSCC) and on the creation of a network of core services to replace it: Family Counselling Centres (FCC) and the Infant (and other) Foster Care Services. The evaluation also considers other services in the network such as the Centre for Maternal and Child Health (CM&CH), the Child Protection Departments (CPD) of the Shumen region municipalities and the intended regional coverage of the project. The end-point for measuring achievement of intended results is taken from the essential results report ‘Key Results Family for Every Child 2010-2015 12.11.2015’ (Annex 3).

The project was implemented in support of the government’s Action Plan for the implementation of the National Strategy ‘Vision for Deinstitutionalisation of Children in Bulgaria 2010-2015’ which set out the requirement to move towards a childcare philosophy focused on: risk prevention, early intervention, family support and provision of alternative care in a family or close to family environment.

Whilst there are many interpretations and definitions of impact assessment, this evaluation considers the cause and effect; searching for any effect and not only that which was intended, and the potential longer-term effects of the intervention. Simply put, the evaluation aimed to establish whether the Family for Every Project had a positive effect (as intended and described in the project goal or unintended and contributing to the project goal) and to ask would these positive changes have happened anyhow (without the project intervention)?

In line with the UNICEF GEROS Methodology\(^1\), the evaluation was based on OECD DAC criteria\(^2\) that consider relevance and appropriateness of the project design and how the inputs, activities and outputs contributed to achievement of the outcomes (results) and wider impact. The evaluation methodology employed a mixed methods approach to capture a range of perspectives and ensure triangulation of data. These involved: key informant interviews, focus group discussions, document review, administrative data analysis and case files review.

Fieldwork was conducted during the period 03-14 October 2016 and comprised 46 KII and FGD involving 85 representatives of national and local government partners, NGOs, UNICEF as well as staff of the newly created services in Shumen (Annex 4). Due to time constraints, it was not possible to interview or consult with service beneficiaries in any meaningful way. This report was finalised after findings, conclusions and recommendations were discussed with interested stakeholders from Shumen and Sofia at two workshops held in January 2017.

\(^1\) [http://www.unicef.org/evaluation/index_60830.html](http://www.unicef.org/evaluation/index_60830.html)
The aim of the project Family for Every Child was to “create a network of services and measures in support of parents and families of young children aged 0-3, thus leading to the closure of the HMSCC in Shumen”, (Annex 2, page 1) and the original project plan identified three specific objectives related to achievement of the overall aim which can be interpreted as project outcomes and on which the evaluation has focused,

- Ensure care in a family environment for the children placed in HMSCC Shumen;
- Develop a new model for integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care; and
- Support the strengthening of the capacity of local authorities and the child protection system to secure the best interest of the child.

The evaluation has explored the implementation of the project on two levels,

- UNICEF performance; and
- Service delivery for children and families.

The findings and results are presented in relation to these two levels.

Key Findings

The project evolved over time from a focus on closure of the Shumen HMSCC to an ongoing service development project. This introduced new services, as they were identified as necessary during project implementation and as factors driving family separation were identified. Methods for identifying factors driving family separation and the decision-making process for designing new services need to be clearly documented if they are to be replicated. Key informants from UNICEF Bulgaria emphasised the importance of having developed services that are pro-active and flexible, ‘not rigid like State delegated services’ and reported that the project design included a component of child protection system strengthening and capacity building.

The key services introduced, initially informed the design of the ‘Posoka Semeistvo’ project - Family Counselling Centres (FCC), Infant Foster Care and a Centre for Maternal and Child Health (CM&CH). The government aimed to pilot closure of eight HMSCC and create new services in the former HMSCC buildings. In designing the services initially, the emphasis was on preventing entry into the infant home and facilitating exit of children from the infant home. The original project design and the government Action Plan 2010-2015 identified poverty and social isolation, lack of access to mainstream health and education services, employment or social assistance and lack of family planning services for women in marginalised communities as key drivers of family separation and placement into institutional care.

UNICEF Bulgaria agreed with the government that it would target Shumen HMSCC because it was considered by the State Agency for Child Protection (SACP) as a particularly large HMSCC and a challenging region. The project design was refined following a rapid assessment of marginalised communities in Shumen region undertaken by a consortium led by the NGO Ethnic Minorities Health Problems Foundation. The following services were established under an agreement with the Shumen regional authorities and with municipal authorities:
- Three Family Counselling Centres became operational in 2012 located in premises provided by Shumen, Novi Pazar and Veliki Preslav municipalities, and aiming to provide service coverage to the whole region with a focus on particularly marginalised communities;
- A regional foster care service specifically designed for babies and infants and for children with disabilities and delivered by the NGO Social Activities and Practices Institute (SAPI) and based in the Shumen municipal Complex of Social Services for Children and Families (CSSCF) started to place children in 2011;
- SAPI also ran a maternity ward intervention service aimed at preventing relinquishment of newborns in the maternity ward (with UNICEF Bulgaria support) as part of the project from October 2010 through 2013 when the FCC took over these functions.

The original project design references individual child assessments that were conducted by the NGO Child and Space Association and family assessments conducted by SAPI, which also informed the closure plan for Shumen HMSCC.

**The Shumen HMSCC has closed.** According a review of several data sources, primarily updated data from September 2016 provided to the evaluation by the Regional Directorate of Social Assistance (RDSA), the evaluation confirms that 150 children, 86 boys and 64 girls left the care of the Shumen HMSCC residential services from 1\textsuperscript{st} October 2010 to the end of 2015. The last child entered the HMSCC in March 2015 and the last child left in August 2015. Fifty-three (35\%) of the children who left had disabilities. The building is not being used for new services as it is in the process of being transferred from Ministry of Health ownership to Municipal ownership. This evaluation found that with some exceptions, children from Shumen HMSCC were largely placed in a family environment as part of the closure process, commonly foster care placements followed by adoption.

**The outcomes for children moved from the Shumen HMSCC are not completely understood.** Data is incomplete to describe what happened to the children after their initial placement and on their well-being in the post-infant home placements. While it is the statutory responsibility of the CPDs to monitor the well-being of children including to track the well-being of children leaving the care of the infant home, in cases where project partners acknowledge that the CPDs may have limited capacity to fulfill this responsibility other arrangements should be made. In the case of Shumen and UNICEF Bulgaria’s understanding of the capacity of the Shumen CPDs to monitor the outcomes for children who left the Shumen HMSCC, an alternative duty-bearer for this task could have been identified. There was concern expressed by some respondents about the well-being of children who were reintegrated to their families. The RDSA data provides updated information on subsequent placements after initial placements away from the infant home for all but 39 of the children who left. In the case of children who had returned to the care of their own families, updated information was largely not provided. The data provided by RDSA indicates the following outcomes can be confirmed at least to some extent at the point when the 150 children left the HMSCC (see figure 4),

- 53\% (80 children) were adopted;
- 19\% (28 children) were reintegrated with their families; and
- 2\% (3 children) with extended family;
• 19% (29 children) moved to other types of formal care – 10% (15 children) were in foster care, 5% (8 children) moved to Family Type Placement Centres (FTPC) and 4% (6 children) to infant homes in another region;
• 7% (10 children) died before leaving the care of the infant home.

Children with disabilities, (see figure 5) were half as likely to be placed into adoption and somewhat less likely to be reintegrated than children without disability status. Children with disabilities were much more likely to have continued living in formal care than children without disabilities and significantly more likely to be placed into residential types of formal care (another infant home or a family type placement centre). The death rate for children with disabilities is 17 times higher than for children without disabilities and children with disabilities are more likely to die than to be reintegrated or to be living in foster care. There were no significant differences in outcomes for girls and boys.

The infant foster care service was of key importance to enable the closure of the infant home; 107 children were placed in infant foster care during the lifetime of the project (see figure 6 and Table 3). This included 30 children from the HMSCC, 33 newborns relinquished in the maternity ward and 44 children coming straight from their families. The infant foster care placements enabled children to be cared for in a family-based setting before moving to a permanent adoption or long-term foster care placement, returning home or moving into another placement. For about half of the children from the HMSCC and for a great majority of children referred from the maternity ward, foster care resulted in adoption. For most children referred from their families and for the rest of the children from the maternity ward and HMSCC, foster care resulted in ongoing foster care (see figure 8). By 2013 the demand for infant foster care appears to have settled at about 12 placements or so per year (see figure 6).

The maternity ward service to prevent relinquishment was also important to prevent entry of newborns to the HMSCC by supporting mothers to take them home or diverting them into foster care. By 2013 there were many fewer relinquishment cases recorded, having dropped from 81 cases in 2011, 38 in 2012 down to 19 in 2013. This reduction in numbers of identified relinquishment cases could be a result of earlier intervention by the FCC and CM&CH services. It could also be related to how women present their intention to relinquish in the maternity ward and the way in which cases were classified by services. The proportion of successful preventions registered in the maternity ward fell significantly while referrals to infant foster care remained at a high level across all three years that the service was operational (see figure 10). There is a question raised from analysis of service data as to whether infant foster care has now replaced institutional care to such an extent that prevention work in the maternity ward may have begun to involve a placement in infant foster care rather than immediate return of the child to the family from the hospital.

The FCC appear to be working with around 100 family cases per year each and have contacts with other types of service users. A review of cases from each FCC suggests that most of these cases may have been opened in 2012 and 2013 with few cases closing and few new cases opened in 2014-2016 (see Table 5). Full and reliable service data is required to be able to understand and confirm the volume and type of services being delivered and the outcomes that are being achieved for children and other family members. The review of 39 cases (13 cases selected at random from each FCC) suggests that about one third of cases are prevention of separation (relinquishment or child protection concerns) or reintegration cases and in the remaining two thirds of cases reviewed, the reasons for referral appear to be
related to an uninsured pregnant woman accompanied by poor living conditions, lack of civil registration, poverty, low income and/or poor housing. Planned interventions are mainly focused on individual support, access to health services (mediation and accompaniment) and material support. Other common support interventions include family planning service provision and mediation to improve social resources of families. In practice, access to health services (mediation and accompaniment) also appears to involve the direct provision of contraception (fitting an IUD); staff of one FCC say they are involved in ‘reducing the birth rate, 323 women have been fitted with an IUD.’ The review of 39 cases provides valuable insight into the details of the working of the FCC and helps to illustrate how the FCC may be ‘preventing’ maternity ward relinquishments by identifying pregnant women who may be at risk of not being able to care for their babies after the birth. None of the cases reviewed were referred from the maternity ward, but this appears to be because the cases that would otherwise have been referred from the maternity ward, have been identified at an earlier stage of the pregnancy. Given the focus of the project on prevention of family separation and family support, it is open to debate whether family planning and provision of contraception are appropriate interventions for FCCs or whether they should be located in statutory health services or other health focused service providers. UNICEF Bulgaria reports that among other key results (Annex 3) the FCC have supported 3300 families, prevented 215 cases of separation, covered 760 women with family planning services and provided 500 families with parenting support. The evaluation has not been able to confirm this volume of service provision and these quantitative outcomes through review of service data as it is incomplete and its validity is not clearly established. The evaluation has reviewed child protection systems data to try and determine the effect of this stated volume of service delivery.

The data collection anomalies for the FCC mean that it is not possible to definitively report on prevention of family separation i) because the typology applied across the services is inconsistent and ii) because the data requires further interrogation to confirm its validity. During the FGDs, staff of the FCC did report on individual cases. For example, where a mother had declared the intention to relinquish her baby and following social work intervention the child remained at home. However as previously noted, the on-going quality of the home environment, which is equally important in as much as the child should also be able to thrive, is not determined. The increase in 2014 and 2015 in the rate of children aged 1 and 2 years in formal care (Figure 14) and the higher rates of referral to CPDs for child protection reasons of 4-6 year olds (Table 9), suggests that further work is needed for the FCC and the other services in the network to become fully effective in preventing separation and ensuring well-being for younger children.

The CM&CH is offering a health visiting service that is valued by a range of national and local stakeholders and which appears to have considerable reach. The CM&CH are in a good position to identify and refer children and families to the FCC, CPD and other services. It is not clear the extent to which the FCC and CM&CH are duplicating each other, especially in working with uninsured pregnant women.

UNICEF Bulgaria’s government partners in Shumen and nationally, greatly value the support provided to develop services and to close the HMSCC in Shumen. The principal impression is that across all functional areas of responsibility there is an awareness of the UNICEF Bulgaria inputs in Shumen region, that these inputs are valued and seen as an important support mechanism for statutory services for vulnerable children and families and that they contributed to the closure of the Shumen HMSCC. On the other hand, some of the
services established by the project in Shumen are perceived by many stakeholders as UNICEF services with little or no sense of local ownership conveyed, or the impression that either regional or municipal government are taking steps to transfer the services to their management. There is confusion among the project partners about the process for applying for state delegated service status for the FCC, and the CPD and UNICEF Bulgaria urgently need to clarify whether the CPDs can formally refer families to the FCC for support when the service does not have state-delegated status. This is important, as the outcomes from the project are difficult to understand and document if the service is operating outside the statutory child protection and family support system in the region.

**Key findings from child protection system data analysis** (section 6.12) could indicate (with some caution as there are gaps in data) a general change in default behaviours by the CPD, in attitude and in default responses to referrals that theoretically could be attributable to the closure of the Shumen infant home and the development of the new services. It could, however, also be attributed to the wider national reforms and thus the project impact is difficult to isolate:

- The rate of children under 1 year old in formal care in Shumen region appears to have reduced during the project period, but the rate of children aged 1 and 2 years in formal care is increasing. Overall, the rate of children aged 0-2 in formal care appears to have been steadily falling from 2012 to 2015 (Figure 14). If family support services can become more effective, then this indicator should continue to fall at a steady rate.
- Overall, the rate of children aged 0-17 years in formal care in Shumen at the end of each year appears to have remained steady between 2011 and 2015 at around 1.7% - 1.8%.
- The rate of children aged 0-17 years in residential care, foster care or guardianship at the end of each year continues to be higher in Shumen than the national average, but appears to be falling at a slightly faster rate from 2011 to 2014 than the national average. Shumen appears to be using foster care and guardianship care at a higher rate for 0-17 year olds than the national average.
- Numbers of CPD cases have been increasing during the project period and there are no significant changes in the breakdown of reasons for which referrals have been made for 2012-2015.
- CPD actions in response to referrals have replaced infant home use with family support, foster care and adoption and slightly more placements into guardianship of relatives as well as other community based services.

**Discussion and Conclusions**

During project implementation, UNICEF Bulgaria appears to have moved the project concept away from a narrow focus on deinstitutionalisation to a focus on wider system change in health and social sectors. This reflects and reinforces a change in policy that can be seen in comparing the first government Action Plan with the phase II Action Plan. This shift to a wider systems approach is positive and in keeping with UNICEF’s global Theory of Change for Child Protection and Child Protection Strategy.

This transition from a narrow focus on deinstitutionalisation to a systems approach may mean that some of the decisions taken about project design at the outset need to be reviewed to
ensure they are sound and evidence-based. According to UNICEF Bulgaria methodology for the FCC, one of the most important tasks of the FCCs is to support marginalised communities to access mainstream services through mediation, networking and providing technical assistance to vulnerable families. In practice, this mediation role and supporting clients to network with relevant systems can be seen only partially. Links with education and health care, CPDs and CSSCF are evident to some extent, but do not appear to be systematically established and maintained across the whole network of services with housing, income maximisation and employment appearing to be less prominent in the FCC interventions. Stronger monitoring systems, documentation and guidance to support workers to implement a unified methodology could help to ensure that all aspects of the service delivery are evidenced and results across the whole range of interventions clearly visible. The provision of contraception directly to FCC clients also stands out as a de facto stand-alone health service for marginalised communities. In referencing the evidence base for the structural drivers of inequity, exclusion and poverty in the project design, the project can more strongly link activity to structural changes in governance and in the knowledge, attitudes, and practices of communities.

A systemic approach must address the capacity constraints of the wider child protection and family support system both in terms of building competencies (knowledge, skills and behaviours) of professionals for working with vulnerable children, their parents, families and communities and in terms of developing and institutionalising the use of proven methods for strengthening inter-sectoral and multi-disciplinary work with children and families such as case management and casework. The practices of the FCC, CM&CH and infant foster care represent a good basis on which to consolidate a case management approach, but there are important gaps in data and lack of systemisation in data collection and documentation of service delivery that must be addressed if scalability is to be achieved.

The Ministry of Health perceives UNICEF Bulgaria as having played an important role in the resurgence of health visiting services in the form of the CM&CH and, along with a wider network of child protection partners, in informing the approach to infant home closure that was piloted under the first Action Plan. There is some evidence that the more flexible FCC model developed by UNICEF Bulgaria and its partners has helped to inform a more inter-disciplinary approach to developing community based services in phase II of the Action Plan. This challenge of bringing together social and health functions effectively (as well as other inter-sectoral functions such as education, social assistance, housing etc.) is an important theme in the new Action Plan and there is a role for UNICEF Bulgaria to play in bringing lessons learned from the Family for Every Child project to support other regions. The learning and experience in Shumen has yet to be widely disseminated and to contribute to development of nationally recognised detailed procedural regulations and guidance that can support replication. Based on discussions with key informants, the infant foster care in Shumen is recognised as a valuable new practice in the region which in turn, and by incorporating learning from other projects and regions, helped to overcome resistance to placing babies into foster care straight from the maternity ward. By further incorporating learning from other regions and projects it has the capacity and potential to be developed into an evidenced-based practice model for national delivery.

The FCC offer family support packages through their outreach and centre-based work. They assess the practical, psycho-social, educational, health, housing, employment and economic
situation of children and families and support them to get services to meet their needs, to maintain the integrity of the family. This extends to delivery of direct health care support, in the case of family planning services and financing support for pre-natal healthcare; early childhood education; support for administrative assistance to receive social care benefits etc. The evaluation has found that there are gaps, however, with less attention paid to issues of employment or sustainable livelihoods and housing. Since the FCC does not have state delegated status, the service provision does not include a formal coordination or external monitoring component. However, the case review and key informant interviews suggest that less formal coordination and monitoring is taking place with CPDs, CSSCF and other services in the Shumen region. The development of a service specification package, including methodology, regulations, guidelines, training package, and financial standard, will be critical to enable the FCC to become a state delegated service or to become incorporated into a state delegated service framework (perhaps contracted out through an NGO for which staff currently express a preference). It has not been possible to assert conclusively that the project has contributed to the well-being of children and improved child development. Only if an assumption is made that family care = improved well-being and child development can the evaluation give a positive rating. Concerns about child well-being and development in reintegration and other types of placement do not permit an unqualified conclusion.

Successful scale-up of infant foster care, FCC and CM&CH is possible if these services are embedded in developed standards and criteria that look at the effectiveness, including quality, of services and results for children and families; and if management and coordination processes involve NGOs and other key stakeholders (UNICEF 2015a, page 25). Developing clear practice models requires much more than the basic methodology currently necessary to be designated a state delegated authority. The key elements of the FCC and CM&CH services that are vital for achieving results need to be documented and data needs to be gathered in a systematic way to fully demonstrate its efficacy. This will also contribute towards direct links to the important key results for national reforms such as prevention of child separation. The development of financial standards linked to clear outcomes are key to supporting scale up that allows the services to maintain the flexibility of identifying and responding to problems and challenges together with beneficiaries as currently conceived in the service design and implemented to some extent in practice. A standard on staff capacity and continuous professional development will also be critical to ensuring that the responsive and flexible components of the model can be successfully replicated.

The capacity of the CPD in the Shumen region to provide family support services remains at the same level as prior to project implementation, although numbers of CPD cases are increasing. There is some evidence that the project may have contributed to changes in patterns of referrals to family support services by CPDs and, along with other new services being developed in Shumen, to increased referrals to the CPDs. Whilst additional social workers were temporarily employed during the process of closing the HM SCC, this support is no longer provided. The number of social workers and their levels of responsibility together with the limited resources available to them (including transport), has resulted in high staff turnover and limitations in the services they can provide.

The overall rating for the project is rated as amber ‘positive outcomes but with some challenges’. There are no red ‘problematic outcome’ or green unqualified ‘positive’ ratings awarded.
Recommendations

The focus of UNICEF management interventions in the Shumen project in the next programme cycle should be to secure the sustainability of, and capitalise on, the investment made to date at both service levels and at the level of goals to inform national policy. The key areas for immediate action are:

- Documentation to inform the process of deinstitutionalisation and replication or scaling-up of new services
- Comprehensive financial analysis and costing of the child protection system in Shumen to support sustainability of project outcomes to date
- Consultation with service users to test again, and correct if necessary, the assumptions on factors leading to separation that informed service design at the project outset
- Implementation of an audit of the well-being and development of children who were moved from the infant home as well as the other infant homes that have closed during the implementation of the first Action Plan; this should be embedded in a quality methodology which utilises standardised assessment tools and which is approved by government
- Implementation of a structured modular continuous professional development system for Shumen service and CPD staff (and the social services workforce in general) to further strengthen service delivery which can also inform replication
- Review and revision of the national system for on-going monitoring of child well-being and development outcomes to inform wider national implementation
- Development of standardised evidence-based instruments to support intersectoral working
- Development of a simplified case management reporting interface that can provide government and partners with much needed data for monitoring and evaluation as well as planning purposes

It is also recommended that future investment strategies consider longer-term actions. This will include:

- Consideration of strategic child protection systems development, beyond deinstitutionalisation; including protection from violence, abuse, exploitation and neglect and with a focus on outcomes for children in addition to measurement of reach (children and families who received a service)
- Alignment with the UN Guidelines for Alternative Care, with the objective of reducing the numbers of children in formal care; and thus, prioritisation of support for the maintenance of birth family relationships (including extended family)
- Support for the national case management system to (1) improve coherence across partners’ interventions, and (2) to improve national administrative data collection
- Investment in national systems for education and competency assessment for the social services workforce (including para-professionals) to assure quality service delivery
- Consideration of the relationship between child protection and social protection, ensuring integration of on-going reforms.
2. Purpose and Context of the Evaluation

The purpose of the Family for Every Child project evaluation is described in the Terms of Reference (ToR) as, “assessing the approach, results, resources and impact of the Family for Every Child project in relation to achievement of the project objectives, and impact on child welfare in the region and on the national policies. It will also measure the extent to which the UNICEF supported project reduced equity gaps and led to a sustainable social change” (Annex 1, page 8).

UNICEF specified that the original project plan “Closure Plan for the Home for Medical and Social Care for Children (HMSCC) – Shumen” (Annex 2) was to be used as the basis for the assessment of project objectives. This means that the scope of the evaluation focused on the closure of the Shumen Infant Home (HMSCC) and on the creation of the network of services focused on the core interventions: The Family Counselling Centres (FCC) and the Infant (and other) Foster Care Services. The evaluation considers the intended regional coverage of the project, including in the quantitative data review, and takes note of updates during project implementation.

As agreed with UNICEF, the essential results report against which achievement of intended outcomes will be measured is the 'Key Results Family for Every Child 2010-2015 12.11.2015 (Annex 3).

The closure of the Shumen HMSCC was planned in support of the Bulgarian Government’s Action Plan for the implementation of the National Strategy ‘Vision for Deinstitutionalisation of Children in Bulgaria 2010-2015’ (hereafter the ‘Action Plan’ and the ‘Vision’). The Family for Every Child Project, which included closure of the Shumen HMSCC, was conceived by UNICEF as a partnership project with regional and national government.

The objective of the Vision is to “ Guarantee the right of children to a family environment and access to quality care and services per their individual needs”.

The Action Plan was implemented during a dynamic political period which saw two rounds of national elections in 2013 and 2014 and local elections at the end of 2015. This resulted in changes in government at national and regional level.

During the period 2010-2015, the implementation of the government’s Vision was supported by a range of non-governmental organisations (NGOs) in partnership with national, regional, and local authorities. These included the National Network for Children and Coalition 20253, Hope and Homes for Children, Lumos Foundation, Equilibrium Association, Social Activities and Practices Institute, For Our Children Foundation, Child and Space Association.

---

3 A Bulgarian coalition of organisations and experts united behind the government’s Vision for deinstitutionalisation supported with funding from EEA and Norway; details available at http://eeagrants.org/project-portal/project/BG05-0449 [accessed 07.12.2016]
At the same time, UNICEF collaborated with a national Bulgarian television company, bTV to raise funds to close the Shumen HMSCC, in support of with the government’s Vision⁴ and in line with the objectives of its own Country Programme Document 2013-2017.

This fundraising effort was the second season in a television charity show which in 2008 raised funds to close the Mogilino residential care institution (Ruse region), which had been exposed as inadequate in a BBC documentary ‘Bulgaria’s Abandoned Children’.

The Council of Ministers adopted the National Strategy – ‘Vision for Deinstitutionalisation of Children in the Republic of Bulgaria’ on 24 February 2010. It set out the need to move towards a childcare philosophy focused on:

- risk prevention
- early intervention
- family support and
- provision of alternative care in a family or close to family environment

The Vision defines deinstitutionalisation as a process of preventing placement of children into institutional care by supporting families in the community, replacing institutional child care with community-based family, or close to family environment, care and taking measures across social services and social assistance sectors to support families and extended families, strengthen adoption and foster care for young children and support reintegration back to families for children already in institutional care (Rogers 2015).

The specific objectives are to:

- Create a wide range of community based child and family services based on good practice and innovative approaches
- Build capacity of child protection system – defining rights and responsibilities of child protection organs and service providers; building professional capacity.
- Close 137 institutions by February 2025.
- Ban residential care for 0-3 year olds beyond 2025.

The Council of Ministers approved the Action Plan for the implementation of the Vision of Deinstitutionalisation of Children in Bulgaria on 24 November 2010. It highlights the need to learn lessons from 10 years of deinstitutionalisation as well as to build on its successes; and to base planning on individual assessments of children’s needs while taking advantage of international good practice. The Action Plan aims to implement the Vision in order to ‘prevent the placements of children outside their families’ and to create ‘new services…that are aimed individually at the needs of each child and his or her family and have a higher quality of care’.

The Action Plan is structured around five ‘projects’ which are of differing scale in terms of deployment of human and financial resources and which are designed to be implemented across varying periods of time,

- Project 1 Childhood for All; deinstitutionalisation of 1370 children with disabilities from 24 disability-specific institutions

---

• Project 2 Posoka Semeistvo: deinstitutionalisation of 2050 babies from 32 infant homes
• Project 3 Deinstitutionalisation of 3050 children from 74 children’s homes; this project was subsequently postponed to begin in 2015 during the next funding round and another project ‘Support’ (‘Podkrepa’) was introduced to support implementation and management of the other projects and the plan as a whole
• Project 4 Family for All: developing foster care
• Project 5 Career development for social workers

These five projects were supplemented by three components for regional planning, communication and legislative amendments. Both the availability and flexibility of EU funding and state budget support informed the structuring of the project. For example, the EU cannot fund recurring operational costs related to service delivery.

Under Project 2 Posoka Semeistvo, prevention and support services for children and families were envisaged. This included family counselling centre/complex of services, mother and baby unit and day care. According to UNICEF and its partners, the approach to the development of a network of services in Shumen region had informed the design of the Posoka Semeistvo project, hence the Family Counselling Centre, Maternal and Child Health Centre and activities to develop infant foster care – all activities central to the Shumen project design are reflected in the Posoka Semeistvo project.

The 2014 review of progress (Rogers, 2014) reported that,

• The reduction of numbers of children in institutional care had accelerated and the number of children entering alternative community based family-type care or foster care has increased.
• The overall number of children in formal care had remained the same.
• The system of family support and community based services is being developed across the Country.
• The pilot closure of eight infant homes was nearing completion (and is now complete).

The government announced Phase II of the Action Plan in October 2016; at the time of writing this had not been officially published, but a summary of the draft plan suggests that there will be a focus on the ongoing development of community based family support services,

• 23 new Community Support Centres for children and families
• 27 new Daily Centres for Children with Disabilities and their families
• 16 new Daily Centres for children with multiple and severe disabilities and their families

A range of specialised residential services and renovation of existing services is also planned.

The conclusions of the forthcoming 2016 assessment of the closure of the infant homes commissioned by UNICEF reports that the length of stay of children in HMSCC has been constantly decreasing since the introduction of the Action Plan and that professionals

---

interviewed believed that the Posoka Semeistvo project had specifically resulted in a decrease in numbers of children being separated from their families. It also highlights that the focus appeared to be on tackling the closure of the HMSCC rather than the causes of violence, abuse and neglect, which could result in placement (Irimia 2016, forthcoming).

Of the 32 residential institutions identified in 2010 as HMSCC, 15 were confirmed as closed at mid-October 2016, by the SACP.

Of the residential homes for children with disabilities, the SACP reports that all were closed because of the Childhood for All Project, a sub-component of the government’s Action Plan.

The government Vision and Action Plan for replacement of residential institutional care provision for children is coherent with the child rights approach advocated in the UN Child Rights Convention (UNCRC), ratified by Bulgaria in 1991 and the UN Convention on the Rights of Persons with Disabilities (UNCRPD), ratified by Bulgaria in 2012. The UN Guidelines for the Alternative Care of Children contribute to the interpretation of the government obligations under the UNCRC and UNCRPD and usefully guide their practical enforcement (Cantwell and others 2012). UNICEF Bulgaria reports, however, that the Guidelines for the Alternative Care of Children are not widely referred to in Bulgaria.

The Vision is also consistent with the EU Commission Recommendation of 20 February 2013 ‘Investing in children: breaking the cycle of disadvantage’ (2013/112/EU) and particularly the advice to, ‘Enhance family support and the quality of alternative care settings’.

During the period of implementation, the government also partnered with the World Bank on a Social Inclusion Project 2008-2015⁶ “…to promote early age inclusion of children from disadvantaged and poor families”. This included the creation of 113 facilities for the delivery of integrated social inclusion services (community centres), and kindergartens for excluded children to improve school readiness. The project design was based on two main components the first of which related to “provision of a set of integrated social and childcare services for parents and children from marginalized groups and children with disability”, and included parent and family-focused social services delivered by trained service providers contracted by the municipality.

---

⁶ The 2016 implementation, completion and results report for this project, which provides a more detailed description is available at http://documents.worldbank.org/curated/en/693561467622884122/pdf/ICR3724-P100657-Box396252B-PUBLIC-disclosed-6-29-16.pdf
3. Evaluation Design & Methodology

Scope

The ToR for the evaluation describes the ‘object of the evaluation’ as,

“...assess the approach, results, resources and impact of the Family for Every Child project in relation to achievement of the project objectives, and impact on child welfare in the region and on the national policies.” (Annex 1, Section III, page 8)

The ToR also designates the main objectives of the evaluation as (Annex 1, Section V, page 8),

1. Assess the relevance, efficiency, effectiveness and sustainability and, to the extent possible, the impact of the Family for Every Child Project;
2. Assess the level of coordination and complementarity between the Family for Every Child Project and other programs, services and projects implemented in the region of Shumen with specific focus on effectiveness for target beneficiaries – children and families;
3. Identify and document lessons learnt and the contribution of UNICEF to the identified changes;
4. Assess feasibility of the developed model and factors to be taking into account for its scaling up;
5. Provide recommendations on focus areas and specific activities to be included in the UNICEF child protection programme for the next programme cycle.

Given the timescales and the volume of documentation provided and collected during the field work, in agreement with UNICEF and as described in the inception report, the evaluation has focused its attention mainly on the closure of the Shumen HMSCC, the development of foster care in the region, particularly infant foster care, and the new FCC services. UNICEF Bulgaria places an emphasis on the importance of the network concept of the Family for Every Child project that included the introduction of the CM&CH and capacity building with the CPD. This evaluation touches on these aspects of the project as they relate to achievement of its overall objective. A more thorough evaluation of these components is dependent on the availability of additional resources.

Design

The evaluation design took into consideration the total available number of 75 consultant days. One third of these were allocated to the fieldwork, 9 days are retained for the follow-up validation workshop planned for Q1 2017, and the remaining 41 days given to document review, case file review, data analysis and report writing.

Whilst there are many interpretations and definitions of impact assessment (Stern 2015), this evaluation considers the cause and effect; searching for any effect and not only that which was intended, and the potential longer-term effects of the intervention. Simply put, did the Family for Every Project have a positive effect (as intended and described in the project goal or unintended and contributing to the project goal) and would these positive changes have happened anyhow (without the project intervention)?
Figure 1 presents the Evaluation Framework. The success of the Project was assessed by referring to the factors that have contributed to the effectiveness of the implementation strategy. For example, by asking what the Project planned to do, enquiring into the implementation process, and examining the results to track the route towards the intended change.

The Key Evaluation Question asks if the Project inputs, activities, and outputs contributed to a Theory of Change for deinstitutionalisation of the Shumen HMSCC, within the context of the government’s Vision, which is described as,

“… a process of preventing placement of children into institutional care by supporting families in the community, replacing institutional child care with community-based family or close to family environment care and taking measures across social services and social assistance sectors to support families, extended families, strengthen adoption and foster care for young children and support reintegration back to families for children already in institutional care” (Rogers 2014 page 14)

The Theory of Change proposes that if care in a family environment can be ensured for the children placed in Shumen HMSCC and a new model is developed for a network of integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care and the capacity of local authorities and the child protection system is strengthened to secure the best interest of the child then the Shumen HMSCC can be closed. The higher-level goal implicit in the project design as a demonstration project is that the closure of the Shumen HMSCC can serve as a model for and help to inform the second phase of national implementation of the governments Vision for Deinstitutionalisation. UNICEF Bulgaria define the ‘model’ as,

“A model in a sense of a process, components and lessons learnt not a model in the sense of a package of services.” (UNICEF Bulgaria, written submission)

This Theory of Change acted as a benchmark for evaluation of the Project Goal and the implicit higher-level goal. To identify actual impact, whether the intervention has made a positive difference in the lives of the people it was intended to assist, the evaluation team evaluated the three components of the Project Goal, using the questions posed in the Evaluation Analysis Matrix (Figure 2) and ranked them using a ‘traffic light’ system, where a positive outcome is marked ‘green’, an outcome with some challenges is marked ‘amber’ and a problematic outcome is marked ‘red’. This in turn contributes to the development of recommendations for scale-up.

Figure 2 presents the Evaluation Analysis Matrix based on OECD DAC criteria. This considers relevance and appropriateness of the Project design and considers how the inputs, activities and outputs contributed to achievement of the outcomes (results) and wider impact, in line with the UNICEF GEROS Methodology.

Methodology

The evaluation methodology employed a mixed methods approach involving,

- Key Informant Interviews (KII) and Focus Group Discussions (FGD)
- Document review

---

8 [http://www.unicef.org/evaluation/index_60830.html](http://www.unicef.org/evaluation/index_60830.html)
• Administrative data analysis
• Case files review

It integrated selected components of the Reality Check Approach (RCA) to mixed methods evaluation which allowed for the inclusion of informal observation and provided “an interpretative lens for explaining causality”\(^9\).

Fieldwork was conducted during the period 03-14 October 2016 and involved 46 KII and FGD with 85 representatives of national and local government partners, NGOs, UNICEF as well as staff of the newly created services in Shumen (Annex 4), and three RCA field visits. Stakeholders were purposively selected to provide information on their experience of project implementation and the wider implementation of the government Action Plan. Different strata of respondents were identified across a range of levels to provide as wide a reference group as possible, and included representatives of,

• Current and former national government partners’
• Current and former local (regional and municipal) government partners’
• National NGOs at HQ level and their local operational divisions, who were directly involved in project implementation
• National NGOs at HQ level who were involved in supporting the government’s Vision and Action Plan
• Former staff of the Shumen HMSCC
• UNICEF Bulgaria cross-sectoral representatives
• UNICEF Bulgaria senior management

Semi-structured interview schedules were applied during the KII and FGD (Annex 8). These were adapted from the comprehensive draft Field Guide developed during the inception period. In line with accepted and validated techniques for undertaking development research, these interview schedules combined structured questions to obtain basic information from respondents, with others that permitted more flexible answers to convey ideas and perceptions in an open-ended manner (Desai and Potter 2006 and Gray 2009). These semi-structured interviews can be considered as “controlled conversations”, (Ibid.). This mixed format was considered the most useful for face-to-face interviewing with a diverse range of respondents. Each KII lasted between 45-60 minutes, and FGD between 60-90 minutes.

Two validation events, hosted by UNICEF Bulgaria, were held on 18\(^{\text{th}}\) January 2017 in Sofia with (1) project partners who were directly involved in the implementation including government and non-government stakeholders, and (2) with civil society partners who were indirectly involved in this action but who are active in the provision of support to the government’s Action Plan (Annex 10).

UNICEF Bulgaria staff as well as the full team of evaluators participated in the events. The discussions probed the findings and conclusions from the field work and confirmed the relevance of the recommendations.

The fieldwork team comprised one international and one national consultant and a translator. This allowed for a simultaneous cross check of the interpretation of informant feedback. In the evaluation design, semi-structured KII and FGD were planned with project beneficiaries including foster carers, parents of children reintegrated and adopted, and service users of the

FCC. However, it was not possible to conduct KII and FGDs with beneficiaries because the FCC staff, given the short notice, were unable to convene the groups or set up the interviews within the timeframe available for planning and conducting fieldwork. The FCC explained that the beneficiaries were often situated at a distance from each other and unable to travel and possibly unwilling to cooperate because the marginalised communities in which services operate can react with suspicion to the entry of strangers to the community. Non-beneficiaries were not considered relevant in the context of this evaluation.

To avoid bias during the data collection the KII and FGD were conducted jointly by the consultants to ensure both a full understanding of the translated discussions and as a reference checkpoint; as far as possible the team adopted neutral dress, tone and body language and avoided leading questions. To avoid generating socially acceptable answers that may be false, participants were advised that their responses would be recorded but would be anonymised as far as possible in the reporting, unless express permission to identify them had been given. Participants were also informed before the KII or FGD that they were not required to answer questions they felt uncomfortable with and could stop/leave the interview at any time. Inclusion of a wide cross section of key informants from national and local government, national and local NGOs, UNICEF Bulgaria, and service providers in Shumen region allowed for a cross check of responses as did the mixed methods approach adopted, including the case files review (Annex 9).

Due to the constraints noted above regarding access to beneficiaries, and in consultation with the staff of the FCCs, it was agreed that the national consultant, an experienced social sciences researcher, would accompany the staff on three field visits in local communities. Whilst the consultants’ presence raised some questions, for example, whether she was a local government employee, or a representative of the Child Protection Department with a ‘control’ function, beneficiaries accepted her when she explained that she was a new temporary member of the FCC team. Her informal and subjective observations provide some insights and cannot stand in for beneficiary feedback, however they are considered to have sufficient additional value for inclusion in the report. The limitations on the beneficiary feedback dilutes the richness of the data, particularly regarding the experience of child and adult clients of the FCC.

Field work was supplemented by a review of 39 case files from the three Family Counselling Centres in Shumen, Novi Pazar and Veliki Preslav as well as service data analysis and child protection data from national, regional and municipal social protection and child protection departments, SACP and Ministry of Health. As noted above the case file review contributes to the elimination of bias by providing an additional validation point of reference, and provided some perspective on the experience of beneficiaries.

At the commencement of the evaluation and as it progressed, UNICEF Bulgaria provided a comprehensive package of 105 Family for Every Child project related documents some of which were in English and some of which were in Bulgarian. During the desk review, and aligned with the overall data collection and analysis process, these were supplemented with on-line research to identify additional national, regional and global information which could provide relevant perspectives. (Annex 5 Pack 2 list of documents and Annex 6 Bibliography). Given the timescale allocated for completing the assignment, the evaluation team requested guidance from UNICEF Bulgaria to identify the essential relevant documents from the list provided. Where evidence gaps were noted, the evaluation team also referred to UNICEF Bulgaria for relevant supplementary data, for example, national and local administrative data.
related to the placement of children in alternative care. A further 39 service beneficiary case files were reviewed and analysed as part of the document review process.

Ethical Considerations

This evaluation was designed and conducted in line with the Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (UNICEF 2015) and did not meet the requirements for external ethical review as described in section VI. VIII. The timescale and focus of this evaluation did not provide an opportunity for the direct involvement of children, a decision driven by reference to the guidance Ethical Research Involving Children. The protection of human subjects was the paramount consideration. The risks to participants associated with this evaluation were considered minimal and were limited to possible discomfort and psychological distress from discussing the situation of vulnerable children and women. Questions were posed in a non-judgemental open-ended fashion to encourage discussion. The importance of the knowledge to be gained greatly exceeded the potential risk that subjects may face due to participation in the evaluation.

Confidentiality and privacy was assured. The participants were informed before the KII and FGD that if they are uncomfortable answering any question, they can skip them or they can stop/leave the interview at any time. The evaluation team explained that the outcomes of the KII and FGD will be included in the final report, but without attribution, unless explicit permission had been obtained. Otherwise personal contributions and views are not shared with anyone else in a way that can identify individuals.

UNICEF Bulgaria, as the primary implementer of the Family for Every Child Project and a subject of the evaluation was not involved in the KIIs and FGDs. Local authority project partners and other service providers were not involved in interactions with service users.

---

10 www.childethics.com
Figure 1 Evaluation Framework\textsuperscript{11}

<table>
<thead>
<tr>
<th>Qualitative Data Review to find out</th>
<th>Key Evaluation Question</th>
<th>Evaluation Theory of Change</th>
<th>Project Goal\textsuperscript{12}</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>What did the Project plan to do?</td>
<td>Did the Project inputs, activities and outputs make sure that…</td>
<td>…regional systems for child protection are strengthened and provide access to essential services</td>
<td>Ensure care in a family environment for the children placed in HMSCC Shumen</td>
<td>📊📸</td>
</tr>
<tr>
<td>How was the Project implemented?</td>
<td>And</td>
<td>so that children live in safe and loving families?</td>
<td>Develop a new model for integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care</td>
<td>📊📸</td>
</tr>
<tr>
<td>Document Review including Case file review Regional child protection Systems data FGDs KII's Consultative Validation</td>
<td></td>
<td>families and communities are enabled to fulfil their protective role</td>
<td>Support the strengthening of the capacity of local authorities and the child protection system to secure the best interest of the child</td>
<td>📊📸</td>
</tr>
</tbody>
</table>

**RISKS AND ASSUMPTIONS:** evaluability, physical access, personnel access, data access, sampling accuracy, linguistic coverage


\textsuperscript{12} Source: Closure Plan for the Home for Medical and Social Care for Children (HMSCC) – Shumen
### Figure 2 Evaluation Analysis Matrix using OECD DAC Criteria

<table>
<thead>
<tr>
<th>Relevance</th>
<th>Effectiveness</th>
<th>Efficiency</th>
<th>Impact</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are we doing the right thing? Are the objectives appropriate for context (international and national requirements and priorities)?</td>
<td>Are the objectives of the intervention being achieved? What is the result? Comparison planned vs achieved objectives</td>
<td>Are the objectives being achieved economically by the intervention? How big is the efficiency or utilisation ratio of the resources being used?</td>
<td>Does the intervention contribute to reaching the goal?</td>
<td>Are the positive effects or impacts sustainable?</td>
</tr>
</tbody>
</table>

#### Level 1 Project Evaluation Questions - UNICEF Performance

1. how is project aligned to international commitments e.g. UNCRC, EU Commission Recommendations 2013? 2. how is the project aligned to national government priorities? 3. how is the project evidence-based? 4. how does learning and feedback contribute to reform? 5. how is capacity building appropriate, including gender appropriate? 6. are project goals and objectives compatible and appropriate? 

1. have the intended results been achieved? 2. what if any, are the unintended results? 3. which results can be attributed to the project and which to parallel/compensatory interventions? 4. how has the well-being of children been improved? 5. how has the project contributed to the national reforms? 6. what are the key strategies which contributed to project success? 7. can the project be scaled-up? 

1. what resources have been applied and in what ratio project to operational? 2. does the expenditure vs. results represent value for money? 3. how is m&e conducted and does it contribute to project improvements? 4. how is project activity coordinated? 

1. how has the projected contributed to broader government policy change? 2. how has the project contributed to improved development outcomes for children? 3. how has the project contributed to the prevention of family separation in Bulgaria? 

1. how will the project coordination mechanism function post-project? 2. what mechanisms are in place to ensure continued coordination? 

#### Level 2 Project Evaluation Questions - Service delivery for children and families

1. how is project aligned to local government commitments and priorities? 

1. how has capacity building met the needs of parents and professionals? 2. what is the project-end system of family support and how well is it operating? 3. what have been the gender equity benefits? 

1. what resources have been committed and delivered by government? 2. are the resources sufficient to deliver the services? 3. how is project activity coordinated? 

1. how has the project informed local government policy change? 2. how has the project contributed to improved development outcomes for children in Shumen? 3. how has the project contributed to the prevention of family separation in Shumen? 

1. what is the capacity of local government in Shumen to sustain the new services: workforce, financial resources, equipment (office, transport) and coordination?
4. Description of the Project Family for Every Child

As agreed with UNICEF Bulgaria during the Inception Phase, and during initial briefing meetings, the ‘Closure Plan for the Home for Medical and Social Care for Children (HMSCC) – Shumen’ (Annex 2), hereinafter ‘the original project plan’ describes what the Family for Every Child project planned to do and is the baseline document against which the achievement of project objectives is benchmarked. Subsequent project up-dates are noted in the evaluation. The project results are reported in the document ‘Key Results Family for Every Child 2010-2015 12 11 2015’ (Annex 3) which serves as the endpoint measure against which the objectives will be assessed.

The original project plan describes the aim (expected impact) as, “to create a network of services and measures in support of the parents and families of young children aged 0-3, thus leading to the closure of the HMSCC in Shumen.” (Annex 2, page 1).

The ToR for this evaluation further describes the main objective (expected impact) of the project as, “to contribute to reducing family separation of young children and improving child development outcomes in the region of Shumen, as well as to inform national policies. The Project also aimed at contributing to the closure of the Infant Home in the region.” (Annex 1, page 5).

The original project plan identified three specific objectives related to achievement of the overall aim which can be interpreted as project outcomes:

- Ensure care in a family environment for the children placed in HMSCC Shumen;
- Develop a new model for integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care; and
- Support the strengthening of the capacity of local authorities and the child protection system to secure the best interest of the child.

The plan also identified a set of activities. These can also be interpreted as project outputs:

i. Strengthened capacity of the child protection system and the judicial system for protection of the best interest of the child;
ii. Prevention [of relinquishment] at maternity ward level;
iii. Support for adoption;
iv. Foster Care;
v. Services in support of the development of children with disabilities and children with problems in their mental development;
vi. Family Counselling Centres (FCC);
vii. Mother & Child Health Centre;
viii. Social-medical centre for child placement and respite care;
ix. Housing policy and employment;
x. Improving the care at HMSCC Shumen;
xii. Coordination;

13 These homes provide residential institutional services to children aged 0-3 years of age and are medical institutions under the Ministry of Health
xii. Plan for the facility (building);

xiii. Closure of the HMSCC.

The **indicators** for achievement of the results are described at two levels:

- Indicators of the progress in the implementation of project activities; and
- Indicators of the effect on the target groups, primarily on children

The baseline data, targets and timescales are either not provided in the original project plan and documentation or are not clear for either level. This is discussed further below.

The **inputs** (activities and budget) are further described in the project plan in two additional tables.

The ToR describes the “demonstration project” Family for Every Child, as being implemented during the period 2010-2016 in partnership with national and local governments based on signed Memorandums of Understanding (Annex 1, page 2). Further the ToR notes that the project intended to:

- Strengthen the case management approach by recruitment of additional social workers in the child protection departments (CPDs), and through provision of training and supervision to the child protection system in the region;
- Establish community-based services for family support including three Family Counselling Centres to facilitate access of the most vulnerable groups to mainstream public services, raise parental capacities and change harmful practices, thus contributing to the prevention of family separation, child relinquishment and neglect;
- Prevent the relinquishment of new-born babies by providing a social worker at the maternity hospital;
- Further develop foster care in the region including foster care for infants and young children\(^\text{14}\).
- Provide training and supervision to the staff of the HMSCC to improve care for the children.
- In addition to this Project, UNICEF supported the planning and coordination of service provision at regional level and ECD activities (a Centre for Maternal and Child Health home visiting service (CM&CH) and training for parents of young children).

During the data collection phase, further information was gathered in KII s and FGDs, which allowed UNICEF and the evaluation team to synthesise and streamline the description of the project into three key components:

1. Closure of the HMSCC
2. Development of foster care as a replacement mechanism of alternative care and a transition mechanism for family reintegration and adoption
3. Development of three Family Counselling Centres for provision of community based child and family support to prevent the need for alternative care.

UNICEF Bulgaria notes that their summary of the project would also include,

\(^{14}\) UNICEF also conducted a campaign to develop foster care for children with disabilities, but this was not mentioned in the ToR as one of the goals of the project.
“…a component on the system strengthening as well as on ECD.” (Written submission, UNICEF Bulgaria)

During the project implementation UNICEF invested in the development of two additional service initiatives; the CM&CH health visitor service for children aged 0-3, planned from project outset, and a Child Advocacy Centre (also known as Prevention Zone) delivered by the Social Activities and Practices Institute (SAPI) through the Complex for Social Services to provide support to children exposed to violence.

UNICEF Bulgaria reports having had a focus on the issue of children living in residential institutional care since 2007. The impetus for this project built on this and the government’s national strategy ‘Vision for Deinstitutionalisation of Children in Bulgaria 2010-2015’.

Recognising that prevailing negative attitudes towards children living in institutional care, and limited support for the closure of residential institutions, could jeopardise the success of the government’s Vision the project was implemented in parallel with the UNICEF Bulgaria overall communication for development approach described in the UNICEF 2013-2017 Country Programme Plan. As reported by UNICEF Bulgaria, this public awareness, advocacy strategy and policy advice aimed to promote two key messages: the first is that institutional care is not good for children, and the second that families should be supported to care for their children to prevent separation and where this is not possible foster care should be considered an alternative.
5. Presentation of the Findings

In this section, we report in-depth on the key informant interviews, case reviews and quantitative data analysis undertaken for this evaluation and which inform the conclusions and recommendations.

5.1 Key informant Opinions of the Family for Every Child Project

Key informants at UNICEF Bulgaria described the Family for Every Child project as a series of interventions founded on the closure of the Shumen HMSCC, which evolved during implementation from 2011-2016,

“In order to be sure that the door of the infant home can be closed we need to make a deep change in these communities.” (KII, UNICEF Bulgaria)

“We were focused on doing the job, doing the interventions, not exactly like a project, we don’t have well documented decisions for changing the programme, they were discussed but not fully documented.” (KII, UNICEF Bulgaria)

In 2010 the intention was to develop a network of services that would contribute to closure of the infant home, and which could intervene before a child was relinquished. This ‘prevention’ concept was based on the premise that state services were available only at the point when a mother declares her explicit intention to relinquish a child,

“State delegated services are rigid; our services are pro-active and go into communities to put some efforts in beforehand”. (KII, UNICEF Bulgaria)

“The available services in the region of Shumen didn’t provide some of the activities needed to address the drivers for family separation, e.g. family planning was not available.” (Written submission, UNICEF Bulgaria)

The new services were described as designed to ‘prevent’ at different levels. This description of prevention levels by respondents can be understood as corresponding to primary, secondary and tertiary risk factors and interventions where the ‘first level’ is the most immediate and complex front line response and the third and fourth levels correspond to primary risk factors such as limited education.

The first level was described by key informants as,

“…prior to the stage of maternity ward, before even getting pregnant, by offering family planning measures”. (KII, UNICEF Bulgaria)

Key informants reported that at a second level, the service delivery was also intended to ‘prevent’ by identifying a mother’s intention to relinquish her baby much earlier through

---

Box 1. Abandoned or relinquished?

Both terms are applied in the UN Guidelines for the Alternative Care of Children. The term ‘relinquished’ is used in this report instead of abandonment because it more accurately reflects that the act of giving up a baby is usually a reluctant or regretful one, and acknowledges that most babies are left in the care of others e.g. in a maternity ward or in a place where they can easily be found. This follows the convention established in the UNICEF situational analysis of foster care in Kosovo (Milligan 2015).
community outreach work, thus creating opportunities for early intervention and family support to enable the mother to keep her baby.

The third level described by key informants was connected to ‘prevention’ of school drop-out, through the community outreach and work with families,

“Level 3 prevention of dropping out of school so we help parents get ID cards which help to access services.” (KII, UNICEF Bulgaria)

“We work on education to prevent school drop-out and to prevent early marriages... we have opened a computer room here for learning and we want to involve schools.” (FGD, staff of FCC)

The connection between school drop-out and prevention of placement in residential institutional care was not made explicit by the above key informants. However, UNICEF Bulgaria also considers that,

“The prevention of school drop-out was added after 2014 in the FCC activities. It is related to child marriages (which are a reason for many Roma girls to leave school), contributes to the development of the community and prevents several other risks for children and young people.” (Written submission, UNICEF Bulgaria).

This evaluation was unable to determine if this was because children not in school are more likely to be placed in residential care. This level of prevention appears to operate in different ways including school preparation for pre-school children who are not in kindergarten and involved Bulgarian language teaching, after-school clubs, outreach work in school with adolescents and community discussions on the importance of education,

“[the] ‘I am ready for first grade’ programme is arranged in summer for pre-schoolers to prepare them for first grade, including Bulgarian language, alphabet, colours, numbers, traffic lights, songs, how to hold a pen and because they have problems with Bulgarian language, this is the main problem, the main advantage is putting them in a Bulgarian speaking atmosphere.” (FGD, staff of FCC)

“Music in action is also a favourite programme using musical instruments to improve the development of children and make them more confident; and for parents to get an idea about skills of the children; also, we have a programme ‘dance with me’, this is our newest programme, launched with children in 4th grade, we have an office in a nearby school we deliver this programme in schools with toys and musical instruments, we deliver in the 3 municipalities.” (FGD, staff of the FCC)

At a fourth level the ‘prevention’ was described by key informants at UNICEF as prevention of separation of the child from a family environment and prevention of consequent placement in specialised or residential care institution. Emphasis was placed on family environment, and not only birth family, with various options offered including i) the child stays in the birth family, ii) the child is placed in foster care, iii) the mother stays with the baby in a specialist mother and baby unit.

Services developed and offered during the project lifetime under consideration by this evaluation included temporary interventions related to closure of the Shumen HMSCC (child and family assessments, staff counselling etc.) as well as development of community based social services to replace the HMSCC residential care services,

- Foster care – including specialist foster care for infants and children with disabilities
• Family Counselling Centres – outreach and centre-based family support targeting marginalised communities
• Centre for Maternal and Child Health – health visitor service for all pregnant women and children up to age 3 years living in the region

5.2 Closure of the Shumen HMSCC

Despite considerable resistance from staff of the Shumen HMSCC and some opposition from other local community stakeholders, the last child left the residential care institution in August 2015. The process for liquidation of the service is approved by a decision of the Council of Ministers,

“*The HMSCC staff resistance was very strong... they used to lock the doors, they did not want to speak with me or they cursed at me... the medical staff [also] had negative attitudes, but when they saw the positive results of the supervisions they started to change.*” (KII, UNICEF Bulgaria)

“*Closing the infant home was a real battle; even last week I heard some businessman, complain about the closure of the baby home.*” (KII, UNICEF Bulgaria)

Key informants including former staff of the Shumen HMSCC, UNICEF Bulgaria and local government partners attribute the closure to three primary factors,

• the appointment of a UNICEF coordinator for the closure who was based in the HMSCC and was recruited from out-of-region (and thus considered more independent and less susceptible to pressure from stakeholders in the local community);
• an NGO\(^{15}\) was contracted to assess children and develop individual case plans for their current and future care and support needs, and a separate NGO\(^{16}\) was contracted to track and conduct family assessments; and
• through a further NGO\(^{17}\) contract, investments were made in the development of a regional model of foster care, including specialist foster care for newborn infants and children with disabilities.

Additionally, UNICEF Bulgaria emphasised the importance of communications and clear consistent messages by and to government stakeholders and the public,

“*Key factors were also the support from the Municipality of Shumen, the Regional Governor and the Government partners (MLSP, MH, SACP, ASA). There was a clear and consistent message that closure of Infant Homes is a national policy. We had a discussion with MPs from Shumen region as well to present and gain support for the project as MPs usually are quite influential in their constituencies. There was also work to inform the local communities on the situation in the Infant Home and turn initially negative attitudes into supportive. Local media and opinion leaders were attracted to support the project*”

\(^{15}\) Child and Space Association
http://www.canee.net/bulgaria/other_organizations/child_and_space_association

\(^{16}\) Social Activities and Practice Institute SAPI http://www.sapibg.org/en/

\(^{17}\) Ibid.
The implementation of a parallel government project for closure of 8 Infant Homes was also of great help.” (Written submission, UNICEF Bulgaria)

Key informants from local government partners, NGOs and UNICEF Bulgaria further agreed that despite initial resistance from staff based in the infant home, the closure of the Shumen HMSCC was a successful exercise in part attributable to the range of pre-existing community based social services and to those which were developed as part of the closure plan. This includes services provided by NGOs through the Complex for Social Services in Shumen municipality, the Community Support Centre for Children and Families at Risk in Novi Pazar and day-care centres for children and families with disabilities (operational prior to or developed in parallel with the closure plan), and the services that were newly developed as part of the Family for Every Child project including the FCC, foster care services, and CM&CH.

The final UNICEF Bulgaria report on the closure (Annex 3) notes that,

‘A total of 153 children were moved from the Shumen HMSCC; 25 children were reintegrated in their families, 3 were placed in kinship care, 38 were adopted, 64 children were placed in foster care, 8 were placed in Family-type Placement Centres (FTPC), 6 were moved to another Infant Home at the request of their parents and 9 died’.

This summary differs slightly from the data provided by the Regional Directorate for Social Assistance and the discrepancies are mainly the result of children making subsequent moves in care (as discussed further in this section of the report below), while the UNICEF Bulgaria report gives the immediate placement post-infant home. For example, many of the 64 children reported by UNICEF Bulgaria as placed in foster care ended up being adopted.

There are slight variations in the way these results are remembered by key informants,

“By July 2015 there were only 8 children left and they all had severe disabilities, we were told to speed up the process so two of the children with most severe conditions were referred to the infant home in Varna, one of the children was placed in a FTPC in Shumen, one of the children in a FTPC in Targovishte and the remaining in foster care.” (KII, local government)

“Very few children were reintegrated, maybe about 15…only three were moved to another infant home in Varna.” (KII, UNICEF Bulgaria)

Since the initial placement on leaving the HMSCC may not have been the child’s permanent home this data is a snapshot, which may also explain the variability. For example, some children were placed in foster care prior to reintegration or adoption, some children placed in foster care were subsequently adopted by their foster family, some children had various foster care placements.

Infant Home Closure Outcomes
Data provided by the Regional Directorate for Social Assistance (RDSA) to this evaluation states that 150 children, 86 boys and 64 girls, left the Shumen Infant Home from 1 October
2010 to the end of 2015. The last child entered the infant home on 24 March 2015 and the last child left the infant home on 25 August 2015.

Fifty-three children (35%) had disabilities (for two children their disability status was not provided, and for this evaluation it has been assumed that they are without disability status).

**Entries to the Infant Home During the Project Period**

Over two thirds of the children (106 boys and girls) who left the infant home during the project had been living at the children’s home before 1st October 2010 and 11 entered in the final quarter of 2010. 21 children entered in 2011, 3 in 2012, 4 in 2013, 3 in 2014 and 2 in 2015. This confirms that effective gatekeeping to prevent entry into the infant home, was taking place.

**Outcomes for Children from the Shumen Infant Home at September 2016**

The RDSA provided confirmation of the placement of children who are still in Shumen at the time of the evaluation, but could not provide confirmation in all cases of adoption and reintegration if the original placement from the Infant Home was still valid. Figure 3 summarises the outcomes for children at September 2016.

**Figure 3 Outcomes in September 2016 for 111 children moved from the Shumen Infant Home during the project period**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>12</td>
</tr>
<tr>
<td>Reintegration</td>
<td>10</td>
</tr>
<tr>
<td>Close Family Guardianship</td>
<td>3</td>
</tr>
<tr>
<td>Living in Foster Care</td>
<td>14</td>
</tr>
<tr>
<td>FTPC</td>
<td>4</td>
</tr>
<tr>
<td>Infant Home in Another Region</td>
<td></td>
</tr>
<tr>
<td>Died</td>
<td>10</td>
</tr>
<tr>
<td>Information Not Given</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: Shumen RDSA and author calculations

If an assumption is made that the original placements for the 39 children with no updated information in September 2016 have continued as originally made, then the outcomes are slightly different as illustrated in Figure 4.
Figure 4 Outcomes for children moved from Shumen Infant Home - 111 cases with updated information at September 2016 and 39 cases with only original placements made

![Outcomes Bar Chart](chart.png)

Source: Shumen RDSA and author calculations

At the point when they left Shumen Infant Home 53% of children were adopted, 19% were reintegrated with their families and 2% with extended family; 19% of children had moved to other types of formal care – 10% were in foster care, 5 % moved to Family Type Placement Centres and 4% to infant homes in another region; 7% (10 children) died before leaving the care of the infant home.

If, however, these results are disaggregated for children with disabilities, the pattern of outcomes is very different for children with disabilities than for those without disabilities as illustrated in Figure 5.

Figure 5 Comparison of outcomes for 53 children with disabilities (CWD) and 97 children without disability status
Children with disabilities were half as likely to be placed into adoption and somewhat less likely to be reintegrated than children without disability status. There were only three cases of children being placed into the guardianship of close relatives, but all of them were children without disabilities. Children with disabilities are much more likely to have continued living in formal care than children without disabilities and significantly more likely to be placed into residential forms of care (another infant home or a family type placement centre).

The death rate for children with disabilities is 17 times higher than for children without disabilities and children with disabilities are more likely to die than to be reintegrated or to be living in foster care. The overall death rate for the full cohort of 150 children from Shumen infant home is 7%, slightly higher than the average 5% for the eight pilot infant home closures from the Direction Family project documented in the review of the implementation of the Vision (Rogers, 2014). If, however, the full number of children that left the Shumen Infant Home in 2010 is considered (and not only those that left after 1st October 2010), then the death rate is 5.2% or around the same as that in the other infant homes (see Table 2 below).

The 53% adoption rate from the Shumen closure is higher than the 38% average from the pilots and the foster care rate is half that of the pilots. This is because the results documented for the pilots only recorded the immediate placement of the child after the Infant Home and the Shumen data also records subsequent moves into adoption from foster care for 43 children and reintegration after foster care for 5 children, close family guardianship after foster care for 1 child and FTPC placement after foster care for 1 child.

The RDSA data records if a child is still in adoption in September 2016 and of the 81 children who left the Shumen infant home for adoption placements, or foster care placements followed by adoption, 71 children are confirmed as still being in adoption in September 2016, but for 10 there is no confirmation in the data provided to the evaluation. Similarly, there is no confirmation of the status of 19 children who left the Shumen Infant home for reintegration with their own family. The status of the children who left the Shumen Infant home for FTPC or Infant Home placements in other regions is also unknown.

The outcomes data from the Shumen HMSCC closure shows that while there were more boys than girls in the infant home population during the project period, and therefore leaving the infant home, there were no major differences in outcomes for boys and girls apart from girls
being slightly more likely to be adopted and boys being significantly more likely than girls to have been placed into a residential care placement after leaving the infant home as Table 1 illustrates.

**Table 1 Outcomes for girls and boys leaving the Shumen infant home**

<table>
<thead>
<tr>
<th></th>
<th>Girls n=64</th>
<th>Boys n=86</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>59%</td>
<td>50%</td>
</tr>
<tr>
<td>Reintegration</td>
<td>17%</td>
<td>19%</td>
</tr>
<tr>
<td>Close family guardianship</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Living in foster care</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>FTPC</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Infant home in another region</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>Died</td>
<td>6%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Source: RDSA and author calculations

Given the small numbers of placements into close family guardianship, it does not seem significant that only boys with disabilities were placed into this type of care. It is not clear why girls are almost twice as likely to be in a foster care placement and boys three times more likely than girls to be sent to another infant home and more than twice as likely to enter a FTPC than girls. It could be an anomaly relating to the particular disabilities of these children, their age or to other individual characteristics rather than gender.

In keeping with much of the quantitative monitoring data provided to this evaluation, different sources have different data. The Ministry of Health official data from 2010-2015 related to the closure of Shumen HMSCC presented in Table 2 has slightly different numbers of children and outcomes registered than that provided by UNICEF and the Shumen RDSA.

**Table 2 Ministry of Health data on placement of children at HMSCC Shumen 2010-2015**

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of children in residential care</th>
<th>No. of children using daily care service</th>
<th>No. of healthy children in residential care</th>
<th>No. of children with disabilities in residential care</th>
<th>Placements from the Maternity Ward</th>
<th>Placements from other places - families, HMSCC, FTPC</th>
<th>Total number moved out</th>
<th>Reintegrations</th>
<th>Kinship care</th>
<th>Foster care</th>
<th>Adoptions</th>
<th>Other place</th>
<th>Died</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>98</td>
<td>34</td>
<td>0</td>
<td>59</td>
<td>38</td>
<td>60</td>
<td>45</td>
<td>15</td>
<td>95</td>
<td>49</td>
<td>3</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>2011</td>
<td>47</td>
<td>42</td>
<td>17</td>
<td>34</td>
<td>23</td>
<td>17</td>
<td>4</td>
<td>72</td>
<td>10</td>
<td>3</td>
<td>36</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>22</td>
<td>18</td>
<td>26</td>
<td>0</td>
<td>22</td>
<td>3</td>
<td>2</td>
<td>28</td>
<td>11</td>
<td>1</td>
<td>16</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>2013</td>
<td>12</td>
<td>10</td>
<td>17</td>
<td>0</td>
<td>12</td>
<td>4</td>
<td>4</td>
<td>14</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>2014</td>
<td>7</td>
<td>11</td>
<td>22</td>
<td>0</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2015</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>186</td>
<td>115</td>
<td>132</td>
<td>79</td>
<td>110</td>
<td>96</td>
<td>75</td>
<td>229</td>
<td>67</td>
<td>3</td>
<td>57</td>
<td>17</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: Ministry of Health of the Republic of Bulgaria, 2016

The discrepancies between the MoH record and the RDSA data lie mainly in the incorporation of the whole of 2010 in the MoH data (before the project began) hence the larger cohort of children who left residential care - 229 children compared to the 150 children who left during the project lifetime that are considered in the RDSA project data. The MoH data also records the referrals to day care services at the HMSSC. UNICEF Bulgaria also reports data discrepancies including that MoH may also be sometimes double counting for example children who left for short stays in hospital and re-entered the home.
As previously mentioned, it is worth noting that the 5.2% death rate of this cohort of children is lower than for the group of children who began to move out after 1 October 2015. It is also worth noting the large number of reintegrations (49) that took place in 2010 compared to 28 reintegrations that took place as part of the Family for Every Child project (see Figure 4) from 1 October 2010 to 2015. This suggests that initial reintegration efforts that took place before the beginning of the project may have left behind the ‘harder to reintegrate’ children in residential care and the project interventions may have not let the ‘easier to reintegrate’ children into the care of the Shumen HMSCC at all, hence the lower rate of reintegration among the project beneficiaries. Other discrepancies in outcomes compared to the RDSA data probably relate to the MoH providing the outcomes from the moment when the children left the infant home and the RDSA data provides updated outcomes 6 years later for some children. In fact, the data provided by the MoH suggests that the HMSCC Shumen closure produced immediate outcomes for children leaving that are similar to the eight pilot closures that took place over a similar period.

The data tracking of children once they have left infant home care is discussed in more detail in the analysis below.

Current staff of the State Agency for Child Protection (SACP) report that policy level changes were required to implement the national closure process, and that this resulted in the Action Plan for implementing the Vision. The monitoring of consequent placements is the responsibility of numerous agencies and authorities including SACP, municipalities and other inspectorates, although since funding ended in 2015 the position is again unclear with concerns expressed about the situation of children with disabilities leaving disability institutions as part of the Childhood for All component of the Action Plan,

“Who supports the staff, who provides supervision, who meets their training needs, who supports them in managing children with diverse needs? These teams were provided with supervision by team Childhood for All until early 2015 but no-one knows what happens now.” (KII, staff of SACP)

**Shumen HMSCC Day Care Service for Children with Disabilities**

In addition to provision of residential institutional care services, the Shumen HMSCC also provided day care services (under the management of MoH) for children with disabilities who lived at home. Table 2 indicates that in 2013 there were 27 users of ‘daily and hourly’ care services and in 2014 there were 33 children using such services; in previous years there were greater numbers of service users. Whilst the Regional Health Inspectorate reports that places were found for all child service users in alternative day care centres in the region, local government key informants report that not all children could take up these places. For example, in cases where parents do not have transport or access to public transport and where the new service is located in a less convenient location than the Shumen HMSCC day care service. The closure plan envisaged the upgrading of the day care centre on the premises of the Shumen HMSCC, the rehabilitation, reconstruction and equipping of the centre to be provided by a private donor identified by UNICEF. This required the transfer of part of the building from the ownership of the Ministry of Health to the ownership of the municipality. The procedures for effecting this transfer have not been finalised and the funding expired at the end of December 2016. Thus, the future of this envisaged service remains uncertain although UNICEF Bulgaria reports that children can access new early intervention services provided by
the municipality with funding from MLSP. The project also contributed to the creation of day care services for children with disabilities in Novi Pazar municipality which may be serving some of the children reintegrated from, or who had been receiving day care services at, Shumen HMSCC.

Former staff of the HMSCC and key informants in Shumen municipality report that they understood there would be employment opportunities at this reconstructed day-care centre, and that running costs were to be financed by UNICEF,

“Our disappointment was about the day care centre… the municipality promised they were going to keep the centre and the staff would be transferred to the centre but that didn’t happen; there is a procedure now for transferring the property, but it will probably take 3-5 years and now the children don’t have any service, there is no centre for them to go to.” (KII, former staff Shumen HMSCC)

“The staff for the day care centre are not yet included in the municipal staff plan; the staff are envisaged in the funding by UNICEF up to end 2017.” (KII, local government Shumen municipality)

UNICEF Bulgaria indicates that very few staff members from the infant home applied for positions in the new services,

“…only a few of nurses applied for positions in new services, created in the region of Shumen, in particular for the CM&C.” (Written submission, UNICEF Bulgaria)

Former staff of the HMSCC, former and current staff of regional government and the municipality and UNICEF Bulgaria reported the significant resistance on the part of the HMSCC staff to the closure plan. The concern was rooted in fears about their own job security, in anxiety that their treatment of the children in their care was considered harmful, and some apprehension that children would not receive suitable care following closure of the HMSCC.

This is reflective of the complexities of change management in the social care sector noted in the literature (Isles and Sutherland 2000; Cameron and others 2001).

Communications (public awareness and social norms) related to closure of the Shumen HMSCC

During 2008-2011, through a partnership with a private national television station - bTV, UNICEF raised funds to support the closure of residential institutional care for children,

“The funds generated by The Magnificent Six were entrusted to UNICEF and invested to establish the Little House social service in various locations of the country, so that children in Mogilino could be transferred to a family-like environment.” (UNICEF Bulgaria website)18

In 2010 the partnership with bTV was explicitly linked to the closure plan for Shumen HMSCC,

“The mission of the show, which is again partnered by UNICEF, was to raise funds and start the first out of a series of closedowns of care institutions for infants aged 0-3, beginning with the one in Shumen.” (UNICEF Bulgaria website)\textsuperscript{19}

As noted above, this was reported by UNICEF Bulgaria key informants as linked to a social change campaign promoting the messages that residential institutional care is not good for children, and that children should live in their own families or in foster care. The negative portrayal of conditions at the Shumen HMSCC as part of this campaign was reported as distressing by staff, who believed they were doing their best under difficult conditions,

“The children there were cared for, they had enough to eat and they had therapy, but they had delays in developing their motor skills, because over time staff was reduced and it turned out one nurse and one carer was supposed to work with 50 or 60 children, so it was difficult and the children got very little attention.” (KII, former staff Shumen HMSCC)

“The staff had heard about the project from the television, where it was said they were awful carers, this affected their attitude to the closure because they hadn’t been informed.” (KII, local government Shumen municipality)

To counteract this, UNICEF report that the coordinator organised regular team meetings to up-date staff. Staff were also involved in the planning process for children,

“In fact, what was very innovative in the development of these [children’s] assessments [was that] we demonstrated a good model of teamwork [and] institutional cooperation.” (KII, UNICEF Bulgaria)

Further, individual and group staff supervision sessions were offered by the NGO psychological team who were preparing the children’s assessments,

“UNICEF funded us to do clinical supervision [of the staff] and very small trainings, we worked constantly for a year.” (KII, NGO)

Although the staff interpreted the value of these sessions in different ways,

“It took us a long time to adapt to the fact that this was going to happen to us. Some people didn’t believe it right up to the end. During the discussions with the psychologists we began to come to terms with it.” (KII, former staff Shumen HMSCC)

“I didn’t get any help or support during the closure process; we started supervisions, but these were for the children.” (KII, former staff Shumen HMSCC)

As previously noted, this is compatible with the complexities noted in the international literature related to social change management. UNICEF Bulgaria reports that individual staff capacity assessments were conducted in 2011, and staff were encouraged to apply for new posts.

---

\textsuperscript{19} Ibid.
Responsibility for Monitoring Child Placements after Closure

The Child Protection Department (CPD) at the local level has statutory responsibility for tracking the current whereabouts and situation of the children who left the Shumen HMSCC,

“Monitoring is the job of the CPD. Whenever they can, they involve FCC or other teams in the monitoring; we had a component to strengthen their capacity20; there is a systemic issue in the child protection system and so additional social workers were provided during the project.” (KII, UNICEF Bulgaria)

“The SACP is supposed to monitor quality of all services and CPD to monitor children placed.” (KII, UNICEF Bulgaria)

Two additional social workers were funded at the CPD during the Shumen HMSCC closure process and UNICEF Bulgaria reports that there is an intention to initiate a new capacity building project with CPD in the future.

Both UNICEF and the CPDs themselves acknowledge the heavy caseload of the statutory services,

“I was happy because we had two social workers appointed by UNICEF to this department, their contract expired and UNICEF didn’t want to continue and the ASA needed to take over, but they didn’t…a Bulgarian social worker earns 500 leva net21, we have big responsibilities and heavy case load, that’s why there is high staff turnover.” (KII, CPD Shumen Region)

“The CPD has very few staff and they cannot do the assessments, visit families and provide services.” (KII, UNICEF Bulgaria)

While it is the statutory responsibility of the CPDs to monitor the well-being of children including to track the well-being of children leaving the care of the infant home, in cases where project partners acknowledge that the CPDs may have limited capacity to fulfill this responsibility, other arrangements should be made. In the case of Shumen Region and UNICEF Bulgaria’s understanding of the limited capacity of the Shumen CPDs to monitor the outcomes for children who left the Shumen HMSCC, an alternative duty-bearer for this task could have been identified.

The Role of Community Based Family Counselling Centres in relation to the closure of the Shumen HMSCC

The Family Counselling Centres, described in detail below, were established in Shumen and Novi Pazar in 2011 and in Veliki Preslav in 2012 and provided an additional layer of community social services support for the children at risk of being placed in residential institutional care and for the children being moved as part of the closure of Shumen HMSCC. This included in-kind support to foster carers to help them to provide immediate care to infants being placed in their home, for example by equipping them with cots, diapers, and infant feeding formula,

20 Two social workers temporarily placed and funded in the CPD during the implementation of the closure plan; these were not retained by government when external funding was withdrawn.
21 Approximately USD 275 at current exchange rate 1USD:1.85 BGL
“We were involved in the closure by providing support to families when children were re-integrated, for example in-kind support.” (FGD, Family Counselling Centre)

“None of the children who were integrated had a disability certification, so that is why we accompanied the children together with their mothers to get this certificate.” (FGD, Family Counselling Centre)

“We have a foster care fund in our centre budget. At the request of the CPD we can provide support from this fund to foster care placements direct from the maternity ward until they get their first salary.” (FGD, Family Counselling Centre)

5.3 Development of Foster Care

The Shumen Regional Directorate of Social Assistance maintains the register of foster families and reports that there are 158 active foster families in the region as of October 2016. The development of a ‘regional model’ of foster care was supported by UNICEF through a partnership cooperation agreement with the NGO, Social Affairs and Practices Institute (SAPI)\(^{22}\) during the period May 2010-December 2011 and extended to December 2012. UNICEF Bulgaria describes a regional model of foster care as one in which a single foster care team operating from a single centre recruits, trains, matches and follows-up with foster families throughout the region,

“The regional model was about planning and development of foster care at regional level – assessing needs, planning for the number of foster parents, coordination of placements of children within the region.” (Written submission, UNICEF Bulgaria)

The NGO SAPI was a partner with UNICEF in a previous regional foster care pilot project and was selected to deliver the regional foster care model because of its extensive experience as a municipal contractor,

“We were implementing the regional foster care service with funding from UNICEF at the same time as the Family for Every Child project was launched...the project allowed us to intensify and formalise the work at the maternity ward [which had commenced prior to 2010], with additional funding, including salaries for staff, UNICEF also helped us to finance the support package provided to foster carers with an incentive, we developed the minimum package to support the mother, it helped them in the interim period until they got the first payment, and helped them to receive infants directly from the maternity hospital.” (NGO Staff)

SAPI has been providing social services through the state delegated community support centre, the Complex for Social Services in Shumen since 2005. These services include an emergency accommodation centre for children who have been abused or have witnessed a crime, psychological support and counselling for child victims including preparation for court appearances, a Mother and Baby Unit for mothers and babies up to 6 months of age, centre

\(^{22}\) http://www.sapibg.org/en/center/presentation-ksuds-shumen
for support of street children as well as psychological counselling and support for families experiencing difficulties, and for families choosing to become adoptive parents or foster carers.

At the time of the Family for Every Child project launch, SAPI report that it worked with 32 already approved foster families. Supported by the Family for Every Child project with extra staff SAPI recruited and trained additional foster families, including specialist foster families for newborn infants (the first placement of infants was made in Spring 2011) and children with disabilities. SAPI also report having placed a social worker at the maternity hospital prior to 2010 to intervene at the point of potential relinquishment. SAPI report that the practice of infant foster care allowed the ‘closure of the gate’ to the HMSCC because new born infants could be placed directly in foster families, without being placed first in residential institutional care. The funding to the foster care service also allowed for in-kind support to these foster families, for example equipment, baby formula, nappies. This was considered an interim measure until foster families received their first salary payment, to help them receive newborn infants directly from the maternity hospital.

Foster Care Service Data
An analysis of data provided by UNICEF in connection with this evaluation shows that a total of 113 children were placed in foster care during the lifetime of the project. This included 43 new born infants, (one of whom had a diagnosed disability at the time of placement), who were placed in foster care directly from the maternity hospital. Around 12% (n=14) of this total number of 113 children placed in foster care has a diagnosed disability.

Data provided by the Complex of Social Services for Children and Families (CSSCF) for Shumen municipality for the period 1 October 2010 to 31 December 2015 is slightly different. The evaluation is examining the whole period through to June 2016, but data has largely been provided for 2015, so the findings from reviewing the data are focused mainly on this period of project implementation.

Referrals Received
According to data provided by the CSSCF, 107 children were referred to the service in the project period. Before referral they had been in the care of either the HMSCC, the Shumen maternity ward or their own families.

The ages of the children are different for each prior care arrangement as summarised in Table 3. Table 3 also illustrates that there were no major differences in terms of sex between the three age groups of children.
### Table 3 Age and sex of children referred to the foster care service

<table>
<thead>
<tr>
<th>Referral source</th>
<th>Age range of children when referred</th>
<th>Number of girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMSCC</td>
<td>1-6 years old</td>
<td>17</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Maternity ward</td>
<td>0 months</td>
<td>16</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Birth families</td>
<td>2 months – 3 years</td>
<td>21</td>
<td>23</td>
<td>44</td>
</tr>
</tbody>
</table>

Source: CSSCF foster care service

The referrals peaked at 28 in 2011 and 30 in 2012 during the active deinstitutionalisation phase of the project when large numbers of children from the HMSCC were being placed into foster care. The number of children in need of alternative care appears to have settled at around 12 children per year in 2013-2015 as illustrated in Figure 6.

There were an equal number of girls and boys among the 107 children referred during this period and 14 children with disabilities; twelve of the children with disabilities came from the HMSCC, one from Varna hospital and one from the maternity ward. There were no children with disabilities referred directly from their families.

**Figure 6 Number of referrals to the CSSCF foster care service of children from the Shumen region maternity ward, HMSCC and families during the project implementation period October 2010 – 2015.**

Source: CSSCF foster care service data and author’s calculations; note that the maternity ward data includes one child referred in 2013 from Varna hospital

### Reasons for Placement

The main reasons for placement given for each child referred are different for each type of previous care arrangement as illustrated in Figure 7. Children from the maternity ward are most likely to be referred because of refusal by parents, from families because of socio-economic reasons and inadequate parental care and from the HMSCC because of risk to life and health. The data provided, however, does not give further details of the drivers for parental relinquishment decisions. It is likely, based on the FCC case reviews and interviews conducted for this evaluation, that the refusals are also driven by socio-economic factors including many...
children in the family, unemployment, low income, poor housing conditions and lack of support for parents to create adequate caring environments for young babies.

A recent rights-based situational analysis of children under the age of three in formal care in Eastern Europe and Central Asia notes that,

“Among the main risk factors of placement of children under the age of three in formal care are the lack of support from the father/extended family of the mother, the ill health of parents/child, the poor/unequal provision of social services, belonging to vulnerable and discriminated groups, and the shortage of financial resources. However, according to several studies, poverty is neither necessary nor sufficient to lead to the placement of children under the age of three in formal care; it only sets the stage for conditions by which the other pre-cited elements can motivate the placement of the child.” (UNICEF 2012b)

Figure 7 The number of children from each previous care setting for whom each reason has been given for their referral to the foster care service n=107

Source: CSSCF foster care service data and author’s calculations;

It is not clear whether the ‘risk to life and health’ named as a reason for the 18 children from the HMSCC related to risk to life and health from birth family care and therefore reintegration was not considered possible, or if the risk is from ongoing institutionalisation in the HMSCC.

Care Plans and Outcomes of the Foster Care Service for 107 Children Referred
As illustrated in Figure 8, children from the maternity ward, perhaps unsurprisingly given their young, adoptable age are most likely to end up in adoptive placements after being cared for in a foster family. Their stays in foster care tend to be relatively short. Children who were referred to foster care from birth families were more likely to still be in foster care at the time when the data was reviewed, (Figure 8). Overall, during the period under review, the foster
care service can be understood to have been mainly offering a path to adoption, especially for young babies and for children from the HMSCC during active deinstitutionalisation.

**Figure 8 Outcomes for 107 children referred to the foster care service during the project period**

![Diagram showing outcomes for foster care service](image)

Source: CSSCF foster care service data and author's calculations

Of the 38 children in foster care in September 2016, 20 children came from birth families, 12 from the infant home and 6 from the maternity ward. For 11 of the children from birth families their care plan goal is reintegration. In 6 of these cases the child has regular monthly contact with his or her family. Ten children are awaiting adoption and the remaining 17 children are in foster care placements with continued foster care as the care plan goal or with care plans yet to be determined. In most of these 17 cases the child is still legally in parental care at the time when the data was reviewed and has some level of contact with parents.

**Maternity Ward Crisis Intervention – Prevention of Relinquishment Service Data**
The immediate results of the maternity ward service provided by the CSSCF are summarized in Figure 9. The service recorded a falling number of cases each year: 81 in 2011, 38 in 2012 and 19 in 2013. No data was provided for 2014 and 2015 as the service no longer operated in the same way once the FCC were operational. This reduction in numbers of identified relinquishment cases could be a result of earlier intervention by the FCC and CM&CH services. It could also be related to how women present their intention to relinquish in the maternity ward and the way in which relinquishment or risk of relinquishment is defined and recorded administratively. It is possible that in some cases that were defined as ‘prevention’ there may never have been a real risk of relinquishment.
The most striking finding is that the proportion of successful preventions significantly fell while referrals to infant foster care remained at a high level across all three years that the service ran as illustrated in Figure 10.

In 2011, 53% of cases where the social workers at the maternity ward intervened ended in the child remaining in the care of their birth family, in 2012 this was the immediate result in only 21% of cases and in 2013 in only 11% of cases. The main immediate result in 2012 and especially in 2013 was referral into infant foster care.
UNICEF Bulgaria suggests that this illustrates the success of interventions by the FCC and CPD before the mother reached the maternity ward as,

“A national study on the reasons for abandonment showed that mothers take decisions prior to delivery and effective interventions should start early.” (Written submission, UNICEF Bulgaria)

An alternative interpretation is that this may be due to the placement of children in foster care from the maternity ward prior to reintegration. So when infant foster care was not available, more effort was invested in ‘prevention’, but when infant foster care became available as an alternative to infant home placements, the outcome of maternity ward interventions became more likely to be placement into infant foster care that subsequently led to reintegration or adoption.

Given that the child protection department data presented further in this report indicates a falling proportion of children aged 0 years of age in formal care, it is possible (with some caution as this data does not include children placed into adoption) to suggest that earlier prevention may well have had an effect on the relinquishment or removal of children into care in the first year of life especially in 2014 and 2015. Given, however, that the rate of children aged 1 and 2 years in formal care appears to be increasing, the alternative interpretation may also hold as the placement into infant foster care and then ‘reintegration’ may have been deferring the outcome of the ‘preventive’ intervention to the second and third years of life (see Figure 12).

The subsequent outcomes for these cases, however, are not fully documented in the data provided to the evaluation or in the child protection system data. There is no data on the children who remained with their birth families, how they are developing and their well-being. It is not known, for example, whether any of these children were subsequently referred to family support services, to the child protection authorities or required alternative care services after the immediate family support intervention provided by the maternity ward social worker. It is not known also, whether these children and their families continued to receive family support services after the intervention by the maternity ward social worker, although some of the FCC cases reviewed by the evaluation team suggest that some of these families did continue to receive support from the FCC.

A comparison of the lists of children who were referred into the infant home or into infant foster care with the lists from those two services do provide some insights into the subsequent outcomes for these children as described above – adoption being the main outcome of the infant foster care service and foster care followed by adoption being the main outcome for children referred to the infant home.

The maternity ward data, with additional information from the infant home data and foster care service data, gives the following outcomes for children who were considered to be at risk of relinquishment in the maternity ward:

- 43% remained in parental care or were subsequently reintegrated with their family
- 28% remained in or were subsequently placed into foster care and this is the last known information for these children
- 20% were subsequently adopted
- 6% either no data or another outcome including one case of a child who was referred to the infant home, then placed in foster care and then moved to the Varna HMSCC when the Shumen infant home was closed
• 2% died
• 1% ended up in kinship care

The quantitative data confirms the information provided during interviews that the direct social work intervention at the maternity hospital ended when the FCC became operational in 2012. The maternity hospital continues to make social work referrals through the social worker at the regional hospital and the FCC provide family support,

“A mother had twins and intended to abandon them at maternity ward because they only had one room, so I quickly organised municipal housing for them, they got a 2-bedroomed flat and we prevented the abandonment, we supported them with in-kind nappies, clothes, blankets, formula until they got social assistance.” (FGD staff of FCC)

“We have a foster care fund in our centre budget; upon request of the CPD we can provide support from this fund to foster care placements direct from the maternity ward until they get their first salary.” (FGD staff of FCC)

These referrals for foster care placements were in the first instance made to the local CPD and the SAPI regional foster care team at the CSSCF. Since January 2016 changes in the provision of foster care has seen the establishment of municipal teams funded by national government with European Union Funding. SAPI, operating within the CSSCF of Shumen municipality, continue to support foster care only in those municipalities that have not yet established their own teams. Key informants at SAPI, the FCC and other NGOs operating outside Shumen report that this has resulted in changes to the terms and conditions offered to foster carers. Together with foster carers these stakeholders, have expressed concern that the new foster care teams do not yet have the training and experience to fulfil their roles,

“We used to have trainings for foster families at the Complex for Social Services. Since foster care has been redirected under the management of the municipality, there has been no training organised. Currently, the common meetings for the foster families at the municipality are held in a very formal way. I am not satisfied from the social workers’ attitude. Foster families have no supervisions anymore.” (KII, Foster Carer, Shumen)

“I have some concerns regarding foster care development after the redirection at municipalities…we used to provide 24-hour support, foster care support groups and trainings.” (KII, NGO Shumen)

As noted above, the provision of foster care, especially for infants and babies, was a key service requirement to support the closure of the Shumen HMSCC. The development of foster care for infants was tested by SAPI within the partnership with UNICEF as part of the closure of Shumen HMSCC. The first babies were placed in foster care in the spring of 2011. The practice was further developed within the framework of the government’s Action Plan for the implementation of the Vision of Deinstitutionalisation of Children in Bulgaria. The National Network for Children reports that the Action Plan, and specifically the projects ‘Posoka Semeistvo’ (Direction Family) and “Accept Me”, established an enabling environment for the Child Protection Departments to place children directly into foster care without requiring an initial institutional placement. As a result, and in parallel to the infant foster care developed in

23 Through correspondence with the author
connection with the Shumen HMSCC closure, the Network describes the Action Plan and the project as having 'unlocked' processes which allowed CPDs to act more 'bravely' in placing children directly to foster care in amongst others Shiroka Laka, Kiustendil, Razgrad, Silistra, Vetren and Zlatitsa municipalities. Key informants recognise the infant foster care in Shumen as a valuable new practice in the region which in turn, and by incorporating learning from other projects and regions, helped to overcome resistance to placing babies into foster care straight from the maternity ward. By further incorporating learning from other regions and projects it has the capacity and potential to be developed into an evidenced-based practice model for national delivery.

The further development of foster care and the provision of support to existing foster carers is further discussed in the analysis below.

5.4 Family Counselling Centres (FCC)

The FCC were established in 2011 by UNICEF in partnership with three municipalities and became fully operational in 2012. With the closure of the Shumen HMSCC the FCC was envisaged as belonging to a network of replacement social services to support children and families. Following discussions with local government in Shumen, a national NGO (the Ethnic Minorities Health Problems Foundation) was contracted to establish a consortium to conduct a local vulnerability mapping that contributed to the service design. UNICEF Bulgaria report that NGOs involved in the mapping and consequent training for FCC included Ethnic Minorities Health Problems Foundation, Bulgarian Family Planning Association, Child & Space Association, Chance and Support Tryavna Association. The NGO SAPI conducted a capacity assessment of the child protection system in Shumen region in 2011 and provided complementary training and capacity building to the CPD,

“…based on the assessment of training needs, SAPI delivered trainings to CPDs, RDSA and other stakeholders involved in child protection. “(Written submission, UNICEF Bulgaria)

The FCC were designed as a community outreach provision, which would deliver family support services based on identification of individual, family and community needs.

“… we think that the prism of a well-established social service is not the right one for analysing the work of the FCC. In fact, when the service was designed we hesitated and made the deliberate choice that what Shumen region needs is a more community-rooted and driven service. Based on the experience of development of other “classic” social services in the country, we decided that a focus on case management and documentation would make the FCC rather bureaucratic.” (Written submission, UNICEF Bulgaria)

UNICEF Bulgaria in discussion with the municipalities, planned to develop a flexible service which would reach vulnerable children, families and communities who were considered most at risk of neglect, family separation and placing their children in residential institutional care. FCC staff describe the centres as the base from which social workers, nurses, and social assistants operate outreach programmes in local communities; they build trusting and respectful relationships, enabling them to visit families to undertake assessments, develop
case plans and provide support packages. These support packages include material support, assistance for families to access civil registration (registering an address, obtaining identification documents etc.), which in turn open access to other services such as social cash benefits including child benefits. The range of services provided by the FCC extends to direct provision of family planning services (fitting of IUD) and medical care for non-insured pregnant women. The FCC base also operates as a centre for children, families and the local community to attend specific programmes such as pre-school preparation, after-school play, and mother and baby play groups. FCC social workers also report that they conduct outreach work in schools to counsel adolescents against child marriage. The package of services offered is reported by key informants at UNICEF Bulgaria as being determined based on identification of local need and the competencies of available staff.

As noted above, during the secondary design phase, the NGO Ethnic Minorities Health Problems Foundation24 were contracted to conduct a rapid vulnerability mapping in the region and to support service design,

“The survey included discussions with the community and community leaders; we haven’t considered all their demands because they are usually quite material. We explained that these are your children, it’s your obligation to take care of your children...in general we managed to identify the most important things so that community work could be done.” (KII NGO)

The FCC is designed to work with all marginalised people although the Foundation that conducted the mapping reports that up to 95% of the disadvantaged minority service users are Roma.

Three FCC have been established in Shumen, Novi Pazar and Veliki Preslav, “which covered in a network all 10 municipalities in the region” (Annex 3, page 2). The FCC services are intended to provide support to vulnerable children and families to prevent and respond to crises that may result in child separation as a consequence of poor care.

The FFEC project operates on the basis of a formal Memorandum of Understanding (MoU) with national government stakeholders that sets out the parameters for general cooperation on the closure of the Shumen HMSCC. The FCC and other project services operate based on a MoU with Shumen Municipality on Regional Cooperation to Improve Child Welfare (December 2010). This MoU describes the roles and responsibilities of UNICEF, the Regional Administration represented by the Governor and the 10 municipalities, represented by the Mayors aimed at,

“...setting up and operating a system of efficient and effective services for prevention and support parents and children in view of replacing the existing care system and closure of and infant care institution (DMSGD) ... (Text of MoU 2010)

The goals in a subsequent MoU from 2014 emphasise slightly changed priorities:

24 http://www.emhpf.org/
“Develop… a model for work and system of effective services for support of young children and their families, children in conflict with the law, children at risk, vulnerable families and communities.” (Text of MoU, 2014)

Based on this initial agreement and consequent MoUs between UNICEF Bulgaria, the Regional Governor and municipalities in 2011 and 2014 premises have been provided for three FCC in Shumen, Novi Pazar and Veliki Preslav. Staff are employed on municipal contracts. The funding for reconstruction and renovations, and running costs including staff salaries was and continues to be provided by UNICEF Bulgaria who have estimated the total cost 2011-2016 to be in the region of USD 1M and the annual running costs for 2016 at USD 48,000 per centre (excluding UNICEF and other indirect programme costs). The Action Plan for the implementation of the Vision of Deinstitutionalisation indicated that funding for the services such as ‘family-counselling centre/complex of services’ to replace existing infant homes would be provided by EU and Government of Bulgaria. In this case, UNICEF Bulgaria provided the funding for the creation of the services and the municipal authorities, in agreement with the Regional Government of Shumen, managed the services.

Each centre employs between 8 and 13 staff, including social workers, nurses and social assistants. In addition, ancillary staff provide specific services on a contract basis. For example, a medical doctor specialising in obstetrics and gynaecology to provide family planning services.

The job description for the FCC social workers provided by UNICEF, requires candidates to have a higher education in social work or social pedagogy. In Veliki Preslav for example, the service manager and three of the social workers report that they have a graduate teaching qualification and background. The job description for social assistant, requires a high-school education. The Ethnic Minorities Health Problems Foundation, who conducted the initial vulnerability mapping, report that they had proposed that a second language (Roma or Turkish) should also be included as a requirement however this does not appear in the Job Description. Nevertheless, at least one social assistant in each FCC is a member of the ethnic minority community in which they work. The first cadre of staff were recruited by the municipality and UNICEF Bulgaria jointly and commenced work in Q4 2011. They were provided with an in-depth induction programme,

“We started in October 2011 and for 2-3 months we received intensive training from leading experts organised by UNICEF; the active work started in the Spring of 2012.” (FGD Family Counselling Centre)

“The FCC opened in 2011, until Feb 2012 we were trained, one person who left, otherwise all staff retained.” (FGD Family Counselling Centre)

UNICEF Bulgaria report that each FCC has an annual training programme in place,

“…and staff receives on-going on the job training, although planning induction training for new staff is an issue.” (Written submission, UNICEF Bulgaria)

FCCs did not report being involved in a structured on-going professional development training programme,
“One thing is training; one thing is a programme. There have been a couple of ‘round-tables’ with UNICEF [about prevention of child marriage] …we think we are getting training, but three members of our staff are teachers, they have worked with children, and they have visited schools.” (FGD Family Counselling Centre)

The staff of all three FCC report that their case work is primarily mobile, involving home visits to clients. These clients have been identified based on the initial ‘vulnerability mapping’ conducted in partnership with the Ethnic Minorities Health Problems Foundation,

“[We conducted] a rapid assessment of vulnerable communities in Shumen region…we did the survey in Roma communities…we did the fieldwork because we are an organisation with a vast experience of field work… we took part in development of the training programme on how to do field work, there is no experience for social work to be delivered in the field – it’s mainly in office, we feel that for these closed communities there can only be an impact if you enter the community.” (KII, NGO)

Additional centre-based services are provided and include educational services, parenting classes and family planning services,

“Our work is mainly mobile, in the field. The team is always in the neighbourhoods.” (FGD Family Counselling Centre)

“We started with a lot of enthusiasm, and we have gone mobile. We have encountered a lot of things we didn’t expect to exist, poverty, children out of school, children with mental health problems, without vaccinations, not registered with a GP, with unemployed parents.” (FGD Family Counselling Centre)

“We are the people working in the field [for example] when we encounter a pregnant woman and she declares her intention to abandon her baby we work with the CPD to find a foster family; it doesn’t mean that we don’t work with the mother to try to convince her to keep her baby.” (FGD Family Counselling Centre)

“Our mobile work is not just about relying on statistics, but in the reality of what we see. The idea is to work with families, not to sit behind desks.” (FGD Family Counselling Centre)

The family planning services offered by the FCC include consultations with an FCC nurse and an obstetric-gynaecologist specialist doctor who is contracted on a per client basis to fit women with IUD contraceptive devices.

UNICEF Bulgaria indicates that the decision to offer this service was a complex one,

“This was a true dilemma on how to ensure provision of family planning services and not get engaged in provision of medical services. At the end, a doctor is contracted by the FCC due to absence of family planning services across the country.” (Written submission UNICEF Bulgaria)
The FCC also administer an ‘emergency fund’ which can be used for expenses associated with support packages, for example where costs are incurred for medical care or for procuring documents,

“A bulk of the money goes to the emergency fund; the other big budget item is payment to obstetrician gynaecologist for family planning visits at FCC - this is another type of prevention.” (KII, UNICEF Bulgaria)

During FGDs with FCC staff they reported on the range of services provided and said that these were designed based on the community need,

“There is flexibility to transform and restructure programmes based on dynamic changes in the community.” (FGD Family Counselling Centre)

“We offer programmes which have been developed based on the needs of children and parents, arts workshops, ‘mother’s playroom’ where we train the mother how to interactively positively with children.” (FGD Family Counselling Centre)

“Unlike other social services we planned for the FCC to be flexible, it wouldn’t have a set list of services and would do an annual assessment and re-plan for the year and organise different packages of support and programmes.” (KII, UNICEF Bulgaria)

Several educational programmes are offered by the FCC in the centre base with a significant number of reported school visits, school lectures and pre-school preparation programmes as well as after-school art classes, particularly where there are number of former-teachers employed as social workers.

Regarding data management, the FCC have an excel spreadsheet to maintain a record of cases and services delivered, and for reporting. This spreadsheet was set up in 1st Q 2016 and each FCC was required to enter data retrospectively. It was not possible during this evaluation to compare the data collected by the FCC against the reported results of the Family for Every Child project (Annex 2) because the integrity of the data could not be assured. FCC staff noted that the excel spreadsheet was not useful for them in their day to day work and was onerous to complete.

The data management system does not allow cases to be typically reported by typology, thus correlation between overall reported results for ‘prevention’ and the data collected at service level is unclear.

During FGDs the three FCC reported results verbally using a range of non-standard descriptors as summarised in Table 4.
Table 4 FCC description of case by typology*

<table>
<thead>
<tr>
<th>Location</th>
<th>Cases and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shumen</td>
<td>110 cases of intensive support&lt;br&gt;390 cases receiving intermittent regular direct support&lt;br&gt;167 direct prevention of relinquishment (when a pregnant woman declared her intention to abandon the baby and after FCC intervention she kept the child);&lt;br&gt;37 cases of reintegration of children from foster care&lt;br&gt;323 women fitted with an IUD contraceptive device&lt;br&gt;309 women without health insurance received medical help to monitor their pregnancy;&lt;br&gt;37 in year 1 for pre-school preparation programme, 6 during 2015 and 8 during 2016;&lt;br&gt;80 per cent of children in the community graduated from high school;</td>
</tr>
<tr>
<td>Veliki Preslav</td>
<td>54 cases of intensive work; and&lt;br&gt;355 cases of complex work</td>
</tr>
<tr>
<td>Novi Pazar</td>
<td>230 open cases&lt;br&gt;50 closed cases</td>
</tr>
</tbody>
</table>

* This does not include service users who may receive other one-off or occasional centre-based services.

It is not clear whether the staff are reporting the same cases across different types of outcomes and services. So, a family may be reported as receiving ‘intensive support’ and ‘health insurance and medical help’ and ‘pre-school preparation programme’ resulting in ‘direct prevention of relinquishment’ and have been counted once in each. The FCC staff did not report a common understanding of case management or casework. They were unable to describe standardised operational systems, procedures or guidance for case management. They had no common definition of casework across services and reported that they lacked the confidence to close cases,

“…the suggestion was made to split the cases into medical and social, then a different decision was taken that we would work at levels of risk – high, medium and low. We continued to work but it’s very difficult to say which are prevention of child marriage and which are prevention of school drop-out.” (FGD Family Counselling Centre)

“The data sheets are per settlement area. We don’t have classifications in the data, we have many complex cases where there are a lot of risks.” (FGD Family Counselling Centre)

“The table only allows us to mark it once, so if we visit a family ten times it still only allows us to mark it once.” (FGD Family Counselling Centre)

Further discussion on case work and data management is included in the analysis below.

FCC have been operational for five years, fully funded by UNICEF Bulgaria. The funding is confirmed by UNICEF for a further calendar year to the end of 2017. Beyond this period the future is uncertain.

To become a viable government funded service, the FCC will need to be included in the regulation to the Social Assistance Act (1998, amended 2014) defining state delegated services, with an accompanying financial standard issued by the Ministry of Finance. It should
also comply with the Ordinance on Criteria and Standards for Social Services for Children (2003, amended 2007) whether they are a state delegated service or not.

Because of the current irregular situation of the FCC, ostensibly managed by the municipality, funded by UNICEF and operating outside the statutory mechanism for state delegated authorities, the CPDs reported during key informant interviews that they are unable to make formal referrals to the FCC, although they report that they work together informally,

“The FCC is a good service but we can’t issue a formal referral for their service because it is not state delegated activity, and we cannot issue referrals or get feedback from them formally.” (KII CPD Shumen Region)

“The CPD does not refer cases to FCC, because it hasn’t been regulated in the legislation, this is not a state funded activity, therefore we can’t legally make a referral, because the services for which we can issue a referral are listed in the law. CPD can only refer to state delegated activity, the state referral is issued by director directorate social assistance, to refer to municipal service only if it is state delegated and the permission of the mayor is given.” (KII CPD Shumen Region)

UNICEF Bulgaria reports that,

“CPDs have the legal right [to make referrals] and they do it. As their capacity is not sufficient and some of the cases and work of the FCC is on primary prevention where no clear risk for the child can be identified, the agreement was that formal referrals will not be issued, however CPDs will be kept informed.” (Written submission, UNICEF Bulgaria)

This suggests there is a critical need to clarify roles and responsibilities, mandates and objectives as a matter of importance for securing the future institutional and financial sustainability of the services that have been developed by the Family for Every Child project.

Review of 39 Family Counselling Centre Cases
A total of 39 cases were reviewed for this evaluation using a standardised review template (Annex 9); a simple random convenience sampling technique was applied to select 13 cases from each of the three FCC. The representativeness of the sample is considered valid because the sample source included all the targeted population. Thus, the review reached individuals with characteristics typical of those possessed by the population of interest. Further, non-response bias is removed because this is a desk review based survey, further strengthening the representation. Given that each FCC appears to be running around 100 cases each at any given time, this sample provided sufficient data to further triangulate findings from other data sources.

The FCC count each family as a ‘case’ and in the 39 cases reviewed there were a total of 102 children. The children were distributed slightly unevenly across the families with proportionally more children among the 13 Shumen cases (42 children or 41% of the sample) compared to Novi Pazar (28 children or 27% of the sample) or Veliki Preslav (32 children or 31% of the sample).

Although the risk evaluation form used by the social workers is the same for the three FCCs, there are certain differences in the manner they document and report their casework. FCC Novi Pazar, for example, uses separate forms for the social worker and the nurse activities.
They are in the form of tables and give only general, not detailed, information. At the same time, FCC Novi Pazar records only basic information using the standard check-boxes with little or no text providing additional details. Very often dates are not specified and information is added during the time of the case intervention that makes the case files confusing and difficult to understand. FCC Veliki Preslav tends not to give details in the risk assessment table or about visits just noting, for example, “secondary visit”. FCC Shumen tends to provide more detailed information.

Characteristics of Cases Reviewed

Referral Sources

Nearly all cases from Novi Pazar and Veliki Preslav can be defined as ‘FCC own cases’ meaning that the FCC had identified the family from lists of families assessed at the project outset during the initial community mapping or through their own outreach work. In Shumen, however, the referrals to the FCC had come from a range of sources:

- 3 from local Mayors
- 3 self-referrals
- 2 referrals by a community member
- 2 FCC own cases
- 1 from health visitor
- 1 from CPD
- 1 from CSSCF

This could reflect the fact that the Shumen case files generally held more detailed information than the other two FCC, or it could reflect the fact that the service is better networked with other community based services than the FCC in Novi Pazar and Veliki Preslav.

The clear majority (79%) of the cases reviewed had been opened in 2012 and 2013 as summarised in Table 5.

Table 5 Year when each case was opened

<table>
<thead>
<tr>
<th>Year when case opened</th>
<th>Total cases reviewed</th>
<th>FCC Shumen</th>
<th>FCC Novi Pazar</th>
<th>FCC Veliki Preslav</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>16</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>2013</td>
<td>15</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>2014</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2015 and 2016</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: review of information in FCC case files and authors’ calculations

Without a full set of data from the FCCs, it is not possible to give conclusive findings as to why so few cases were opened in more recent years of the project operation. Other data from the case file review and from the interviews and focus group discussions with FCC staff suggest, however, that without a mechanism for closing cases, it can become difficult to continue to accept new cases as the social workers are engaged in ‘maintenance’ and monitoring of ongoing cases and may have little capacity to take on new and more intensive cases. Only one out 39 cases has been registered clearly in the case files as ‘closed’. Even cases where the family has moved to another area are not recorded as closed. There are cases where there has not been any visit or any type of intervention for a lengthy period including one case opened when the family refused the support of the FCC and the FCC came back a year later.
It is also possible that the services have reached saturation point and very few new families need the kind of help that the FCC is offering. This bears further exploration in relation to the analysis of the child protection data from the Shumen authorities.

Reasons for Referral
In one third of the cases reviewed, the files mention as reasons for referral the ‘risk of abandonment’ or ‘child protection concerns’ that could lead to the removal of the child/children from the family by the CPD. These cases are distributed almost evenly across the three FCC (five in Shumen and four each in Novi Pazar and Veliki Preslav) and describe a range of different situations, a 17-year-old pregnant girl declaring that she does not want her child,

“Under aged pregnant woman who was not accepted by her partner family and wants abortion. Declaration for abandonment. Her mother declares to help her with raising the child.” (information after first visit, Family 4, Novi Pazar FCC)

Other declared potential relinquishments,

“Mother visited FCC to request support. She does not have ID, does not know how long she has been pregnant and is ready to leave the child at an institution for a certain period of time.” (reason for referral, Family 4, Shumen FCC)

“Risk of abandonment. Uninsured pregnant woman without address registration and previous abandonment.” (reason for referral, Family 13, Veliki Preslav)

Child protection concerns were also given as a reason for referral,

“Risk of abandonment of the children at residential care. Social isolation. Mother has no ID, does not receive children benefits, does not have access to medical care. Since the income is not constant, there is a risk that the family would not be able to feed. Children are not covered by educational system, they go to gather herbs with the adults.” (reason for referral, Family 9, Novi Pazar FCC)

“CPD X wanted to move out the future newborn since the mother and the other two children had mange.” (reason for referral, Family 11, Shumen FCC)

There were also combined prevention, child protection and reintegration cases,

“Family registered during the mapping. Mother is pregnant. She wants to abandon the baby. She wants the other two children placed in foster care to be reintegrated with the support of the FCC.” (reason for referral, Family 1, Veliki Preslav FCC)

In this case, it is not clear from the file why one child was placed into foster care while his siblings remained in the care of the family. Housing conditions were described as ‘no ownership/good hygienic conditions’ after the first assessment visit and when the family moved they worsened and the youngest child was moved into foster care at that point,

“At the time of opening the case, the first two children [two girls born 2008 and 2010] were in foster care, placed by the CPD due to ‘low parental capacity’. The mother wanted support for their reintegration. They were reintegrated in November 2012. The third child [a boy born in 2013] was placed in foster care by the CPD in July 2015 after the family moved to a house where the living conditions are very bad. The family moved back to the first address but the CPD decided to prolong the foster care placement of the third child for one more year. The other two children started attending kindergarten and later school.” (case file information, Family 1, Veliki Preslav FCC)
It is not always clear from the case files how the best interests of each child were identified and how decisions were made that were in keeping with the best interests of the child. In some of these cases, the direct risk of relinquishment is not clearly documented and therefore the interventions that may have led to prevention of relinquishment are difficult to identify.

Analysis of the remaining two-thirds of the cases reviewed suggests that one of the main reasons for opening a case is that of uninsured pregnant women whose pregnancies are not being monitored. Sometimes this reason is accompanied by poor living conditions, lack of civil registration and in others risk of child relinquishment may also be mentioned as in the cases cited above,

“Identified as family at risk during the mapping: pregnant woman/unfollowed pregnancy/problems with changing the settlements all the time without changing the address registration.” (reason for referral, Family 11, Novi Pazar FCC)

“Under aged pregnant woman without ID card living in family at risk without income and bad living conditions.” (reason for referral, Family 8, Novi Pazar FCC)

Otherwise, the main reasons mentioned in the case files are related to poverty, low income and poor housing,

“Parents are without employment. Father cannot see with one of his eyes and is not certified. Family has no income. Risk of abandonment and foster care placement.” (reason for referral, Family 3, Novi Pazar FCC)

The case files sometimes draw indirect links between ‘reasons’ such as low income or regular change of address and perceived ‘risks’ such as ‘risk of early drop-out’ or ‘risk of unfollowed pregnancy’, where the logic of the link is not always clear and the implication is that poverty or low income is itself a risk factor leading to every possible outcome,

“Lack of regular income that can lead to many risks including the health of the child. Risk of unfollowed pregnancy if there is no family planning.” (reason for referral, Family 2, Novi Pazar FCC)

“Low income of the family does not give the parents the opportunity to cover the basic needs of the children. Risk of neglecting.” also checked risk of early drop-out (reason for referral, Family 6, Veliki Preslav FCC)

Differences in reasons for referral can be identified between the three FCC. All of the Shumen FCC referrals are linked to pregnancy and family planning services; over half of the Novi Pazar FCC referrals are linked to pregnancy and family planning with the other half emphasising low income, lack of civil registration, risk of relinquishment, disability issues; the Veliki Preslav FCC reasons for referrals generally mention pregnancy in fewer cases than the other two FCC and give ‘risk of early drop-out’ from school in several cases, a reason that is not given in either of the other two sets of FCC cases. Generally, the reasons for referral in the Novi Pazar and Veliki Preslav cases are more likely to reference the initial mapping of vulnerable communities conducted at the project outset while the Shumen cases are not. The initial community mapping identified vulnerable households within communities and this is reflected on the case file. A full assessment of the family was consequently conducted by the FCC social worker as they began their community intervention.
FCC Interventions and Services Provided

The main interventions and services provided by the FCC are set out in the case file format in the section where the plan for the case is set out as in Box 2. These options effectively set out the possible range of services offered and reflect, to some extent, a focus on babies and young children in keeping with the goal of the project to create services that are alternatives to placement in an infant home. The typology of services heavily emphasises maternal health care, family planning and health-linked services in infancy and early childhood, again perhaps as a reflection of the goal of replacing the ‘medico-social’ services of the Infant home.

The review of 39 cases summarised in Table 6 showed that the most common plan was for ‘individual support’ in all but one case followed by mediation or accompaniment in accessing health services and the provision of material support. In 16 cases, the plan was marked as services to prevent relinquishment of infants or babies, but 11 of these were in Shumen and similarly, ‘improving health literacy in at risk communities’ was marked as the plan for 15 cases, but 12 of these were in Shumen only. Group work and mediation to improve the social resources of families were planned more commonly in Veliki Preslav FCC than in the other two FCC. Training for parents or future parents was least likely to form part of the plan in any of the cases reviewed.

**Table 6 Planned interventions in each FCC based on plans marked in case files**

<table>
<thead>
<tr>
<th>Planned intervention</th>
<th>Total</th>
<th>Shumen</th>
<th>Novi Pazar</th>
<th>Veliki Preslav</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual support</td>
<td>38</td>
<td>12</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Access to health services - mediation and accompaniment</td>
<td>28</td>
<td>12</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Material support</td>
<td>22</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Prevention of relinquishment</td>
<td>16</td>
<td>11</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Improving health literacy</td>
<td>15</td>
<td>12</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Family planning</td>
<td>12</td>
<td>5</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mediation to improve social resources of families</td>
<td>12</td>
<td>1</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Consultation and support for new born children and young mothers</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Group work</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Parent school ECD</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Training for future parents</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Services to prepare adolescents and young people for family life</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: authors’ calculations based on information in 39 case files from Shumen, Novi Pazar and Veliki Preslav FCC, 2016
The most common combination of interventions is social services and family planning or access to health services, but with some variations between the three FCC as summarised in Table 7.

### Table 7 Combinations of services planned for each case reviewed

<table>
<thead>
<tr>
<th>Service Combination</th>
<th>Total</th>
<th>Shumen</th>
<th>Novi Pazar</th>
<th>Veliki Preslav</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social services and access to health services</td>
<td>15</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Social services, family planning and access to health services</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Social services and support only</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Social services, ECD parent training and access to health services</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Social services and ECD parent training</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Social services and family planning only</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>All types of service</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: authors’ calculations based on information in 39 case files from Shumen, Novi Pazar and Veliki Preslav FCC, 2016

The case files do not always make it clear whether ‘access to health services’ means accompaniment and mediation to statutory health services or the direct provision of, for example, gynecology services by the FCC themselves. The interviews with staff clarify that in most cases, these interventions ‘fitting an IUD’ have been undertaken by a doctor contracted by the FCC and therefore the FCC service cannot be classified as mediation or accompaniment, but rather as direct provision of services,
“We provide family planning involving reducing the birth rate. 323 women have been fitted with IUD; otherwise they would be giving birth every other year to children who would have been abandoned, so we have saved more than 1000 children.” (FGD Family Counselling Centre)

Table 8 summarises a selection of the interventions undertaken by the FCC that are documented in the case files and compares them to the problems and challenges described in each case and comments on the documented outcomes, gaps in service delivery and key aspects of each type of case.

It is difficult to understand from the case files which parts of the interventions can be attributed to the FCC and which parts to other key actors, especially the CSSCF and CPD, but also the municipality. From a review of the documentation, the FCC appears to focus heavily on family planning and maternal health issues with less attention given to ensuring clients are accessing social protection, employment and housing services. UNICEF suggest an additional explanation should be considered, that this may be connected with how documentation is maintained within the service,

“The documentation for health-related services is better developed and maintained due to the requirements and communication with the medical system. So, the observations on the type of services may reflect types of documented services not provided.” (Written submission, UNICEF Bulgaria)

Supporting families with civil registration is a key aspect of helping to ensure access to health services, education as well as other local services and the case interventions appear to support these social administration tasks, but not consistently across all cases. It is possible to note strong interaction with the CSSCF and CPD in some cases and in others this interaction has not been documented or was not taking place.

In many cases, while the plan may indicate ‘family planning’, and the case may document that family planning has been discussed with the mother of the household, it is not always clear whether the plan has been fulfilled. As a general comment, the case documentation describes the family situation almost exclusively in relation to the mother of the children in the household rather than in relation to the children. The case documentation does not reflect that social work methods are being used. For example, genograms that describe complex families, child needs assessments based on social work theory and related to an understanding of children’s needs and families’ abilities to meet their needs.
Table 8 Description of selected family support interventions and outcomes provided by the FCC documented in case files.

<table>
<thead>
<tr>
<th>Situation at first assessment</th>
<th>Key issues and challenges identified</th>
<th>FCC interventions documented</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family 1</strong>&lt;br&gt;Mother, 32 years old who has had 5 children born 2001, 2002, 2006, 2009 and 2012. She was pregnant with the 5th child at the point when she was referred to the FCC in July 2012. At the time of the first assessment, the family had income only from child benefits and irregular/informal earnings. The 3rd child had been adopted by a relative and children 1, 2 and 4 were placed in emergency foster care by the CPD in August 2012 unknown to the FCC team that was already working with the family at this point. Housing assessment indicated lack of water, electricity and no ownership of the property. The family inhabited one room with poor hygiene and living conditions. They had applied for municipal housing. Alcohol addiction of father and neglect by born of the children. There are other relatives living in the household.</td>
<td>Low income, unmonitored pregnancy and lack of preparation for the new baby, three children in foster care, reported alcohol abuse and neglect of children by father</td>
<td>FCC conducted 10 visits in total in the period Nov 2012 to July 2013 and the case is not closed, but no information appears to have been entered into the file since the last visit. 3 times accompanied the mother to gynecologist - 1 time for pregnancy monitoring, 1 time for examination if IUD can be placed and 1 time for IUD placement. The family visited the FCC 2 times - 1 time to announce the birth of child 5 and the municipal housing received and 1 time to ask for material support. Material support provided: milk and diapers. The family received municipal housing after the birth of child 5 and the other three children were moved from foster care back to the family. The last visits during fieldwork just document that the baby and the mother are well. There is no detailed information about the rest of the children in the family.</td>
<td>FCC focused only on maternal health and newborn child needs. No health, mental health or employment interventions for father; CPD worked on child protection and municipality on housing. No work with other relatives, foster carers or other potential support networks documented.</td>
</tr>
<tr>
<td><strong>Family 3</strong>&lt;br&gt;Mother, 34 years old, who has had 2 children one born in 2010 and a younger child who was born in May 2013 just after the family was referred to the FCC in April 2013. The mother is blind and lives with her own mother. The father of the children lives separately in another town and has periodic contact with the children and their mother and grandmother. At the time of the first assessment, the family had income from social assistance and child benefits only, housing was assessed as 'good with official ownership' and the reason for referral was the unmonitored pregnancy of the mother. The older child also has a sight disability that requires medical intervention that the family cannot afford. The mother and the grandmother declared that they would like to place the newborn baby at the RH Shumen for 2 years because they cannot take care of the child. FCC met CPD for further actions in cooperation on the case.</td>
<td>Disability registration of both the mother and child were not clear, unmonitored pregnancy (only one examination by the 8th month), eye surgery needed for older child, declared intention of placing the new born in the Shumen infant home for two years.</td>
<td>15 field visits to the family. At one point in 08.2015 the mother moved to the house of her partner and left the children with the grandmother. The mother was accompanied to the gynecologist 5 times before the birth and after it. Child 1 was accompanied 6 times to medical specialists regarding eye surgery that he needs but that was postponed several times. At one point the case file docuscript was prescribed. Diapers and milk were provided. At the time of the last visit to the family in 08.2016 it is reported that the boy is at the hospital with the grandmother and an infected leg. The case file documents that the FCC continues working with the mother and her partner on the importance of not leaving the children with the grandmother. The mother returned to her children. The case appears to still be open, but it is not clear what the plan is. The younger child, born in 2013 is not mentioned in the file nor are the reasons for the psychiatrist referral.</td>
<td>The focus has been on maternal health and it is not clear what the reasons were for &quot;not being able to take care of the baby. It is not clear if the eye surgery issue is still being followed up if disability registration has been completed.</td>
</tr>
<tr>
<td><strong>Family 5</strong>&lt;br&gt;Mother, 38 years old who had 5 children (born 2000, 2003, twins 2005 and 2007) when the case was first referred to the FCC in May 2012. Child 6 was born in September 2012 and a 7th child was born in February 2014. The family was assessed as having low income from child benefits and temporary informal earnings of the husband and of metal and paper recycling by the mother. Housing was assessed as bad with lack of water, electricity and no ownership of the home. The reason for referral was unmonitored pregnancy and risk of relinquishment of the future newborn.</td>
<td>Low income, poor housing, unmonitored pregnancy, child 5 was not attending kindergarten due to low income. Subsequent issues: after the birth of child 6, child 1 stopped going to school to help with house work. In 2016, when child 1 turned 16 years, the father declared to the CPD that she would not attend school and would get married. Children 6 and 7 were moved by the CPD into foster care in April 2014.</td>
<td>Numerous meetings of FCC, CPD and CSSCF to discuss the situation. First meetings are in regard to CPD decision to move the younger children from the family. Representatives from these three organisations used to discuss the case continuously and even taking the decision for a nurse to visit the home of the household 2 times a day. There are 23 recorded visits/meetings for the period 13.12.2012-25.03.2013 without detailed information about the visits but only people who visited the household. Milk, diapers and hygienic materials for the newborns on a daily basis by the FCC, social worker, psychologist, and teachers met regularly with the family members and representative of other organisations; two pregnancies were followed by health services; FCC and CSSCF tried to improve the living conditions and keep the children at family. After the 6th birth, the mother was offered to stay at Mother and Baby Unit (MBU) but she refused. IUD placement was discussed with the mother. During the last visit in July 2016, the family was supported with medicines since two of the children had vermin, the mother is pregnant again, child 6 is not in kindergarten, there are problems with child 1 and child 7 is still in foster care.</td>
<td>The case is still open and the plan is not clear. There has been multi-disciplinary working with the other services, but so far without results. It is not clear why the CPD has child protection concerns about one child and removed him into foster care, but not the other children.</td>
</tr>
</tbody>
</table>

Source: FCC case files, 2016
The cases summarised in Table 8 are not necessarily typical, they have been chosen because enough information was provided in the case file to illustrate how the FCC documents its work and to illustrate the different challenges encountered by the FCC workers as well as the inputs provided. The cases all confirm the prominence of family planning and maternal health in the work of the FCC.

During visits to the communities where the FCCs work, it was possible in a limited way to gather the perspective of service beneficiaries on the work of the FCC,

“FCC staff helped me to cope with the CPD. FCC helped me with medical examinations during my third pregnancy as well as with advice how to take care of the child, how to stop the abuse of my partner and material support for the newborn baby.” (Mother of three children experiencing domestic violence and placement into emergency foster care and subsequent return of two children by the CPD)

The interviewer observed in this case that the mother gave the impression that the FCC helping to ‘cope’ with the CPD was presented by the mother as if the FCC was on the side of the mother and the CPD was hostile/playing a ‘bad’ role. This raises questions about the role of the FCC in child protection work and maintaining a focus on the best interests of the child as well as inter-agency cooperation and the role of FCC as case managers or coordinators. This suggests that the coordination between FCC and CPD may require additional support to ensure that the vision of an effective service network is realised.

Other observations of interaction between FCC staff and beneficiary households confirm that the FCC staff are recognised in the communities where they work and seem to have the trust of community members. Questions are raised, however, about the extent to which they are viewed as bearers mainly of material support and free antenatal health services,

“Observing the interaction between the social workers and F, I would say that she has been a regular FCC customer. She asked social workers for some help with her son who does not want to attend school, some help with his transport card (to go to school in Shumen), she received some clothes and described what else she needs. When I asked her why she does not want to divorce, she told me that she wants but she does not have money and she must go to Kableshkovo/Burgas to divorce. Social workers told her that they can help her to divorce whenever she takes the final decision”. (Evaluator observations of FCC community visits, 2016)

“While we were at X neighborhood, I saw that the FCC staff is recognised. A girl came to talk with the social workers saying that she needs clothes for her two children as well as a medical examination because she is pregnant. It is her third pregnancy.” (Evaluator observations of FCC community visits, 2016)

“When we went to Y neighborhood… the social workers are well recognised. We met an old lady who started to share her problems. She said that they do not have enough money for food and currently her son is waiting for a third child.” (Evaluator observations of FCC community visits, 2016)

The review of 39 cases provides valuable insight in the details of the working of the FCC and helps to illustrate how the FCC may be ‘preventing’ maternity ward relinquishments by identifying pregnant women who may be at risk of not being able to care for their babies after the birth. None of the cases reviewed were referred from the maternity ward, but this appears to be because the cases that would otherwise have been referred from the maternity ward
have been identified at an earlier stage of the pregnancy. Given the focus of the project on prevention of family separation, it is not clear from the case review whether the FCC emphasis on family planning is an effective intervention.

UNICEF Bulgaria notes that there is worldwide evidence that family planning contributes to reducing poverty and empowerment of women. Presentation of this data, and data from Bulgaria in the situational analysis for the project design, would enable the links between the situation and the intervention to be more strongly demonstrated.

In some of the cases reviewed the documentation suggests that even where women wanted to fit an IUD, this has either not happened, or there have been complications and in some cases, subsequent pregnancies anyway. The family planning methodology appears to involve fitting of IUD; discussion of other available contraception methods may assist in overcoming these difficulties.

The case file review has added detail about how the services are delivered. How the FCC operates to assist families as reported by informants is detailed in other sections of this report.

5.5 Centre for Maternal and Child Health (CM&CH)

This service has been operational under the authority of MoH since 2013 (four years) fully financed by UNICEF. Funding is confirmed until the end of 2017 and continuation beyond that date is reported by CM&CH staff as undetermined.

The 12 nurses and midwives provide home-visiting services to all pregnant women, children aged 0-3 years old and their families in Shumen region. The service aims to improve maternal and child health, prevent risks and support early childhood development and provides its services in accordance with a methodology approved by the Ministry of Health. The centre was established as part of the structure of the outpatient medical centre, which is part of the regional health system and is located in an office in downtown Shumen provided by the regional health authority.

Training was provided to staff through an agreement with the Medical University in Varna.

Due to the uncertain funding situation, there are concerns about staff retention,

“Some nurses have left and more will leave because they have no security about their future, lots of investment is lost.” (CM&CH staff)

The health visitors report being most needed in remote areas, which don’t have good coverage by the health care system and by people without health insurance. They have two vehicles to make home visits to meet this demand,

Where the health visitor identifies social issues in the family, they make a referral to the FCC, the Complex for Social Services and other authorities,

“Although we work with FCC when the case has a serious social aspect it requires a lot of visits and follow-up from us.” (CM&CH staff)
They also report that they pro-actively search for pregnant women who are not health insured and then accompany them to a doctor so that their pregnancy can be monitored,

“There is a [state] ordinance that if a pregnant woman is not insured she is entitled to one free doctors visit; but one visit is totally insufficient, so UNICEF provides finances for a second visit and if an issue is identified they would finance a third visit as well.”  
(CM&CH staff)

The health visitors promote the WHO guidelines on exclusive breastfeeding\(^{25}\). They report encountering difficulties where GPs and paediatricians provide conflicting advice. For example, a doctor who recommends that parents give babies juices at two months and promote early introduction of solid food; similarly, they report limited government policy and guidance on infant and child feeding practices even though the Ministry of Health stated during a KII conducted for this evaluation that breastfeeding is included in the national standard for paediatricians,

“Paediatricians decide by themselves; a lot of retired doctors [who are working in rural areas due to the non-availability of health services] make the same recommendations they made 50 years ago. Most follow WHO recommendations, but there are others who recommend old fashioned practices; apple or orange juices made by the mother, but we had case of a mother who gave Cappy juice [a boxed brand] to the baby.”  
(CM&CH)

However, health visitors also point to having had some influence on GP practice locally,

“As far as we know our work has not had any influence on development of by-laws, policies, regulations, the only thing our work has influenced is the opinion of GPs [about infant feeding practices].”  
(CM&CH staff)

The health visitors report working intensively with families who have a child with a disability,

“We also work intensively with families who have children with disabilities helping them to get healthcare.”  
(FGD staff of CM&CH)

The CM&CH operates an electronic database which health visitors report was specifically developed for UNICEF Bulgaria monitoring purposes. The health visitors do not know if this can be cross referenced with the FCC excel spread sheet database or if it has been designed to be compatible with other administrative data collection systems. UNICEF Bulgaria confirms that the administrative data system is a management tool for UNICEF and was not designed to be cross-referenced with the FCC or any other administrative data systems.

The FCC and CM&CH are considered variously by local government and NGO stakeholders and by the staff of the two services as having both a complementary role and a duplicate role. One FCC reports that the two services work together on at least 90 per cent of cases. In one area, the nurse reported working full-time at the FCC and part-time as a CM&CH health visitor.

\(^{25}\) For more information see http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
As noted above (Figure 3), FCC report that they assist pregnant women without health insurance to have their pregnancy monitored, which is also a function of the CM&CH health visitors,

“We offer three packages of service, the third is our ‘extra-package’ - we don’t work on our own for this, these are cases where we identify not only medical problem in the family but the main problem can be social, and we work with FCC, the complex and if we identify that a child is at risk, the HV shares the case with the social worker and liaises with the different authorities.” (FGD staff of CM&CH)

Because the CM&CH is operating as an outreach service and has an intensive reach they are in a position to identify families who need a referral to FCC/CPD for support within in the network. They are also conceived with a family support role,

“A lot of UNICEF and national efforts were concentrated on closing down infant homes; it was realised that this could only be successful if wider support networks and systems for identifying early risk were available; we saw this as a way to go beyond deinstitutionalisation and strengthen support to families in the most important early years; entrance to the service is wide to strengthen preventive role of the healthcare system; service objectives include child development, child protection from violence and abuse and prevention of development difficulties, and providing support to families.” (KII, UNICEF Bulgaria)

They are considered as part of the planned network of services in Shumen region, although one CPD remarked that,

“The impact of a lack of formal relationship between FCC and CPD means lack of continuity in case follow-up, sometimes it happens we find out by chance we are working on the same case, we try organise informal working meetings, we provide information to CM&CH about young mothers and provide information to work with this mother and her baby but we don’t get feedback.” (KII, CPD Shumen Region)

A review of the mechanisms for coordination to assure the efficacy of the visualised network approach, can contribute to improved working relationships and may affect perceptions of duplication.

5.6 Child Centre for Advocacy and Support – Protection Zone

This service provides specific support to children who have been exposed to or witnessed violence. It is provided through a UNICEF Bulgaria funding partnership with SAPI through the Complex for Social Services.

This service is a new intervention for UNICEF Bulgaria. It’s nascent development relative to the FCC and CM&CH may account for it not being referenced as an additional social service for referrals by the FCC or CM&CH staff,

"The child advocacy centre is something new, it is part of our programme on violence against children; was suggested during Mid-term Review that we need to step into this area." (KII, UNICEF Bulgaria)

5.7 Other Social Services for Children and Families in the Shumen Region

Shumen region has an extensive network of services available to support children and families. Some were in place prior to project implementation and others have been developed during the project lifetime. This section provides an overview of this network.

In 2010, there were 5 specialised institutions in Shumen region providing institutional care for children as follows:

- Home for Medical and Social Care for Children (HMSCC) in Shumen with capacity of 180 children at the age of 0-3 years;
- Home for Children Deprived of Parental Care “Detelina” (HMCDPC) in Shumen with capacity of 75 children at the age of 7-18 years.
- Home for Children Deprived of Parental Care (HMCDPC) in Veliki Preslav with capacity of 70 children at the age of 7-18 years.
- Home for Children Deprived of Parental Care “Slance” (HMCDPC) in Kaspichan with capacity of 55 children at the age of 3-7 years.
- Home for Children with Mental Retardations “Kalinka” (HCMR) in Vasil Drumev village, Shumen municipality with capacity of 50 children at the age of 3-28 years.

By the end of 2015, the capacity of HMCDPC in Veliki Preslav was reduced to 25 and there were only 4 children left at HCMR in Vasil Drumev. In 2016, all institutions are closed or transformed to Family Type Placement Centres (FTPC) and there were at least 7 open FTPCs in Shumen at the time of the evaluation.

Prior to the start of the Family for Every Child project, there had been a well-developed system of provision of community-based social services. Contracted by the Shumen municipality, SAPI provides a range of social services through the 'Complex for Social Services to Children and Families Shumen' including,

1. Community Support Centre providing services to support:
   - Children in risk at the age 0-18 years and their families
   - Families in risk of abandonment or placement of their child at specialised institution
   - Families in risk of destruction of family relations
   - Families whose children are placed at specialized institution or at other family – foster family or kinship care

- Candidates for foster parents and/or already approved foster parents
- Candidates for adopters and/or already approved adopters
- Families with children with special needs (deviations, disabilities, anomalies)
- Families having difficulties to cope with problems and asking professional support for children’s care and grow
- Children for specialized institutions who are to be moved out
- Children from the community in order to prevent risk behavior

2. Emergency reception center for:
   2.1 Children at the age 7-18 who are in risk for their physical survival as:
      - Children in the street
      - Children who were victims of violence
      - Children who ran away from home or from an institution
      - Children who are subjected to systematic psychological, sexual abuse and neglected as well as those who have witnessed violence

   2.2 Children placed with a measure of police protection as:
      - Children subject of crime
      - Children for whom there is a potential risk to be involved in a crime
      - Children with immediate danger to their life and health
      - Children who are lost or in helplessness situation
      - Children who are without supervision

3. Mother and Baby Unit

4. Daily centre for children in the street

5. Foster care

In 2010, there was one more Community Support Centre in Shumen region. Contracted by the Novi Pazar municipality, the Community Support Centre for Children and Families at Risk is an NGO “Association SOS women and children victims of violence” service provider offering support to children and families since 2008. The Community Support Centre reports that it provides an extensive range of both outreach and centre-based services for:

- Children with antisocial behaviour
- Children victims of violence
- Drop-outs from school at the age 7-18 years
- Foster parents’ candidates. This centre participated in the regional foster care programme which supported the closure of the Shumen HMSCC.
- Families having difficulties to cope with problems and asking professional support for children’s care and grow
- Pregnant women and mothers of newborns from communities in risk
- Children with overweight
- Center for work with children in the street since the beginning of 2016
Currently, for children with disabilities in Shumen region, there are two day-care centres, one in Shumen, and a second in Novi Pazar that was opened with support from the FFEC project.

### 5.8 Impressions of Government Partners

A range of former and current government partners at national, regional and local level were included as key informants to this evaluation. This wide range of experience in both implementing the wider reform process and in direct involvement in the Family for Every Child project implementation contributes to the richness of the data gathered during this evaluation.

As previously noted, there have been several political transitions in Bulgaria during the project lifetime, which has resulted in changes in government appointments. In order to ensure the historical perspective is included in this evaluation of the Family for Every Child project, the perspectives of former personnel are included.

Across all levels of government respondents acknowledged their appreciation of the UNICEF project, for many different reasons,

“…and we were very grateful for their help during a difficult economic period.” (KII, Shumen region, municipality level)

“All the activities of FCC were aimed to prevent unwanted pregnancy and, after pregnancy was a fact, to prevent abandonment with the idea that there is nothing better for a child than a family.” (KII, Shumen region, municipality level)

“The structures and services organised by us are based on a structure that has required standards for employees, the financial standard in some cases is very low and does not allow us to hire additional experts, this causes difficulties, the current structures don’t allow us to hire the professionals required to provide quality services; that’s why we need these support services.” (KII, Shumen region municipality)

“They began by mapping in Roma communities, this was a decision of UNICEF because the Family for Every Child project was targeting risk groups and risk groups live in Roma quarters. These at-risk groups include individuals and families who [currently] don’t get healthcare support, don’t get education, don’t have jobs and don’t have any financial resources.” (KII, Shumen region, municipality level)

“The municipality values the activity and hopes that UNICEF can manage to make it a state delegated activity.” (KII, Shumen region municipality)

The support for foster care, and particularly infant foster care is noted and valued,

“Alongside the closing of the home we started very intense promotion of foster care; because UNICEF provided a lot of support to the foster families, other families see this and gain the strength to become foster families too. We can rely on support of FCC when we place a new born baby with a foster family, FCC provided in-kind support with
nappies, formula, we work in close cooperation with maternal and child health centre in Shumen region.” (KII, Shumen region, municipality level)

“DI worked well because foster care was already very well developed, and this helped with the DI; many children were abandoned across the country who originated from Novi Pazar, now the children are being placed in FC straight from maternity hospital.” (KII, Shumen region, municipality level)

Former and current staff of the State Agency for Child Protection spoke in depth about the wider reform process and lessons learned. This included suggestions that improved coordination would result in better outcomes for children,

“Despite all efforts, at the end of the day each project moved into a direction of its own individual objectives.” (KII, SACP, national level)

“There were five main projects and another five or six smaller projects and in some cases, there was not always good synchronisation and cooperation between the different components.” (KII, SACP, national level)

“Let’s do the integrated services – not new services, but an integration of the systems; hospitals have to work with social services, social services have to work with schools, we don’t need new services which includes all these elements.” (KII, SACP, national level)

“Coordination between different systems has to be in the legislation to make sure it is part of professional responsibility; improve the child protection system to ensure last resort is placement in institutional care.” (KII, SACP, national level)

Local government staff spoke of different mechanisms for coordination at the municipal and regional level, and particularly valued the inputs of the UNICEF Bulgaria coordinator at the Infant Home,

“In the Social Services Directorate there are Committees in which our experts participate; and we are always strictly monitored by SACP, we provide monthly reports to UNICEF and weekly monthly and annual reports to SACP. This is how we implemented coordination, by providing reports.” (KII, former municipal staff, Shumen region)

“It was very useful to have a local UNICEF coordinator, so actually she performed the entire coordination between all of the institutions. The project implementation was based on a memorandum between municipality, UNICEF and regional governor. But UNICEF was the liaison with CPD and police and all other projects.” (KII, former municipal staff, Shumen region)

“One of our everyday tasks was to take part in CPD meetings with UNICEF project coordinator, to decide on most appropriate measure [for the child leaving the HMSCC], reintegration or adoption.” (KII, RDSA, Shumen region)
“From a regional perspective on coordination...there are no mechanisms, after a project is launched the ASA is the managing agency which sends information to regional level and we inform all municipalities in the region.” (KII, RDSA, Shumen region)

Although national management information systems for data collection, monitoring and management are not yet fully functional, they are under development, including at the Agency for Social Assistance,

“The integrated management information system (MIS) was launched at the beginning of this year and it covers the entire social assistance system; it’s still being tested; some modules are still under development and some need to be corrected. It will include data on child protection cases that the CPD takes on.” (KII, RDSA, Shumen region)

The local government authorities also acknowledged the support provided by the FCC in reducing the burden on CPD, and in working effectively in the delivery of social care support through the health sector,

“FCC and CM&CH are useful for the CPD, they help, they cooperate. As far as we know the FCC does prevention work with pregnant women, they have a school for pregnant women, they assist Roma families to get children into kindergartens, to register the child with the GP, they integrate the Roma people. They provide support with the administrative tasks. This is also the function of the social worker, but they help our colleagues who have a lot of cases to work on. They support the family to prevent the child becoming a client of the CPD.” (KII, RDSA, Shumen region)

“I personally am very much in favour of this CM&CH and there is a need for this type of work, because of the outreach, to some extent I am aware of UNICEF activity because there is CM&CH and the FCC ...if they come with some medical problem we would assist, on our territory they work very well, I know all of them personally.” (KII, Regional Health Directorate, Shumen region)

These key informants included senior management as well as technical staff. Although they did not refer to formal coordination mechanisms outside the meetings and coordination conducted by the UNICEF Coordinator for closure of the Shumen HMSCC, it is possible that they were unaware of Regional Coordination Meetings.

The principal impression is that across all functional areas of responsibility there is an awareness of the UNICEF Bulgaria inputs in Shumen region, that these inputs are valued and seen as an important support mechanism for statutory services for vulnerable children and families and that they contributed to the closure of the Shumen HMSCC. On the other hand, there is no sense of local ownership, or impression that either regional or municipal government is taking steps to transfer the services to their management,

“The social services provided by the municipality operate within the set of standards approved by Ministry of Labour and Social Policy...there is no standard set for FCCs, we had meetings with the previous Minister and their experts but as yet there is no
reply… and if not, we will be happy for the service to continue to be funded by UNICEF; I personally see how useful it is.” (KII senior management, municipal level Shumen region)

“I know that for years now UNICEF is working to make this service state delegated activity and in these circumstances, since the municipality needs this service and it is mentioned in our strategic document we want to try and keep it.” (KII senior management, municipal level Shumen region)

“It hasn’t been discussed whether FCC will be a municipal service or contracted out, but personally I believe that contracting out is an appropriate solution, because we have serious problem with the staff, running by an NGO will allow for more qualified more skilled experts to be employed.” (KII senior management, municipal level Shumen region)

“UNICEF have to propose this activity to become a state delegated services, most probably they should file the application and we can support it as municipalities; we can see it is an effective service because it’s been running for 6 years; it should be included in the social assistance act.” (KII senior management, municipal level Shumen region)

At national level the UNICEF Bulgaria experience in Shumen region, along with the 8 pilot HMSCC closures under the ‘Direction Family’ project, has informed the planned reform by Ministry of Health for closure of the remaining HMSCC. The experience of the CM&CH and the visiting nurses is valued. This service was previously available in Bulgaria and the MoH is pleased to see the model revised and reinstated,

“We would like to scale-up this experience and to make it a systematic approach.” (KII, national MoH)

The MoH provided information about a national programme for maternal and child health which involves consulting centres at the hospital where a social worker and a psychologist would be available for consultations,

“We have discussed with UNICEF that the visiting nurses or FCCs can redirect mothers to these centres. At these centres, unsecured pregnant women can receive gynaecological examination for free.” (KII, national level, MoH)

The MoH proposes that women would not have to be health insured to obtain services at these centres. These discussions are currently on hold due to further changes in government.

The model developed by UNICEF during the Shumen HMSCC was viewed by MoH as a parallel model to the other infant home closures,

“We envisage to make regional councils where HMSCC is to be closed to discuss and make the right decisions on a regional level.” (KII, national level, MoH)

Ministry of Health remarked that they find UNICEF Bulgaria policy advocacy useful, and believe the experience of the CM&CH will be useful when the State begins to scale-up. They
are less sure about the sustainability of what they perceive as the agency’s involvement in direct service delivery and service management. Further they are concerned about the proliferation of new services,

“We do have neither the ambition nor the will to open new services. Our vision is that we must adapt our system and to learn how to work with the social system instead of opening new services all the time.” (KII, national level, MoH)

At national level the Ministry of Labour and Social Policy reported that the second phase action plan for implementation of the Vision was approved on 12th October 2016. One anticipated outcome of the new action plan is increased capacity and efficiency of the entire child protection system. The Deputy Minister acknowledged the achievements towards the closure of residential institutional care in Bulgaria and noted that these had come with some concerns over quality of services. In some cases, this is linked to capacity of staff and a tendency on the part of municipalities to see social services development from the perspective of social employment.

There is also a recognition that the funding mechanisms for such services require refinements. The MLSP reports that they intend to conduct a review of ‘money follow the child’ mechanisms in a range of European countries to find an adaptable model. It is anticipated that this can then be instituted through the planned development of a new law on social services, envisaged for implementation in 2018.

The Ministry is subject to continuing public pressure regarding the deinstitutionalisation process, from the public and the media, and accepts that some of the reported cases of poor quality care in new services, are justifiable.

At the same time the MLSP would like to shift the perception that social services exist solely to support ‘problem families’; as such the new law is envisaged to contain provision for privately purchased services delivered by the non-government, not-for profit and private sectors. The vision is to have a system for everyone and not just the disadvantaged.

It is further anticipated that the new law will assist in defining ‘social services’ and ‘integrated services’ which are currently not well understood. This will involve explicitly managing the complexities of defining a lead ministry for specific service provision, who will have ultimate responsibility for monitoring quality.

The ASA at both national and local level is envisaged as the authority for implementing state policy related to child protection provision, for social assistance and social services, including for the elderly and people with disabilities. The MLSP views the primary function of the ASA as risk management and control.

The MLSP notes the proliferation of social services providers locally and the limited availability of state resources to fund this growth.

A system of local social mapping will be initiated for municipalities to understand the population demographics and planning requirements for social services; based on this they will submit a
request for funding. As is currently the case, funding will be provided based on locally identified need, and a local council approved detailed strategy to meet that need.

It is the intention of the MLSP that the Community Centres developed and funded through the World Bank Social Inclusion project, will continue to operate with EU budget-assistance under the early childhood umbrella. The analysis of the results of these centres will inform the future direction of community-based support. These Centres will complement the work of health and labour mediators working primarily with Roma populations and these provisions are set out in the new Action Plan approved in October.

The strengthening of the CPDs is a priority for the future, including increasing numbers of available social workers, although unlikely before 2019.

The MLSP is keenly aware of two emerging child protection concerns and will therefore concentrate efforts in the coming years on unaccompanied refugee children, and children of emigrants who live with their extended families and remain largely unsupervised. The MLSP acknowledges the support it has received from UNICEF Bulgaria in the implementation of the Action Plan and through the provision of social services support to children and families in Shumen, but did not specify how the project has contributed to the ongoing policy dialogue or phase II of the Action Plan for Deinstitutionalisation.

At sub-national level the Regional and municipal administrations report their satisfaction with UNICEF Bulgaria’s support for closure of the Shumen HMSCC and the development of replacement social services. At the same time these stakeholders were unable to articulate a plan for maintenance of the new services under the state budget; the stasis in making application for state delegated funding suggests that this situation will not be easily resolved.

Local government also perceives duplication at service level across the FCC, the CM&CH with health mediators and labour mediators and with the existing basic services in health and education. This may be because they do not fully understand the service goals and objectives, and is linked to the discussions on coordination and relevance below.

The Shumen Regional Strategy for Development of Social Services 2016-2020 at point 1.3.2 describes the status of the FCC as having been opened and funded by the UNICEF project “Family for Every Child”, and details the services provided. The strategy does not extend to the plans for absorption of the service by the local government.

5.9 Coordination – National, Local and Project

Several coordination mechanisms for implementation of the deinstitutionalisation plan are envisaged in the Vision, as well as through the various Memoranda of Understanding and funding agreements between UNICEF and national and local government.

An inter-ministerial steering committee was established to provide oversight to implementation of the Vision, and to work with a subordinate working group of experts. Key informants at national government level note that government may have been pressured into the reform
process and that relationships between key Ministries have been constrained during the deinstitutionalisation reforms, particularly between MoH and MLSP.

“Civil society made the State draft the vision, to move from pilots to national agreements.” (KII, national level SACP)

“MoH and MLSP did not speak with each other for a very long period of time. Or if they used to speak it was not in the right manner. But I must also say that there has been a very positive tendency in our communication during the last 2 years. By the end of the day we have started to talk and even to have common understanding on certain issues. May be this is due to the long road behind.” (KII, national level MoH)

Government key informants specifically identified ‘Coalition 2025’ as a driving force behind the reforms,

“The deinstitutionalisation coalition was an important tool, to keep the reform going forwards and in the beginning, it was more powerful and was able to make the state do something.” (KII, national SACP)

The National Network for Children lobbied on behalf of its membership for NGO representation at the working group, and have agreed a co-chair sharing arrangement with the SACP and a nominated NGO. The National Network for Children report the government’s view is that specialist expertise can be co-opted from the sector, including UNICEF Bulgaria, on an ad hoc basis whilst recognising that government is responsible for decision-making in areas where it is the ultimate duty bearer.

The intention to establish a Project Consultative Council including representatives of the signatories is noted in the inter-ministerial MoU for the Family for Every Child Project, signed on 26th January 2011 by UNICEF, MoH, MLSP, State Agency for Social Assistance, State Agency for Child Protection and Shumen municipality. Similarly, a Regional Coordination Group is envisaged in the September 2011 (revised May 2014) MoU between UNICEF, the Regional Administration and the 10 municipalities. This evaluation has not seen agenda, minutes or participant lists of the Regional Coordination Group. Although key informants did not refer to meetings of this group, they may not have been the direct participants and thus may not have been aware of it. UNICEF Bulgaria reports that two meetings were held but otherwise coordination was incorporated into other meetings with national stakeholders in order not to overburden partners.

In addition, mechanisms for coordination with and of other stakeholders is described variously by UNICEF Bulgaria as,

- through the sharing of project reports with the municipality
- hosting of ‘round-tables’ and conferences
- publication of commissioned evaluations and reports

The Family for Every Child project continues to generate significant interest in the sector. The National Network for Children report that they have acted as an intermediary passing queries
from their membership to UNICEF regarding methodology, results and sustainability, for example,

- what is the conceptual framework for the FCC and how is it coherent with the Complex for Social Services and the community centres developed with World Bank funding for Social Inclusion?
- how is this FCC envisaged to be made sustainable?
- what is the integrated approach in service delivery?
- how are synergies being created across services?
- what case management approach/system is being implemented?
- How is quality in service delivery monitored and maintained?

Consequently, they engage with their constituents through joint membership meetings to communicate for example, on different models and practices for child and family support.

5.10 UNICEF’s Role in Project Implementation and Stakeholder Perceptions

UNICEF’s role in the project was to initiate, design, fundraise, establish partnerships, work with partners to establish MOU, identify, and employ a Coordinator, monitor and to some extent manage the services.

Key informants at national and local level report positively on UNICEF Bulgaria’s contribution to the deinstitutionalisation process in Shumen region and acknowledge both the support provided to the closure of the Shumen HMSCC and the development of social services in the region.

“Following the closure of Mogilino there was huge state interest in national reform…this included agreement to close all baby homes…UNICEF chose Shumen, because it is big and nasty, I was happy they picked up Shumen because it was a difficult choice.”

(KII, former staff SACP)

UNICEF Bulgaria maintains a strong, highly visible profile in Shumen; posters, leaflets and signage utilise UNICEF branding, and stakeholders at national and sub-national level are aware of the UNICEF investments. The partnership component of the work, acknowledging that UNICEF Bulgaria works through national and local government and NGO partners, is less visible in the communication materials (Figure 4.) This contributes to external perceptions of the agency as a standalone service provider, and internally, it is equally unclear if the role of UNICEF is well understood,

“UNICEF acts as service provider so must generate methodology, but they do not share this with us.” (NGO staff)

“We and other NGOs [not only UNICEF] supported the baby home closure.” (KII, UNICEF Bulgaria)
“UNICEF is processing the data, it’s their responsibility, they take data from our electronic database which they designed, we don’t know if it fits MoH information systems.” (CM&CH staff)

“UNICEF should…cooperate with smaller NGOs to use our experience and should lobby the municipality to contract services out to NGOs; we are not competitors we all have our own niche and we can work very well in partnership.” (NGO staff)

Figure 11. UNICEF Posters in Shumen

The services developed under the auspices of the project are ostensibly managed by the municipality, and at a national level UNICEF Bulgaria is clear that their only role is to provide the funding to these municipal service, however the local perceptions are less distinct, as can be seen, for example, by the varying opinions noted above as to whose responsibility it is to obtain state delegated authority.

Whilst the terms and conditions for the FCC and CM&CH salaries are equivalent to local government officers at the same grade, these staff teams have been described by UNICEF as more motivated and enthusiastic than their counterparts in similar government positions. This evaluation observed that this may be related to other enhanced terms and conditions including refurbished and well-equipped office space, access to transport, flexibility in decision making and service provision, and availability of in-kind support for service users. The staff of the FCC report that this has implications for future sustainability,

“If FCC is funded by the state we lose our flexibility; it won’t be possible to carry on; if they make it a state delegated activity we will fight very much for this service to be contracted out to an NGO so we can keep our team and carry on working flexibly; if we were managed by an NGO the funding will only be sufficient if the financial standard
which needs to be developed considers what we are doing now, if not we must cut our services.” (FGD staff of FCC)

This has implications for the future absorption of the service by the local authority and the consequent maintenance of components which lend the FCCs their originality.

5.11 Family for Every Child project service data

As noted previously, the data provided in the report ‘Key Results Family for Every Child’ 2010-2015 (Annex 3) is the main project document being used by the evaluation to assess reported results against the original project plan. The ‘key results’ noted in the report are summarised here and include28,

1. The creation of services
   - 3 FCC, 1 CM&HC, foster care for babies, children under 3 years and children with disabilities, prevention of relinquishment at the maternity ward
   - Training for social workers and judges

2. Changes in attitude and behaviours
   - Contribution to the development of donation culture in Bulgaria attracting thousands of individual donors providing long-term support to the project
   - Understanding developed about and attitudes changed towards the harm caused by raising children under 3 years in institutions, the importance of early childhood and support for parents

3. Numbers of service users and key service outcomes (e.g. separation prevented; social inclusion; family planning)
   - 3300 vulnerable and poor families with small children at risk have received support from the FCC
   - 215 cases of separation of children from their families prevented
   - 300 children supported for admission to kindergarten
   - 1320 children with improved social inclusion as a result of individual counselling and participation in programmes
   - 760 women covered by family planning services
   - 500 families involved every year in counselling, group work for the promotion of good parenting practices and improved parental skills
   - CM&CH services supported over 3700 families including 1160 pregnant women and 3890 children with 21,000 home visits, counselling meetings, accompaniment and meetings with parents
   - 20 foster families provided care to over 90 new born children between January 2011 and September 2015

4. Closure of the infant home and other residential institutions
   - No baby or small child is place any longer in an institution

28 Summarised from Annex 3 ‘Key Results FEC 2010-2015
• The children’s home for children aged 4-7 years has closed as a result of the work to close the infant home
• The immediate outcomes for 153 children who left the infant home during the project (as noted above in section 6.2 of this report)

The data relating to the infant home closure has been discussed in section 6.2 in the context of updated information provided to the evaluation about outcomes for children by the RDSA. The impact of the services on the flow of children into formal care is discussed in the next section 6.12 based on data provided by the child protection departments of the RDSA, the National Statistics Institute, SACP and TransMonEE (201629). In this section, we review the service data provided in the ‘Key Results 2010-2015’ in the context of the review of the monitoring systems conducted during fieldwork for the evaluation, interviews with key informants and the review of casefiles all described elsewhere in this report.

As noted earlier, the accuracy of the dataset maintained by the FCC is problematic. In one FCC in Year 1 of operation, 100 cases were reported as having been opened and by year end, two were reported as having been closed; in Year 2, 77 cases were reported as having been carried forward. The FCC team were unable to pinpoint what had happened to the 21 cases not carried forward. This error was compounded year on year. Similar anomalies were noted in all FCC spreadsheets. It was not possible during this evaluation to establish the cause of these discrepancies. As noted elsewhere other issues relating to data management in the project services (FCC, CM&CH, infant foster care, maternity ward services) include: inconsistent classification and typology of cases; introduction of a new monitoring system in 2016 requiring retrospective data entry that can increase the margin for errors and systems aimed at ensuring no double-counting of clients, that nevertheless do not permit a clear disaggregation of clients receiving more than one services. It has not been possible to verify the results in the data collected at the services level and to correlate the service data with the key results reported for ‘prevention’.

If the analysis of service data for the maternity ward intervention, the foster care services and the infant home closure can be taken to be definitive as the data provided is as comprehensive as possible then the key results for these interventions can be summarised as:

138 maternity ward intervention cases 2011-2013 that resulted in:

• 60 children (43%) remained in parental care or were subsequently reintegrated with their family
• 38 children (28%) remained in or were subsequently placed into foster care and this is the last known information for these children
• 27 children (20%) were subsequently adopted
• 8 children (6%) either had no data or another type of outcome such as placement into a residential institution
• 3 children (2%) died
• 2 children (1%) ended up in kinship care

29 The Transformative Monitoring for Enhanced Equity (TransMonEE) Database, established in 1992 by the UNICEF Innocenti Research Centre, captures a vast range of data relevant to social and economic issues relevant to the situation and well-being of children, young people and women in Eastern Europe and Central Asia, details available at http://www.transmonee.org/about.php [accessed 12.12.2016]
107 foster care placements 2011-2015 that resulted in:

- 54 were adopted
- 38 were still in foster care at the time of the data review
- 8 were reintegrated with their families
- 7 were placed in other foster care services or FTPC placements

These two services therefore contributed 68 children who were not separated from their families (60 maternity ward cases and 8 foster care service cases). The other ‘preventions’ cited in the ‘Key Results’ report are probably therefore the result of work conducted by the FCC and/or CM&CH as well as the other services in the network of services in Shumen region such as the CCSSCF and the CPDs.

The preventions appear to be counted by FCC workers if a woman declares her intention to relinquish her child or asks for her child to be taken into care or if a pregnant woman indicates that she cannot or does not want to keep her child once he or she is born.

It was not possible to verify 155 of these cases to reach the total of 215 stated in the key results document, but about 1/3 of the cases reviewed in the FCC case file review record a request by the mother for a child to be taken into care or an intention to relinquish a child or an unborn child so there is evidence from this review and the FGDs with FCC workers that the FCC is working with such cases. It is hard, however, to verify their number as it is hard to verify the total number of cases with which the FCC have been working (or continue to work with). The ages of the 215 children who were not separated from their families is not given in the ‘Key Results’, but if there are 215 fewer children being separated from their parents, then there should be 215 fewer children entering formal care of any kind and the evidence for this will be examined through analysis of the Shumen region child protection system data in the next section of this report.

The numbers of families and children stated in the ‘Key Results’ report as having been supported by the project suggest that the services have been reaching a significant proportion of the population given that the population of Shumen as a whole is quite small with a population of 175,000 in 2015 and a child population of around 30,000 children (or 17% of the population) and an average of 1,754 live births per year 2010-2015.

The way that results are presented needs alignment with the project indicators as discussed elsewhere in this report, but if an assumption is made that 3300 households have received support from the FCC (including all of the other types of services/beneficiaries that are subsequently cited) and there is an average of 2 children per household (although it seems likely that there are more given that among the 39 cases reviewed there were 102 children = 2.6 children per household on average), then the FCC alone have supported at least 6600 children or 22% of the child population and the CM&CH has worked with and impacted on a further 3890 children or more than 1/3 of the child population of the region.

It is not clear from the service data reviewed, whether this is in fact the case and there may be a need to review the ways in which service data is recorded and presented for different purposes to ensure validity and transparency of reporting. When there is pressure from donors to demonstrate results, there can be pressure for example to count children or families as beneficiaries who may have taken part in a single large event rather than focus on reporting

30 www.nsi.bg
the change that may have happened for smaller numbers of beneficiaries receiving individualised and more in-depth services.

The concept of the project, however, was to reach out with mobile services to particularly marginalised and segregated neighbourhoods in Shumen region\textsuperscript{31} and the rapid assessment\textsuperscript{32} identified villages and neighbourhoods which would be targeted by the services with, for example in Shumen municipality 9 neighbourhoods or villages\textsuperscript{33} with a total population of 17,260 people (we can estimate 17% children as per the Shumen average = 2930 children) and Novi Pazar town with a child population of 2632 children. The FCC may be reaching almost 100% of these communities (hence 3300 households) or about 1/3 of the overall population of Shumen.

Triangulation with child protection systems data will help to clarify whether this stated large volume of service provision has changed the patterns of child and family separation in the region as intended by the project. If data could be disaggregated for the targeted communities, it could even be possible to identify more certain links between inputs and outcomes or results.

### 6.12 Shumen Child Protection and Family Support Systems Data

Data provided by the child protection departments should be considered with some caution as children who have been referred to adoption, foster care or other types of care in other regions (or internationally) end up ‘leaving’ the data sets. Similarly, it is difficult to account for the numbers of children who are entering Shumen region for foster care, FTPC or adoption placements. Some of the data provided to the evaluation from the child protection departments appears to have some anomalies for the years 2010 and 2011 – this has been noted where relevant.

**Key finding:** the rate of children under 1 year old in formal care in Shumen region appears to have reduced during the project period, but the rate of children aged 1 and 2 years in formal care is increasing. Overall, the rate of children aged 0-17 years in formal care at the end of each year appears to have remained steady between 2011 and 2015 at around 1.7% - 1.8%.

The CPD provided data for children in different types of formal care at the end of each year for 2010 to 2015 including: infant home, adoption, foster care, family type placement centre, children’s home for children without parental care, children’s home for children with disabilities and ‘other\textsuperscript{34}’. It is assumed for this analysis that the data counts only children in formal care and do not include children in parental care who were receiving day care services in the Shumen infant home. Figure 12 illustrates how the proportion of 0 year olds in all types of formal care at the end of each year continues to be higher than for any other age group, but has started to reduce from a peak of 6034 per 100,000 (6.03%) 0 year olds in Shumen region in 2012 to 3871 0 year olds per 100,000 (3.87%) in 2015. This data does not include children

---

\textsuperscript{31} See for example Methodological manual for FCC operation – April 2013

\textsuperscript{32} First Report Rapid Assessment ‘Doklad 1: UNICEF Bulgaria, Assessment of the Situation of at risk communities in Shumen oblast’, 2010

\textsuperscript{33} Vitosha, Byala Pryist, Ivanski, Divyadovo, Makak, Myitnitsa, Panayot Volov and Cherencha

\textsuperscript{34} One municipal CPD appeared to classify as ‘other’ children living at home but under the supervision of the CPD including children born to underage mothers. These are technically not children in formal care, but have been included in the data as it was not possible during the evaluation to establish exactly whether they were children in the care of their own parents or in formal care.
who are adopted from Shumen to other parts of Bulgaria or abroad or who have been placed in other types of formal care outside of Shumen.

**Figure 12 Rate of children in all types of formal care per 100,000 children of the same age in Shumen at the end of each year**

![Graph showing rate of children in various age groups in formal care]

Source: ASA child protection departments from Shumen, Novi Pazar, Veliki Preslav, Kaolinovo and Venets municipalities, 2016; National Statistics Institute, 2016 and; authors’ calculations

The data presented in Figure 12 suggests that the network of services established by UNICEF and its partners including maternity ward interventions, FCC services and other services provided by the FFEC project in 2012 and 2013 may have had an impact on preventing loss of parental care and entry into formal care for babies aged 0-11 months. The maternity ward service, for example, reports a falling number of cases of prevention of relinquishment from 81 in 2011 to 19 in 2013. It could be, however, that adoption of babies under 1 year of age is also contributing to this fall in the proportion of 0 year olds in formal care at the end of the year. While the rate of 0 year olds in formal care appears to be falling, however, there is a concerning rise in the rate of 1 and 2-year-old children in formal care especially from 2014 to 2015. In fact, apart from children aged 0-11 months, the proportion of children in all other age groups in formal care has risen slightly compared to 2010 and the rate of formal care placement at the end of each year has remained steady across all age groups from 2011.

If the totality of all adoptions of Shumen-born 0-2 year olds were included in the data, it could be that the overall rate of placement away from birth family has in fact not fallen. This indicator can act as a proxy for the success, or not, in supporting families to take care of their children and prevent separation, of available family support services such as those provided by the
FCC, CSSCF, day centres and other services in the network of services being created in Shumen (or any other region of Bulgaria).

Figure 13a illustrates how the infant home services, but also other institutional care services for older children, have been replaced mainly with foster care and guardianship care, but also by care in the Shumen FTPCs which have been established in Shumen by the government during the project period.

**Figure 13a** Proportion of all children aged 0-17 years in each type of care at the end of the year per 100,000 children aged 0-17 years in Shumen

Source: ASA child protection departments from Shumen, Novi Pazar, Veliki Preslav, Kaolinovo and Venets municipalities, 2016; National Statistics Institute, 2016 and; authors’ calculations

Figure 13b further illustrates the increased use of family-based care compared to residential care and the overall steady rate of children aged 0-17 years in formal care as a whole. Residential care includes the closing infant and children’s homes and the new FTPC facilities. Family-based care includes all other types of formal care in a family setting (guardianship, foster care, adoption, community based services).
The closure of the infant home and its replacement with other types of mainly family type formal care is even more clearly illustrated if data only for 0-2 year olds, the main target group for infant home care, is analyzed as in Figure 14.

The overall tendency is for increase in use of family based formal care and a decrease in use of institutional care, but the overall rate of 0-2-year-old children in formal care has risen slightly compared to 2010, although with a tendency to fall steadily from 2012 to 2015. If family support services can become more effective, then this indicator should continue to fall at a steady rate. It should be noted again, however, that this data does not include children in FTPC placements or children from Shumen who are in adoption or formal care placements outside of Shumen.
region so the full extent of loss of parental care (and therefore use of formal care) is not reflected here.

Some national data is available for 2010 to 2014 that can to a limited extent provide a benchmark for Shumen data for some indicators. Figure 15a illustrates that live births in Shumen are following an overall tendency to fall in number year on year and to increase and fall by a slightly higher margin than at national level. The main anomaly was in 2014 when there were 9% fewer live births in Shumen than in the previous year compared to an almost 2% increase nationally. The factors behind these differences are not clear.

**Figure 15a % increase/decrease in number of live births each year 2011-2015 Shumen and Bulgaria**

![Graph showing percentage change in live births](http://www.nsi.bg/en/node/6593)


Figure 15b illustrates that gatekeeping, the creation of alternative care options and the plan to close the infant home in Shumen meant that only a few infants babies under 1 year of age were placed in the infant home from 2012 to 2015. If comparable data were available for placements of 0 year olds in foster care, all forms of adoption or guardianship, then it would be possible to determine more exactly the extent to which the reduction in the rate of 0 year olds in formal care in Shumen noted in Figure 12 above is typical of the country as a whole during the government's Action Plan implementation or if there is a more distinct reduction in Shumen that can be attributed to the Family for Every Child project.
Figure 15b 0 year olds placed into infant homes from maternity wards as a percentage of live births 2010-2015 in Shumen and Bulgaria

The national data presented in Figure 15b reflects the closure of eleven infant homes in 2015 as part of the national action plan implementation (NSI data gives the number of HMSCC as 29 in 2014 to 18 in 2015), the FFEC project and other parallel projects. Without data showing all the different forms of alternative placements for 0 year olds including foster care, adoption, guardianship or FTPC it is not possible to state definitively that there has been a reduction in loss of parental care as a percentage of live births in Shumen, only that there are no placements into infant homes in Shumen.

The increased use of foster care or guardianship care in Shumen compared to the national average can be seen in Figure 16 as can the faster than average decrease in the use of residential care. This data does not include FTPCs or other types of residential care, nor does it include children in adoption at the end of each year. The rate of children aged 0-17 years in residential care, foster care or guardianship at the end of each year continues to be higher in Shumen than the national average35, but appears to be falling at a slightly faster rate from 2011 to 2014. Data for 2015 would help to further confirm this tendency compared to the national average.

35 Although the footnote to TransMonEE data on Bulgaria states that there are some types of residential care not included in this data so it could be that the actual rates are higher nationally and closer to that of Shumen.
Without comprehensive adoption data, it is difficult to definitively conclude that the reduction in the numbers of babies and infants in formal care placements at the end of the year between 2012 and 2015 is a result of the interventions of the Family for Every Child project. The national reforms, introduction of new services to the CSSFC and new ways of working such as infant foster care placements in the CPDs across all regions could also be having a similar effect in other regions. A comparison with regions where the additional Family for Every Child project services have not been introduced, but where infant homes have also been closed, could help to isolate its impact, if not definitively, then slightly more conclusively than can be done with the Shumen regional data and limited national data alone.

Disaggregated population data for each municipality was not provided to the evaluation so it is not possible to compare the rates of children in formal care for each municipality separately. On average, across four and half years from 2012 to June 2016, 34% of children in formal care were in Shumen municipality, 32% in Novi Pazar, 27% in Veliki Preslav and 6% in Kaolinovo and Venets. It is not clear from the data provided whether the child in formal care in each municipality originated in that municipality, or could have been placed into formal care in that municipality from a different municipality because there is a children’s home or other formal care service located there. The slightly larger proportion of children in formal care in Shumen municipality during those years could be linked to the location of the infant home or
of foster carers taking care of infants relinquished in the maternity ward which is the only maternity ward in the region and is in Shumen municipality.

On average, across the same years, the proportion of girls and boys in formal care was almost equal with 49.7% girls and 50.4% boys.

Full disaggregated data on children with disabilities in formal care was not provided by all municipalities, but the data from Shumen municipality suggests that on average around 31.4% of children in formal care are children with disabilities. Again, this could be a result of certain types of services for children with disabilities being in the municipality. Either way it seems likely that children with disabilities are significantly over-represented among the population of children in formal care.

**Key finding:** CPD cases have been increasing during the project period and reasons for referrals have not changed significantly over the project period

As Figure 17 illustrates, in 2010 there were 729 CPD cases which at that time represented 2.1% of the child population of Shumen region and by 2015 the number of cases had risen to 905 children or 3% of the child population. Babies and infants aged 0-1 years are significantly more likely to be referred to the CPD than children of any other age. For example, 8.6% of babies under one year of age in 2012 were referred to the CPD compared to 2.7% of all children.

**Figure 17 Proportion of children referred to the CPD each year per 100,000 children of the same age**

![Bar chart showing the proportion of children referred to the CPD each year per 100,000 children of the same age](chart)

Source: ASA child protection departments from Shumen, Novi Pazar, Veliki Preslav, Kaolinovo and Venets municipalities, 2016; National Statistics Institute, 2016 and; authors’ calculations

The increase in the rate of referrals to the CPD in 2011 and 2012 compared to other years could relate to three possible considerations,
- The CPD had additional staff provided by the project during those years and might therefore been more active in outreach triggering more referrals
- The maternity ward social worker was active during those years which could have triggered more active referral of cases from the maternity ward, especially of 0 year olds
- The active deinstitutionalization of the infant home was underway in 2011 and 2012 with many children being placed in foster care and/or adoption

It is likely that it is a combination of all these factors. The FCC did not become active until 2012 so it is unlikely that the increased CPD cases in those years can be linked to the FCC activity. It is worth noting that the numbers of referrals represent 2-3 % of the child population and that services aiming to work with children at risk of separation should be focusing their effort as far as possible on these 2-3%.

Most cases are registered by the Shumen CPD as illustrated in Figure 18 and these have been increasing across the lifetime of the project. Cases registered by the CPDs in the other municipalities appear, however, to be falling.

**Figure 18 Percentage of all referrals in the region to the CPD registered by each municipal CPD from 2010 to June 2016**

![Percentage of referrals](image)

Source: ASA child protection departments from Shumen, Novi Pazar, Veliki Preslav, Kaolinovo and Venets municipalities, 2016; National Statistics Institute, 2016 and; authors' calculations

The proportion of referrals to the CPDs across the region from Novi Pazar has fallen from 29% in 2010 to 17% in 2015 and from Veliki Preslav from 21% to 15%. It is possible that this is a result the way that referrals are recorded by each CPD or is a result of the work of the project, but if so, then it is not clear why the opposite effect is true for Shumen municipality and for Venets and Kaolinovo. Again, differences in the way that data is recorded could be a factor. Although the new outreach services delivered under the project are locally located in four separate facilities (one CM&CH and three FCC), these are intended to have regional coverage
through their outreach mechanism and through the agreements with all the municipalities. Data on the child population of each municipality is required to examine more closely whether there is better service coverage in Veliki Preslav and Novi Pazar that could be resulting in fewer referrals to the CPD or if there are other economic, social or systemic factors to be considered. One issue that could be affecting these indicators in Veliki Preslav and Novi Pazar has been discussed elsewhere in this report. If the FCC are not always coordinating their interventions with the CPD, then some cases that would have normally come to the attention of the CPD could be artificially withheld from referral or registration with the CPD while the FCC conducts casework to try and improve the situation in the family.

Between a quarter and one-third of all children referred were aged 0-2 years old and the clear majority of these were registered by Shumen municipality as illustrated in Figure 19.

**Figure 19 Percentage of all referrals of 0-2-year-old children referred to CPDs in each municipality from 2010 to June 2016**

It is probable that the large proportion of 0-2-year-old referrals is related to the location of the regional maternity unit in Shumen municipality. The lower rates of referrals from Shumen municipality in 2012 and 2013 are accompanied by higher rates of referrals from Novi Pazar and Veliki Preslav. This could be linked to ‘successful’ maternity ward prevention cases from 2011 and 2012 then coming to the attention of the CPD when the child is 1 or 2 years old in 2012 and 2013. On the other hand, as illustrated in Figure 20, the actual numbers of referrals of 0-2-year-old children were higher in 2011 and 2012 than in other years and it is not clear whether this is because the maternity ward social worker was very active in identifying and referring children for support or if this is linked to the process of closing the infant home and active placement of children from the infant home into foster care and adoption.
Number of 0-2-year-old children referred to CPDs in each municipality from 2010 to 2015

There are some discrepancies in the data provided by the CPDs between the number of referrals recorded and the number of reasons for the referrals recorded. The data provided on the reasons for referrals also contains some slight anomalies for 2010 and 2011 so analysis of reasons for referrals is focused on four years 2012-2015 for which full data appears to have been provided. There are no significant changes in the breakdown of reasons for which referrals have been made across the four years and Table 9 summarises the average number of referrals per year for each age group and each set of reasons.

Source: ASA child protection departments from Shumen, Novi Pazar, Veliki Preslav, Kaolinovo and Venets municipalities, 2016; National Statistics Institute, 2016 and; authors’ calculations
Table 9 Breakdown of reasons for referrals 2012-2015

<table>
<thead>
<tr>
<th>Age of children referred:</th>
<th>0-17 years</th>
<th>0-3 years</th>
<th>4-6 years</th>
<th>7-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of children referred in each age group:</td>
<td>n=653</td>
<td>n=266</td>
<td>n=133</td>
<td>n=254</td>
</tr>
<tr>
<td>Percentage of each reason for each age group:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CP agency intervention - abuse, violence, neglect</td>
<td>38%</td>
<td>34%</td>
<td>49%</td>
<td>35%</td>
</tr>
<tr>
<td>Parent request - disability</td>
<td>10%</td>
<td>10%</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Parent request - other</td>
<td>11%</td>
<td>11%</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>Parent abandonment</td>
<td>28%</td>
<td>29%</td>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
<td>16%</td>
<td>6%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: ASA child protection departments from Shumen, Novi Pazar, Veliki Preslav, Kaolinovo and Venets municipalities, 2016; authors’ calculations

It is worth noting that children aged 4-6 years appear to be more likely to be subject to child protection interventions initiated by the CPD than other children. It is also interesting that children aged 0-3 years are no more likely to be relinquished by parents than other children despite the apparently high proportion of infants who are referred to the CPD in Shumen municipality, possibly from the maternity ward.

**Key finding:** CPD actions in response to referrals have replaced infant home use with family support, foster care and adoption and slightly more placements into guardianship of relatives as well as other community based services

One result that may be attributable to the project can be seen in Figure 21, a steady and ongoing increase in the proportion of referrals for family support by the CPDs. Figure 21 also illustrates the closure of the infant home and the increased use of foster care and adoption by the CPD as a response to child protection concerns, parent abandonment or parent requests for support.
As discussed elsewhere, there is some confusion among key informants about whether the CPD can make formal referrals to the Family Counselling Centres because of the ambiguous status of these services and the referrals recorded in this data may be to other pre-existing or new services, developed outside the scope of the Family for Every Child project. The change in referral patterns also reflects the non-availability of the previous response mechanism, the Shumen HMSCC and the children’s home at Kaspichan.

The ongoing increase in family support provision and reintegration following temporary foster care in the first six months of 2016 may change once the full year of data is analysed but at present it looks as if these are becoming the predominant response in the absence of the infant home. While the evaluation has raised questions about the quality of support being provided, the appropriateness of decisions being made to leave children in (or reintegrate them to) family care which may not be meeting their needs and a lack of coordination between CPD, FCC, CSSCF when working with families, this data tends to suggest that even though the overall proportion of children in formal care seems to be stable, the tendency to react to child protection concerns with supportive measures or an increasing range of alternative community based services measures and to seek reintegration from foster care may lead to an overall reduction in the need for formal care in the longer term as the services that have been developed become more effective. It is also worth noting that even though placement with relatives in guardianship continues to represent only around 10-15% of responses to referrals, it is nevertheless used in significantly more cases over the project implementation period than in 2010.

Taken together, these findings could indicate a general change in default behaviours by the CPD, in attitude and in default responses that theoretically could be attributable to the closure
of the Shumen infant home and the development of the new services. It could, however, also be attributed to the wider national reforms. Comparisons with comparable national data can only be done in a limited way, but those which have been done (see Figure 16) suggest an increased use of foster care or guardianship care in Shumen compared to the national average and a faster than average decrease in the use of residential care (although this probably applies to all regions where infant homes have closed). The rate of children aged 0-17 years in residential care, foster care or guardianship at the end of each year continues to be higher in Shumen than the national average, but appears to be falling at a slightly faster rate from 2011 to 2014. Data for 2015 would help to further confirm this tendency compared to the national average. If comparative analysis could be conducted of regional CPD data for the key indicators examined for this evaluation, it would be more likely that the impact of the Family for Every Child project can be isolated from the general results of the ongoing national reform programme.
6. Presentation of Findings - Discussion and Analysis

### Relevance

Is the project doing the right thing? Are the objectives appropriate for context relative to international and national requirements and priorities?

#### 6.1 Relevance - Level 1 UNICEF Performance

**Alignment to National Commitments and Government Priorities**

UNICEF views human rights norms and standards as the primary frame of reference for everything it does. The Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (UNCRPD) are the normative frames of reference for the design and implementation of programmes of cooperation with national partners. These human rights instruments have been ratified by Bulgaria.

The alignment of the Family for Every Child project with these international commitments is noted relative to the recommendations on family environment and alternative care contained in the 2008 Concluding Observations of the Committee on the Rights of the Child for Bulgaria.

Further, the project supports operationalisation of the national government Vision for deinstitutionalisation and has contributed to the closure of the Shumen HMSCC.

UNICEF has identified five guiding principles for application of the UNCRC which are general requirements for all rights. Of these, the Family for Every Child project planning document references the ‘best interests’ of the child principle as paramount. This is an important consideration because it says that “agencies and individuals charged with the care of a child’s interests must do the best by the child that they can” (Archard 2015), thus holding them accountable.

The project documentation goes further by implicitly recognising the principle of non-discrimination (Article 2) and right to life, survival and development (Article 6). It is less clear...

---


how the remaining two principles, definition of the child (Article 1) and respect for the views of the child (Article 12) have been incorporated.

The case file review, above, suggesting that the reasons for placement of children in foster care is due to material deprivation is contrary to the UN Guidelines for Alternative Care (United Nations 2010, page 4, section B, item 15), which advise that a child should not be placed in alternative care for reasons of poverty. The family support service envisaged by the establishment of FCC is a preferred option. UNICEF Bulgaria notes that this continued separation of children from their families for reasons of material deprivation is based on the decision of CPDs with whom the authority lies. This could suggest that changes to the coordination and referral mechanisms between CPD and FCC may contribute to improved outcomes for children.

Bulgaria ratified the UNCRPD after the launch of the project. It would be appropriate to reference this in the future documentation. This is particularly important because of the numbers of children with disabilities who were placed in the Shumen HMSCC and because of the children and adults with disabilities who live in the vulnerable communities in which services are being delivered.

UNICEF’s global Theory of Change for Child Protection (UNICEF 2014) and its Child Protection Strategy (UNICEF 2008) propose a systems approach. This acknowledges that children in need of protection from violence, abuse, exploitation and neglect may require a range of different supports from different sectors at different times in their life. This means that stand-alone individual issue solutions are not appropriate. For example, UNICEF Bulgaria has acknowledged this by ensuring that replacement services are developed alongside plans for closure of the Shumen HMSCC. In implementing a deinstitutionalisation plan the Family for Every Child project has to some extent recognised this requirement, in that it is not enough to close an institution, but that replacement services must be developed alongside,

“We needed to close the baby homes, to institutionalise foster care and make legislative changes [but] we opened the door so wide it’s become dangerous – we wanted to do something to replace the system; we closed the homes but didn’t build a new protection system; when you destroy one system you have to be careful in building another, and we haven’t succeeded in this.” (KII former staff of SACP)

The replacement system cannot be standalone but should make sure that vulnerable children and families have access to a range of services which meet needs as they change.

Situation Analysis and Choice of Interventions
At a local level, a vulnerability mapping conducted prior to the service implementation contributed to identification of the communities in which the action was to take place. This vulnerability mapping was a second stage process in the overall design. The UNICEF Bulgaria team described the broad first stage design as linked to the government’s Vision, which set out the broad parameters for a set of services to replace infant homes including the exact services that UNICEF went on to develop with its partners in Shumen,
1. Family-counselling centre/complex of services

1.1. Family counselling and support, including family planning, counselling for pregnant women and mothers of children under 3 – specifically targeting risk groups

1.2. Early identification of risk of abandonment – identification, monitoring and support during pregnancy and after birth

1.3. Formation and development of parental skills – groups of pregnant women and future fathers, “School for parents”, individual work

1.4. Services for early intervention: include the provision of services and activities targeted at early intervention in support of parents of newly born children with disabilities and with low weight.

1.5. Services for early intervention at maternity ward level for prevention of abandonment

1.6. About 50% of the children placed in institutions in 2009 came from the Roma communities. Therefore, there is a need for provision of special mediators, selected from the Roma communities. It is provided for the appointment of 2 mediators in each region for support of prevention of abandonment and for reintegration of children in their families.

The services listed above could be in a common complex of services. Family-counselling centre also includes mobile services.

2. Maternal and Child Health Centre


2.2. Structuring of premature babies and low-weight babies’ wards (6 for the whole country) from HMSCC in the General Hospitals. These wards should ensure that mothers are not separated from their babies.

2.3. Early health intervention for children with disabilities – medical rehabilitation, information, counselling and training of parents;

2.4. Mobile health and social services, provided by the prophylactic maternal and child health centre.

Part of these services will be opened in the former HMSCC buildings; however most of them will be opened in different places in the regions and will service both children under 3 and children above this age.

The government plan, and UNICEF’s, was in turn informed by studies into reasons for infant and baby abandonment in Bulgaria and other parts of the CEE/CIS region. One of the concerns of this evaluation has been that the project appears, on the surface, to be targeting very vulnerable, isolated and segregated communities with pro-active family planning interventions, based on limited choices (fitting of IUDs) that could be misinterpreted, with consequent reputational risks for UNICEF and its partners, as a form of discriminatory population control. Key informants have appeared to indicate that they perceive the prevention

---

of a pregnancy as also the prevention of child relinquishment and that in the communities targeted by the project, relinquishment is perceived almost as inevitable.

These attitudes can be equated with discrimination and should be treated with caution. One study\(^40\) that UNICEF commissioned to inform planning for the project concluded that,

> "The socio-demographic profile of a mother who abandons a child is as follows: aged about 25, with more than 3 children, illiterate or without completed education, unemployed before the birth of the abandoned child, with about BGN 85 monthly income per household member, with Roma ethnic identity (54.7%), living in a village or in a small town, the father is unknown or reluctant to recognize the child." (Study on causes of child abandonment and placement of children in infant institutions in Bulgaria)

This ‘profile’ was based on a comparison of a review of 246 cases of children in institutions (interviews with parents, relatives, institutions, community members) and 107 cases of children being cared for in their own families. The factors contributing to child relinquishment identified by this study are mainly focused on the idea of ‘irresponsible parents’, absent fathers, mothers who do not use contraception or attend antenatal check-ups. The study does not appear to take into consideration systemic factors of discrimination, poverty, social status nor has it undertaken critical analysis of results of interviews including with child protection departments, institution staff, social workers and other professionals. The responsibility for child neglect and abuse and for relinquishment is perceived as primarily lying with parents, to the exclusion of other possible structural or societal factors that could be influencing parents’ access to health, education or social services, to family planning services and to economic opportunities.

Other studies that were available before the project began (for example Dachev et al, 2002; Bilson and Markova, 2007) and during project implementation (Browne et al, 2012) offer a critical interpretation of factors perceived by some stakeholders, seeking to identify underlying drivers. Behind lack of family planning for example, could lie lack of access to contraception, lack of education and lack of access to health services (for economic or discriminatory reasons).

Browne identifies four groups of risk factors with 22 sub-factors/characteristics (Browne, 2012 p.48 Table 5),

1. Child characteristics - child disability/health problems
2. Caregiver characteristics - negative childhood experiences/poor parenting model, substance misuse/addiction, parental mental health problems/illness, young mother (often in the care system herself or lacks family support), unwanted pregnancy, lack of education (general education and sex education)

---

\(^{40}\) Agency for Socioeconomic Analysis, UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria (provided by UNICEF, no date of publication)
3. Family characteristics - child maltreatment, domestic violence, lack of material resources/poverty, poor living and social conditions, single parenting, large family/large number of children, lack of social support or social isolation/exclusion, parental imprisonment, Roma families/ethnic minority

4. Societal factors - poverty and unemployment, lack of education, inaccessibility of contraception, lack of well-trained, well-resourced professionals, lack of effective policy and practice, cultural beliefs and norms regarding abandonment and institutional care

Browne goes on to cite (Browne, 2012 p.48-49) Bilson and Markova (2007) who ‘suggest that, instead of focusing on families as being inadequate and unable to care for their children, a closer look at societal factors that encourage child abandonment is needed. Three key areas were identified in their research …‘rescue and state paternalism’, referring to a view held by some professionals that children are better off in institutions than remaining at home with families who are struggling to cope; ‘medical and deficit models of disability’, which suggest that many health care professionals hold the view that children with disabilities belong in specialist institutions and … have been noted as advising the parents of disabled children to place them into an institution instead of taking them home. The third factor is ‘ethnic discrimination’ against minority groups within society, particularly those from Roma communities. In these instances, it has been suggested that Roma families are often encouraged to place their children into care, with many health care professionals arranging adoption papers before any consultation with the family has taken place.’

Browne further notes (Browne, 2012 p.49) ‘research carried out with the Roma community that has highlighted financial problems, poor living conditions and large families as the most influential factors for these parents to place their children into institutions (Bilson, Markova & Petrova, 2003; Dachev, Simeonov, Hristova & Mihailova, 2003).’

Bilson and Markova also offer a critique of the way that research can misinform project design giving as an example 2001 research by the World Bank that concluded that poverty was driving institutionalisation of children, but which resulted in the design of services that did not address poverty (Bilson and Markova, 2007 p 63). They go on to contrast this with Roma community led research that identified key issues and designed interventions to address these issues (ibid. p65-69). Key to the success of the interventions was the strong ownership by the Roma community in identifying and then addressing the factors driving separation.

In fact, family planning services and prevention of unwanted pregnancies are important health services, but they cannot be elided into a prevention of relinquishment service without serious ethical considerations. UNICEF Bulgaria has a role to play in challenging discriminatory practices with partners, including government partners, and applying ethical, rights-based approaches and critical analysis to the perceived challenges facing children and families.

The original project plan for the current evaluation (Annex 2) describes the intended intervention, and includes a brief situation analysis based on initial community assessments based on ‘risk factors’ that included pre-identifying Roma communities as high-risk communities. The situation analysis references activities which informed the individual decisions on children’s placement, including child assessments and family assessments, and which concludes that ‘social problems’ are the root cause of for placement of children in the institution. More could have been done to reference the wider evidence base and provide
supporting baseline data to explain the decisions behind the overall design. For example, key informants report that Shumen was selected because the infant home had the largest number of children,

“UNICEF chose Shumen, because it is big and nasty, I was happy they picked up Shumen because it was a difficult choice.” (KII former staff SACP).

Including reference to this decision in the project plan, and any supporting data or research referenced, would help to make clearer why this region and not any other was chosen, why these target groups and methods and what the situation was at the project baseline.

While the range of interventions identified for the Shumen regional project may have been based on the following elements, these were not consistently presented by UNICEF Bulgaria as having been explicitly referenced when designing the project: regional assessments; alignment with national strategies and a systematic review of the situation of children in Shumen and Bulgaria as a whole, the policy and legal environment, national and local capacity, or existing interventions. The results chain for the project is therefore difficult to formulate. For example, the government has developed a system of Community Centres to support children and families under the World Bank Social Inclusion project which had commenced its activities prior to the project development and while some parts of the new services introduced by UNICEF Bulgaria were based in such a service (foster care and the maternity ward intervention service were both based in the Complex for Social Services for Children and Families) others were developed as stand-alone, parallel services (FCC, MC&HC). This is important because of current government indications that this is a preferred model for delivery of services in the stage 2 Action Plan for implementing the Vision approved in October 2016.

Two UNICEF reports on equity – Equity Innovation Bulgaria 2010 and Equity Progress Report 2011 refer to the new FCC services as establishing ‘outreach services which will work directly within the Roma communities’ or in ‘the most vulnerable communities of Shumen region’. When asked why the FCC were established as a separate standalone service and not as part of the Complex for Social Services the UNICEF Bulgaria staff said that this key strategic decision is not explained well in any report and that the main reasons were,

- The Complex did not apply an outreach approach
- The government had already put establishment of the FCC in its strategic documents and we wanted to align
- The Complex operated only in Shumen municipality and we wanted to cover the whole region

A clearly articulated evidence base allows the government, civil society and UNICEF to agree on the priority areas for intervention and on the distribution of roles and responsibilities. For example, a detailed causal analysis, identifying the basic and underlying reasons which affect a families’ capacity to care for children, will ensure that the main causes of the problems are addressed and that results can be not only achieved but sustained. Similarly, a thorough review of the government capacity to ultimately commit to management and funding of the new services would have identified early on the issues related to the requirements of state
delegated authority for service delivery. This would, in turn, have supported the service design. UNICEF and project partners built on evidence from existing models of service delivery such as the closures of Teteven HMSCC and the Mogilino closure, presumably in emphasising practical support to families to prevent the need for formal care, as well as creating alternatives to institutional care and by making these links more explicit in the project plan, project implementers can help to ensure consistent implementation of promising practices.

Key informants in Shumen report poverty as the root cause of family dysfunction, however not all poor families fail to care for their children, and not all children in need of protection live in poor families. Whilst poverty does create barriers to access, for example when pregnant women cannot access pre-natal healthcare because they do not have health insurance, the wider implications of entrenched marginalisation and discrimination of minority communities also need to be explicitly addressed in the project design, as the project is in danger of having created some de facto separate services for the minority communities.

According to UNICEF Bulgaria methodology for the FCC, one of the most important tasks of the FCCs is to support marginalised communities to access mainstream services through mediation, networking and providing technical assistance to vulnerable families. In practice, this mediation role and supporting clients to network with relevant systems can be seen only partially. Links with education and health care, CPDs and CSSCF are evident to some extent, but do not appear to be systematically established and maintained across the whole network of services with housing, income maximisation and employment appearing to be less prominent in the FCC interventions. Stronger monitoring systems, documentation and guidance to support workers to implement a unified methodology could help to ensure that all aspects of the service delivery are evidenced and results across the whole range of interventions clearly visible. The provision of contraception directly to FCC clients also stands out as a de facto health service. In the case of children with disabilities and people with disabilities for example, the UNCRPD is very clear on inclusion, participation and empowerment. These same human rights principles also apply when working with all marginalised and vulnerable communities. In referencing the evidence base for the structural drivers of inequity, exclusion and poverty in the project design, the project can more strongly link activity to structural changes in governance and in the knowledge, attitudes, and practices of communities.

Capacity Building
The evidence base for local capacity to determine if the right people, with the right qualifications and experience are available to deliver the FCC services was determined in a 2011 survey after project design was completed. This is important because it informs capacity development interventions linked to service delivery. Service workers with education qualifications, for example, are more likely to seek and identify education interventions as being necessary in local communities. The right competencies (skills, knowledge and behaviours) are needed to be able to engage in empowering ways of working with marginalised and very disempowered community members to ensure that the real causes and factors underlying child and family separation can be identified and addressed. The framework for capacity development, which would allow for locally tested models is currently in development and due to be available in 2017. For example, an incremental modular training programme for social assistants linked to a qualifications accreditation system would not only
strengthen the workforce, but would also impact on improvements in status for the workers themselves. This is particularly important because most workers in this sector are women. In its current design, training has been provided, and is acknowledged by staff at FCC and CM&CH, but it is not possible to comment on how it has been systematic and sustained and therefore how it can be replicated in scaling up and replicating the services.

It is also noted that capacity has been narrowly interpreted as linked to the individual capacities of the FCC and CM&CH workforce and CPDs in part because the government had planned a broad ranging continuous professional development programme under the first Action Plan that was never fully implemented. Wider skills development amongst government partners for management, including monitoring and budgeting would have helped to ensure a whole child protection system approach and that each part of the system is linked and interacts.

Learning and Feedback Contributing to Reform
UNICEF has provided a methodology for the FCC, which is not yet accepted as a state delegated service, and for the CM&CH, which has been accepted. The Ministry of Health perceives UNICEF as having played an important role in resurrecting the health visiting services in the form of the CM&CH and in informing the approach to infant home closure that was piloted under the first Action Plan,

“For us as a ministry … the UNICEF project has played a very important role in order to rethink the policies we implement. We understand that the project for closure of 8 Infant Homes was not very successful in terms of final results – they are not the best and the services were not well adapted to children’s needs. Looking at the UNICEF project implementation that had been happening in parallel, we had the opportunity to get a different point of view. The UNICEF project has shown how the work in the field step-by-step can adapt the services continuously. UNICEF project has helped us to develop our current concept about the closure of the rest of the infant homes. And even to broaden the scope beyond the closure of the institutions but to adapt the whole health-care system to the needs of children and pregnant women. … Something very valuable from the UNICEF project is the experience with the visiting nurses. Actually, we stole this idea and we were able to convince the MLSP when we were drafting the second deinstitutionalisation plan to give us the chance even under project funding to open such centers for visiting nurses in each regional center. Such service could also serve elderly people and it is not a new service in Bulgaria. We used to have this service 25 years ago. This is one of the main policies that would help us to improve the care for the children and elderly and to save lots of money of the healthcare system due to the effectiveness of the service. Of course, we must convince all the parts of the healthcare system that the opening of such service is very good and especially the GPs. We would like to scale-up this experience and to make it systematical approach.”
(KII, MoH)

One of the stated objectives of the project Family for Every Child was to ‘develop a new model of integrated services’, (Annex 2, page 1). This suggests that the good practices developed and the lessons learned would be documented and widely disseminated and to date this seems to have taken place only partially. As discussed elsewhere, an integrated monitoring and evaluation plan linked to the project and the other services in the regional network will
allow for data to be collected systematically and shared strategically to contribute to dissemination.

NGO stakeholders interviewed during this evaluation report that they have very little information about the Shumen activities and that there is little reference documentation about practices. For example, the child and family assessments undertaken as part of the Shumen HMSCC closure are a staple intervention for institutional closure. In other areas, government authorities and NGOs are developing individual non-standardised approaches to assessment. UNICEF Bulgaria reports that it is in the process of, distilling and disseminating evidence-based good practice in these types of assessments as a contribution to the wider reform process underway across the country. This will allow the assessment system to be systematised and to be presented to government as a proposed standardised methodology for application during phase II of the Deinstitutionalisation Action Plan across a range of services.

The challenges in securing state delegated service status for the FCC appears to have its roots in two issues: 1) the FCC as conceived in the Action Plan for implementing the De-I Vision was meant to be a service run out of the closed infant home building and this is how it has been designed in the eight pilot areas while UNICEF conceived and delivered the FCC as a very different service – mobile and focused on outreach into marginalised communities, not fixed in any one space; 2) the UNICEF FCC is essentially a social service, but the infant home closures were managed by the Ministry of Health and the FCC developed by the Ministry of Health in its eight pilots are more health focused services. The FCC are not mentioned at all in the phase 2 Action Plan and the focus is now on ensuring that the services that are needed can be developed without being tied to any specific building and across sectoral portfolios. This challenge of bringing together social and health functions (as well as other inter-sectoral functions such as education, social assistance, housing etc) effectively is an important theme in the new Action Plan. The government has identified generic community centres as the service model of choice for delivering regional networks of services and there is a role for UNICEF Bulgaria to play in bringing lessons learned from the Family for Every Child project to support other regions. It is important, however, to also hear other key messages of the new Action Plan, that there is no need for a proliferation of new services, but rather for the existing services (for example in health care) to be more effective in reaching children and families. UNICEF Bulgaria should take these important considerations into account when considering next steps for the FCC in Shumen and any further plans for replication.

Appropriateness of Project Goal and Objectives
The original project plan describes the aim/goal (expected impact) as,

“to create a network of services and measures in support of the parents and families of young children aged 0-3, thus leading to the closure of the HMSCC in Shumen.”
(Annex 2, page 1).

The ToR for this evaluation further describes the main objective/goal (expected impact) of the project as,
“to contribute to reducing family separation of young children and improving child development outcomes in the region of Shumen, as well as to inform national policies. The Project also aimed at contributing to the closure of the Infant Home in the region.” (Annex 1, page 5).

The project has three objectives (outcomes),

1. Ensure care in a family environment for the children placed in HMSCC Shumen;
2. Develop a new model for integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care; and
3. Support the strengthening of the capacity of local authorities and the child protection system to secure the best interest of the child.

These are described as actions from a provider (UNICEF) perspective as opposed to a description of desired change in the conditions for children, which include an element of quality. For example,

1. Children live in nurturing family environment
2. A new model of integrated social services supports families to care for their children aged 0-3 in the Shumen region
3. Local authorities have the capacity to act in the best interests of the child

This in turn would allow for a focus on results with precise criteria for success and appropriate indicators.

Further, in future programmatic development and to prevent any ambiguity in the Family for Every Child project scaling up or dissemination (or other projects related to deinstitutionalisation) the project objective could be more clearly stated to clarify if it is to,

- prevent family separation; or to
- ensure care in a family environment for children

This distinction is important because the first assumes children remain in their families, with a consequent reduction in the numbers of children in formal care (UNICEF’s stated goal), whilst in the second separation occurs and they live foster care or family type placement centre and numbers in the formal care system show no significant alteration.

The project document also defines activities (outputs) with a more detailed description (activity) of what is involved but there is a need to link these activities to achievement of the objectives.

The indicators for achievement of the results are described at two levels:

A. Indicators of the progress in the implementation of project activities; and
B. Indicators of the effect on the target groups, primarily on children

The baseline data, targets and timescales need to be introduced (where absent) or refined for both levels. For example, a progress indicator for project activity is described as # of trainings.

---

41 Reflecting the UNICEF CEE/CIS Regional Knowledge and Leadership Agenda Regional Strategy for Key Leadership Result Area 1: A child’s right to live in a nurturing family environment October 2016
delivered to the staff of the new services; training is indicated as an activity against seven of the outputs, the detail on who will be trained, for how long and on what subject needs to be added and a baseline needs to be given against which the number of trainings can be measured. Similarly, the level B Indicator, ‘Percentage of new-borns or babies at risk of relinquishment placed in family care (foster care, adoption or in kinship care), without institutionalisation’ needs a baseline or target which would allow results to be tracked consistently, even stating that the baseline is zero, if that is the case, helps to clearly monitor progress in implementation.

Although the stated objectives are clearly linked to the overall achievement of the government’s Vision for deinstitutionalisation, a clearly articulated results chain, founded on a causal analysis which informs a strategic results framework would support strategic implementation. This should describe how project activities will contribute to institutional change which allows children to enjoy their rights.

Development of the project along the lines of a logic model would demonstrate if the sum of the planned components is sufficient to produce the intended result, and which would provide the foundations of a monitoring and evaluation plan. This would more easily allow revisions to be made systematically if there are changes in the context and to more clearly demonstrate how interventions in Shumen are delivering results within the child protection systems approach advocated by UNICEF.

6.2 Relevance - Level 2 Service Delivery for Children and Families

Alignment to Local Government Commitments and Priorities
The activities in this project have clearly supported the government to close the Shumen HMSCC and to develop new social services for children and families across the region. The local government are proud of their reputation as providers of foster care, and other social services. The inclusion of the FCC in the Shumen Regional strategic plan for social services 2016-2020 is a clear expression of support for the new services.

This has not yet extended to a commitment to management and funding of the services; the different views expressed by local government stakeholders and UNICEF concerning the process of application for state delegated funding May be connected to a misalignment with local priorities, or to the currently prevailing economic and political instability or to shifts in government strategy as lessons have been learned from the implementation of the first Action Plan and specifically the eight pilot infant home closures.

<table>
<thead>
<tr>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the objectives (outcomes) of the intervention being achieved? What is the result?</td>
</tr>
<tr>
<td>Comparison planned vs achieved objectives</td>
</tr>
</tbody>
</table>
6.3 Effectiveness – Level 1 UNICEF Performance

Intended and Unintended Results

Objective (Outcome) 1 Ensure care in a family environment for the children placed in Shumen HMSCC.

With the support of UNICEF Bulgaria, the Shumen HMSCC has been closed. This contribution included support for coordination, funding and technical support for alternative service development and communications for awareness aiming to inform attitude change in the region. This has contributed to the wider overall reform anticipated in the government’s Action Plan. UNICEF Bulgaria and local government partners report, and CPD system data confirms, that due to falling numbers, because children from Shumen HMSCC were no longer being transferred, the residential care institution for children aged 4-6 at Kaspichan in Shumen region, has also closed.

The children residing in the Shumen HMSCC were relocated either to their own family (parents or kinship care), placed in foster care and later reintegrated to their family, placed in foster care and later adopted, placed in and continue to live in foster care, placed in a small family type home, a small number moved to another residential institutional care centre.

The outcomes for children moved from the Shumen HMSCC are not completely understood as there is missing data on what happened to children after their initial placement and on their well-being in the placements after the infant home. Children placed through the regional foster care model established at the Complex for Social Services delivered by SAPI received follow-up support, until the point where the new foster care team was established at Shumen municipality in 2016. Some of the children reintegrated received follow-up support from FCC, but their well-being in their homes is not documented fully. Information on the well-being of children placed in adoption is largely not available.

This evaluation found that with some exceptions, children from Shumen HMSCC were largely placed in a family environment as part of the closure process, very commonly foster care placements followed by adoption. However, since there was an issue with CPD capacity for the systematic follow-up of the children for a specific period following the initial placement, the quality of subsequent care is not known. Although UNICEF Bulgaria reports that the CPD is responsible for monitoring the children, they also acknowledge the capacity constraints at both CPD and with the overall system for regulation and inspection. In at least one case described by a key informant, concerns were raised about the safety of a child who had been reintegrated to his biological family; although these concerns had been reported to the CPD, the social worker did not have the capacity to investigate.

It is recommended that in the future, safeguards are put in place to assure consistent and timely follow-up for children moved from institutional care to make sure that a) they are safe and cared for in a family environment and b) the number of subsequent placements is limited, while bearing in mind the best interests of each child, thus preventing continued damaging separation. If children are moved to another infant home or residential facility, then monitoring and follow-up should track progress, ongoing contact with parents and family members and eventual outcomes for these children as well as for children in family or family-based environments.
There are no children being cared for in the infant home and the daily and hourly services for children with disabilities have also closed. It is not clear whether the need for day care or other forms of support services for children with disabilities is being fully met in the region through the network of services that the RDSA has been developing as part of the wider reform. Family for Every Child project plans to develop a service to support children with disabilities and their families has been cancelled as it is expected that the government will create such services under the new Action Plan for implementation of the Vision for Deinstitutionalisation.

**Objective (Outcome) 2 Develop a new model for integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care.**

As agreed with UNICEF at the outset, this evaluation has focused on closure of the Shumen HMSCC (addressed under Objective 1), development of infant foster care and introduction of the FCC. Although MLSP has said the proposed new law on social services will define integrated social services, currently there is no standardised designation in Bulgaria.

The literature on best practice in social services delivery describes integrated social services as coordinated access to services across multiple delivery systems and disciplinary boundaries (EU Commission 2015). It notes that service integration is a complex reform that typically affects several stakeholders and that integration can be realized vertically, implying more systematic, closer cooperation between several levels of the government, or horizontally, linking services provided by separated entities (Ibid.).

Within the scope of this evaluation, key informants described two different approaches to ‘integrated services’. The first containing elements of the above best practice i.e. a coordinated system of social work which facilitates children and families to receive all the services they require. The second, as a single service which provides all the assistance which is required. In the first model, cases are opened, managed and closed. This involves needs assessment, planning, referral for services and follow-up in the form of accompaniment or monitoring. Case workers make sure that clients are supported to receive the services where they are delivered for example in the social welfare, health, employment, education or justice system. Mechanisms for coordination exist at both management and service delivery level. In the second model a single service directly provides health, education etc. This potential for dual interpretation makes it difficult to assess the result of this objective, particularly since it is not clear what the intention was when the objectives were being formulated.

The infant foster care service, in which babies are placed directly from the maternity unit without first requiring an institutional placement, was described by stakeholders as a new model and a critical component in ‘closing the gate’ to the Shumen HMSCC. This service is now a fundamental part of the foster care system in Shumen.

The CPD reports that neighbouring regions are placing infants through the Shumen network of foster carers specialising in caring for infants. The CPD systems data analysis reflects a higher rate of foster care usage than the national average (Figure 16). There is a question raised from analysis of service data as to whether infant foster care has now replaced institutional care to such an extent that prevention work in the maternity ward may have begun to involve a placement in infant foster care rather than immediate return of the child to the family from the hospital. It could also be possible that prevention cases have been identified earlier and therefore there are generally fewer declarations of intent to relinquish in the maternity hospital.
Although not a specific project outcome indicator, the analysis of Shumen region child protection data and service data suggests that prevention of separation for 0 year olds may be being achieved by the network of services that have been developed by the project and by the project partners RDSA as part of the national reforms to implement the Action Plan (Figure 12). The rate of loss of family care and placement into formal care of 1 and 2 year olds, however, appears to be rising (Figure 12). Overall, the rate of children aged 0-2 in formal care appears to have been steadily falling since 2012 (Figure 14). The rate of children aged 0-17 years in formal care in Shumen is higher than the national average but is falling more rapidly than the national average (Figure 16).

The model relied in part on in-kind support from the Family for Every Child project to prepare foster carers for placements through SAPI and the Complex for Social Services or through the FCC. Elements of integration in service delivery exist, in that the CPD is the nominal state authority responsible for children placed in foster care who should therefore support access to services. Due to their limited capacity as described both by the CPD themselves and other stakeholders, they are often unable to take on this role. Further, Shumen was the first region to implement infant foster care alongside the eight pilot regions closing infant homes and the now widespread practice cannot be wholly attributed to the Family for Every Child project. Key NGO informants describe the existence of a generic methodology generated by the government project ‘Accept Me’, the detailed and practical guidance for foster care generally and infant foster care specifically, as being developed on a project by project basis.

The learning and experience in Shumen has yet to be widely disseminated and to contribute to development of nationally recognised detailed procedural regulations and guidance. Based on discussions with key informants, the infant foster care in Shumen is recognised as a valuable new practice in the region; by incorporating learning from other regions and projects it has the potential to be developed into an evidenced-based practice model for national delivery.

The FCC offer family support packages through their outreach and centre-based work. They assess the practical, psycho-social, educational, health, housing, employment and economic situation of children and families and support them to get services to meet their needs, to maintain the integrity of the family. This extends to delivery of direct health care support, in the case of family planning services and financing support for pre-natal healthcare; early childhood education; support for administrative assistance to receive social case benefits etc. The evaluation has found that there are gaps, however, with less attention paid to issues of employment or sustainable livelihoods and housing.

Since the FCC functions outside statutory services as a non-state delegated authority, the service provision does not include a formal coordination or external monitoring component although the case review and key informant interviews suggest there is evidence that coordination and monitoring is taking place with CPDs, CSSCF and other services in the Shumen region. Systematic coordination and monitoring, however is required to reduce the potential for duplication of services. For example, FCC and CM&CH both offer pre-natal health care to pregnant women without health insurance, outside the existing healthcare system. Key informants from both FCC and CM&CH advised that although the legislation exists for non-health insured pregnant women to have one free pre-natal health check, both services have supported, including financially, second and further follow-up health checks for pregnant women where required. This potentially further marginalises vulnerable communities and although the FCC are described as designed to support all vulnerable populations most of the
clients are from Roma and Turkish ethnic minorities. In this context, the FCC staff have invested time and effort in building relationships to facilitate their access to communities and homes. Local authority partners acknowledge that the FCC has developed relationships of trust to increase access. This advantage now needs to be converted into inclusive practices, where members of marginalised and disempowered communities are supported to fully access their rights to health, education and social assistance in mainstream services.

The sustainability of the activities is discussed further below. The development of a service specification package, including methodology, regulations, guidelines, training package, and financial standard, will be critical to enable the FCC to become a state delegated service or to become incorporated into a state delegated service framework (perhaps contracted out through an NGO for which staff currently express a preference). UNICEF commissioned an initial assessment to develop a financial standard during 2014, however this has yet to result in agreement. Without consensus on the responsible party for proposing that the FCC be taken up as a state delegated model potential for scale-up as a state budgeted service could be constrained. The phase II Action Plan announced in October 2016 references a different model of community services that according to the MoH appears to have been informed, at least in part, by the CM&CH services developed by the project, especially the health visiting components. The MoH acknowledges that the FCC services as conceived in the original Action Plan, based in the closed infant home buildings, may be too rigid and the approach developed by UNICEF Bulgaria in Shumen which is more flexible and mobile may be more appropriate. This suggests that when UNICEF Bulgaria and its partners in Shumen are developing the application for the network of services to become state delegated services, they should focus on describing the flexible, outreach components of the services that have proven effectiveness rather than on structure and physical standards. The services may become sustainable under a different name and in a different management configuration than currently as part of a community centre or a network of community based services. The anticipated law on social services will also be important in shaping how the sustainability of the project services can be secured.

It is possible to comment on achievement of results compared to baseline only in a qualified way as baseline data for key indicators and some of the service data have important limitations. For example, according to UNICEF Bulgaria, before the project interventions, there was no use of foster care for infants in Shumen and all infants requiring alternative care would be placed in the HMSCC so the baseline was 0 for placements into alternative family-based care. This is a limited representation of the baseline, however, because the evaluation shows that in fact there was reasonably strong prevention and retention in family care as one of the outcomes for interventions by the project before the infant foster care services became operational and there has always been placement into kinship guardianship. Data on these indicators at baseline would give a more nuanced and transparent picture of what has changed because of project interventions.

The analysis of CPD system data provides some retrospective baseline from 2010 that suggests (Figure 21) that family support services like the FCC are being increasingly used by the CPD as a response to child protection concerns, relinquishment by parents and other reasons for referrals, but it is possible to state only tentatively that the FCC and other project services may have contributed to achieving this result. Babies and infants no longer experience stays in institutional care and it appears that babies under 1 year of age are less likely to be separated from their parents because of project activities, but this result can be
stated with only limited certainty as full data has not been reviewed including adoptions by families outside of Shumen.
Objective (Outcome 3) Support the strengthening of the capacity of local authorities and the child protection system to secure the best interest of the child

The original project plan described the activities associated with this objective as

- Appointment of 5 additional social workers
- Provision of training and supervision by the CPD and representatives of the judicial system in the region
- Support for the work of the CPD through ensuring funds for CPD activities and running costs
- Elaboration of a risk assessment methodology for families and recommendations for supports

This evaluation found that a total of four social work positions were supported for a temporary period to manage the increased workload associated with closure of the infant home - two at the CPD in Shumen municipality and two in Veliki Preslav CPD (one of them out-posted to Varbitsa).

The CPD data for 2011-2013 presented earlier in this report probably reflects this increased activity (see for example Figure 17). Training has been provided, however CPD stakeholders did not refer to training received as a benefit of the project intervention, which could be a result of staff turnover or capacity. The judiciary were not included as key informants in this evaluation. As noted elsewhere, the CPDs report that since FCC is not a state delegated activity they cannot make official referrals or formally coordinate activity. Although this may be a misinterpretation of current legislation it nevertheless has created an obstacle to fully integrated and networked operations. An explicit framework for professional development for CPD staff, linked to a national standard or with a provision for competency and knowledge assessment would contribute to a longer-term vision for sustained capacity development in the sector which would in turn contribute to sustainability of the model.

The budget information provided does not offer sufficient information to comment on the financial support to CPD for activities and running costs.

Formalising the assessment methodologies for children at the infant home and their families for their adoption as a standard procedure in future infant home closures would support the future roll out of the closure plan in a manner, which assures good outcomes for children.

A further unintended consequence of this action relates to the lifting of VAT tax on text messages, which are intended as charitable donations. UNICEF reports this because of advocacy together with a wider NGO coalition.

Attribution

The provision of infant foster care, especially for infants and babies, was a key service requirement to support the closure of the Shumen HMSCC. This is described as a UNICEF innovation in reports to donors and publications on promising practices (UNICEF 2015a). This evaluation has identified that the development of infant and other types of specialist foster care was made possible by both the persistent efforts of all local partners in Shumen and other regions to engage in this new practice and consequently through the government’s Action Plan for the implementation of the Vision of Deinstitutionalisation of Children in Bulgaria. The National Network for Children report that for the first time this Action Plan, and specifically the component ‘Accept Me’, allowed Child Protection Departments to place children directly into foster care without requiring an initial institutional placement. In parallel to the Shumen
HMSCC closure, the Network describes the Action Plan as having ‘unlocked’ processes which allowed CPDs to act more ‘bravely’ in placing infants directly to foster care in, amongst others, Shiroka Laka, Kustendil, Razgrad, Silistra, Vetren and Zlatitsa municipalities. Without this development, the closure of infant homes, which up to October 2016 had seen a 50 per cent decrease nationally, is unlikely to have occurred. NGOs active in the sector, who have supported the closure of the HMSCC nationally, have also reported their involvement in delivering infant foster care as part of the gate-keeping mechanism. There is no evidence to suggest that these organisations have followed an established model developed in Shumen, however the infant foster care in Shumen is recognised as a valuable new practice in the region which in turn, and by incorporating learning from other projects and regions, helped to overcome resistance to placing babies into foster care straight from the maternity ward. By further incorporating learning from other regions and projects it has the capacity and potential to be developed into an evidenced-based practice model for national delivery.

Improvements in the Well-being of Children
Baseline and target indicators for the well-being of children in the project documentation are required for the evaluation to be able to assess the achievement of this objective. A proxy baseline for future consideration are the individual assessments undertaken during the Shumen HMSCC closure, a follow-up individual assessment is required to measure changes. Equally, a definition of ‘well-being’ is required to ensure that supplementary qualitative data is more objective and less open to bias in interpretation. Key informants have reported positive changes for some of the children moved from Shumen HMSCC. One child is described by an NGO respondent as having improved health outcomes even whilst still in the care of the infant home because of care plan implementation which provided a primary and consistent carer. Foster carers with whom children with disabilities have been placed also report positive changes in learning and skills development amongst children placed. There are also reports of children living in difficult circumstances whose situation has not been fully monitored or assessed. As noted above, the systematic tracking and follow-up of children is required to provide detailed information regarding the well-being of children moved from the Shumen HMSCC, or children in general in Shumen. The availability of residential institutional care provision is limited; therefore, it is likely that children who might previously have been placed in residential care, continue to live with their families or to be placed in foster care or adoption. However, this does not necessarily mean that they are living in nurturing families who are meeting their needs or that placements have been made in the best interests of each child. See for example the concerns discussed in this report about the marked increase in use of infant foster care because of maternity ward interventions possibly at the expense of children returning home to their families (Figure 10). Given the constraints identified at the CPD, who have the statutory responsibility for following up, the development of a mechanism for assuring well-being in consequent placement/s may be something to consider. More data is required to be able to assess whether reintegrations, adoptions or long-term foster care placements have been sustained for all children moved from Shumen HMSCC.

Contribution to National Reforms

The Family for Every Child project was conducted in support of the government’s Action Plan and vision [for DI]. The closure of the Shumen infant home has contributed to the overall decrease in the numbers of residential care facilities for children aged 0-3 in Bulgaria and the design of the infant home closure project has informed the government project Posoka Semeistvo. The service methodologies for the FCCs and the CM&CH were approved by the Ministry of Health for application under this pilot closure of the eight HMSCC. The phase 2 Action Plan has learned lessons from the implementation of the FCCs and the CM&CH especially that services should be mobile and flexible in reaching out to communities, particularly marginalised communities. There are ongoing challenges in the intersection between social and health services which the project is well-placed to help the government to address both in capturing practice on the ground in Shumen and identifying barriers and bottlenecks to inter-sectoral working and in testing practices for effectiveness that the government can use in defining complex concepts such as ’integrated’ social services. There is a role also for the project to play in gathering evidence to challenge attitudes that could be contributing to entrenched discriminatory practice towards parents from marginalised communities especially among family support and child protection practitioners, but also in health services.

Key Strategies for Success

As previously noted, UNICEF Bulgaria, local government and NGO stakeholders attribute the closure of the Shumen HMSCC to the creation of infant and baby foster care and other new services such as the CM&CH, FCC and maternity ward prevention service, to the presence of the UNICEF Bulgaria coordinator and to the child and family assessments conducted as a prelude to planning the children’s move. It is also linked to the action being undertaken within the context of a wider government reforms and an endorsed national Action Plan. As explained by local government stakeholders, this to some extent explains the success because they were mandated to cooperate with reforms.

The success of the FCC and CM&CH, in that they are well-recognised services valued by clients is attributed to their flexibility and mobility in service delivery; this includes reports that services are planned at the beginning of every year; that clients can receive a set of services depending on their needs; the availability of an emergency fund; the budget to contract ancillary professionals with specific technical expertise etc. However, it will be a major challenge to develop ways to sustain this approach financially in the long term. Stronger documented evidence of the outcomes that can be achieved through this approach could help to ensure sustainability. If the government can see a direct link between these investments and the reduction in separation of children from families (currently this link can be seen only weakly), then this could be a powerful argument for the development of relevant financial standards.

Potential for Scale-up

Successful scale-up of infant foster care, FCC and CM&CH is possible if these services are embedded in developed standards and criteria that look at the effectiveness, including quality, of services and results for children and families; and if management and coordination processes involve NGOs and other key stakeholders (UNICEF 2015a, page 25).

Developing clear practice models requires much more than the basic methodology currently necessary to be designated a state delegated authority. For infant foster care to become a
long-term national system and for government to be assured that best interests of the child in foster care are well served, the accompanying secondary legislation including regulations, procedural guidance and training manuals will be required, alongside a clear pathway and funded mechanism for monitoring and inspection within existing State systems.

The key elements of the FCC and CM&CH services that are vital for achieving results need to be documented and data needs to be gathered in a systematic way to fully demonstrate its efficacy. This will also contribute towards direct links to the important key results for national reforms such as prevention of child separation. The development of financial standards linked to clear outcomes are key to supporting scale up that allows the services to maintain the flexibility of identifying and responding to problems and challenges together with beneficiaries as currently conceived in the service design and implemented to some extent in practice. A standard on staff capacity and continuous professional development will also be critical to ensuring that the responsive and flexible components of the model can be successfully replicated.

The perceptions of duplication of effort across the CM&CH and the FCC, other social (welfare) services and other health and education services, also present potential challenges for scale-up in a resource constrained system and there will be a need to ensure careful coordination mechanisms are in place across the whole network of services, including systematic and standardised case management. This will help to address concerns articulated in the phase II Action Plan about preventing a proliferation of services that may or may not be needed.

Ultimately, any scale up must fit closely into the phase II Action Plan. In order to put forward Shumen region as a model for replication, key components of the current basket of services requiring attention include,

1. Ensuring strong assessment of need for services based on strong participation of parents, professionals and young people themselves – what are the services needed to support families, ensure adequate care for children in families and prevent separation? In what volume are they needed, where and by whom should they be run and managed? What should be the skills, knowledge and behaviours required of the people who run and manage the services?

2. Ensuring strong inter-sectoral coordination so that access to mainstream services is maximised for all service users across disciplinary and ministerial silos. Casework and case management approaches using case conferencing and other techniques are proven mechanisms for achieving this kind of coordination around individual cases. Monitoring mechanisms and information systems can help to ensure that information from individual cases can be fed up into systems level inter-sectoral planning.

6.4 Effectiveness - Level 2 Service Delivery for Children and Families

Capacity of Parents and Professionals

Capacity is considered in terms of numbers and qualifications of staff and availability of infrastructure and other resources, for example adequacy of office and equipment, IT, and transport. Social workers and social work assistants at the FCC, and nurses at the CM&CH have received training in the specifics of service delivery relative to their focus areas. The key informants in these services reported that there were adequate numbers of staff relative to the quantity of work. The nurses and staff of the CM&CH had received specialist training provided
by the University of Varna, the social workers and social work assistants at FCC were involved in a significant induction programme and subsequent training. Subsequent professional development opportunities, or induction training for newly appointed staff appears to be ad hoc. Linking the training and development to a National Qualifications Framework for Bulgaria through the designated competent authority, the Ministry of Education and Science would support scale-up.

The capacity of the CPD in the Shumen region to provide family support services remains at the same level as prior to project implementation, although there is some evidence that the project may have contributed to changes in patterns of referrals to family support services by CPDs and to increased referrals to the CPDs. Whilst additional social workers were temporarily employed, this support is no longer provided. The number of social workers and their levels of responsibility together with the limited resources available to them (including transport), has resulted in high staff turnover and limitations in the services they can provide.

The scope of this evaluation did not extend to a capacity assessment of parents and families; however, the family assessments conducted during the closure of the Shumen HMSCC are a potential baseline for follow-up should a full capacity assessment be required.

Current Operation of the Family Support System in Shumen

The scope of this evaluation did not extend to a complete assessment of the family support (child protection) system in Shumen. The primary components identified include CPD, the Complex for Social Services, the day care centres for children with disabilities, the Community Centre in Novi Pazar, and the FCC; in addition, the CM&CH offers health-centered family support. Pre-school and kindergarten services, school services and the general health system are also operational and available. Services which support access to justice for child victims and witnesses are under development through the Complex for Social Services. As previously noted, there is some perceived duplication of service delivery – the FCC undertake direct service delivery across the spectrum of health, education and social welfare support, the CM&CH provide similar support in the health sphere. However, because the FCC is not yet a state delegated service, its unique service operates on the periphery of the system through informal processes for coordination and referral.

Case management is a proven mechanism for coordinating service delivery in an efficient and effective manner to ensure child protection. The CPD is the designated case manager for all child protection cases in the Shumen region. This includes referring children and families for services to other state delegated authorities, including those provided through the Complex for Social Services. The FCC is not a state delegated service and the perception of the CPDs is that they cannot make formal referrals to this service. The FCC operate within their own case management system and during FGDs discussed the ‘cases’ they manage. There is a lack of confidence in closing cases, in part because the system is not fully formalised and standardised. As with foster care, there is a limited methodology for case management which needs additional procedural regulation and guidance together with a training manual, to assure quality in service delivery, and appropriate cooperation and coordination across services and across regions.

Gender Equity Benefits

Across the world, the social welfare workforce is predominantly female (Khunou and others 2012; Government of South Australia 2013; NASW 2011) and gender-based pay inequity remains a persistent problem for social workers and other female-dominated professions.
Almost 86 per cent of respondents (n=73) during KII and FGDS, conducted in connection with this evaluation, were female. One mechanism to improve status and improve retention in the profession, is to link it to a qualifications framework; ensuring that a qualified workforce with assessed skills and competencies is available will reduce the employee attrition rate.

This evaluation did not consider the social and economic benefits of access to contraceptives in the achievement of gender equality. Although small gender differences were noted relative to children’s placements these were not significant and the evaluation found no significant gender bias in the child protection system data analysis or in service delivery. It is noted that casework is apparently conducted in the FCC and MC&CH services through the lens of the mother of the children in the family and particularly in relation to her reproductive health.

The services appear to be addressing issues of violence against women in the home as well as child protection issues. The question of child marriage and early drop-out of girls from school was not central to this evaluation, but it is noted that the services developed by the project have included these as issues to be addressed by the FCC services.

No conclusions can be drawn regarding access to family planning and women’s empowerment. Further discussions should be conducted in the context of the concerns raised about the family planning interventions within marginalised communities, above.

<table>
<thead>
<tr>
<th>Efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the objectives being achieved economically by the intervention? How big is the efficiency or utilisation ratio of the resources being used?</td>
</tr>
</tbody>
</table>

6.5 Efficiency – Level 1 UNICEF Performance

Application of Project Resources

A total of €1,957,695 is reported by UNICEF as expended during the period 2011-2016 on the Family for Every Child project. This includes €988,685 disbursed related to the start-up and running costs for the FCC.

The financial data provided in the context of this evaluation does not provide enough detail to undertake a thorough financial analysis of resource application (figure 22). Detailed budgets for each component could have enabled an assessment of project direct vs. indirect costs. Reporting periods are variable, so comparison is difficult. For example, in Figure 22, column E is for an 18-month period and column F for 10 months, column H is represented as 2014 however column I also includes 6 months of 2014. Similarly, the breakdown in start-up and running costs is not provided for the FCC. The relatively small amount for information campaigns appears negligible in the context of the overall project, particularly since UNICEF described communication for social change as critical to the success of the project activities. It is possible that some of the costs associated with awareness raising are integrated in the activity costs, for example, support for foster care. Given that the foster care intervention, and particularly the development of new born infant foster care was considered an integral component of the closure plan for the Shumen HMSCC, it is notable that the costs for foster care are also relatively small, at 3 % of the overall expenditure. UNICEF Bulgaria note that
this may be related to government expenditure on the direct costs of foster care placements. This reflects the extent to which the foster care service is fully funded by government partners with UNICEF project funding adding value to this core service.

It is not clear if the management costs of just under 11% of the total is a local charge applied in Bulgaria or if it includes the mandatory Headquarters recovery cost which is applied by UNICEF globally.

The donor financial report to June 2016 for the Breaking the Cycle project which includes support to foster care, to the FCCs and to the CM&CH describes an absorption rate of 50% during the project lifetime, primarily because of delays to development of the day care centre at the premises of the former Shumen HMSCC.

A comprehensive financial analysis and costing of the child protection system in Shumen and its individual components would provide UNICEF and government with a comparative foundation for absorption by the state and expansion to other regions.

Value for Money

Data provided by the MoH from the Analysis on the Homes for Medico-Social Care for Children (conducted in 2011 by an expert from the Ministry of Finance at the request of UNICEF and Ministry of Health), indicates that the budget of the Infant Home in Shumen for 2010 was 1,258,111 BGN (€ 643,262) which was the seventh highest in the country (out of a total of 31 infant homes). The average cost per child per month was 1081 BGN (553 Euro) for 2011 (10th highest out of 31). The budgets for HMSCC were allocated on an annual lump sum basis, without regard for numbers of children placed. Although the savings related to the closure have been absorbed by MoH, the overall government budget on formal care for children now includes costs for the alternative care and community support services.

Value for money in delivery of public services can be considered as the most beneficial combination of cost, quality and sustainability. To assess value for money a cost effectiveness analysis (improvements in qualitative measures e.g. school enrolment, grade progression, literacy rates) should be weighed against a cost benefit analysis (monetizing the qualitative outcomes) to ask if the benefits outweigh the costs. Value for money of the Family for Every Child project cannot be assessed at this stage as the qualitative measures need to be refined before they can be set against detailed financial information. To undertake a comprehensive value for money assessment a full costing of the current services is required, including agreement on qualitative outcomes; however, it is likely that costs per child have reduced significantly.
Coordination – UNICEF Performance

The project coordination has been led by UNICEF Bulgaria with MOUs that have supported designation of roles and responsibilities among partners. The strong mandate for reform provided by the Vision and Action Plan has also supported coordination between agencies at the regional level in planning and implementation of the project. Some respondents note the role UNICEF Bulgaria has played in supporting coordination between the MoH and the MLSP at the national level. Mechanisms for coordination of the Family for Every Child project are described in the MOUs at national and sub-national level, signed between UNICEF Bulgaria and government. The details of how this is conducted in practice, for example, meeting agenda, minutes, participants list, would allow for a more thorough review of the formal steering mechanisms for project implementation. Key local government stakeholders report ‘good cooperation’ with UNICEF, with service managers providing reports to the municipalities. Similarly, at national level, government acknowledges UNICEF support in the development of the child protection sector.

UNICEF Bulgaria report that locally,

“In general, our view on coordination especially in individual cases is that this is the job of the case managers in CPD.” (KII UNICEF Bulgaria)

And at the same time acknowledge that,

“This can be problematic because of their [CPD] capacity.” (KII UNICEF Bulgaria)

Structured formal coordination by UNICEF Bulgaria with government partners and the NGO sector, would contribute to dissemination of good practice and lessons learned. This could include for example, coordination of and support for an annual learning and coordination plans to offer workshops for detailed learning on good practices, and sharing of technical, practical and instructive ‘how to’ methodologies.

As an international development partner UNICEF is in a unique position to convene stakeholders at national, sub-national and sector levels, to support policy-making and
implementation, governance, accountability, etc. that ultimately delivers development results. Some stakeholders, (both government and NGO) perceive UNICEF Bulgaria as having transformed its operations into a hybrid, which combines the traditional Country Office role with that of a National Committee (for fundraising) and direct service provider. Whilst key informants at UNICEF Bulgaria report that the FCC is a municipal service some respondents appear to see it as a de facto subsidiary of UNICEF which fully funds, supports, monitors, and manages the service. This has the potential to undermine the agency’s role as a convener and coordinator of development assistance in the child rights sector.

Monitoring and Evaluation
Monitoring progress against intended results requires the systematic gathering of data within a monitoring and evaluation framework linked to the original project plan. As noted above baseline and targets needed to be provided against indicators linked to planned outcomes and goals.

Monitoring appears to have been conducted on an ad hoc basis; UNICEF staff have made regular visits to Shumen region to meet with government and service staff, however regular monitoring reports have not been seen by the evaluation team. Efforts to systematise data collection, include the introduction of an electronic management information database for the CM&CH and an excel spreadsheet database for the FCC. The CM&CH database is reported as a UNICEF management tool, and has not been reviewed in any depth. The integrity of the FCC database requires review since the data entry for the years 2011-2015 was conducted in April 2016 by social workers and social work assistants of the FCC. The data provides limited information about open and closed cases and services received by children and families and thus does not allow for reporting results in terms of outcomes for children. For example, a simple dashboard which provides information about primary and secondary assessed needs and referrals made and services delivered, can provide a simple tool for monitoring purposes. This allows an ‘at a glance’ composite of case status where it can be seen if a child needed the service, was referred for the service and got the service…leading to eventual case closure, thus providing information on outcomes for children. The systems for the FCC and the CM&CH are not integrated and cannot identify if the same family is a client of both services. The databases have been developed separately from government administrative data collection systems and management information systems, including the new MIS as reported by the ASA.

6.6 Efficiency – Level 2 Service Delivery for Children and Families

Application of Government Resources
Resources for foster care are applied by government with the EU direct budget support; premises have been provided by local government for the operation of the CM&CH and the FCC and start-up costs connected with refurbishing and equipping the services, and the on-going running costs, are funded by UNICEF Bulgaria. UNICEF Bulgaria note that the CM&CH is included in the phase II Action Plan for deinstitutionalisation. Other resources have not yet been made available by government to support operations beyond the end of 2017. At national level the MLSP has indicated a preference to apply its limited resources to continue support for the community centres developed in the scope to the World Bank financed Social Inclusion project and there may be scope for the FCC and CM&CH services to be incorporated into these facilities as they are developed in Shumen. UNICEF reports that the Day Care Centre
for children with disabilities in Novi Pazar was established with project funding and has now become a state delegated service.

**Coordination – Service Delivery**

Some coordination at the level of case management is noted between the project services, CPDs, CSSCF and other services within the Shumen regional network of services, but it is not clear that it is applied systematically across all cases. At a practical level this coordination of services for individual casework with children and families appears to be constrained by the management information systems, the need for state delegated authority for the FCC, limited capacity of the CPD to convene stakeholders, and the perceived ownership of services that are funded and managed by UNICEF Bulgaria.

**Impact**

<table>
<thead>
<tr>
<th>Does the intervention contribute to reaching the goal?</th>
</tr>
</thead>
</table>

### 6.7 Impact – Level 1 UNICEF Performance & Level 2 Service Delivery for Children and Families

In measuring impact, the evaluation team has looked at effects arising from the intervention, including immediate short-term outcomes as well as broader and longer–term effects.

Deciding on desired impact is the first and most important question to address when designing any project or intervention; as noted previously, because of the way the project aim and objective/s and the indicators are formulated impact measurement for the Family for Every Child project is challenging.

**Prevention of Family Separation**

As previously noted, the ambiguity in the formulation of the Family for Every Child project objective has consequences for the discussion of impact; that is, whether the aim (expected impact) was to:

- prevent family separation; or
- ensure care in a family environment for children.

This distinction is important because the first assumes children remain in their families, and there is a reduction in the numbers of children in formal care, whilst in the second separation occurs and children live foster care or family type placement centre, and there is no significant reduction in the numbers of children in formal care.

This formulation also requires a consideration of the well-being of children. Whilst family care is preferable, the quality of care in the family or alternative care is a significant dimension for impact measurement.

The closure of the Shumen HMSCC is an irreversible, positive outcome of the intervention. As is the consequent and unintended outcome of the closure of the residential care institution at Kaspichan,

The rate of children aged 0-2 years in formal care – a measure of family separation – appears to have been falling steadily since 2012, but if data is correct, it is still slightly higher than at the project outset in 2010 (Figure 14). There is a need for further data to fully validate this
finding. Prevention of separation for 0 year olds may be being achieved by the network of services that have been developed by the project and by the project partners RDAS as part of the national reforms to implement the Action Plan (Figure 12). The rate of loss of family care and placement into formal care of 1 and 2 year olds, however, appears to be rising (Figure 12). The rate of children aged 0-17 years in formal care in Shumen is higher than the national average but is falling more rapidly than the national average (Figure 16).

Increased use of family support services, reintegration, adoption and foster care is confirmed by analysis of the CPD data. If this trend continues, it could lead to an eventual reduction in the rate of children in formal care compared to before the project interventions began.

The development of infant foster care is a significant and positive development. The development of foster care for infants was piloted by SAPI within the partnership with the UNICEF Bulgaria Family for Every Child project and aimed to support the closure of Shumen HMSCC. The first babies were placed in foster care in the spring of 2011. The further development of the practice was made possible by the government's Action Plan for the implementation of the Vision of Deinstitutionalisation of Children in Bulgaria. The National Network for Children reports that the Action Plan, and specifically the projects 'Posoka Semeistvo' (Direction Family) and "Accept me", encouraged the Child Protection Departments to place children directly into foster care without requiring an initial institutional placement. Thus, and in parallel to the infant foster care developed in connection with the Shumen HMSCC closure, the Network describes the Action Plan and the other pilot projects as having 'unlocked' processes which allowed CPDs to act more 'bravely' in placing children directly to foster care in amongst others Shiroka Laka, Kiustendil, Razgrad, Silistra, Vetren and Zlatitsa municipalities.

The foster care system has been subject to significant changes during the project implementation period. Foster carers supported by SAPI through the Complex for Social Services were subject to close supervision and were offered significant support; the quality assurance mechanisms in the current system are yet unknown.

The data collection anomalies for the FCC mean that it is not possible to definitively report on prevention of family separation i) because the typology applied across the services is inconsistent and ii) because the data requires further interrogation to confirm its validity. However, during the FGDs staff of the FCC did report on individual cases. For example, where a mother had declared the intention to relinquish her baby and following social work intervention the child remained at home. However as previously noted, the quality of the home environment is equally important in as much as the child should also be able to thrive. Again, the increase in 2014 and 2015 in the rate of children aged 1 and 2 years in formal care (Figure 14) and the higher rates of referral to CPDs for child protection reasons of 4-6 year olds (Table 9), suggests that further work is needed for the FCC and the other services in the network to become fully effective in preventing separation and ensuring well-being for younger children.

**Improved Development Outcomes for Children**

The impact on development outcomes for children is difficult to assess against baseline as developmental indicators and targets needed to be established at project start. If the assumption is made that children in family care will have improved development outcomes compared to children in institutional care, especially young children, then the closure of the infant home and the placement of children into family placements (in all but a small percentage of cases) can be assumed to have led to improved development outcomes. The absence of
follow up on children in adoption and reintegration placements, however, makes it difficult to fully validate this assumption.

Proxy indicators, for example, the numbers of children coming forward for pre-school readiness classes suggest there have been some positive changes. In one FCC, the numbers have dropped from an initial 37 children in the first cohort to 6 in the most recent because children are attending state kindergarten. The FCC suggest that this indicates that parents are aware of the importance of education (because of the FCC awareness raising in the community) or that it has happened because of the conditionality applied to state benefits which require school attendance. It might also be connected to a legislative requirement introduced two years ago for all children to attend at least one year of pre-school.

Although the original project plan proposed to ‘decrease by 90 per cent of the share of the children from communities at risk and raised in their families for who the required immunizations have not been performed (in accordance with the requirements for the respective age group), this has not been reported on. Vaccination data for the Shumen region, and for the intervention communities specifically, has not been reviewed by this evaluation.

Policy Change
The project appears to have contributed to the inclusion of health visiting services in the phase 2 Action Plan and may have supported the government to re-evaluate the approach to the pilot infant home closures by offering an alternative model. The exact nature of the alternative model is difficult to pinpoint, but it appears linked to flexibility in identifying and responding to needs and is broadly referred to by one respondent as having shown,

…’how the work in the field step-by-step can adapt the services continuously. UNICEF project has helped us to develop our current concept about the closure of the rest of the infant homes. And even to broaden the scope beyond the closure of the institutions but to adapt the whole health-care system to the needs of children and pregnant women’. (KII MoH)

Although this respondent attributed these shifts in policy to UNICEF Bulgaria, it seems likely that there have also been other contributions from other actors involved in infant home closure processes. Documentation of national and regional coordination could help to evidence more precisely the contributions of UNICEF Bulgaria to the evolving national policy framework. Although the practice of infant foster care is now widespread this development still needs to be formally institutionalised nationally.

<table>
<thead>
<tr>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the positive effects or impacts sustainable?</td>
</tr>
</tbody>
</table>

6.8 Sustainability - Level 1 UNICEF Performance & Level 2 Service Delivery for Children and Families
The closure of the Shumen HMSCC, which at the outset was considered difficult due to the large numbers of children housed, and because of the resistance from the staff, is an indication that closure of this type of provision is possible. The ongoing deinstitutionalisation process is further supported by the introduction of the government’s phase II Action Plan in October 2016.
The practice of placing infants in residential institutional care is being replaced with alternative measures and the process for closure of the remaining HMSCC is underway. This is not yet formally recognised as a national action plan for development of children and family social services which will replace the current residential institutional care provision. However, the MLSP expressed intention to develop the Community Centres established within the scope of the World Bank Social Inclusion project, and to continue their funding using EU budget support funds is a good indication that social services development is considered a requirement for the closure of residential institutions to continue. Similarly, the previous development of the Complex for Social Services in Shumen and the extension of the range of available services by the government is a further positive indication of the requirement for community based social services provision for child protection as a whole.

The future of the FCC is more uncertain; six years following their introduction the service does not have state delegated authority status and remains fully funded and operational under the auspices of UNICEF Bulgaria. A clearly articulated strategy is needed for transfer to local authority management, for incorporation into the community based services envisaged for phase 2 of the Action Plan or for scale-up nationally. There are also concerns that should the transfer occur, the design elements which mark the FCC out from other available social services, including the flexibility in service provision, the emergency fund and availability of in-kind support, and the outreach mechanism, may be constrained or not retained. The services have been designed to meet the needs of children and families in vulnerable and marginalised communities. These communities comprise significant numbers of extremely marginalised populations including Roma and Turkish minorities. To gain entry FCC recruited some of their team from within those communities; this is reported as having contributed to the acceptance of the FCC team, and the willingness of families to work with them. It has been suggested by key informants in the NGO sector and by staff of the FCC that when the service becomes municipality managed, as is envisaged, this capacity to select appropriate personnel could be lost.

**Post-project Coordination and Capacity for Continued Delivery**

The very flexibility which is a design feature of the FCC is the issue which might prevent its absorption as a state delegated service. The scope of this evaluation does not extend to a full and thorough review and analysis of the legal basis on which the FCC operates currently, and on which it might operate in the future. However, there is consensus amongst key informants at local and national level that inclusion as state delegated service with a financial standard is critical for the FCC to receive funding from the state budget in its current configuration.

The development of a ‘standard’ for FCC or for its component service approaches is a desired outcome for sustainability. This is an interesting proposition given that the very nature of the FCC is non-standardised, to flexibly meet the differing needs of their constituencies.

Separately, foster care, is facing challenges because of the financing mechanisms put in place by government and the consequent development of new teams to manage foster care who may not have the required training and experience to offer a quality service. This could jeopardise current foster care placements because foster carers do not receive the same levels of support, and future quality of foster care as a child protection measure.

The capacity of the CPD to protect children requires further development. The numbers of social workers and their access to resources means that they are fulfilling their protective role with significant constraints. Equally, the case management system, which sees CPD as case manager and service providers as case workers requires thorough and detailed procedural
regulations and guidelines to support the application of the minimum standard. This will allow for a more comprehensive and coordinated child protection service delivery at local level.

Although the FCC and the CM&CH are allied to separate government departments, local application of scarce resources will require thought and planning to identify if both or one services can be sustained; this is particularly important where these services are seen to duplicate efforts.

7. Conclusions
Referring to the evaluation framework the results are summarised using the traffic light formulation where a positive outcome is marked green, an outcome with some challenges is marked amber and a problematic outcome is marked red.

This measure is subject to the limitations described above regarding appropriateness of project goal and objectives, and thus should be considered cautiously.

The overall assessment is provided against the two sets of formulations of the aim and objective, described in the original project plan and in the ToR for this evaluation.

<table>
<thead>
<tr>
<th>Aim (impact)</th>
<th>Source: Closure Plan for the Home for Medical and Social Care for Children (HMSCC) – Shumen</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>To create a network of services and measures in support of the parents and families of young children aged 0-3, thus leading to the closure of the HMSCC in Shumen.</td>
<td><img src="https://via.placeholder.com/15" alt="Green Traffic Light" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives (outcomes)</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure care in a family environment for the children placed in HMSCC Shumen</td>
<td><img src="https://via.placeholder.com/15" alt="Amber Traffic Light" /></td>
</tr>
<tr>
<td>Develop a new model for integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care</td>
<td><img src="https://via.placeholder.com/15" alt="Green Traffic Light" /></td>
</tr>
<tr>
<td>Support the strengthening of the capacity of local authorities and the child protection system to secure the best interest of the child</td>
<td><img src="https://via.placeholder.com/15" alt="Amber Traffic Light" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aim (impact)</th>
<th>Source: Terms of Reference for this evaluation</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to closure of the Infant Home in the region</td>
<td><img src="https://via.placeholder.com/15" alt="Green Traffic Light" /></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objectives (outcomes)</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce family separation of young children</td>
<td><img src="https://via.placeholder.com/15" alt="Green Traffic Light" /></td>
</tr>
<tr>
<td>Improve child development outcomes in the region of Shumen</td>
<td><img src="https://via.placeholder.com/15" alt="Amber Traffic Light" /></td>
</tr>
</tbody>
</table>
The Shumen HMSCC is closed and children aged 0-3 in the Shumen region are no longer placed in residential institutional care. This conclusion is qualified because the situation of the children - the fulfilment of their rights, could not be conclusively assessed. The quality of their current placement, with their family or in alternative care is not fully known.

Consequently, because the HMSCC is no longer available, infants are either not relinquished, or are relinquished and placed in foster care prior to adoption or reintegration or another alternative care placement. This conclusion is qualified because the rate of 1 and 2 year olds in formal care has increased slightly, and as noted above the well-being of children who have remained in their families is not fully established.

CPDs refer more children to family support, reintegration, guardianship and foster care than before the project, probably because of project interventions as well as wider national reform processes and the development of a network of services by the Regional authorities. The capacity of local authorities and the child protection system to secure the best interests of the child, however, remains constrained. The CPD do not have the full capacity needed to monitor children’s placements (at home or in alternative care) and conduct (or commission) appropriate follow-up. The investments made by the Family for Every Child project in capacity building at the CPD were focused mainly on the closure of the infant home, outcomes from training provided may have been compromised by staff turnover and more sustained systemic interventions are needed to secure increased capacity. In consideration of the fact that closure of the infant home will have resulted in an increased workload for the CPD, the child protection system is under increasing pressure and as such the protection of children cannot be assumed.

The data does not establish conclusively a reduction in family separation of young children, although it is possible that it has taken place for 0 year olds, full adoption data is required to be able to state this conclusively. The rate of children aged 0-17 years in Shumen region is still higher than the national average, but has been reducing more rapidly than the national average. The data does indicate changes in practice by the CPD in favour of family support, reintegration, foster care and adoption as well as use of other newly emerging community based services such as crisis centres. Use of foster care in Shumen is higher than the national average. Comparison of CPD data with other regions where FCC and CM&CH have not been established, but where infant foster care, day care for children with disabilities, CSSCF, FTPC and community centres have been established and the infant home closed could help to identify more conclusively the effect of the project.

It has not been possible to assess improvements in child development outcomes in the region, although there are some indications that children from vulnerable communities are attending pre-school at a higher rate than prior to project intervention and that because of the interventions of the CM&CH, infant and child feeding practices are being established within WHO guidelines. If an assumption is made that remaining in family care or being placed in alternative family care is equivalent to improved child development outcomes compared to those achieved through institutional placements (especially for young children), then children in the Shumen region do have improved outcomes. This outcome is qualified, given that not enough is known about well-being in family placements and that the rate of referral to CPDs
for children aged 4-6 years for child protection reasons is higher than for other age groups and that the rate of 1 and 2 year olds in formal care appears to be increasing.

This evaluation found that the Shumen region project has probably contributed to the design of the phase 2 Action Plan, but that a direct link between the interventions in Shumen region and changes in national policy has not been definitively established.

The evidence base used in the project design may have required more critical analysis prior to design decisions being taken, and the causal pathway established at the outset may consequently have had flaws. Thus, monitoring and evaluation, which may have identified bottlenecks early on and resulted in changes to the intervention during the project lifetime was not fully and appropriately implemented. Evidence of the efficacy and efficiency of the intervention requires more systematic gathering of data in a monitoring and evaluation framework to be able to provide conclusive proof. Consequently, there is no evidence yet available for government on which to base a decision for future investments. There is an imbalance between delivering services through a demonstration model and data collection to institutionalise good practice at a national scale. For example, whilst the FCC is valued by local government, communities and service staff, it is compromised by lack of documentation and service level data in demonstrating its scale-ability as an effective and efficient model for family support which prevents separation and protects children.

Overall, issues of data collection and data management have compromised the capacity to demonstrate good practice and impact on policy.

Globally, UNICEF is a widely recognised and trusted neutral broker and a credible knowledge leader. UNICEF Bulgaria has the convening power and the capacity to moderate and mediate negotiations between government, civil society and academia. UNICEF’s visibility and profile as a convener for upstream policy work based on the success of demonstration models is not being fully exploited through appropriate and timely dissemination and sharing of good practice and learning. This is particularly important in a context of political uncertainty. There has been minimal formal coordination with local and national government relative to the interventions in Shumen this would have allowed for key decision-making processes to be documented and therefore contribute to decisions on scale-up. Equally the coordination with the non-governmental sector, a traditional UNICEF role, is limited and compromised by active fundraising that may have led to perceptions of UNICEF behaving as an NGO in competition with the sector. The agency has been able to exploit its brand effectively for fundraising purposes, but could be more effective in applying those resources judiciously to ensure that a robust national child protection system is in place. Given the guidelines on development aid provided for donors in the Paris Declaration and Accra Agenda, adopted by the UN in the Paris Principles, alignment and cooperation with all local duty bearers including civil society, is an imperative for UNICEF.

8. Recommendations

In the final year of project implementation, the focus of UNICEF management interventions in the Shumen project should be to secure the sustainability of, and capitalise on, the investment made to date at both service levels and at the level of goals to inform national policy. There appear to be several key areas where this can be achieved and these are set out here for further discussion with UNICEF Bulgaria and its partners during validation meetings.
Securing the sustainability of the project inputs to date

1. The **documentation** of the successful service interventions needs to be systematically completed as an urgent priority to inform the process of becoming a state-delegated service (in the case of the FCC) and to inform replication and scaling up in the case of FCC, CM&CH and infant foster care. This documentation should distil the critically important methods and approaches in the services that have been established in Shumen. Based on this evaluation, the key original features of the services are linked to the flexibility and outreach elements of the CM&CH health visiting and FCC social work services. The FCC service appears to be reaching a point where it can demonstrate how at the individual and service level, the interventions of trusted workers can help service users to identify their needs so that social workers can plan the actions needed to address issues and support children and families to receive these services through a flexible response package. This is the kind of practical support that has been documented in research (Bilson and Markova, 2007) that can change lives and improve outcomes for children in even the most marginalised and disempowered communities. There is a need to clearly describe, based on evidence from the project, how changes in the lives of service beneficiaries are being achieved and to clearly link service interventions (social worker visits to provide counselling and individual support, accompaniment, information provision, practical support to meet needs such as for diapers and other supplies, direct support for specific issues such as family planning, social registration and accessing mainstream health, education, employment and social assistance services) to outcomes for children. The way in which the services are described need to be framed in a way that can support applications for state delegated service status and to inform nation policy discussions on the flexibility, responsiveness and mobility of services especially when working with marginalised communities. The documentation of services should also address i) issues of perceived duplication of services identified during this evaluation, for example where CM&CH are providing similar services to the FCC in relation to family planning and ii) issues where infant foster care might be being used as a default mechanism to respond to child protection concerns by risk averse CPDs and which might not be in the best interests of children.

2. A **comprehensive financial analysis and costing of the child protection system** in Shumen and its individual components would provide UNICEF and government with a comparative foundation for absorption by the state and expansion to other regions. If this can be linked through systematic data gathering and documentation of service inputs and outcomes to clear indicators of effectiveness of the child protection and family support system agreed with government in the new Action Plan, this will go even further to ensuring sustainability of the project outcomes to date.

3. A **consultation with beneficiaries and service users**, led by service users themselves and other community members, to re-affirm the relevance of the service design and the outcomes of the services would help to validate the model and to address concerns identified in this evaluation about potential reputational risks related to direct provision of contraception services to a target group of specific women. The Bulgarian Family Planning and Sexual Health Association, who were part of the consortium involved in the original community mapping, reported that families had identified children and family, access to food and limited financial resources as their top three concerns. Whilst the consequent service delivery focused on health and education interventions, which were not their top priorities. A further consultation
would serve to refine the model, to assure that priorities for child protection in these communities are appropriately addressed, given the changing context.

4. A ‘well-being’ audit conducted together with the CPDs in Shumen region, including tracking of children who were moved from the infant home during the deinstitutionalisation process, could also help to address concerns identified during this evaluation regarding children in reintegration placements who may not be thriving and to assess whether the principles of necessity suitability inherent in the Guidelines on Alternative Care for Children are being appropriately applied. This should be based on standardised assessment tools and should include contact with the child, the family and other significant adults in the child’s life e.g. teachers.

5. Implementation of the current UNICEF plan for a **structured modular training and system for continuous professional development** to strengthen the competencies of the FCC workers, especially in child and family social work disciplines, child protection and well-being, child development and community development, will strengthen the model both in terms of the outcomes it can achieve for children, but also in its potential for replication. The system of professional development can be linked to a performance management system for local authorities to support stronger implementation of the model in other regions. The performance management system in turn should link to the overall service specification and design documented under recommendation 1 and including service level indicators that can be linked to the individual competencies or the service staff members. If staff can be trained to support service users to identify their needs and to take ownership of the ways of addressing those needs and the service can continue to provide individualised practical interventions, then outcomes can be systematically monitored during scale up.

6. There is time in the final year of project implementation to design and test a **system for monitoring child well-being and development outcomes for children** that can then inform wider national implementation. This would support the government to move towards a child protection and family support system that is integrated and child-centred across sectors (health, education, social assistance etc.). Child development outcomes can be considered across several domains, and measures put in place to track progress. For example, the government of Ireland has introduced a National Strategy for Research and Data on Children’s Lives, 2011-2016 which collects data and measures progress for children in the areas of health, both physical and mental; education; safety (from accidental and intentional harm); economic security; and involvement in networks of family, friends and community. This is a national action plan for development of children and family social services, which will replace the current residential institutional care provision and move the policy discourse away from ‘deinstitutionalisation’ to ‘family support and child protection’.

Another option is to consider the adoption of a child well-being framework\(^{43}\) that can be used across sectors to monitor children and how they are affected by interventions from social assistance, health, education, social services, or other programs and policies. Such a framework should be as simple as possible to ensure that the data that needs to be gathered for key indicators can be gathered without excessive additional administrative burden.

Domains of child well-being can also be measured using administrative data from the administrative territorial unit in question. For example, child safety can be monitored through health data on serious injury, accidents and death at home or police data on children being

\(^{43}\) For example [http://www.gov.scot/Topics/People/Young-People/gettingitright/well-being](http://www.gov.scot/Topics/People/Young-People/gettingitright/well-being)
picked up without supervision. Health and education data can give information about the proportion of households with children who are registered with health services and education services and compare data for different subsets of household living in poverty or in particularly marginalised communities. Child protection data can provide information about the proportion of children who are not in the care of their own families in each region or community. This offers a way of triangulating service level data.

Child well-being can also be tracked and measured by asking children about their lives; a review of the literature and particularly Child Indicators Research Journal44, provides myriad examples of participative methodologies for understanding well-being from a child’s perspective.

**Capitalising on Investments to Date**

7. UNICEF has invested in the evaluation of promising prevention, early intervention and response programmes; and has a good understanding of national and provincial planning processes – both of which can inform scale up strategies. In its role as an international child-rights focused agency, UNICEF Bulgaria has the convening power and inter-sectoral ‘big picture’ neutrality (across health, education and social sectors) to convene government, academia and NGO partners to leverage attention toward children’s rights fulfilment, child development, child well-being and to negotiate the development of standardised, evidence-based instruments to underpin the child protection and family support system that is envisaged in the phase II Action Plan for implementation of the Vision. A priority within this is the development of case management mechanisms to support intersectoral working that can build on the promising practices in the Shumen region, and contribute to realising the vision of an effective network of services. The instruments should also identify, through NGO, academic and government networks, and incorporate learning from other promising practices documented by a range of actors and across sectors, in Bulgaria and across the region. Standardised assessment and case management frameworks can not only streamline the experience of receiving services for families, but can reduce the administrative burden of casework for workers in all sectors and help to ensure more efficient and effective service delivery for the whole family, but with a focus on the changing needs of children as they grow and develop. UNICEF can focus on mobilising the NGO, government and academic expert community in Bulgaria to synthesise the knowledge and promising practices emerging from casework in health, education and social services to create a common assessment framework that can be effective in working with all community members across a range of sectors. This would represent an important and significant contribution to building the child protection and family support system, to implementing the new Action Plan and building constituencies for ensuring strong implementation of promising practices that have emerged from the Family for Every Child project, but also other projects and initiatives funded by the EU, the World Bank and other donors.

As the ASA develops its management information system (MIS), there are potential opportunities to include a simplified case management reporting interface which would provide government and development partners with much needed data for monitoring and evaluation as well as planning purposes.

---

44 [http://link.springer.com/journal/12187]
While case management and case work guidance and standards are a priority, a similar role can be played by UNICEF in the development of the social services workforce, child and family social work and infant and disability foster care standards and guidance.

Considerations for Future Investments

8. Consider the distinctions between children living in residential institutional care, children living in a family environment, children living in formal care and children living with their family. As services develop and become more complex, as solutions for deinstitutionalisation proliferate there is a danger that children’s well-being is not fully considered. For example, ‘family-type placement centres’ for children with disabilities where up to 15 children are housed and where in some cases quality of care is considered less than optimal by the SACP. As a global leader, UNICEF can advocate with government within the parameters of the UNCRC and the Guidelines for Alternative Care as well as the UNCRPD for quality measures for children deprived of parental care. This alignment with the UN Guidelines for Alternative Care, should have the objective of reducing the numbers of children in formal care; and thus, prioritisation of support for the maintenance of birth family relationships (including extended family).

9. Consider how UNICEF can consolidate and develop its efforts in moving away from a deinstitutionalisation focus towards a child protection systems approach which incorporates all reasonable efforts to protect children from violence, abuse exploitation and neglect. This recognises that institutional closure is one component of protection, alongside access to basic social services and justice in a comprehensive coordinated package. The phase II Action Plan demonstrates that the government has begun to move in this direction and UNICEF can further consolidate its support to government in this regard. Consideration of strategic child protection systems development, beyond deinstitutionalisation should focus on outcomes for children in addition to measurement of reach (children and families who received a service). This can include support for the national case management system to (1) improve coherence across partners’ interventions, and (2) to improve national administrative data collection; investment in national systems for education and competency assessment for the social services workforce (including para-professionals) to assure quality service delivery; and consideration of the relationship between child protection and social protection, ensuring integration of on-going reforms.
Annex 1 Terms of Reference for the Evaluation

UNICEF BULGARIA COUNTRY OFFICE

TERMS OF REFERENCE FOR INTERNATIONAL CONSULTANT FOR EVALUATION OF FAMILY FOR EVERY CHILD PROJECT IN THE REGION OF SHUMEN (October 2010 – December 2015)

Start date of consultancy: mid July 2016
End date consultancy: November 2016
Total number of days: up to 35

1. BACKGROUND AND CONTEXT

Bulgaria has been implementing a child care reform since 2000 leading to establishment of family support services and alternative care across the country and a reduction of the number and share of children placed in residential care. The child protection reform started with the adoption of the Child Protection Act in 2000 and the establishment of a specialized child protection system at central and local level. The establishment of the State Agency for Child Protection (SACP) aimed to provide a focal point for the child protection policy, however, there are still other ministries involved. The Child Protection Departments at local level have been established with the intention to become single entry points for the child protection system. A number of strategic documents and papers were developed in the first years of the reform with the objective of addressing the vulnerabilities. Reducing number of children in institutions and establishment community based services, were some of the key strategic priorities of the child protection and welfare system. Despite the progress, Bulgaria continued to be the country with the highest rate of children in residential care in the CEECIS region for reasons of poverty, lack of education and insufficient access to health services. Poverty and exclusion are higher for Roma, especially in isolated and remote areas.

On 24 February 2010, the Council of Ministers approved the strategic document “Vision for Deinstitutionalisation of Children in Bulgaria” (hereinafter referred to as “Vision”). The document outlines the strategic priorities, concrete objectives and measures for the continuation of the reform of the child and family care system. The reform aims to prevent the placement of children in residential care and provides for the development of new services, including replacement of the system of classic specialized institutions with a network of community-based services. The main objective of the document is to guarantee children’s right to live in a family environment and receive quality care and services according to their individual needs. The document also serves as a guidance and strategic framework for all programs and projects for deinstitutionalisation and child and family services, financed by the European Union or national budget. Priority target groups were the children with disabilities and children below 3 years.

On 24 November 2010, the Council of Ministers also approved an Action Plan that was elaborated towards attainment of the objectives of the Vision. It sets specific measures and actions aiming at devising integrated and comprehensive child and family policy and amending the sector policies.

Data as of 2016 shows significant progress in reducing the number and rate of children in institutional care. The number of specialized institutions and children placed in them prior the adoption of the Vision was respectively 137 and 7587 children. As of 1 February 2016, the # of the specialized institutions is 48 and a total number of 1495 children (736 in Children’s Homes and 759 in Infant Homes). All homes for children with disabilities have been closed. The rate of children in formal care, however, remained the same. The Government will address reasons for family separation in the second Action Plan for DI, which is currently being drafted.

II. UNICEF ROLE AND PROGRAMME INTERVENTION
UNICEF Bulgaria is in the fourth year of implementation of the Country Programme for the period 2013-2017. The overall goal of the country partnership is to strengthen the national capacity to ensure equity and social inclusion, to improve the right of children to equal access to education, health and protection and to strengthen child rights monitoring systems. Deinstitutionalization and development of a continuum of services has been at the heart of the UNICEF programme for Bulgaria, as it seeks to improve policies and planning, allocation of funds, inter-sectoral and institutional coordination and develop capacities at national, of regional and local level to better plan and deliver services to children and families.

At national level, UNICEF provides technical assistance and advocates so that policies and budgets for children are further enhanced in order that children's rights are at the forefront of the political agenda and a more integrated national policy framework for children comes into place. At sub-national level, capacity development support is provided to regional administration and municipal governments for the adoption of new approaches for effective and efficient delivery of social services to meet the needs of families and children, with a special emphasis on the most vulnerable groups, and to enhance child protection and system.

In the period 2010 – 2015 UNICEF supported the implementation of a demonstration project “Family for Every Child” in partnership with national (Ministry of Health, Ministry of Labour and Social Policy, State Agency for Child Protection, Agency for Social Assistance) and local authorities (District Governor and municipal administrations). The roles of the partners were defined in Memorandums of Understanding signed in 2011 at national and local level.

The role of UNICEF was to provide technical, financial, and administrative support and in particular to:
- Carry out fundraising activities for implementation of the Project;
- Provide funding to implementing partners;
- Organise exchange visits;
- Provide knowhow on the international experience with respect to reforms and closure of specialised institutions for infants;
- Perform assessment and analysis;
- Provide expert assistance for developing and costing of services to be set up;
- Provide expert assistance for amendments to legislation in the area of social policy and healthcare;
- Provide expert assistance for preparation and implementation of design, construction and assembly/repair works, construction supervision and investor control, and supply of furnishing and equipment;
- Provide methodological assistance for setting up of the services agreed by the Closure Plan;
- Provide methodological assistance in monitoring and control of service operation;
- Evaluate the outcomes of Project implementation and elaborate a model for closure of infant care institutions;
- Carry out an awareness campaign on children’s rights, good parenting, and the consequences of institutionalisation;
- Develop a Closure Plan in consultation with the other partners for the infant care institution.
- Coordinate the activities of a Project Consultative Council, comprising representatives of all partners. The Consultative Council shall support, monitor and coordinate the partners’ Project implementation work;
- Sign regional memoranda with the respective regional governors, municipalities, and other implementing partners for which it shall notify in advance the other Parties hereto.

The role of the Ministry of Health was to:
- Participate in the activities aimed at elaborating and adopting a closure plan for the infant care institution included in the Project;
- Participate in the design of the healthcare services to be set up under the Project;
- Initiate legislative changes and shall undertake administrative actions to ensure the sustainability of the newly set up healthcare services;
- Provide full cooperation, through the *infant care institution* included in the Project, for the assessment of the children, the staff, and the premises;
- Implement the measures within its scope of authority, as agreed in the Closure Plan for the *infant care institution* concerned, including by gradually downsizing the institution’s capacity and proposing to the Council of Ministers its final closure;
- Co-finance other Project activities.
- Facilitate communication with *infant care institution*’s staff.
- Participate in the the Project Consultative Council.

The role of the Ministry of Labour and Social Policy was to:
- Participate in the activities aimed at elaborating and adopting a closure plan for the *infant care institution* included in the Project;
- Participate in the design of the social services;
- Implement the measures within its scope of authority, as agreed in the Closure Plan for the *infant care institution* concerned;
- Support project implementation with other actions within its scope of authority;
- Participate in the Project Consultative Council.

The role of the Agency for Social Assistance was to:
- Participate in the activities aimed at elaborating and adopting a closure plan for the *infant care institution* included in the Project;
- Participate in the design of the social services;
- Cooperate and take part in updating the assessments of the children placed in the *infant care institutions* included in the project and in elaborating the plans for work with the families. To this end, ASA, through its respective Directorate for Social Assistance (DSA), shall issue references to a social services provider contracted by UNICEF;
- Implement the measures within its scope of authority, as stipulated in the Closure Plan for the *infant care institution* concerned;
- Appoint additional social workers in the DSAs within the Project territorial scope, in accordance with the Closure Plan for the *infant care institution* concerned;
- Take administrative steps as required to submit a proposal to the Ministry of Finance for setting up the social services designed under the Project as state delegated activities;
- Participate in the activities of the Project Consultative Council.

The role of the State Agency for Child Protection was to:
- Participate in the activities aimed at elaborating and adopting a closure plan for the *infant care institution* included in the Project;
- Participate in the design of the services under the Project;
- Implement the measures within its authority, as agreed in the Closure Plan for the *infant care institution* concerned;
- Carry out monitoring of the quality of services for children as provided under the Project;
- Participate in the activities of the Project Consultative Council.

The role of the Regional Governor of Shumen Region was to:
- Ensure the inclusion of the services envisaged under the Project into the Shumen Regional Strategy for the Development of Social Services;
- Provide assistance in the identification of Project implementing partners within Shumen region;
- Participate actively in the coordination of the implementation of the Project and of the Action Plan at local and regional level;
- Coordinate the participation of Municipalities in region of Shumen, the regional administration and other stakeholder institutions and organisations in the implementation of the Action Plan;
- Where appropriate and in accordance with their statutory powers assist in the provision of state property for implementation of the Action Plan;
- Manage the activities of the Regional Coordination Group of the representatives of all institutions and municipalities in the region, which supports the implementation of the project.

The role of the Municipalities was to:
- Assist in the identification of Project implementing partners;
- Participate in the implementation of the Action Plan in accordance with its competencies - opening of new services and implement measures and activities for social inclusion of vulnerable groups;
- Participate in the work of the Regional Coordination Group;
- Provide assistance to the project coordinator, consultants and other implementing partners, involved by UNICEF in the project.
- Ensure participation in training of municipal administration staff in the project and municipal employees of social service providers;
- Provide logistical support, including free use of premises for implementation of the Action Plan;
- Assist in the implementation of the information campaign for the rights of children, good parenting and the impacts of the institutionalization, organized by UNICEF;
- Provide assistance in assessments and analyses organized by UNICEF.

The region of Shumen is in North-East Bulgaria and comprises of 10 municipalities with a population of 180 000 people (around 35 000 of them are children) with a mix of ethnic Bulgarian, Turkish and Roma groups. There were 4 residential care facilities for children in the region. Infant mortality for 2010 was 16.2 per 1000 (9.4 per 1000 for the country). 48% of the population lived at risk of poverty and social exclusion (NSI). Only 55% of the pregnant women in Shumen region were registered with an obstetrician during the first 3 months of pregnancy and many women see a doctor only at the time of delivery.

The main objective of the project was to contribute to reducing family separation of young children and improving child development outcomes in the region of Shumen, as well as to inform national policies. The Project also aimed at contributing to the closure of the Infant Home in the region.

The Project was conceived and implemented in line with the Vision for De-institutionalization (DI) and its’ Action Plan, following the principles of networking and complementarity. National-wide DI projects, outlined in this Action Plan, meanwhile were covering the region of Shumen – some with full range of planned activities, other with several specific components only. Most important were the projects for: closing the special institutions for children with disabilities; closing Infant homes in 8 other regions in the country; development of foster care and projects supporting the capacities for child protection and for planning and development of social services at regional level. A project for social inclusion of small children from vulnerable families, supported by MLSP and the World Bank was implemented in the Municipality of Shumen, as well.

Accordingly, the approaches of networking, coordination and complementarity with national projects, existing social services and local initiatives were embedded both in programming and implementation of the Family for Every Child Project.

The Family for Every Child Project was designed based on assessments of the needs of the children and their families in the most marginalized communities and the children residing in the Infant Home. There was no theory of change formally articulated at that time, however, the project followed agreed directions and assumptions listed below:

- Actions in the best interest of the child;
- The children leaving the Infant Home should be moved to a family environment – as a priority to their birth family, and, where this is not possible – to alternative families of friends and relatives, adoptive parents, or foster families.
- Prioritizing the services and measures in support of birth families over the services replacing family care;
Moving the children out of the Infant Home to alternative family care should aim for the children to remain as close to their birth families as possible, unless the child’s interest requires otherwise;

Moving of children from the Infant Home should not take place without prior needs assessment comprising parental capacity assessment and possibilities for raising the child in their birth family, as well as an action plan.

With all forms of placement in family care, contact between the child and their biological family should be maintained, unless the best interest of the child prevents this;

Siblings should be reunited and raised together;

Under no circumstances should a child be transferred from one specialised institution to another;

Children up to 3 years of age should not be placed in residential care;

A regional approach to planning the closure of the Infant Home and its replacement by new services.

Innovative approach to the planning and provision of the new services;

Upgrading and improving of the existing resources, practices, experience, and services;

Building a partnership network at local level with the participation of all stakeholders;

Support for the staff to further develop their professional qualifications and skills in accordance with the new requirements and standards.

Cooperation, networking and coordination of activities and services with other nationwide DI projects, implemented in the region of Shumen.

The Project supported:

1) Strengthening the case management approach by recruitment of additional social workers in the child protection departments, provision of training and supervision to the child protection system in the region;

2) Establishment of community-based services:
   - a network of family support services (three Family Counselling Centres) has been established in the region to fill in the gap of primary prevention services, facilitate access of the most vulnerable to mainstream public services, raise parental capacities and change harmful practices, thus contributing to the prevention of family separation, child abandonment and neglect;
   - additional social workers were hired to work at the Maternity Ward to prevent the abandonment of new-born babies;

3) Alternative family care: support has been provided for further development of foster care in the region and, in particular, for foster care for infants and young children.

4) Training and supervision has been provided to the staff of the Infant Home in order to improve care for the children.

5) In addition to this Project, UNICEF supported the planning and coordination of service provision at regional level and ECD activities (health visiting service and training for parents of young children).

Key results of the project are:

- The 3 Family Counselling Centres (FCC): provided support to over 3300 vulnerable and poor families with small children at risk; prevented 215 (how many per year?) when did the first prevention occur? cases of separation of children from their families; provided assistance to 300 children for admission in kindergarten; provided individual counselling and involved in programmes 1320 children thus improving their chances for social inclusion; covered 760 women by family planning services; over 500 families annually were involved in different programmes, counselling and group work for promotion of good parental practices and improving parental skills.

- The Centre for Maternal and Child Health (CMCH) is this new service? Did it exist anyway? What was UNICEF input? What is internal logic? – Shumen provided support
to over 3700 families including 1200 pregnant women and 3890 children. Since the
establishment of the service in March 2013 until December 2015 the nurses carried
out more than 22,000 home visits, individual consultations of families, telephone
consultations.

- Introducing the practice of raising children in foster care from birth, instead of in an
  institution. This practice has been scaled up at national level and is now followed
  across the whole country.
- Over 90 new-born children have been placed with foster families since January 2011
till September 2015, instead of in an infant home. Over 20 foster families in the region
currently provide care for children with disabilities.
- For the 5 years since the project start 153 children left the Infant Home (107 placed as
  of October 2010, and 46 children – in the first project years if this was 2 years that’s
  only 23 per year so how can they have prevented 215): 25 children were reintegrated
  in their families, 3 were placed in kinship care, 38 were adopted, 64 children were
  placed in foster care (what happened then?), 8 were placed in Family-Type Placement
  Centres (what are these? Small new institutions?) when was moratorium placed on
  children coming in when did entry to children’s homes end? Ask child protection
  authorities did they find parents wanting to place children when they found the home
  was closed put their children in another home? Did it result in children being placed
  out of district? Which infant home did they move to? how did it happen? Look in detail
  at case files? – how many were going into foster care? To adoption, referred to other
  infant homes, sample flow of children, case studies, numbers of reintegration,
  interrogate their numbers, what was average rate of reintegration in other homes?
  (FTPC), 6 were moved to another Infant Home upon request by their parents (why?
  Why are parents expressing a preference for infant home care; they have probably
  been told these children have high levels of care needs? Why did child protection
  authorities allow parents to exercise this choice? Whay didn’t project succeed in
  working with these parents to re-integrate?) and 9 died (did other children die after
  they had been placed outside the children’s home?); check death rate in other
  institutions of that type.
- In August 2015 the last child was moved out of Shumen Infant Home. The Council of
  Ministers launched the procedure for the legal closure of the Home and currently its
  liquidation is in process.

The total investment for the period 2010 – 2015 by UNICEF was BGN 3,441,035. Out of this
amount BGN 1,122,541 were raised by the BTV Magnificent Six 2 charity show, and the
amount donated by the Bulgarian government was equal to the VAT paid on the donation text
messages sent under the campaign.

The funds additionally raised by UNICEF amount to BGN 2,318,494, out of which BGN
1,170,000 were a contribution by Velux Foundation for the period July 2014 - November 2015.
A set of performance indicators was developed in the initial project outline (2011) and updated
(2014) in the logframe of VELUX project documentation. The indicators were regularly
monitored by UNICEF for measuring the progress in preventing family separation of young
children through improving parental care, increasing social resources of most marginalized
families, efficient gatekeeping and increasing the effectiveness of child protection system.
The project was implemented in the framework of the child protection programme of UNICEF
and as such:

1) Provided evidence and knowledge to inform policy level and advocacy work;

2) Was influenced and synchronized with the on-going developments in the country
context.

In 2016 – 2017 UNICEF is continuing its intervention in the region of Shumen by:

1) Establishing new innovative services – an Ability Development Complex of health and
social services for children with disabilities;

2) Continue to support the innovative outreach services provided by the network of 3 Family
Consultative Centres for most marginalized families in the region;
(3) Continue to support the Centre for Maternal and Child Health (CMCH) – a home visiting program providing services for all children below 3, their parents and pregnant women in the region;
(4) Evaluating the methodology/approaches and good practices of the FCC and of the CMCH and advocating for their adoption as state delegated services;
(5) Ensuring sustainability of the family and child support services established under the project by proposing and advocating for changes in the legislation and the national budget.

More information on the project, its implementation and results can be found on: http://unicef.bg/en/projects/-1/2. Detailed information will be provided to the successful applicant.

III. OBJECT OF EVALUATION
The evaluation will assess the approach, results, resources and impact of the Family for Every Child Project in relation to achievement of the project objectives, and impact on child welfare in the region and on the national policies.

IV. RATIONALE
The UNICEF Country Office will conduct an evaluation with the purpose of assessing the approach, results, resources and impact of the Family for Every Child Project in relation to achievement of the project objectives, and impact on child welfare in the region and on the national policies. It will also measure the extent to which the UNICEF supported project reduced equity gaps and led to a sustainable social change. The evaluation is undertaken towards the end of the UNICEF programme for 2013-2017 with the Government of Bulgaria. The knowledge generated will be used by the Government and UNICEF to inform the work for ensuring sustainability and scaling up to other regions, the ongoing deinstitutionalization reform and for planning and implementation of a new country programme. The evaluation will also be used to support the dialogue in the area of ECD, Roma inclusion, poverty reduction and family-oriented social policies targeting the general population as well as the most vulnerable and marginalized groups. Last, but not least, the evaluation will inform the municipal and regional partners in strengthening and improving the established practices and model. The evaluation will be supported by an advisory group, including representatives of the Ministry of Labour and Social Policy, Ministry of Health, State Agency for Child Protection, the Agency for Social Assistance, and the District Governor of Shumen region. The group will review assessment methodology, assist data collection, review and approve analytical report.

V. OBJECTIVE
The main objectives of the evaluation are to:
1) Assess the relevance, efficiency, effectiveness and sustainability and, to the extent possible, the impact of the Family for Every Child Project;
2) Assess the level of coordination and complementarity between the Family for Every Child Project and other programs, services and projects implemented in the region of Shumen with specific focus on effectiveness for target beneficiaries – children and families;
3) Identify and document lessons learnt and the contribution of UNICEF to the identified changes;
4) Assess feasibility of the developed model and factors to be taking into account for its scaling up;
5) Provide recommendations on focus areas and specific activities to be included in the UNICEF child protection programme for the next programme cycle.

3) SCOPE AND LIMITATIONS
The scope of the Evaluation should include two levels:
(1) Evaluation of the project as an integrated program intervention of UNICEF, as well as (is outside unicef scope); include Regional UNICEF in discussion?

(2) Evaluation of the new activities and services established in the framework of the project, i.e. Family Centres, specialized foster care, additional social workers working in the Maternity Ward for prevention of abandonment of new-born babies, Centre for Maternal and Child Health – with regard to the effectiveness of each specific service and of the network as a whole.

The geographic coverage of the evaluation is the Region of Shumen, but it is possible to include meetings with stakeholders or some visits in other regions, if needed and justified in the evaluation methodology.

The period covered by the evaluation is October 2010 – June 2016, which is the whole period of the Family for Every Child project implementation.

The Human Rights Based Approach (HRBA), equity and gender equality and mainstreaming approaches also need to be assessed.

Limitations:
One of the possible limitations is the lack of data disaggregated for the most disadvantaged groups. High turnover of staff is typical for all sectors, which may affect the assessment of the capacity building activities.

In addition, the questions related to impact on children may be limited to the impact of the project at system level. The changes in life of children will not be measured quantitatively, but should be covered in the evaluation with case studies.

4) EVALUATION FRAMEWORK AND QUESTIONS

The evaluation will assess UNICEF’s Project and its contribution to achieving results for children (good/bad practices, innovations and models as well as strategies that work and can be scaled up or replicated) in terms of their relevance to the child rights and equity agenda, effectiveness, efficiency, sustainability, and impact (as defined by OECD/DAC).

Under these evaluation criteria, the initiated activities/services and achieved results of the Family for Every Child Project will be evaluated considering the level of cooperation and complementarity with other projects and programs conducted in the region of Shumen.

Relevance
1. Has the programme intervention been aligned to government and partners’ priorities/policies/reform agendas? What is the relevance of the intervention with regard to the DI process in Bulgaria?
2. Has the project (content and delivery) 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?
3. To what extent the theory of change of the project, the adopted approaches and developed services are evidence-based, correspond and address the actual problems of the children, families and communities as initially identified in the surveys and situation analysis?
4. To what extent the policy recommendations submitted by UNICEF and informed by the project are relevant for the reform process?
5. How relevant and gender sensitive are the capacity building activities for professionals?

Efficiency
1. Have UNICEF’s resources invested in the project been used in the most efficient manner?
2. Would there have been a more cost-effective way to achieve the expected results?
3. Has the project been successful in leveraging the governments’ political will and financial resources to prevent family separation of young children and improve ECD?
4. How well the project and implementation of activities were planned and managed?
5. To what extent the project was coordinated with other similar programme interventions, national-wide DI projects, social services, etc., (implemented by other actors or UNICEF) to encourage synergies and avoid overlap?
6. To what extent the data collection and monitoring activities performed by UNICEF informed and contributed to improve the implementation of project activities and achievement of results?

**Effectiveness**

1. Has the project achieved its planned objectives? Have the planned results been produced (quantitative and qualitative)?
2. Did the project contribute to improving the welfare of children and families in the region of Shumen? To what extent it is possible to specify/demarcate the contribution of the UNICEF Project and the other implemented projects and social services for improving child welfare and providing benefits for children and families in the region?
3. What are the results achieved by the services supported by the project? What are the benefits for the children and families that benefitted from the project activities?
4. To what extent the project contributed to creating or improving the regulatory framework needed for social protection and child protection reform?
5. To what extent the project contributed to building the capacities of the child protection and medical professionals, local authorities and other partners? Did the project influence the attitudes of professionals involved in the Child Protection System?
6. To what extent the project contributed to building an effective system of family support services in the region?
7. Has the project provided any additional (not directly planned) significant contribution or outcome in the child protection and ECD sector?
8. What strategies/core roles of UNICEF have been most efficient in achieving the results?
9. How effective is the model for child and family support, developed and tested by UNICEF and what are the options or possibilities for expanding and scaling up?
10. To what extent the achieved results were successful in reducing gender-based differences?

**Impact**

1. To what extent the project influenced child protection, social protection, ECD and Roma inclusion strategies and policies at local and national level?
2. How successful was the project in improving the support and the welfare of the vulnerable children, families and communities?
3. How the project influenced the system of social services in the region of Shumen?

**Sustainability**

1. To what extent the national Government (i.e. MLSP, SACP, ASA, MoH) involved in project implementation have the capacity to sustain the project components established with UNICEF support?
2. What specific recommendations could be given that would contribute to the sustainability of the project?
3. Did the project promote ownership over different programme activities? Did the relevant partners own the results of the project?
4. To what extent the coordination mechanism at regional level can function on its own after the withdrawal of UNICEF?
5. How sustainable are the results achieved for children and families in the region of Shumen?
6. How sustainable are the created services considering both national and local levels?

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 Girls.

Evaluation questions will be further refined and additional ones will be incorporated by the Evaluation Team – if required - during the inception phase.

5) METHODOLOGY AND PHASES
The evaluation will follow internationally agreed evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability. Stakeholders will participate in the evaluation through discussions, consultations, provide comments on draft documents and some of them will be responsible for follow-up to the recommendations.

To ensure impartiality and lack of biases, the methodology will include a cross-section of information sources (e.g. stakeholder groups, including beneficiaries, etc.) and a mix of quantitative, qualitative, participatory methodology to ensure triangulation of information.

The evaluation will be based on analysis of secondary data and on primary data collection. Secondary data will be assessed during the pre-mission phase to start addressing evaluation issues and identifying the information gaps.

Inception Phase: The first step of the evaluation process will be the inception phase during which the Evaluation Team will develop an evaluation framework based on the TOR. For each of the questions and sub-questions, the evaluation team will develop indicators to inform the responses and identify the corresponding means of verification. The inception phase will be used to better define the scope and the methodology of the evaluation. On that basis, the team will develop a detailed methodology based on the key elements identified above. In addition, the Evaluation Team will assess potential limitations to the evaluation work and in particular the availability and reliability of data.

A Desk Review of evidence available at country level in relation to impact and system results, reduction of equity gaps and theory of change will be undertaken. The desk review will rely on UNICEF documentation (studies, evaluation and survey reports), but will also cover government documents, including assessments, studies, policy documents, strategy papers, plans of action, evaluations and documentation of projects implemented by other partners. Survey results, administrative data or other available data sources will be verified and analysed to confirm system level results.

The evaluation will be based on a desk review, interviews and focus group discussions with all involved stakeholders. At national level, the evaluation team should meet with representatives of MoLSP, MoH, SACP, ASA, MoF and NGO partners. At local level, the evaluation team should meet with local authorities, child protection bodies, service staff, medical institutions, children, families, communities, professionals.

Data analysis and report writing: the process will start at the inception phase when the evaluation team will propose detailed methodological approach 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 Bulgaria and national stakeholders. Evaluation team 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. At least two country visits are expected for data collection, interviews with stakeholders, etc. and presentation of results. The duration of the data collection visit should be up to 10 days both in Sofia and in Shumen region. The duration of the second visit should be up to 4 days.

6) AVAILABILITY OF DATA/INFORMATION SOURCES
The data and information source listed below are coming from official state institutions or UNICEF produced reports. Therefore, they are considered reliable and of sufficient quality.

6) UNICEF Project documentation, including:
   a. Project document, action plans – initial and updated, interim technical and statistical reports - UNICEF donors’ reports and reports of local partners,
   b. Introduced monitoring system for the project, including set of key indicators on project outputs and outcomes, measuring the project progress and effects for children and regular monitoring activities, internal monitoring reports;
c. Formative assessment of the services where available,

d. Rapid needs assessment of the initial situation in vulnerable communities in
the region of Shumen (Final report, 2011);

e. Regular data (collected and monitored) about key indicators for project
progress with a special focus on beneficiaries – children and families at risk;

f. Grant agreements with municipalities, NGOs and other partners for
development of services and joint activities in the framework of the project;

7) National strategic documents in the area of health: National Health Strategy 2020
adopted in Dec. 2015 by the National Assembly, The National program for improving
maternal and child health;

8) National Strategy “Vision for Deinstitutionalisation of Children in Bulgaria” and Action
Plan for its implementation;

9) Statistical data of the National Statistical Institute, the National Institute for Public
Health and Analysis, the National Health Insurance Fund, the State Agency for Child
Protection, etc.

10) Regional analysis of situation and needs assessment of groups at risk in the region of
Shumen (2 Regional Reports issued in 2010 and 2015) and the Regional strategies
for development of social services for the periods 2011-2015 and 2016-2020;

11) Monitoring reports for the implementation of the Action Plan of the Vision for
Deinstitutionalization;

12) Rapid review and assessment of the implementation of the National Strategy “Vision
for Deinstitutionalization of Children in Bulgaria” and the Action Plan for its
implementation, UNICEF, 2014;

13) Multi-country evaluation of results achieved through childcare system reform 2005-
2012;

14) Report on assessment of the approaches to closure of Infant Homes in Bulgaria
(currently being performed)

15) Any other studies, assessments and relevant documents that may be provided by the
partners.

7) PRODUCTS TO BE DELIVERED AND STRUCTURE OF THE EVALUATION
REPORT

The evaluation report to be produced must be compliant with the UNICEF Evaluation report
standards45 and to the GEROS Quality Assessment System46. All deliverables should be
submitted in English.

The deliverables will include:

a) The Inception report
b) Draft evaluation report
c) Final evaluation report
d) PPT presentation of evaluation results and recommendations

Proposed structure for the inception and evaluation report.

Structure of the Inception Report:

- Response to the TOR Evaluation
- Framework
- Methodology (including annexes with specific questionnaires and tools)
- Potential limitations of the evaluation according to data availability and reliability

Structure of the Evaluation Report (Tentative)

- Title Page
- Table of content

• List of Acronyms
• Executive Summary Object of the Evaluation
• Acknowledgements
• 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 Evaluation Team (during the Inception Phase). The approximate size of the main body of the report should be not more than 60 pages.

**Requirements for effective evaluation recommendations:**

- The evaluation team 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.

8) **INDICATIVE TIMELINE / WORK PLAN**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2016</td>
<td>Publish ToR</td>
</tr>
<tr>
<td>30 June</td>
<td>Deadline for applications</td>
</tr>
<tr>
<td>20 July</td>
<td>Selection</td>
</tr>
<tr>
<td>15 August</td>
<td>Inception report</td>
</tr>
<tr>
<td>8 – 16 September</td>
<td>In-country mission</td>
</tr>
<tr>
<td>20 October</td>
<td>Draft evaluation report</td>
</tr>
<tr>
<td>15 November 2016</td>
<td>Final evaluation report</td>
</tr>
<tr>
<td>November</td>
<td>Country visit for presentation of results</td>
</tr>
</tbody>
</table>

9) **TEAM COMPOSITION**

The evaluation team should be composed of international consultant who will be assisted before and during his/her field mission by a national expert. The national expert may either be proposed by the international consultant or be hired through a competitive process. The national expert will be contracted by UNICEF CO.

The competencies required from the international consultant are the following:

- Advanced degree in social sciences, law, public policy or related fields;
- At least 8 years of professional experience in conducting evaluations;
- At least 8 years of experience with child protection and/or ECD programmes;
- 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;
- Expertise on gender equality and child rights will be considered an asset;
- Excellent knowledge of English.

10) **ROLES AND RESPONSIBILITIES**

The Evaluation will be led by the UNICEF Country Office in Bulgaria. The evaluation will be supported by an advisory group, including representatives of the Ministry of Labour and Social Policy, Ministry of Health, State Agency for Child Protection, the Agency for Social Assistance, and the District Governor of Shumen region. The group will review assessment methodology, assist data collection, review and approve analytical report.
The Child Protection Specialist, Child Rights Monitoring Specialist and ECD Officer will provide technical advice and supervision to the consultant. The UNICEF Country Office together with national partners will be responsible for organizing the field visits, meetings, 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 selected consultant will work under the direct supervision of the UNICEF Child Protection Specialist. The implementation process will be jointly monitored by UNICEF and the advisory group, including the approval of final deliverables. The consultant will be responsible for conducting the desk review of the project, organizing the technical preparation of the field visits, undertaking the country visit and producing the deliverables, i.e. - inception report, evaluation methodology, sample, instruments and questionnaires, draft and final evaluation reports. The consultant will ensure that the evaluation process is ethical, in line with UNEG Ethical Guidelines, UNEG Norms and Standards.

11) PAYMENT SCHEDULE
Payment shall be made as follows:
- 40% will be paid upon submission of the Inception report
- 60% will be paid upon submission of the final report

The UNICEF CO will provide interpreters during the in-county visits. The evaluator will be provided with office space, a vehicle for site visits and official meetings, logistical support for meeting and if necessary visa procedures. Laptops or computers will not be provided.

12) 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. 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 with proposed methodological approach, all-inclusive fees (including lump sum travel and subsistence costs), timeline, resume and P11 form. The selected candidate must undertake the on-line Basic Security in the Field training (to be provided by UNICEF). Consultant/Contractors are responsible for assuming costs for obtaining visas and travel insurance. Travel paid for by UNICEF shall 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).

Annex 2 Closure Plan Shumen HMSCC
CLOSURE PLAN FOR THE HOME FOR MEDICAL AND SOCIAL CARE FOR CHILDREN (DMSGD) - SHUMEN

1. RATIONALE
This plan is being developed within the framework of the “A Family for Every Child – Closure of DMSGD Shumen” project jointly launched in 2010 by UNICEF, the Ministry of Health, the

47 http://www.uneval.org/search/index.jsp?q=ETHICAL+GUIDELINES
Ministry of Labour and Social Policy, the State Agency for Child Protection, the Agency for Social Assistance (ASA), the Regional Governor of Shumen Region, and Shumen Municipality.

This project aims to create a network of services and measures in support of the parents and families of young children (aged 0-3), thus leading to the closure of the home for medical and social care for children (DMSGD) in Shumen.

Plan development is founded on:
- Individual medical and developmental assessments of the children placed in DMSGD Shumen;
- Updated assessment of the families of the children placed in DMSGD Shumen;
- Quick analysis of the situation in the communities at risk within Shumen Region;
- Interviews with all staff members of DMSGD Shumen;
- Assessment of the premises of DMSGD Shumen.

As at the project launch, there were 107 children at the DMSGD. As at the end of April 2011, they are 79. During the period of individual assessment, measures to ensure family care for the children were also implemented:

- 8 children were reintegrated into their birth families;
- 24 children were placed with foster families, and 1 child is currently being acquainted with a foster family prior to placement;
- 13 children were adopted, while an adoption procedure is currently in place for 5 more.

To date, the project has supported 1) the development of foster care for babies, through supplementary financial support for foster parents of newborns; 2) enhanced work for prevention of abandonment at maternity wards, through appointment of an additional social worker.

2. OBJECTIVES
The project aims to:
- Ensure care in a family environment for the children placed in DMSGD Shumen;
- Develop a new model for integrated services for support of families at risk in the region, where children aged up to 3 years will not be placed in residential care;
- Support the strengthening of the capacity of local authorities and the child protection system in order to secure the best interest of the child.

3. PRINCIPLES
- Actions in the best interest of the child;
- The children leaving the DMSGD should be moved to a family environment – as a priority to their birth family, and, where this is not possible – to alternative families of friends and relatives, adoptive parents, or foster families.
- Prioritizing the services and measures in support of birth families over the services replacing family care;
- Moving the children out of the DMSGD to alternative family care should aim for the children to remain as close to their birth families as possible, unless the child’s interest requires otherwise;
- Moving of children from the DMSGD should not take place without prior needs assessment comprising parental capacity assessment and possibilities for raising the child in their birth family, as well as an action plan.
- With all forms of placement in family care, contact between the child and their biological family should be maintained, unless the best interest of the child prevents this;
- Siblings should be reunited and raised together;
• Under no circumstances should a child be transferred from one specialised institution to another;
• Children up to 3 years of age should not be placed in residential care;
• A regional approach to planning the closure of the DMSGD and its replacement by new services.
• Innovative approach to the planning and provision of the new services;
• Upgrading and improving of the existing resources, practices, experience, and services;
• Building a partnership network at local level with the participation of all stakeholders;
• Support for the staff to further develop their professional qualifications and skills in accordance with the new requirements and standards.

4. SITUATION ANALYSIS
4.1. Updating of child and family assessments
The update of the assessment of the children placed in the DMSGD and their families was completed between 15 December 2010 – 30 April 2011, based on a total of 98 referrals and orders for child assessment issued by the Child Protection Departments within Shumen Region, according to the residence addresses of the parents of the children placed in DMSGD Shumen, to the Social Services Complex for Families and Children, which worked in partnership with the Child and Space Association. Between January and April 2011, a total of 102 assessments were carried out using the methodologies agreed by the project partners.

4.1.1. Assessment of the children placed in the DMSGD aimed to outline the resources and the problem areas both in the children’s development, and in how they are raised.

The main findings from the assessments with regard to the children’s health indicate that:
- 43 children have no health problems;
- 8 children have medical conditions requiring daily medical care;
- At the time of the medical checks, 10 children suffer from acute respiratory conditions;
- 10 children seem to frequently suffer from acute respiratory diseases;
- 53 (56%) of the children are underweight for their age, despite the proper and balanced diet. The loss of weight is one of the symptoms of psychological distress and depression in the nursering and toddler years because of the early separation from the mother and the lack of privileged relationship to an adult;
- For most of the children with chronic conditions and malformations:
  - the parents are closely related;
  - the parents have mental disorders or are carriers of genetic diseases;
  - the mother’s pregnancy was not monitored by a gynaecologist;
- Many of the children with medical conditions need treatment and further clarification of the diagnosis in specialised clinics;
- Good and adequate care is taken of the children with severe conditions or malformation; however, there are difficulties, both subjective and objective, with their transfer to medical establishments. These difficulties are especially serious with children, who cannot be treated under the existing clinical paths (and need additional diagnostics), or whose allowed hospital stay, depending on the clinical path, has expired.

The objective of the development assessment was to outline the available resources and the problem areas both in the children’s development and in raising them.

The completed assessments clearly indicate that the majority of the children have preserved their development potential despite various degree delays in some areas: delays were established mainly in the speech and/or motor development and in the development of personal hygiene skills. It was not possible to draw a specific conclusion regarding the “leading
area of delay”, as they are all closely related on the one hand, and, on the other, the changes at this age are very dynamic.

The main cause of developmental delays is the absence of a privileged adult, of age-appropriate stimulation and individual work with the children, the isolation and the activities, and restlessness in the dormitories.

Special attention needs to be paid to any signs of psychological distress – “wakes up in the middle of the night and bangs head on the side of the cot”, “withdraws in a world of its own and engages in repetitive movements”, “taps on objects with a finger”, “screams when another child approaches him/her during mealtime”, “refuses to hold a spoon and to feed herself/himself despite well developed fine motor skills”, all of which require consult with a child psychiatrist and possibilities for psychological support, rehabilitation, attendance of interest workshops.

The cases of children with this type of severe symptoms need to be dealt with individually and in team discussions not only about future services, but with respect to current care as well.

The children’s basic needs are met. One major problem at the DMSGD, which is typical of all institutions, is the need for individualized approach to childcare and for providing a stimulating environment. The assessment also makes specific recommendations for improving of the care in the DMSGD until its closure (the full text of the analysis is enclosed).

4.1.2. The objective of the assessments of the families of the children at the DMSGD was to assess the parental capacity and the current family circumstances based on interviews with the parents, home visits and observation, talks to representatives of the extended family, and friends and acquaintances of the children’s parents. Each assessment was accompanied by a conclusion and a proposal to the CPD case manager recommending a long-term objective for the child’s Action Plan: reintegration into the birth family, possible reintegration following intensive support, and adoption. More than anything else, intensive support involves placement with a foster family, so that the child can live in a family environment until the return to their birth family or until adoption.

The main findings of the updated assessments are as follows:

Between December 2010 and March 2011, the Social Services Complex for Children and Families (SSCCF) Shumen, received a total of 98 child assessment referrals and orders from the Child Protection Departments within Shumen Region, according to the residence address of the parents of the children placed in DMSGD Shumen:

- DSA-CPD Shumen – 51 referrals, of which 50 per cent in the town of Shumen, and the remaining in various villages within Shumen Municipality or outside the Region;
- DSA-CPD Veliki Preslav – 14 referrals, with the parents almost evenly distributed between the villages within Varbitsa and Smyadovo municipalities, and the villages within Veliki Preslav Municipality;
- DSA-CPD Novi Pazar – 19 referrals; the analysis indicated that 30 per cent of the parents live in the town of Novi Pazar, 20 per cent live in the villages within the same municipality, while the remaining 50 per cent live in the villages within Kaspichan Municipality, namely Preselka, Pamukchi, Stoyan Mihaylovski, village of Kaspichan;
- DSA-CPD Kaolinovo – 11 referrals from various villages within the municipality;
- DSA-CPD Venets – 3;

The social problems of the families are the main cause (accounting for more than 70 per cent of the cases) for placement of the children in the DMSGD immediately after birth,
with their parents’ agreement or under a specific child protection measure pursuant to the Child Protection Act, namely the so called "social indications":

- lack of income;
- lack of housing;
- lack of opportunities for employment due to illiteracy or no qualifications;
- impossibility to provide health care for the newborn;
- care for other children, with only the basic needs being met and yet another newborn is being placed in DMSGD.

Some of the children, about 15-20 per cent, have been removed from their family environment at a later stage, and the protection measure implemented was institutional care at a DMSGD because of an established risk for the child, such as poor living conditions and negligence.

Unwanted pregnancy was the cause for abandonment for 5 to 10 per cent of the women, mostly minor and single mothers, who wished – along with their parents – to keep the birth a secret and leave the child for adoption immediately after birth.

Severe health conditions were the cause for abandonment for approximately 15 per cent, where the condition was reported to the mothers immediately after the birth or later, as well as the need for compulsory life saving surgery interventions.

4.1.3. Recommendations for update of the action plan:

- Immediate reintegration into the birth family was recommended for 8 children. They have already been reintegrated and their families are being supported and monitored.

- Reintegration in the long term was recommended for 23 children, with placement with a foster family as the short-term measure. The children were acknowledged by their parents and extended family. They are prepared to provide belonging and care for the child; the families need support: encouragement of a positive relationship between the parents and the child, opportunities for employment and income generation and, where applicable, social assistance; support for the social integration of the family and supportive day care for the family. These families need to be intensively offered support and services.

- Placement in kinship care pursuant to Art. 26 was recommended for 3 children.

- Adoption as a long-term goal was proposed for 53 children, with placement in a foster family as a short-term measure. In this group, 50 per cent of the children were registered for adoption and for a large part an adoption procedure is already under way. For the rest, CPD has initiated a registration procedure for adoption, in accordance with the provisions of the Family Code.

- Long-term placement in alternative care (outside the family) was recommended for 10 children. These are children with severe conditions who require specialised medical care and daily procedures that need to be provided by professional teams. The parental capacity assessment established that their parents are not in a position to take care of the children at home, first, because they live in remote locations where it is not possible to ensure uninterrupted medical care for the children, and, second, because they lack the means to pay for their children's treatment. In the majority of these cases, contact with the parents has been permanently discontinued.

In the long term, one option could be for these children to be placed in foster families, who have been specially trained and receive support, including by health professionals.

4.2. Quick assessment of communities at risk within Shumen Region
An assessment of communities at risk within Shumen Region was also launched in March 2011. As at the end of May 2011, the second assessment stage is winding up which will
present specific recommendations for service development in high-risk and vulnerable communities based on the findings of the in-depth quality study of the problems and attitudes toward childcare in 10 communities across Shumen Region. The findings reinforce the key conclusions from the child and family environment assessments already performed. The main preliminary conclusions from the quick assessment of the communities at risk and the recommendations for service development are as follows:

- The main causes for abandoning children in high-risk ethnic communities stem from the combination of extreme poverty and extreme marginalization of the families, and/or subgroups within the vulnerable ethnic communities related to the so called “ghetto within the ghetto” phenomenon. polemic
- Vulnerable communities believe that most instances of abandoned newborns are due to unwanted pregnancies of single mothers at risk; absent or unknown father; disabilities or health problems; marginalized families who are often isolated and rejected not only by the majority but by their “own” small community, often migrate to the neighbouring communities and outside the region, and do not have a permanent address and source of income – most of them are multiple child families (the mothers have had 3 or more children).
- A complex intervention is needed in order to change the situation in these vulnerable communities through implementation of an integrated approach, including through binding of the social services with measures for stimulating community development.
- The services for prevention of abandonment and improving of parental care for the children in vulnerable communities are essential. These communities demonstrate readiness to accept services focusing on family planning and prevention of risk or unwanted pregnancies.
- Hybrid services are a priority – social- medical services, education services, etc.
- In order to ensure the access of risk groups from vulnerable ethnic communities to the new services, it is necessary that: 1) To ensure the participation of community members - as health mediators and trained social assistants from the community who can support the specialists' work and build bridges between the service and the community; 2) A service mobile component to be developed, so as to ensure that it reaches risk groups on site.

4.3. Staff interviews
Objectives: to support and study the motivation, resources and expectations of each staff member, so as to involve them in project implementation; to study the professional attitudes and overcome resistance and tension; to determine the potential and chances for future involvement of various specialists in the newly created alternative services.

Key findings:
- The majority of the interviewees have worked in the DMSGD for over a decade. A small part have different professional experience or specific experience related to the work with children.
- The prevailing cultural attitude is that the child is fine when they are warm, eat well, and have had their clothes changed. Any indications of suffering are attributed to the physical condition and the body.
- Staff at the home have difficulty determining the child’s needs.
- According to 90 per cent of the nurses, there have been no instances with the children they look after where the former have encountered difficulties or any questions.
- All of the stories from their work that have left a strong memory have to do with children, who were at one time paced in DMSGD Shumen. These were children to whom they felt attached and were later sad when they left.
- In terms of advantages of their work at the DMSGD, the staff indicate: the advantage of working with children; the fact that they are used to this work, and that they receive regular income.
• In terms of disadvantages: low payment and the fact that there are too few nurses and carers per shift working with too many children.
• There is no system in place for continuing or further education of the staff.
• Decision making concerning the children does not happen as a result of team work and discussions.
• The staff have valuable observations and experience that are not shared due to the absence of such forms of work and communication.
• Willingness to attend training: specialised training and training focusing on work with children with autism and mental problems;
• Significant clinical experience and professional potential in the specialised staff: psychologists, educators, kinesitherapists, some nurses;
• Staff members have good ideas about working with the parents at the Day Centre with the DMSGD which they see as a popular service in the community;
• As a whole, staff members understand and support the change for the children at the institution.
• Without exception, the interviewees state their willingness to work in the system of the new services for children and families which will be created following the restructuring of the DMSGD. A large number are also willing to further their qualifications but are unable to indicate what specific training they need.

4.4. Assessment of the DMSGD premises (building)
At this stage, assessment of the DMSGD premises was made to help determine the capacity and the conditions that may allow their use for creating the planned alternative services, as well as to explore further possibilities.

The building of DMSGD Shumen is state-owned and comprises 4 blocks – structurally independent semi-detached and functionally connected through covered bridges or directly accessible. The total built-up area of the building is 5,874.5 sq.m. It was probably built in the 1970s, although the original construction documentation has not been preserved.

The construction of all units is the traditional steel concrete with a spatial structure of slabs, beams, and columns, as well as anti-seismic slabs, and it meets the applicable current construction norms. As a whole, the structure of the building has been preserved in very good condition and does not call for reinforcement works. All building installations (piping/wiring), including water and sewage, heating, and electricity are outdated, and both the external and the internal window boxes and woodwork are unusable. The boxing of the premises with screens is technologically outdated.

In terms of structure and construction, the condition of the building is acceptable. With regard to finishing works, insulation, window boxes, and piping and wiring, the building will need overall renovation.

Block B is the most suitable for this project and currently hosts the admission and quarantine ward. It can house a day centre for children with disabilities providing combined services for early intervention for children with disabilities and services for children with problems in their mental development. The block can also be transformed into an entirely independent unit. It is connected directly only to the administrative unit at ground level, which connection can be removed, if deemed necessary. Its entrances are close to the street thereby making it easily accessible for visitors, without any disruption to the work of the remaining parts of the institution. The block is connected directly to the kitchen through two kitchen lifts, thus ensuring the delivery of warm food for the children who will attend full-day care. The first floor is only two steps above the ground and this will allow for easy access using small ramps for children with motor impediments.
The block faces mostly south. In drafting the restructuring plans, the rooms facing south will be left for nurseries and playrooms, while those facing north will be allotted to auxiliary and service rooms. A solution will also be sought to reduce the surface of the halls and increase the used area. The building’s structure will allow many of the internal screens used as walls to be removed, and to create new optimal-size areas.

It will not be appropriate for the remaining planned services to be housed on the DMSGD premises. Shumen Municipality representatives have indicated that it will be possible to open a nursery & kindergarten unit in the building to cover the demand for slots in the municipality. This will require the transfer of the title to the municipality and granting of right to use. Under this scenario, Shumen Municipality will seek project option to perform overall renovation.
### 5. ACTIVITIES: SERVICES AND MEASURES targeting the children, the staff, the premises, plus reallocation of funds

<table>
<thead>
<tr>
<th>Activity/Service</th>
<th>Description</th>
<th>Location</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthening the capacity of the child protection system and the judicial system for protection of the best interest of the child</td>
<td>1.1. Appointment of 5 additional social workers</td>
<td>1 expert with RDSA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.2. Provision of training and supervision by the CPD and representatives of the judicial system in the region</td>
<td>2 social workers with CPD Shumen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3. Support for the work of the CPD through ensuring funds for CPD activities and running costs</td>
<td>2 social workers with CPD Veliki Preslav: 1 in Veliki Preslav and 1 in Varbitsa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.4. Elaboration of a risk assessment methodology for families and recommendations for support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prevention at maternity ward level</td>
<td>2.1. Additional social worker at the maternity ward to assess risk mothers and provide emergency support</td>
<td>MBAL Shumen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2. Training and support for the maternity, neonatology, and paediatric wards to prevent abandonment, make the hospital baby friendly, and inform parents of any disabilities or diseases</td>
<td>SSCCF Shumen</td>
<td></td>
</tr>
<tr>
<td>3. Support for adoption</td>
<td>3.1. Entering the children on the adoption register following the children and the families' assessments</td>
<td>RDSA Shumen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.2. Streamlining of the children's files from the adoption register in line with the requirements of the law</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.3. Training of the adoption panel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Foster care</td>
<td>4.1. Priority recruitment of families for newborn and young children.</td>
<td>RFCC &amp; SSCCF Shumen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.2. Support for the development of foster care for children with disabilities: elaboration of a training programme, training delivered to the team of the Regional Foster Care Centre (RFCC) in Shumen, provision of additional material support for foster parents of children with disabilities</td>
<td>CSC Novi Pazar RDSA and CPD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shumen Municipality through SSCCF Shumen; Novi Pazar Municipality through CSC Novi Pazar; RDSA and CPD throughout the region</td>
<td></td>
</tr>
</tbody>
</table>
5. Services in support of the development of children with disabilities and children with problems in their mental development

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.</td>
<td>Support for the lunch of services for early intervention at the time of birth for children with disabilities or children with LBW. This project will support the launch of this service through staff selection and delivery of training, as well as operational support until the launch of the Community Children's Centre funded under the &quot;Social Inclusion&quot; project</td>
</tr>
<tr>
<td>5.2.</td>
<td>Expansion of the day centre for children with disabilities located on the premises of the DMSGD and establishing it as a state-delegated activity. The day centre will be providing services for children aged 0-7 and will have a separate group, and will also be operating a dedicated set of counselling services for children with mental development problems (aged 0-18)</td>
</tr>
<tr>
<td>5.3.</td>
<td>Development of services for children with disabilities in Novi Pazar</td>
</tr>
<tr>
<td>5.4.</td>
<td>Training and supervision of the Shumen and Novi Pazar teams to work with children with disabilities and children with mental development problems</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The premises of DMSGD Shumen, Novi Pazar</td>
</tr>
<tr>
<td></td>
<td>- Agreement and financing contract with Shumen Municipality;</td>
</tr>
<tr>
<td></td>
<td>- Agreement and financing contract with Novi Pazar Municipality;</td>
</tr>
<tr>
<td></td>
<td>- Training and supervision provider</td>
</tr>
</tbody>
</table>

6. Family counselling centres (FCC)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.</td>
<td>Creation of 4 family counselling centres offering integrated services:</td>
</tr>
<tr>
<td></td>
<td>- Mediation for employment and education;</td>
</tr>
<tr>
<td></td>
<td>- Support at home;</td>
</tr>
<tr>
<td></td>
<td>- Individual and group work;</td>
</tr>
<tr>
<td></td>
<td>- Family planning;</td>
</tr>
<tr>
<td></td>
<td>- Informal day care;</td>
</tr>
<tr>
<td></td>
<td>- Parenting programmes</td>
</tr>
<tr>
<td></td>
<td>- Support for community development through:</td>
</tr>
<tr>
<td></td>
<td>- Assistance for housing and improvement of the living conditions</td>
</tr>
<tr>
<td></td>
<td>- Assistance for completion of education levels and obtaining of vocational qualifications</td>
</tr>
<tr>
<td></td>
<td>- Mediation for improved access to health services focusing on children and mothers</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 – Shumen, Kaspichan, Varbitsa, Novi Pazar</td>
</tr>
<tr>
<td></td>
<td>Contract with a consortium with Ethnic Minorities Health Problems Foundation as the leading partner, and the municipalities</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
|7. Mother & Child Health Centre | 7.1. Elaboration of a MCHC methodology in partnership with MH  
7.2. Creation of one or more MCHC in the region | TBC following joint development of methodology and standards with MH  
To be clarified |
|8. Social-medical centre for child placement and respite care | The need and the possibility for the creation of such a centre will be determined at a later stage, depending on the needs of the children from the DMSGD and the available funds. This will be based on the needs of a small number of children with severe disabilities /conditions that need constant medical care and render transfer of the children into a family environment (to birth/foster family) impossible |   |
9.2. Enrolment of parents in available training and retraining and employment programmes currently implemented by the LOD, NGOs, and entrepreneur and business associations.  
9.3. Development of social enterprises | All municipalities within the region  
UNICEF Coordinator |
|10. Improving the care at DMSGD Shumen | 10.1. Training and supervision of the DMSGD staff  
10.2. Changes to the work organisation | DMSGD  
- Contract with a training and supervision provider (possibly joint contract covering also Activity 5) |
|11. Coordination | 11.1. Register of the children in the DMSGD  
11.2. Coordination of the children’s placement and moving out by RDSA Shumen | Shumen  
- Agreement with ASA (under Activity 1) |
11.3. Setting up by the Regional Governor of a Regional Coordination Group comprising representatives of all institutions and municipalities within the region to assist in project implementation.

11.4. Analysis of the effect of the closure of the DMSGD on the currently operational services and updating of the regional strategy for social services.

11.5. Study visit (Romania)

<table>
<thead>
<tr>
<th>12. Plan for the facility (building)</th>
<th>12.1. Transfer of title over the premises to Shumen Municipality</th>
<th>Shumen</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.2. Creation of a day centre for children with disabilities aged up to 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.3. Development of health and education services for children on the premises (nursery school, kindergarten, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Title transfer procedure between MH, the regional governor, and Shumen Municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Agreement and financing contract under Activity 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2. Liquidation commission</td>
<td></td>
</tr>
<tr>
<td>MH</td>
<td></td>
</tr>
</tbody>
</table>
## 6. TIMETABLE

<table>
<thead>
<tr>
<th>Activity/Quarter</th>
<th>07-09 2011</th>
<th>10-12 2011</th>
<th>01-03 2012</th>
<th>04-06 2012</th>
<th>07-09 2012</th>
<th>10-12 2012</th>
<th>01-03 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthening the capacity of the child protection and the judicial systems, so as to protect the best interest of the child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1. Appointing of 5 additional social workers</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1.2. Providing of training and supervision to the CPD and representatives of the judicial system in the region</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1.3. Support for the work of the CPD through ensuring funds for CPD activities and running costs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>1.4. Elaboration of a risk assessment methodology for families and recommendations for support</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Prevention at maternity ward level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1. Additional social worker at the maternity ward to assess risk mothers and provide emergency support</td>
<td>X</td>
<td>X</td>
<td>Longer, if CSC capacity does not expand</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2. Training and support for the maternity, neonatology, and paediatric wards to prevent abandonment, make the hospital baby friendly, and inform parents of any disabilities or diseases</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Support for adoption</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1. Entering the children on the adoption register following the children and the families' assessments</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2. Streamlining of the children's files from the adoption register in line with the requirements of the law</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.3. Training of the adoption panel</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Foster care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1. Priority recruitment of families for newborn and young children</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4.2. Support for the development of foster care for children with disabilities: elaboration of a training</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
programme, training delivered to the team of the Regional Foster Care Centre in Shumen, provision of additional material support for foster parents of children with disabilities

5. Services in support of the development of children with disabilities and children with mental development problems

| 5.1. | Support for the lunch of services for early intervention at the time of birth for children with disabilities or children with LBW | x | x | x |
| 5.2. | Expansion of the day centre for children with disabilities located on the premises of the DMSGD and establishing it as a state-delegated activity | x | x |
| 5.3. | Development of services for children with disabilities in Novi Pazar | x | x | x | x | x |
| 5.4. | Training and supervision of the Shumen and Novi Pazar teams to work with children with disabilities and children with mental development problems | x | x | x | x | x | x |

6. Family counselling centres | x | x | x | x | x | x | x | x

7. Mother & Child Health Centre | x | x | x | x | x | x

8. Social-medical centre for child placement and respite care

9. Housing policy

| 9.1. | Mediation before municipal authorities to secure social housing | x | x | x | x | x | x | x | x
| 9.2. | Enrolment of parents in currently available training and retraining and employment programmes. | x | x | x | x | x | x | x | x
| 9.3. | Development of social enterprises | x | x | x | x | x | x | x | x

10. Improving the care at DMSGD Shumen

| 10.1. | Training and supervision for the DMSGD staff | x | x | x | x | x | x | x | x |
| 10.2. | Changes to the work organisation | x | x | x | x | x | x | x | x

11. Coordination

| 11.1. | Coordination of the children’s placement and moving out by RDSA Shumen | x | x | x | x | x | x | x | x |
11.2. Coordination of the children’s placement and moving out by RDSA Shumen

11.3. Setting up by the Regional Governor of a Regional Coordination Group comprising representatives of all institutions and municipalities within the region to assist in project implementation.

11.4. Analysis of the effect of the closure of the DMSGD on the currently operational services and updating of the regional strategy for social services

11.5. Study visit (Romania)

12. Plan for the facility (building)

13. Closure of the Infant Home

12.3. Development of health and education services for children on the premises (nursery school, kindergarten, etc.)

7. BUDGET – FUNDS AVAILABLE AND NEEDED

<table>
<thead>
<tr>
<th>Activity/Service</th>
<th>Description</th>
<th>Provisional budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthening the capacity of the child protection system and the judicial system for protection of the best interest of the child</td>
<td>1.1. Appointment of 5 additional social workers&lt;br&gt;1.2. Provision of training and supervision to the CPD and representatives of the judicial system in the region&lt;br&gt;1.3. Support for the work of the CPD through ensuring funds for CPD activities and running costs&lt;br&gt;1.4. Elaboration of a risk assessment methodology for families and recommendations for support</td>
<td>BGN 100,000</td>
</tr>
<tr>
<td>2. Prevention at maternity ward level</td>
<td>2.1. Additional social worker at the maternity ward to assess risk mothers and provide emergency support&lt;br&gt;2.2. Training and support for the maternity, neonatology, and paediatric wards to prevent abandonment, make the hospital baby friendly, and inform parents of any disabilities or diseases</td>
<td>BGN 20,000</td>
</tr>
</tbody>
</table>
| 3. Support for adoption | 3.1. Entering the children on the adoption register following the children and the families’ assessments  
3.2. Streamlining of the children's files in the adoption register in line with the requirements of the law  
3.3. Training of the adoption panel | BGN 2,000 |
|------------------------|-------------------------------------------------------------------------------------------------|----------|
| 4. Foster care         | 4.1. Priority recruitment of families for newborn and young children  
4.2. Support for the development of foster care for children with disabilities: elaboration of a training programme, training delivered to the team of the Regional Foster Care Centre in Shumen, provision of additional material support for foster parents of children with disabilities | BGN 60,000 |
| 5. Services in support of the development of children with disabilities and children with mental development problems | 5.1. Support for the lunch of services for early intervention at the time of birth for children with disabilities or children with LBW. This project will support the launch of this service through staff selection and delivery of training, as well as operational support until the launch of the Community Children’s Centre funded under the “Social Inclusion” project  
5.2. Expansion of the day centre for children with disabilities located on the premises of the DMSGD and establishing it as a state-delegated activity. The day centre will be providing services for children aged 0-7 and will also be operating a dedicated set of counselling services for children with mental development problems (aged 0-18)  
5.3. Development of services for children with disabilities in Novi Pazar  
5.4. Training and supervision of the Shumen and Novi Pazar teams to work with children with disabilities and children with mental development problems | BGN 250,000 |
| 6. Family counselling centres | 6.1. Creation of 4 family counselling centres offering integrated services:  
- Mediation for employment and education;  
- Support at home;  
- Individual and group work;  
- Family planning;  
- Informal day care;  
- Parenting programmes  
- Support for community development through:  
- Assistance for housing and improvement of the living conditions  
- Assistance for completion of education levels and obtaining of vocational qualifications | BGN 500,000 |
| 7. Mother & Child Health Centre | 7.1. Elaboration of a MCHC methodology in partnership with MH  
7.2. Creation of one or more MCHC in the region | BGN100,000 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Social-medical centre for child placement and respite care</td>
<td>The need and the possibility for the creation of such a centre will be determined at a later stage, depending on the needs of the children from the DMSGD and the available funds</td>
<td></td>
</tr>
</tbody>
</table>
| 9. Housing policy | 9.1. Mediation before municipal authorities to secure social housing.  
9.2. Enrolment of parents in available training and retraining and employment programmes currently implemented by the LOD, NGOs, and entrepreneur and business associations.  
9.3. Development of social enterprises | BGN 30,000 |
| 10. Improving the care at DMSGD Shumen | 10.1. Training and supervision for the DMSGD staff  
10.2. Changes to the work organisation | BGN 60,000 |
| 11. Coordination | 11.1. Register of the children in the DMSGD  
11.2. Coordination of the children’s placement and moving out by RDSA Shumen  
11.3. Setting up by the Regional Governor of a Regional Coordination Group comprising representatives of all institutions and municipalities within the region to assist in project implementation.  
11.4. Analysis of the effect of the closure of the DMSGD on the currently operational services and updating of the regional strategies for social services development  
11.5. Study visit (Romania) | BGN 60,000 |
| 12. Plan for the facility (building) | 12.1. Transfer of title over the premises to Shumen Municipality  
12.2. Creation of a day centre for children with disabilities aged up to 3  
12.3. Development of health and education services for children on the premises (nursery school, kindergarten, etc.) | |
| Total | | BGN 1,182,000 |
8. MONITORING AND EVALUATION

Monitoring and evaluation will be carried out by the UNICEF project team, with the participation of members of the Advisory Council at national level and the Regional Coordination Group set up to support this project’s implementation.

The main monitoring and evaluation activities include:

1. **Continuous monitoring of the progress** in project implementation through:
   - On-the-spot visits to meet service provider teams, stakeholders from the region, and project partners, as well as to monitor the quality of the provided services - monthly;
   - Review of documentation – continuous;
   - Visits to meet service beneficiaries, community meetings and group discussions – every 6 months;
   - Conducting of surveys for beneficiary feedback, as well as surveys among stakeholders and the other service providers in Shumen Region - annually;

2. **Monitoring reports presenting the observations on project progress**:
   - **Interim monitoring report** after 12 months of activities (submitted approximately mid-2012) to provide feedback on project progress and recommendations for the next stage of the intervention for closure of DMSGD Shumen;
   - **Final report** for the following 12-month period.

3. **Assessment of the impact of the project** and the newly built network of social services on:
   a) the developmental changes in the children moved out of the DMSGD;
   b) the state-of-affairs and the attitudes among risk communities toward keeping the children in the family and changing the quality of parent care;
   c) the changes in the system of social services for children and families within the region.

The impact assessment will be carried out by an external team following the completion of all activities for the closure of DMSGD Shumen. **The detailed report** on the impact assessment will highlight the achieved effects and the degree of quality change in the children and the groups at risk on the one hand, and the social services system, on the other. The report will also propose approaches and recommendations for the dissemination of the experience, the good practices, and the lessons learned in the course of the project.

The following **key indicators** will be tracked as part of the monitoring and evaluation activities:

**Indicators of the progress in the implementation of project activities:**
- Number of novelty services launched, both social and hybrid;
- Number of teams from maternity, neonatology, and paediatric wards trained toward preventing child abandonment;
- Number of trainings delivered to the staff of the new services;
- Number of users reached;
- Number of foster families trained and approved.

**Indicators of the effect on the target groups, primarily on children:**
- Number of children moved from institutional care at the DMSGD to family or close to family environment – estimated number of approx. 130-140 children for the whole period (around 80 currently placed at the institution and 50-60 children abandoned or at risk of abandonment during the next 2 years);
- Family environment secured for the children moved from the DMSGD – 100 per cent for the children without disabilities, and at least 50 per cent for those with disabilities;
- Number of successfully implemented activities for reintegration of the abandoned children back into the birth family;
- Increased share of the children who have been successfully reintegrated into the birth family or the extended family – up to 70 per cent of the children with a positive recommendation from the parental capacity and community environment assessment;
- Number of children abandoned or at risk of abandonment placed with foster families;
- Percentage of newborns or babies at risk of abandonment placed in family care (foster care or in kinship care), without institutionalisation;
- 100 per cent of the risk mothers identified covered through various forms of support and services for prevention of abandonment of the child;
- Decrease by 90 per cent of the share of the children from communities at risk and raised in their families for who the required immunizations have not been performed (in accordance with the requirements for the respective age group);
- Improved care for the young children for at least 60 per cent of the parents from the communities at risk who have been involved in counselling or parenting skills courses.
A Family for Every Child Project
Key results, achieved during the project implementation: 2010 – 2015

What was our goal: changing the policies and social norms in child care for small children towards encouraging early childhood development and raising children in family environment through the development of a regional network of prevention services and measures, and support services and measures for parents and families of children aged 0-3, which would make possible the closure of the Infant Home (DMSGD); development of regular donorship and sustainable support by the private sector.

What we did:
- We conducted a broad advocacy and fund-raising campaign in partnership with the media, private sector, government and local authorities, which was the start of a sustainable change in the public attitudes towards placing children in institutions, foster care, prevention of abandonment of children and the importance of early childhood development, and also raised money to launch the development of community-based services. The donors’ and business sector involvement supported the advocacy and the promotion of the rights of the child, and also gained their commitment to finance the project further.

- Together with the municipalities in Shumen region we created three Family Counselling Centres (FCC) with three branches which covered in a network all 10 municipalities in the region: FCC Shumen with a branch in Venets, FCC Novi Pazar with a branch in Kaolinovo, and FCC Veliki Preslav with a branch in Varbitsa. The Family Counselling Centres offer services for early childhood development, support for parents, development of parenting practices, mediation for access to healthcare, education and social assistance, family planning;

- Created and well established was a Maternal and Child Health Centre – a universal service for health promotion by home visiting and counselling aimed at all infants and small children aged 0-3, their parents and pregnant women in Shumen region.

- We expanded the foster care in Shumen region and developed specialised foster care for new-born babies, children under 3, and children with disabilities.

- We developed the practice for prevention of abandonment at maternity ward level;

- We organised and delivered trainings to social workers and judges;
We contributed for the development of donation culture in the country, and via innovative donation channels and strategic partnerships with the private sector we attracted thousands individual donors who provide long-term support to the project.

What we achieved:

- The Family Counselling Centres: provided support to over 3300 vulnerable and poor families with small children at risk; prevented 215 cases of separation of children from their families; provided assistance to 300 children for admission in kindergarten; provided individual counselling and involved in programmes 1320 children thus improving their chances for social inclusion; covered 760 women by family planning services; over 500 families annually were involved in different programmes, counselling and group work for promotion of good parental practices and improving parental skills.

- In the early childhood development services of Maternal and Child Health Centre (MCHC) – Shumen were supported over 3700 families including 1160 pregnant women and 3890 children. Since launching the services in the MCHC in March 2013 till October 2015 the nurses have implemented over 21,000 home visits, counselling meetings, accompanying, meetings with parents.

- We developed for the first time in the country the practice of raising children in foster care from birth. This practice is now followed across the whole country.

- Placing a new-born baby with foster family straight from the maternity ward – over 90 new-born children have been placed with foster families since January 2011 till September 2015. Placing children with disabilities in foster care – over 20 foster families in the region currently provide care for children with disabilities.

- No baby or a small child from Shumen region, which happened to be separated from his/her family, is any longer placed in an institution.

- We reduced also the number of children in institutions in the region. In 2013 was naturally closed the Home for Children Deprived of Parental Care (for children aged 4-7) – DDLRG Sluntse in Kaspichan, which was left with no children after discontinuing the practice of moving there the grown up children from the Infant Home.

- We changed the attitudes of the public, the professionals and the communities in the region – an understanding was developed about the harm caused by raising children under 3 in institutions, about the importance of early childhood for the child development and the importance of the support for parents;

- Shumen Infant Home is about to be closed permanently – it is a matter of days for the Council of Minister to take the final decision for the Home closure;

- We supported the implementation of the national project for closure of another 8 Infant Homes, financed by the EU and the Bulgarian government;

- In August 2015 the last child was moved out of Shumen Infant Home.
Annex 4 KII and FGD Respondents

[Names and details of positions of respondents have been removed to preserve anonymity, but more details can be provided on request]

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Organisation</th>
<th>Position</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>03.10.2016</td>
<td>UNICEF</td>
<td>Expert</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>03.10.2016 &amp; 14.10.2016</td>
<td>UNICEF</td>
<td>Coordinator</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>04.10.2016</td>
<td>Shumen Municipality</td>
<td>Former senior manager</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>04.10.2016</td>
<td>Regional Directorate Social Assistance (Social Protection)</td>
<td>Former manager</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>04.10.2016</td>
<td>Shumen Municipality</td>
<td>Former Expert</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>04.10.2016</td>
<td>Shumen Regional Directorate for Social Assistance</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>04.10.2016</td>
<td>Shumen Infant Home</td>
<td>Former Social Worker</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>05.10.2016</td>
<td>Family Counselling Centre-Shumen</td>
<td>8 staff</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>05.10.2016</td>
<td>SAPI-Complex for Social Services</td>
<td>8 staff who were involved in Infant Home closure</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>05.10.2016</td>
<td>Child and Space Organisation</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>06.10.2016</td>
<td>Family Counselling Centre - Novi Pazar</td>
<td>11 staff</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>12</td>
<td>06.10.2016</td>
<td>Novi Pazar Municipality</td>
<td>Senior Manager and 2 Experts</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Date</td>
<td>Organization and Role Details</td>
<td>Position</td>
<td>Former Staff</td>
<td>New Staff</td>
</tr>
<tr>
<td>---</td>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>13</td>
<td>06.10.2016</td>
<td>Directorate Social Assistance Novi Pazar</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>06.10.2016</td>
<td>Child Protection Department Novi Pazar</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>06.10.2016</td>
<td>Community Support Centre for Children and Families at Risk Novi Pazar</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>07.10.2016</td>
<td>Infant Home Shumen</td>
<td>Former staff</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>07.10.2016</td>
<td>Maternal and Child Health Centre</td>
<td>3 staff</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>08.10.2016</td>
<td>UNICEF</td>
<td>Specialist</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>19</td>
<td>10.10.2016</td>
<td>Family Counselling Centre Veliki Preslav</td>
<td>7 staff</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>20</td>
<td>10.10.2016</td>
<td>Veliki Preslav Municipality</td>
<td>Senior manager</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>10.10.2016</td>
<td>Veliki Preslav Child Protection Department</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>22</td>
<td>11.10.2016</td>
<td>Shumen Municipality</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>23</td>
<td>11.10.2016</td>
<td>Shumen Municipality</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>24</td>
<td>11.10.2016</td>
<td>Shumen Municipality</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>25</td>
<td>12.10.2016</td>
<td>Former senior manager SACP</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26</td>
<td>12.10.2016</td>
<td>National Network for Children</td>
<td>Senior managers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>27</td>
<td>12.10.2016</td>
<td>State Agency for Social Assistance</td>
<td>Expert</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>28</td>
<td>12.10.2016</td>
<td>Ministry of Labour and Social Policy</td>
<td>Senior civil servant</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No.</td>
<td>Date</td>
<td>Organization</td>
<td>Position</td>
<td>Views</td>
<td>Downloads</td>
</tr>
<tr>
<td>-----</td>
<td>------------</td>
<td>---------------------------------------------------</td>
<td>---------------------</td>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td>29</td>
<td>12.10.2016</td>
<td>Ethnic Minorities Health Problems Foundation</td>
<td>Senior manager</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>30</td>
<td>12.10.2016</td>
<td>Lumos Foundation</td>
<td>Senior manager</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>31</td>
<td>13.10.2016</td>
<td>SAPI</td>
<td>Senior managers</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>32</td>
<td>13.10.2016</td>
<td>State Agency for Child Protection</td>
<td>Expert</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>33</td>
<td>13.10.2016</td>
<td>For Our Children Foundation</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>34</td>
<td>13.10.2016</td>
<td>UNICEF</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>35</td>
<td>14.10.2016</td>
<td>UNICEF</td>
<td>Officer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>36</td>
<td>14.10.2016</td>
<td>Hope and Homes for Children</td>
<td>Senior managers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>37</td>
<td>14.10.2016</td>
<td>UNICEF</td>
<td>Coordinator</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>38</td>
<td>14.10.2016</td>
<td>UNICEF</td>
<td>Officer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>39</td>
<td>14.10.2016</td>
<td>UNICEF</td>
<td>Specialist &amp; Expert</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>40</td>
<td>14.10.2016</td>
<td>UNICEF</td>
<td>Coordinator</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>41</td>
<td>25.10.2016</td>
<td>Know How Centre for Alternative Care</td>
<td>Manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>42</td>
<td>18.11.2016</td>
<td>Ministry of Health</td>
<td>Senior manager</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>43</td>
<td>19.10.2016</td>
<td>National Association of Foster Parents</td>
<td>Senior representative</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>44</td>
<td>14.10.2016</td>
<td>UNICEF</td>
<td>Officer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>45</td>
<td>06.10.2016</td>
<td>Municipality of Novi Pazar</td>
<td>Foster mothers</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>46</td>
<td>18.01.2017</td>
<td>Bulgarian Family Planning and Sexual Health Association</td>
<td>Dr. Radosveta Stamenkova and Ventzislav Kirkov</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total respondents</td>
<td></td>
<td></td>
<td>13</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---</td>
<td>---</td>
<td>----</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>85</td>
<td></td>
</tr>
</tbody>
</table>

Total respondents: 13 + 72 = 85
Annex 5 List of documents Provided by UNICEF

List of provided documents and information related to the Evaluation of Family for Every Child Project in the region of Shumen

Pack 1 – initial package of relevant documents – sent out on 2 September 2016
Pack 2 – new documents included – marked in BLUE
!!! The structure of this table follows the structure of the folders with files/documents attached!!!

<table>
<thead>
<tr>
<th>Pac k No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>UNICEF project documentation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td><strong>1. Project documents and action plans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Description of the initial project idea for the Family for Every Child Project (at fundraising stage and start-up of project activities)</td>
<td>EN</td>
<td>Project_A Family for Every Child EN.doc</td>
</tr>
<tr>
<td>1</td>
<td>Initial work plan for the project (Nov. 2010)</td>
<td>EN</td>
<td>work_plan_GA_Shumen_24.11.2010_EN.doc</td>
</tr>
<tr>
<td>1</td>
<td>Closure Plan for the Infant Home in Shumen, discussed and agreed with partners at national and regional levels, May 2011</td>
<td>EN</td>
<td>Closure_Plan_DMSGD_Shumen_31-05-2011_EN.doc</td>
</tr>
<tr>
<td>1</td>
<td>Updated work plan for the implementation of the Family for Every Child Project, 2012</td>
<td>EN</td>
<td>new2-Plan2012_Shumen120124-updatedMH-RS-to print.xlsx</td>
</tr>
<tr>
<td>1</td>
<td><strong>Breaking the Cycle.</strong> Prevention of family separation and support to most-at-risk families with young children in Shumen region, Bulgaria - project for continuation and enlargement of activities of the Family for Every Child project supported by VELUX Foundation (July 2014 – 2017)</td>
<td>EN</td>
<td>VeluxProject-Submission Documents.zip</td>
</tr>
</tbody>
</table>

2. Project reports
<table>
<thead>
<tr>
<th>Pac k No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Progress Report 1 for the implementation of the project (January – September 2011)</td>
<td>EN</td>
<td>1_Family_for_every_child_Report_Sept_2011_PP.doc</td>
</tr>
<tr>
<td>1</td>
<td>Progress Report 2 for the implementation of the project (September 2011 – June 2012)</td>
<td>EN</td>
<td>2_Family_for_every_child_Report_June_2012_last.doc</td>
</tr>
<tr>
<td>1</td>
<td>Progress Report 3 for the implementation of the project (July 2012 – March 2013)</td>
<td>EN</td>
<td>3_FFECH_report_2013_pk.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Progress Report 4 for the implementation of the project (April - December 2013)</td>
<td>EN</td>
<td>4_FamilyForEveryChild_report4 _December2013-final.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Progress Report 5 for the implementation of the project (January - June 2014)</td>
<td>EN</td>
<td>5_SKZ_Shumen_reporting5_June2014-draft2-RS-NO Track.doc</td>
</tr>
<tr>
<td>1</td>
<td>Progress report 1 to VELUX (July – December 2014)</td>
<td>EN</td>
<td>6_Breaking the Project Cycle Progress Report December 2014.doc</td>
</tr>
<tr>
<td>1</td>
<td>Progress report 3 to VELUX (July - December 2015)</td>
<td>EN</td>
<td>7_VeluxProgress Report-sent December2015.zip</td>
</tr>
<tr>
<td>1</td>
<td>Progress report 4 to VELUX January – June 2016</td>
<td>EN</td>
<td>8_Breaking the Project Cycle Progress Report 18 July 2016.doc</td>
</tr>
<tr>
<td>1</td>
<td>Summarizing the Key results of the project (2010 – 2015)</td>
<td>EN</td>
<td>Key Results Family for Every Child 2010 - 2015 12 11 2015_ENG.docx</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BG</td>
<td>UNICEF_Key_results_Family_for_Every_Child_2010-2015.pdf</td>
</tr>
</tbody>
</table>

3. MoUs, agreements at national and regional level

<table>
<thead>
<tr>
<th>Pac k No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Memorandum of understanding on regional cooperation for the preparation of the Family for Every Child Project, 2010</td>
<td>EN</td>
<td>2010_Shumen Memorandum BG ENG.PDF</td>
</tr>
<tr>
<td>1</td>
<td>Memorandum of understanding on regional cooperation for the implementation of the Family for Every Child Project, 2011</td>
<td>EN</td>
<td>2011 MoU-Shumen with Municipalities .PDF</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
<td>Available in</td>
<td>Filename</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Memorandum of understanding on regional cooperation to improve the child welfare in the region of Shumen, 2014</td>
<td>EN</td>
<td>2014 MoU Shumen with municipalities.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Memorandum of Understanding on cooperation for the centre for Maternal and Child Health Project, 2012</td>
<td>EN</td>
<td>MoU-2012-02 MH ASA Medical Center Shumen MBAL Shumen.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Operational Agreement for cooperation for the (sub)project Centre for Maternal and Child Health, 2013</td>
<td>EN</td>
<td>2013 Operational Agreement for cooperation CMCH ENG.pdf</td>
</tr>
<tr>
<td></td>
<td>1. <strong>Grant agreements (and amendments) with the Municipality of Shumen (2010 – 2016)</strong></td>
<td>EN</td>
<td>GAs Shumen.zip</td>
</tr>
<tr>
<td></td>
<td>2. <strong>Grant agreements (and amendments) with the Municipality of Novi Pazar (2011 – 2016)</strong></td>
<td>EN</td>
<td>GAs Novi Pazar.zip</td>
</tr>
<tr>
<td></td>
<td>3. <strong>Grant agreements (and amendments) with the Municipality of Veliki Preslav (2012 – 2016)</strong></td>
<td>EN</td>
<td>GAs Veliki Preslav.zip</td>
</tr>
</tbody>
</table>

**4. Surveys – Shumen and Data**

<table>
<thead>
<tr>
<th>Pack No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project: Programme Cooperation Agreement with Ethnic Minorities Health Problems Foundation for conducting Rapid Assessment of Roma Communities in the Region of Shumen Project</td>
<td>EN</td>
<td>HPM_NGO Project for PCA mh edited.doc</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>budget EMHPF ENG&amp;WorkPlan.xlsx</td>
</tr>
<tr>
<td>1</td>
<td>Equity project for co-funding the Rapid assessment of the needs of most vulnerable children, families and communities in the region of Shumen, 2011</td>
<td>EN</td>
<td>Equity Innovation Bulgaria 2010 .doc</td>
</tr>
<tr>
<td>1</td>
<td>Progress report for the implementation of the Equity Project</td>
<td>EN</td>
<td>EquityProgress ReportOct2011.docx</td>
</tr>
<tr>
<td>1</td>
<td>First report for the Rapid Assessment of Roma Communities in the Region of Shumen, conducted by the Ethnic Minorities Health Problems Foundation, April 2011</td>
<td>EN</td>
<td>First Report Rapid assessment.docx</td>
</tr>
<tr>
<td>1</td>
<td>Final report for the Rapid Assessment of Roma Communities in the Region of Shumen, conducted by the Ethnic Minorities Health Problems Foundation, June 2011</td>
<td>BG</td>
<td>DOKLAD2-110630.docx</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
<td>Available in</td>
<td>Filename</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------</td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>1</td>
<td>Summary of findings and conclusions of the Rapid Assessment of Roma Communities in the Region of Shumen, conducted by the Ethnic Minorities Health Problems Foundation, 2011</td>
<td>BG</td>
<td>OBOBSHTENIE_Shumen_MHP.docx</td>
</tr>
</tbody>
</table>

### Project activities & Services

#### 5. Activities & Services – Infant Home in Shumen

1. Summary of the health and individual development assessment of the children placed in Shumen Medical and Social Care Home, conducted in 2011 by the project partner Child and Space Association

<table>
<thead>
<tr>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN</td>
<td>Obobshtenie-analiz_ocenki_DMSGD-Shumen_EN.doc</td>
</tr>
</tbody>
</table>

1. ANALYSIS of the parental capacity assessments of the families of the children placed in DMSGD Shumen, conducted in 2011 by the project partner Social Activities and Practices Institute (SAPI)

<table>
<thead>
<tr>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>EN</td>
<td>analiz_ozenki_DMSGD-1_EN.doc</td>
</tr>
</tbody>
</table>

4. **Some statistic data about the children, placed in the Infant home in Shumen**

<table>
<thead>
<tr>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG</td>
<td>Data placed children in Shumen 2008-2010.docx</td>
</tr>
</tbody>
</table>

#### 6. Services - Family Consultative Centres (FCC)

1. Initial Methodology Guidelines for establishment and functioning of Family Consultative Centres, January 2012

<table>
<thead>
<tr>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG</td>
<td>FCC-Guidelines-RS-120111-last draft3.doc</td>
</tr>
</tbody>
</table>

1. Updated Methodology Guidelines for FCCs (March – April 2013)

<table>
<thead>
<tr>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG</td>
<td>FCC-Updated GuidelinesNEWdraft5.2-RS-130319-sent (2).doc</td>
</tr>
<tr>
<td>SKZ</td>
<td>SKZ-Updated Metodika-FinalVariant-RS-130430.doc</td>
</tr>
</tbody>
</table>

1. Justification of the program approach in the work of FCCs and clarification of changes in the methodology of FCCs (March – April 2013)

<table>
<thead>
<tr>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>BG</td>
<td>Program approach-RS&amp;MH-notes 120319-sent.doc</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Annual reports of 3 FCCs (in Shumen, Novi Pazar and Veliki Preslav) for 2014</td>
</tr>
<tr>
<td>1</td>
<td>Annual plans of 3 FCCs (in Shumen, Novi Pazar and Veliki Preslav) for 2015</td>
</tr>
<tr>
<td>1</td>
<td>Annual reports of 3 FCCs (in Shumen, Novi Pazar and Veliki Preslav) for 2015</td>
</tr>
<tr>
<td>1</td>
<td>Annual plans of 3 FCCs (in Shumen, Novi Pazar and Veliki Preslav) for 2016</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Job descriptions for the personnel of FCCs, procedures for selection</strong></td>
</tr>
<tr>
<td>6.</td>
<td><strong>Progress reports of Shumen Municipality for the implementation of the project in 2013 – including services of FCC Shumen and of the Complex for Social Services for Children and Families Shumen (KSUDS)</strong></td>
</tr>
<tr>
<td>7.</td>
<td><strong>Progress reports of Novi Pazar Municipality for the implementation of the project in 2013 – including services of FCC Novi Pazar and support for Foster care in the region</strong></td>
</tr>
<tr>
<td>8.</td>
<td><strong>Progress reports of Veliki Preslav Municipality for the implementation of the project in 2013 – including services of FCC Veliki Preslav</strong></td>
</tr>
</tbody>
</table>

7. Services – Centre for Maternal and Child Health - Home visiting (CMCH)

<table>
<thead>
<tr>
<th>Pack No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agreement with the Medical Centre in Shumen for establishing and provision of services of CMCH</td>
<td>EN</td>
<td>GA-BULA-2014-09 Medical Center-MPHAT Shumen ENG.pdf corrupted</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
<td>Available in</td>
<td>Filename</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------</td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>1</td>
<td>Budgets for CMCH</td>
<td>EN</td>
<td>Budget_2015_2016.xls</td>
</tr>
<tr>
<td>1</td>
<td>Methodology for provision of services and functioning of the CMCH – developed by UNICEF and approved by the Ministry of Health.</td>
<td>BG</td>
<td>UTVYRDENA_MZ_metodika_CMDZ_fulltext.doc</td>
</tr>
<tr>
<td>1</td>
<td>Ethical codex for working with children (part of the methodology for CMCH)</td>
<td>BG</td>
<td>gedinigri_10.doc</td>
</tr>
<tr>
<td>1</td>
<td>Memorandum with medical University in Varna for training and capacity building of the CMCH personnel</td>
<td>EN</td>
<td>MoU-2013-01 Medical University Varna&amp;BAHPN .pdf</td>
</tr>
</tbody>
</table>

8. Complex for Social Services for Children and Families Shumen (KSUDS) – prevention of abandonment, foster care, other services, etc. The service provider of the KSUDS is an NGO - the Social Activities and Practices Institute – SAPI (BG abbreviation is ISDP). These services are included in the Grant Agreement with the Municipalities of Shumen.

10. Reports for the activities/provided services of the KSUDS in the framework of the Family for Every Child Project – 2011. The services of the Complex are part of the Agreement (and reports) of the Municipality of Shumen. (There is also information about the assessments of children placed in the Infant Home in Shumen.)

11. Reports for the activities/provided services of the KSUDS in the framework of the Family for Every Child Project – 2012.

12. Reports for the activities/provided services of the KSUDS in the framework of the Family for Every Child Project - 2013

13. Job description for the social worker in the Maternity Ward, hired in the framework of the project

BG SAPI Reports 2011.zip

BG Reports KSUDS SAPI 2012.zip

BG Reports KSUDS-ISDP 2013.zip

BG rodilno.doc
<table>
<thead>
<tr>
<th>Pack No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9. Support to Child Protection System in the region of Shumen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14 Grant agreement &amp; subproject with Social Activities and Practices Institute for capacity building of Child protection system in the region of Shumen</td>
<td>BG</td>
<td>Folder: GAs SAPI</td>
</tr>
<tr>
<td></td>
<td>15 Training needs assessment of the Child Protection System in the region of Shumen, carried out by the Social Activities and Practices Institute (SAPI), Final report, 2011</td>
<td>BG</td>
<td>TNA-ISDP_Doklad_Ocenka na nujdite_FINAL.doc</td>
</tr>
<tr>
<td></td>
<td>16 Reports of SAPI for capacity building activities (2010 – 2012)</td>
<td>BG</td>
<td>ReportsSAPI.zip</td>
</tr>
<tr>
<td></td>
<td>10. UNICEF Advocacy documents related to Shumen project – modelling, promoting approaches and new services, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Adapted version of the methodology for FCCs (April 2013), provided to the Ministry of Health upon request of the Ministry in order to be applied in the framework of the POSOKA Project of the Ministry for closure of 8 pilot Infant Homes while establishing new prevention services. This version is focused predominantly on services for young children (age 0-3) and their families in line with specific target groups of the POSOKA Project. (NB – RS: In practice, due to various reasons and factors, the proposed innovative methodology &amp; approaches of FCCs was modified and not followed correctly in these 8 pilot regions.)</td>
<td>BG</td>
<td>SKZ-ready30 April2013-zaPOSOKA Semeistvo.zip</td>
</tr>
<tr>
<td></td>
<td>11. National strategic documents - Bulgaria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Bulgarian Social Assistance Act</td>
<td>EN</td>
<td>BG</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
<td>Available in</td>
<td>Filename</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Child Protection Act – in Bulgaria</td>
<td>EN</td>
<td>ZAKON_za_zakrila_na_deteto_.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Action Plan for the implementation of the National Strategy “Vision for the Deinstitutionalisation of the Children in Bulgaria”, 2010</td>
<td>EN</td>
<td>DI Vision ACTION PLAN EN.doc</td>
</tr>
<tr>
<td>1</td>
<td>First Monitoring report for the implementation of the Action Plan for the Vision for the DI of the Children in Bulgaria (2010 - 2011)</td>
<td>EN</td>
<td>Monitoringov_Doklad_2011_EN.doc</td>
</tr>
<tr>
<td>1</td>
<td>Second Monitoring report for the implementation of the Action Plan for the Vision for the DI of the Children in Bulgaria (July 2011 - June 2012)</td>
<td>BG</td>
<td>Monitoringov_Doklad_Deinstitucionalizacia 2012_final.doc</td>
</tr>
<tr>
<td>1</td>
<td>Third Monitoring report for the implementation of the Action Plan for the Vision for the DI of the Children in Bulgaria (July 2012 – June 2013)</td>
<td>EN</td>
<td>Monitoringov_doklad_2013_EN.doc</td>
</tr>
</tbody>
</table>

**12. National DI projects – info & data**

<table>
<thead>
<tr>
<th>Pack No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National map of services – developed in the framework of the national project of SACP (the State Agency for Child Protection) “Childhood for All” for closure of all institutions for children and young people with disabilities</td>
<td>EN</td>
<td>National map of the services.docx</td>
</tr>
<tr>
<td>1</td>
<td>Manual of SACP for how to work with children from specialized institutions and their parents. Elaborated in the framework of the project “Childhood for All” for closure of all institutions for children and young people with disabilities</td>
<td>BG</td>
<td>Manual SACP.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Documents, reports and data of SACP about the children in institutions</td>
<td>BG</td>
<td>SACP on situation of children.zip</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
<td>Available in</td>
<td>Filename</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Analysis of the implementation of the project “POSOKA (Direction) Family” of the Ministry of Health for the closure of 8 pilot Infant Homes in Bulgaria</td>
<td>BG</td>
<td>analiz_posoka_bt.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Report on the implementation of the “POSOKA (Direction) Family” Project of the Ministry of Health for the closure of 8 pilot Infant Homes in Bulgaria</td>
<td>BG</td>
<td>posoka_semeistvo_implementation_26Oct2015.doc</td>
</tr>
<tr>
<td>1</td>
<td>Data about children in 8 pilot Infant Homes involved in &quot;POSOKA (Direction) Family&quot; Project of the Ministry of Health</td>
<td>BG</td>
<td>total_8_pilot_IHs_2012_2015.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Brief information about the 8 pilot projects of the Municipalities for establishment of new services for closing the 8 pilot Infant Homes (in line with the POSOKA Family project of the Ministry of Health)</td>
<td>EN</td>
<td>8 pilot IHs closure projects DE.docx</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>8 pilot IHs closure projects DE.xlsx</td>
</tr>
<tr>
<td>16</td>
<td>Data about children placed in the 8 pilot Infant Homes involved in the POSOKA Family project of the Ministry of Health</td>
<td>BG</td>
<td>8 pilot Infant homes 2011-2014.zip</td>
</tr>
</tbody>
</table>

13. Regional strategic documents - Shumen

<table>
<thead>
<tr>
<th>Pack No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Included annex to the Strategy: Analysis of the situation and needs of the groups at risk in the region of Shumen, 2010</td>
<td>BG</td>
<td>Pril.1- Analiz na situaciata-finalen dokladShumen.doc</td>
</tr>
</tbody>
</table>
## 14. NGO docs – initiatives, advocacy proposals, actions

<table>
<thead>
<tr>
<th>No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Information in brief about a project of the Know How Center for Alternative Care for Children (KHC) at the New Bulgarian University, targeted at social inclusion of marginalized families in the town of Kustendil, Bulgaria.</td>
<td>EN</td>
<td>KNOW-HOW CENTRE One-pagers final EN.zip</td>
</tr>
<tr>
<td>1</td>
<td>Statement of the National Network for Children (Draft) about the changes in the regulations of the medical institutions and the homes for medical and social care, promoted by the Ministry of Health in Bulgaria</td>
<td>BG</td>
<td>Draft Statement on Ministry of Health Ordinance.docx</td>
</tr>
</tbody>
</table>

## 15. Other surveys, evaluations, reports, analysis

<table>
<thead>
<tr>
<th>No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assessment of the reform of the child protection system in Bulgaria. Report (Milena Harizanova), UNICEF, 2007</td>
<td>EN</td>
<td>report_assessment_ch_p_Bulgaria_18_06.doc</td>
</tr>
<tr>
<td>1</td>
<td>UNICEF study on the causes of child abandonment and placement of children in infant institutions in Bulgaria, 2011</td>
<td>EN</td>
<td>Bulgaria - study on reasons of abandonment of young children - Resume.docx</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
<td>Available in</td>
<td>Filename</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>DI of children in Bulgaria, July-August 2015. Final analytical report on the results of the National Representative Survey, conducted by GConsulting Co, in the framework of the SUPPORT project of SACP.</td>
<td>EN</td>
<td>BG SACP_Doklad-izsledvane-DI.pdf</td>
</tr>
<tr>
<td>1</td>
<td>Analysis of existing projects for DI of children and people with disabilities, funded by EC funds in Bulgaria, Sofia, 2013. Elaborated by the National Network for Children with the support of the Open Society Institute – Sofia.</td>
<td>BG</td>
<td>Report_del_structural_funds_BG_27022013.docx</td>
</tr>
<tr>
<td>1</td>
<td>Research, analysis, reports of the Hope and Homes for Children Foundation (HHC) – Bulgaria office, about DI process, closure of the Infant Home in the town of Teteven, social services for children, etc.</td>
<td>EN</td>
<td>Research-HHC-Bulgaria-ENG.zip</td>
</tr>
<tr>
<td>1</td>
<td>External evaluation reports about the DI Programs of the Hope and Homes for Children. The Evaluation is conducted in 2014 by the Know How Center for Alternative Care for Children (KHC) at the New Bulgarian University (NBU).</td>
<td>EN</td>
<td>External_evaluation_reports_on_HHC's_DI_program mates.zip</td>
</tr>
<tr>
<td>1</td>
<td>Evaluation and Analysis of the Communication and Coordination of the Different Activities during the Implementation of the National Strategy “Vision on Deinstitutionalization of Children in Bulgaria” on a Municipal Level (2012) - Know How Center at the NBU</td>
<td>EN</td>
<td>communicationeng.docx</td>
</tr>
<tr>
<td>Pack No</td>
<td>Name of the document / Brief description</td>
<td>Available in</td>
<td>Filename</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------</td>
<td>--------------</td>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>

16. Methodologies – ASA: Methodologies for state delegated services, approved by the Agency for Social Assistance

<table>
<thead>
<tr>
<th>Pack No</th>
<th>Name of the document / Brief description</th>
<th>Available in</th>
<th>Filename</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Regulation for the criteria and standards for social services for children in Bulgaria</td>
<td>BG</td>
<td>NaredbaStandarti Children.doc</td>
</tr>
<tr>
<td>19</td>
<td>Methodology for case management</td>
<td>BG</td>
<td>Metodika_vodene_sluchai_SNC_2010.pdf</td>
</tr>
<tr>
<td>20</td>
<td>Methodology for Community Support Center</td>
<td>BG</td>
<td>COP2011.pdf</td>
</tr>
<tr>
<td>21</td>
<td>Methodology for Foster care</td>
<td>BG</td>
<td>Folder: MethodologyFoster Care 2015</td>
</tr>
<tr>
<td>22</td>
<td>Methodology for Center for work with street children</td>
<td>BG</td>
<td>street_children_guidelines_final.doc</td>
</tr>
<tr>
<td>23</td>
<td>Methodology for Mother and Baby Unit</td>
<td>BG</td>
<td>ZvenoMaika i bebe sustonst.doc</td>
</tr>
<tr>
<td>24</td>
<td>Methodology for Family Type Accommodation Center for children and young people with disabilities</td>
<td>BG</td>
<td>MethodFamilyTypeCenter for Accomodation 20140228124406.pdf</td>
</tr>
</tbody>
</table>
Annex 6 Bibliography


### Annex 7 Shumen Memorandum of Understanding 2010

**MEMORANDUM OF UNDERSTANDING**

**ON REGIONAL COOPERATION FOR THE PREPARATION OF PROJECT “A FAMILY FOR EVERY CHILD”**

UNICEF, represented by Tanja Radocaj, UNICEF Representative for Bulgaria (hereinafter referred to as “UNICEF”),

Mr. Dimitar Alexandrov, Regional Governor of the Shumen Administrative Region,

Shumen Municipality, represented by the Mayor of Shumen Municipality - Mr. Krasimir Kostov, (hereinafter referred to as the “Municipality”)

And all of the above, hereinafter referred to collectively as the “Parties”,

WHEREAS the Parties recognise as a priority in their joint work the enhancement of child welfare and protection of children’s rights in the Republic of Bulgaria

WHEREAS the Parties share responsibility and confirm their commitment for joint action aimed at implementing international standards and best practices in the area of child protection and care, as set out in the United Nations Convention on the Rights of the Child,

WHEREAS the Parties recognize that a true progress in child welfare and protection may only be achieved through active joint work and cooperation between the government agencies, local authorities, businesses, and civil society,

**ON THE BASIS OF the “Basic cooperation agreement between the Government of the Republic of Bulgaria and the United Nations Children’s Fund” ratified by the Law from**

---

**МЕМОРАНДУМ ЗА РАЗБИРАТЕЛСТВО**

**ЗА СЪТРУДНИЧЕСТВО НА ОБЛАСТНО НИВО ЗА ПОДГОТОВКА НА ПРОЕКТ “СЕМЕЙСТВО ЗА ВСЯКО ДЕТЕ”**

УНИЦЕФ, представляван от Таня Радочай, представител на УНИЦЕФ за България (наричана по-надолу “УНИЦЕФ”),

Димитър Александров, общин управител на административна област Шумен,

Община Шумен, представлявана от кмета на Община Шумен - Красимир Костов (наричана по-надолу Общината),

И всички заедно, наричани по-надолу “Страните”

КАТО СЕ ИМА ПРЕДВИД, че Страните определят като основен приоритет в съвместната си работа поддържането на благосъстоянието и защитата на правата на децата в Република България,

КАТО СЕ ИМА ПРЕДВИД, че Страните споделят взаимовъзкаквостта и потвърждават ангажираността си за съвместни действия, които целят прилагането на международните стандарти и най-добри практики в областта на защитата и грижата за детето, установени в Конвенцията на ООН за правата на детето,

КАТО СЕ ИМА ПРЕДВИД, че Страните определят, че действителен напредък в благосъстоянието и защитата на детето може да бъде постигнат само чрез активна съвместна работа и сътрудничество между държавните органи, местната власт, бизнеса и гражданското общество.

ВЪЗ ОСНОВА на “Основното споразумение за сътрудничество между..."

Where UNICEF, will take part in the operational preparation of project “A Family for Every Child” (hereinafter referred to as the “Project”) by virtue of the Memorandum of Understanding between UNICEF, the Ministry of Health (MH), the Ministry of Labour and Social Policy (MLSP), the State Agency for Child Protection (SACP), and the Agency for Social Assistance (ASA),

Where the Regional Governor of Shumen Region shall take part in the operational preparation of the Project in compliance with Article 19 of the Social Assistance Act and Article 31 of the Law on the Administration, the National Strategy for the Child, and the Government’s vision on deinstitutionalisation.

Where Shumen Municipality shall partner with UNICEF and the Regional Governor in the operational preparation of the Project and on the basis of Article 61 (2). 4. “з”, clause 1 of the Law on Local Government and Local Administration

NOW, THEREFORE signed this Memorandum of Understanding;

I. Subject of cooperation

Article 1 The Parties hereto shall cooperate for the preparation of project “A Family for Every Child” (hereinafter referred to as the “Project”), aimed at setting up and operating a system of efficient and effective services for prevention and support for parents and protection of children.

Където УНИЦЕФ ще участва с оглед на оперативната подготовка на Проект “Семейство за всеки дете” (наричан по-долу “Проекта”) на основание подготовка Меморандум за разбирателство между УНИЦЕФ, Министерство на здравеопазването (МЗ), Министерство на труда и социалната политика (МТСП), Държавна агенция за закрила на детето (ДАЗД) и Агенция за социално подпомагане (АСП).

Където Областния управител на област Шумен ще участва в оперативната подготовка на Проекта в изпълнение на чл. 19 от Закона за социалното подпомагане и чл. 31 от Закона за администрацията, Националната стратегия за детето и правителствената визия за деинституционалния подпомагането.

Където Община Шумен ще партнира с УНИЦЕФ и Областният управител в оперативната подготовка на Проекта и на основание чл. 61, ал. 2, т. 4, б. „з“ предложение първо от Закона за местното самоуправление и местната администрация.

написана настоящия Меморандум за разбирателство;

I. Предмет на сътрудничество

Чл. 1 Страните ще сътрудничат по международен линия, с цел подготвянето на проект „Семейство за всеки дете“, насочен към създаване и изпълнение на техника системи за ефективни услуги за превенция и подпомагане на родителите и децата за
children in view of replacing the existing care system and closure of an infant care institution (DMSGD), as per project description in Annex 1 to this Memorandum of Understanding, by ensuring:

1. Update of the assessments and action plans for the children placed in the Infant Care Institution (DMSGD) in Shumen through the Social Services Complex for Children and Families established by Shumen Municipality;
2. Development of closure plan for the infant care institution in Shumen;
3. Inclusion of the services envisaged under the Project into the Shumen Regional Strategy for Development of Social Services;
4. Identification of Project implementing partners within Shumen municipality or, where necessary, in neighbouring municipalities within Shumen Region and other neighbouring regions;
5. Elaboration of a draft cooperation agreement for the operational implementation of the Project at local and regional level.
6. Involvement of Shumen Municipality and, where necessary, of neighbouring municipalities within Shumen region and other neighbouring regions, as well as of the respective regional administrations and other stakeholder institutions and organisations in the preparation of the Closure Plan for the infant care institution in Shumen.

II. Role of UNICEF

Article 2 (1) UNICEF shall provide, for the purposes of the Project, technical, financial, and administrative support in accordance with UNICEF rules, regulations, procedures, and policies.

(2) UNICEF shall carry out fundraising activities for implementation of the Project.

(3) UNICEF shall grant funding to Shumen Municipality for the execution of activities as

заместване на съществуващата система за грижи и закриване на дом за медико-социални грижи за деца съгласно описаното на проекта в Приложение 1 към настоящия Меморандум, (наричан по-долу "Проект"), като се осигури:

1. Актуализиране на оценките и плановете за действие на дейността, настаниена в Дом за медико-социални грижи за деца (ДМСГД) Шумен чрез Комплекса за социални услуги за деца и семейства, разкрит от Община Шумен;
2. Подготовка на план за закриване на ДМСГД Шумен;
3. Включване на планираните по Проекта услуги в Стратегията за развитие на социалните услуги в област Шумен;
4. Идентификация на изпълнителите партньори на Проекта в област Шумен, при необходимост от съседни общини в област Шумен и в други съседни области,
5. Подготовката на проект за Споразумение за сътрудничество за оперативно изпълнение на проекта на местно и областно ниво;
6. Участие на Община Шумен, при необходимост от съседни общини в област Шумен и в други съседни области, на съответните областни администрации и други заинтересовани институции и организации в подготовката на Плана за закриване на ДМСГД Шумен.

II. Роля на УНИЦЕФ

Чл. 2 (1) УНИЦЕФ се ангажира да предостави за целите на Проекта технически, финансов и административно съдействие съгласно регламентите, правилата, процедурите и политиките на УНИЦЕФ.

(2) УНИЦЕФ ще извърши дейности за набиране на финансови средства за осъществяване на Проекта.

(3) УНИЦЕФ ще предостави финансите на Община Шумен за извършването на дейностите по чл. 1, т.1 от настоящия Меморандум във връзка с подготовката на
per Article 1, item 1 of this Memorandum of Understanding in relation to the preparation of the Project the amount of which shall be specified in the draft agreement between UNICEF and Shumen Municipality.

(4) UNICEF may, at its own discretion and as deemed necessary, provide technical assistance for the preparation of the project:

1. Organisation of exchange visits;
2. Familiarisation with international experience with respect to reforms and closure of specialised institutions for infants.
3. Performing of assessment and analysis.
4. Expert assistance for developing and costing of services to be set up.
5. Expert assistance for amendments to legislation in the area of social policy and healthcare.
6. Carrying out of an awareness campaign on children’s rights, good parenting, and the consequences of institutionalisation.

(5) In consultation with the other Parties hereto, UNICEF shall develop a Closure Plan for the infant care institutions included in the Project.

III. Role of the Regional Governor of Shumen Region

Article 3. In view of preparing the project, the Regional Governor of Shumen Region hereby undertakes to:

1. Ensure the inclusion of the services envisaged under the Project into the Shumen Regional Strategy for the Development of Social Services in accordance with Article 19 of the Social Assistance Act;
2. Render cooperation in the identification of Project implementing partners within Shumen municipality or, where necessary, in neighbouring

Проекта, което ще бъде уговорено допълнително в проектно споразумение между УНИЦЕФ и Община Шумен.

(4) УНИЦЕФ може да предостави техническа помощ, която по неговата преценка е необходима за подготовката на проект:

1. Организиране на обяви на опит;
2. Запознаване с международен опит по отношение на реформите и закриване на специализирани институции за малки деца.
3. Извършване на оценки и анализ.
4. Експертна помощ за дизайн и остойниствяване на услугите, които ще бъдат създавани.
5. Експертна помощ за промяна на нормативната уредба в областта на социалната политика и здравеопазването.
6. Провеждане на информационна кампания за правата на децата, добро родителство и последиците от институционализацията.

(5) В консултации с другите страни по този Меморандум, УНИЦЕФ ще разработи План за закриване на ДМСГД, включени в Проекта.

III. Роля на Областния управител на област Шумен

чл. 3 С цел подготовка на Проекта, Областният управител на област Шумен се задължава:

1. Да осигури включването на планираните по Проекта услуги в стратегията за развитие на социалните услуги в област Шумен съгласно чл. 19 от Закона за социалното подпомагане;
2. Да оказва съдействие при идентификация на изпълнителните партньори на Проекта в община Шумен, при необходимост от съседни общини в област Шумен и в други съседни области;
3. Да оказва съдействие при
and other neighbouring regions;

3. Render cooperation in the elaboration of a draft cooperation agreement for the operational implementation of the Project at local and regional level;


5. Coordinate the participation of Shumen Municipality and, where necessary, of neighbouring municipalities within Shumen Region and other neighbouring regions, as well as of the respective regional administrations and other stakeholder institutions and organisations in the elaboration of the Closure Plan for the infant care institution in Shumen.

**IV. Role of Shumen Municipality**

Article 4 In view of preparing the project, the Mayor of Shumen Municipality hereby undertakes to:

1. To assign up-to-date assessments of the children placed in the infant care institution in Shumen through the Social Services Complex for Children and Families established by the Shumen Municipality, within the funding provided by UNICEF and in accordance with the terms and conditions of Article 2 (3) of this Memorandum of Understanding;

2. Render cooperation in the identification of Project implementing partners within Shumen municipality or, where necessary, in neighbouring municipalities within Shumen Region and other neighbouring regions.

3. Render cooperation in the elaboration of a draft cooperation agreement for the operational implementation of the Project at local and regional level.

4. Actively participate in the elaboration of the Closure Plan for the infant care institution in Shumen.

5. Take part in the selection of a local Project coordinator.

подготовката на проект за Споразумение за сътрудничество за оперативно изпълнение на проекта на местно и областно ниво;

4. Да участва активно в подготовката на Плана за закриване на ДМСГД Шumen;

5. Да координира участието на Община Шumen, при необходимост от съседни общини в област Шumen и в други съседни области, на съответните областни администрации и други заинтересовани институции и организации в подготовката на Плана за закриване на ДМСГД Шumen.

**IV. Роля на Община Шumen**

Чл. 4 С цел подготовка на Проекта, Кметът на Община Шumen се задължава:

1. Да въложи извършването на актуални оценки на децата, настанени в ДМСГД Шumen чрез Комплекса за социални услуги за деца и семейства, разкрит от Община Шumen в рамките на финансираниято, предоставено от УНИЦЕФ при условията и по реда на чл.

2. Да оказва съдействие при идентификация на изпълнителни партньори на Проекта в община Шumen, при необходимост от съседни общини в област Шumen и в други съседни области;

3. Да оказва съдействие при подготовката на проект за Споразумение за сътрудничество за оперативно изпълнение на проекта на местно и регионално ниво;

4. Да участва активно в подготовката на Плана за закриване на ДМСГД Шumen;

5. Да участва в избора на местен координатор на Проекта.
V. Regional Consultation Group for Project Preparation

Article 5 (1) For the purposes of preparation of the Project, a Regional Consultation Group involving UNICEF will be set up, and its operation shall be coordinated by the Regional Governor of Shumen Region.

(2) The Regional Governor of Shumen region shall invite representatives of Shumen municipality and other stakeholder municipalities within the region and neighbouring regions, Regional Directorate for Social Assistance (RDSA), the infant care institution, and Regional Health Centre (RHC), as well as non-governmental organisations to participate in the consultation group.

VI. General provisions

Article 6 (1) UNICEF shall coordinate the publicity of the Project, in consultation with the other Partners.

(2) The Parties undertake to render UNICEF the necessary cooperation for ensuring publicity and promotion of the Project, including by securing permission for filming and participation in television programmes of children placed in the infant care institutions concerned and permission for the Parties' own representatives to take part in publicity and media events.

(3) UNICEF shall ensure that the contribution of all Partners be duly highlighted in all publicity events and materials related to the Project.

(4) The Parties shall be entitled to use the UNICEF name, logo and emblem solely in relation to the Project and after obtaining prior written consent by UNICEF. The UNICEF name, logo, and emblem shall be reproduced solely in the ways set out in the UNICEF Identification Standards Manual.

V. Областна консултативна група за подготовка на проекта

Чл. 5 (1) За цялите на подготовката на Проекта ще бъде създадена Областна консултативна група с участието на УНИЦЕФ, чиято дейност ще бъде координирана от Областния управител на област Шумен.

(2) Областният управител на област Шумен ще покани за участие в консултативната група представители на общината Шумен и на други заинтересовани общини в областта и съседни области, Регионална дирекция за социално подпомагане (РДСП), ДМСГД и Регионален център по здравеопазване (РЦЗ) и неправителствени организации.

VI. Общи разпоредби

чл. 6 (1) УНИЦЕФ ще координира промоцията на Проекта в консултации с останалите Партньори.

(2) Страните се задължават да оказват необходимото на УНИЦЕФ съдействие за обществената промотиране на проекта, включително и за осигуряване на разрешенията за заснемане и участие в телевизионни предавания на деца, настанени във включените ДМСГД, и на свои представители в промоционалните и медийни събития.

(3) УНИЦЕФ гарантира, че приносът на всички партньори ще бъде представен по подходящ начин във всички промоционални събития и материали, свързани с Проекта.

(4) Страните могат да използват името, логото и емблемата на УНИЦЕФ единствено във връзка с Проекта и само след предварително писмено съгласие на УНИЦЕФ. Името, логото и емблемата на УНИЦЕФ могат да бъдат възпроизвеждани единствено по начин, указан в "Ръководството за идентификационни стандарти" на УНИЦЕФ.
Article 7 The Parties hereby nominate the following representatives for communication and coordination of project preparation activities:

For UNICEF: Milena Harizanova, Social Services Programme Officer

For the Regional Administration:
Dr. Emiliya Stancheva, Deputy Regional Governor

For Shumen Municipality:
Simona Panosyan, Director of Directorate “Social Policy and Healthcare”

Article 8 (1) The Parties to this Memorandum of Understanding shall undertake to regularly exchange information related to the Project.

(2) Each Party shall undertake to guarantee representation of the other Parties here to when organising working meetings and working groups under the Project.

Article 9 (1) UNICEF shall reserve the right, with prior written notice to Partners, to temporarily suspend its assistance to the Project, should UNICEF deem that circumstances are in place, which hinder or threaten the successful completion of the Project or the attainment of its goals, as per the present Memorandum of Understanding.

(2) UNICEF shall reserve the right, with the above or a further written notice, to specify the conditions for resuming assistance for the Project. Any such temporary suspension shall remain in place until the respective conditions are accepted by the Partners, and UNICEF sends a written notice to the Partners stating its readiness to resume assistance.

(3) Should a situation similar to those described in paragraphs (1) and (2) above last for more than 14 (fourteen) days of the date of the notice of suspension by UNICEF, the representatives for communication and coordination on the Project shall be notified.

За УНИЦЕФ:
Милена Харизанова, програмен директор „Социални услуги”

За областна администрация:
Д-р Емилия Станчева, зам.- областен управител

За Община Шумен:
Симона Паносян, директор дирекция “Социална политика и здравеопазване”

Чл. 8 (1) Страните по настоящия Меморандум се задължават редовно да обменят информация, свързана с Проекта.
(2) Всяка от страните се ангажира да осигури представителство на другите страни при организирането на работни срещи и работни групи по Проекта.

Чл. 9 (1) УНИЦЕФ си записва правото със сигурност да спре временно помощта си за Проекта, ако по преценка на УНИЦЕФ, е възникнало обстоятелство, което възпрепятства или заплашва със възпрепятстване успешното завършване на Проекта или изпълнението на целите му, съгласувани с настоящия Меморандум.
(2) УНИЦЕФ си записва правото със сигурност да спре временно помощта си за Проекта, ако по преценка на УНИЦЕФ, е възникнало обстоятелство, което възпрепятства или заплашва със възпрепятстване успешното завършване на Проекта или изпълнението на целите му, съгласувани с настоящия Меморандум.
(3) УНИЦЕФ си записва правото да спре временно помощта си за Проекта, ако по преценка на УНИЦЕФ, е възникнало обстоятелство, което възпрепятства или заплашва със възпрепятстване успешното завършване на Проекта или изпълнението на целите му, съгласувани с настоящия Меморандум.

(3) Ако ситуация, подобна на указаната в първи, втори и трети случай, продължава повече от четиридесет дни след приетата за спиране, УНИЦЕФ отново спира помощта.
to its partners, UNICEF shall reserve the right, as of the expiry of the said 14 (fourteen) days’ period, to fully terminate its assistance for the Project by a written notice to the Partners.

(4) The provisions of this article shall not affect any other rights or remedies that UNICEF would have under the described circumstances, as guaranteed by the general principles of law or otherwise.

VII. Additional provisions

Article 10 This Agreement shall come into force upon signature by all Parties hereto and shall expire on 31 January 2011, and shall thus cover the expected duration of the project, unless otherwise specified above.

(2) The term of this Memorandum of Understanding shall be extendable by means of mutual letters by the Parties specifying the new expiry date.

(3) Amendments to this Memorandum of Understanding shall be made in writing and with the consent of all Parties hereto.

This Memorandum of Understanding was signed in English and in Bulgarian in 3 (three) copies, one for each of the Parties, and the English language version shall take precedence.

IN WITNESS WHEREOF,
have signed this Memorandum

For and on behalf of UNICEF:
Agreed and accepted by:

За и от името на УНИЦЕФ
Съгласувано и прието:

Date: ______________________

For and on behalf of the Regional Governor:
Agreed and accepted by:

За и от името на Областния управител
Съгласувано и прието:

Date: ______________________

For and on behalf of Shumen Municipality:
Agreed and accepted by:

За и от името на Община Шумен
Съгласувано и прието:

Date: ______________________

VN: 8/8
Annex 8 KII and FGD Semi Structured Interview Schedule

Evaluation of the Family for Every Child Project, Shumen Region, Bulgaria 2016

Semi-structured Interview Schedule for Key Informant Interviews (KII) and Focus Group Discussions (FGD)

Thank you for agreeing to participate in this KII. My name is [NAME] and I am a member of the team who have been commissioned by UNICEF to carry out the evaluation of the Project, A Family for Every Child (introduce all members of the Evaluation Team who are present, including the translator).

This isn’t an evaluation of your performance or of the performance of your organisation. We are interested in understanding the process and outcomes - to find out what happened, to understand the follow-up and to know what went well and what could have been done better.

I/we will take notes of your responses. The answers and information you give will be completely confidential. We will explain what people have told us in a report, but we will not mention any names. Your personal contributions and views will not be shared with anyone else in a way that can identify you.

We have developed a series of structured questions which we will ask everyone. In addition, we may introduce some probing questions when something is not clear to us or to encourage you to reflect more deeply on the question we have asked. If you do not understand something, please ask us to explain.

1. Please describe what your organisation does, and its role in the Project.
2. Please describe your role in the Project – how were you involved in the Project planning? How were you involved in the Project coordination?
3. This Project aims to make sure that children grow up in family care; has the Project achieved this outcome? Why do you agree/disagree?
4. What have been the major obstacles in the achievement of the Project outcomes?
5. What did you/your organisation/UNICEF do to overcome these?
6. How do you know these results were achieved because of the Project?
7. Tell us about the children previously in the HMSCC who are now living with their parents and/or families, or in foster care or who have been adopted – do you think their life is better or worse now? Why do you think this?
8. Did you receive training and support? What kind of training and/or support did you receive? Was this what you needed?
9. How do you know the activities and services initiated by the Project will continue when UNICEF support is withdrawn?
10. (For former staff of the closed infant home) What do you do now? Are you working in another capacity for the children's services? Do you have a different career?

11. What did the Project do best? What could the project have done better?

11. Based on this experience, what is your advice for other regions who are thinking of starting this process?
### Annex 9 Case File Review Matrix

<table>
<thead>
<tr>
<th>Family 1</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
<th>Family 2</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral source</td>
<td>1=FCC own case</td>
<td>2=referral by community member</td>
<td>3= self-referral</td>
<td>4=other (specify)</td>
<td>Family resides in which village/municipality</td>
<td>Data for assessment received from: CPD=1 CSSCF=2 Municipality=3Mayor=4 DSA=5 Other organisation=6 Personal visit=7</td>
<td>Gender, month and year of birth of each child in family (one line for each child)</td>
<td>School /k-g attendance (for each child give grade of k-g or none)</td>
<td>Gender, month and year of birth of each child living away from home and where are they living and why</td>
<td>Date of referral of family to FCC</td>
<td>Length of time that the family has been/is being supported by FCC</td>
</tr>
<tr>
<td>Assessment of the socio-economic situation in the family - e.g. income and income sources</td>
<td>Housing situation</td>
<td>Reason for referral</td>
<td>Gender, month and year of birth of any children with disability (of those in column E&amp;G) 1= intellectual disability 2=physical disability 3=other (specify)</td>
<td>Ethnicity of family 1=Bulgarian 2=Roma 3=None specified 4=other (specify)</td>
<td>Services received before referral to FCC or in parallel to FCC services</td>
<td>Status of the children in the family: in parental care, care of grandparents, relatives, single parent</td>
<td>Other people in household apart from immediate family yes/no and number</td>
<td>Pregnancy in the family: 1= Underage pregnant girl (specify which child out of E&amp;G) 2= uninsured woman; 3=insured pregnant woman 4= no pregnancy</td>
<td>Other information about the children in the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chid 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chid 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 1</td>
<td>Age of parents</td>
<td>Level of education of mother</td>
<td>Current place of residence</td>
<td>Employed= 1 2=Unemployed 3=Working in the home 4=informal earnings 5=Other (specify)</td>
<td>Mother has disability? Y/N (please specify nature and type of disability)</td>
<td>Married, unmarried, divorced, widowed, living abroad, other (specify)</td>
<td>Does the mother's have family nearby (her parents, sisters/brothers other relatives) Y/N</td>
<td>Other information about the mother</td>
<td>Age of parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 1</td>
<td>Level of education of father</td>
<td>Current place of residence</td>
<td>Employed=1 2=Unemployed 3=working in the home 4=informal earnings 5=Other (specify)</td>
<td>Father has disability? Y/N</td>
<td>Married, unmarried, divorced, widowed, living abroad, other (specify)</td>
<td>Does the father have family living nearby (his parents, sisters/brothers, other relatives) Y/N</td>
<td>Other information about the father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------</td>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information after the first visit</td>
<td>Plan I 1-6</td>
<td>Plan II 1-3</td>
<td>Plan III</td>
<td>Plan IV 1-2</td>
<td>Inputs by FCC - No. of SW visits to family home</td>
<td>Material support</td>
<td>Consultations by specialists</td>
<td>Health services</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
<td>-------------</td>
<td>----------</td>
<td>-------------</td>
<td>-----------------------------------------------</td>
<td>-----------------</td>
<td>---------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outcome of service provision 6 months</td>
<td>Outcome of service provision 1 year</td>
<td>Outcome of service now</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------------------</td>
<td>-------------------------------------</td>
<td>------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 10 Stakeholder Validation List of Participants

Lists of Participants in Validation Meetings

Sofia, Soho Centre, 19 January 2017

Validation Meeting with Institutions and Partners, 9:00 – 14:30

<table>
<thead>
<tr>
<th>No</th>
<th>Organisation</th>
<th>Participant</th>
<th>Contact Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ministry of Social Policy and Labour</td>
<td>Daniela Kicheva, senior expert, member of the Consultative group for the evaluation of FFEC Project</td>
<td><a href="mailto:daniela.kicheva@mlsp.gov.bg">daniela.kicheva@mlsp.gov.bg</a></td>
</tr>
<tr>
<td>2</td>
<td>Agency for Social Assistance</td>
<td>Polya Kanyova, Senior expert, member of the Consultative group for the evaluation of FFEC Project</td>
<td><a href="mailto:p.kanyova@asp.government.bg">p.kanyova@asp.government.bg</a></td>
</tr>
<tr>
<td>3</td>
<td>Agency for Social Assistance</td>
<td>Tanya Parvanova, Senior expert, member of the Consultative group for the evaluation of FFEC Project</td>
<td><a href="mailto:tparvanova@asp.government.bg">tparvanova@asp.government.bg</a></td>
</tr>
<tr>
<td>4</td>
<td>Ministry of Health</td>
<td>Anna Temelkova, senior expert, member of the Consultative group for the evaluation of FFEC Project</td>
<td><a href="mailto:atemelkova@mh.gov.bg">atemelkova@mh.gov.bg</a></td>
</tr>
<tr>
<td>5</td>
<td>State Agency for Child Protection</td>
<td>Zvetelin Kanev</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Regional Directorate for Social Assistance - Shumen</td>
<td>Ivelina Andreeva, Director</td>
<td>054 / 80 03 49</td>
</tr>
<tr>
<td>7</td>
<td>Complex for Social Services for Children and Families - Shumen</td>
<td>Veneta Gospodinova, Director</td>
<td><a href="mailto:ksu_sh@abv.bg">ksu_sh@abv.bg</a></td>
</tr>
<tr>
<td>8</td>
<td>Family Consultative Centre - Shumen</td>
<td>Dragomir Draganov, manager</td>
<td><a href="mailto:skc_shumen@abv.bg">skc_shumen@abv.bg</a></td>
</tr>
<tr>
<td>9</td>
<td>Family Consultative Centre – Veliki Preslav</td>
<td>Merjana Nedialkova, manager</td>
<td><a href="mailto:skcvp@abv.bg">skcvp@abv.bg</a></td>
</tr>
<tr>
<td>10</td>
<td>Centre for Mother and Child Health - Shumen</td>
<td>Yanita Spirova</td>
<td><a href="mailto:cmdz_shumen@mail.bg">cmdz_shumen@mail.bg</a></td>
</tr>
<tr>
<td>11</td>
<td>UNICEF Bulgaria</td>
<td>Maria Zlatareva</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Milena Harizanova</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>Jacklin Tzocheva</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>Vera Rangelova</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Dessislava Encheva</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>Maya Grozdanova</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Organisation</td>
<td>Participant</td>
<td>Contact Data</td>
</tr>
<tr>
<td>----</td>
<td>--------------</td>
<td>-------------</td>
<td>--------------</td>
</tr>
<tr>
<td>17</td>
<td>Ralitza Sechkova</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Evaluation Team</td>
<td>Elayn M Sammon</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>Joanna Rogers</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>Luba Devetakova</td>
<td></td>
</tr>
</tbody>
</table>

Validation Meeting with NGOs, 15:30 – 17:30

<table>
<thead>
<tr>
<th>No</th>
<th>Organization</th>
<th>Participant</th>
<th>Contact data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National Network for Children</td>
<td>Mila Tashkova, Coordinator</td>
<td>02 988 82 07</td>
</tr>
<tr>
<td>2</td>
<td>Know How Centre for Alternative Care</td>
<td>Valentina Simeonova</td>
<td>Deniza (coordinator) - 02 403 20 30; 0882 941 728</td>
</tr>
<tr>
<td>3</td>
<td>Social Activities and Practices Institute</td>
<td>Prof. Dr. Nely Petrova – Chairperson of SAPI</td>
<td>Mobile Nely Petrova: 0894 412 376</td>
</tr>
<tr>
<td>4</td>
<td>Social Activities and Practices Institute</td>
<td>Darinka Yankova, program director</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>For Our Children Foundation</td>
<td>Vanya Kaneva</td>
<td>02 980 70 58, 0988 82 45</td>
</tr>
<tr>
<td>6</td>
<td>For Our Children Foundation</td>
<td>Alexander Malinski</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>For Our Children Foundation</td>
<td>Ivelina Ivanova</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Hope and Homes for Children</td>
<td>Boryana Klimentova</td>
<td>0882 716 039; <a href="mailto:simeonov.hhc@gmail.com">simeonov.hhc@gmail.com</a></td>
</tr>
<tr>
<td>9</td>
<td>Hope and Homes for Children</td>
<td>Kremena Stoyanova</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Hope and Homes for Children</td>
<td>Kalina Asparuhova</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Organization</td>
<td>Participant</td>
<td>Contact data</td>
</tr>
<tr>
<td>----</td>
<td>------------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>11</td>
<td>Child and Space Association</td>
<td>Vessela Banova</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Bulgarian Family Planning Association</td>
<td>Radosveta Stamenkova, Executive Director</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Bulgarian Family Planning Association</td>
<td>Ventzi Kirkov</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>UNICEF Bulgaria</td>
<td>Maria Zlatareva</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Milena Harizanova</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>Jacklin Tzocheva</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>Vera Rangelova</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>Dessislava Encheva</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>Maya Grozdanova</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>Ralitza Sechkova</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Evaluation Team</td>
<td>Elayn M Sammon</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>Joanna Rogers</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>Luba Devetakova</td>
<td></td>
</tr>
</tbody>
</table>