The report presents an evaluation of the training programme for continuous professional development of social protection staff in the former Yugoslav Republic of Macedonia. This report was prepared by Junction Bulgaria for UNICEF by a team of international consultants - Dessislava Ilieva, Natalia Mihaylova, Stoyan Mihaylov and national consultant Keti Jovanova.
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List of Acronyms

BSW – Bachelor of Social Work
CBO – Community-Based Organization
CO – Country Office
CPD – Country Programme Document
CRC – Convention on the Rights of the Child
CSW – Centre for Social Work
CWD – Children with disabilities
DAC – Development Assistance Committee
DCC – Day Care Centre
DI - Deinstitutionalisation
FGD – Focus Group Discussion
FYROM – Former Yugoslav Republic of Macedonia
GIZ - Deutsche Gesellschaft für Internationale Zusammenarbeit
HRBA – Human Rights Based Approach
IDI – Individual In-depth Interview
ISA – Institute for Social Activities
ME&R – Monitoring, evaluation and reporting
MoLSP – Ministry of Labour and Social Policy
MSW – Master of Social Work
NGO – Non-Governmental Organisation
OECD – Organisation for Economic Co-operation and Development
SitAn – Situation Analysis
ToR – Terms of Reference
UNICEF CEE/CIS – United Nations Children's Fund Central and Eastern Europe/Commonwealth of Independent States
A list of key concepts defined and referred to by the evaluation team, and which this analysis has been based on was included as Annex 7.4. of this report.
Map of the former Yugoslav Republic of Macedonia

Figure 1
Executive Summary

Programme background and key information

The FYR of Macedonia belongs to the group of relatively small countries in Europe with 2,071,278 inhabitants\(^1\). Macedonia has ratified most of the international conventions on children’s rights and protection of children. A key process is to reform and strengthen the capacity of the social protection system. DI and the development of non-institutional services are a key priority of the reform. Social support and services are administered at local level by 30 CSWs run by the MoLSP in 30 municipalities. MoLSP is responsible for the development of policies, strategic planning and inspection of entities providing social protection services. ISA is responsible for the assessment of social problems and possible solutions, continuous professional development, supervision of professional social work, setting standards and procedures.\(^2\)

The Assessment of the Child Protection System in 2007, commissioned by UNICEF showed that the reform focused only on the expansion of the mandate of CSWs and the introduction of new responsibilities for CSW staff. In 2009, a UNICEF-commissioned external training impact evaluation indicated that despite some positive effects, the services for children are the same as five years earlier.\(^3\) Bottlenecks in six main areas were identified by a Training Needs Analysis\(^4\): planning, delivery, documentation, relevance, efficiency, effectiveness and longer-term impact.\(^5\) As stated in the 2010-2015 CPD, UNICEF CO addresses three main development challenges faced by the children: child poverty, disparities and social exclusion. UNICEF supported the introduction of a comprehensive Training Programme for continuous professional development of social protection professionals, as part of a wider effort to reform the country’s social and child protection systems. It results in the development of ISA in-service training curriculum, training for ISA and CSW staff based on the new curriculum, and support the licensing process and training of professionals from social services. The main goal of the programme is to improve the performance and the quality of social services and contribute in the process of licensing of the social protection professionals.\(^6\)

Objectives and Scope

The main objective of this evaluation is to provide evidence of the impact and the results achieved by ISA Training Programme, identify bottlenecks and barriers in implementation and provide recommendations for future activities. Therefore, the objectives of the evaluation were to:

- Assess the relevance, efficiency, effectiveness, sustainability and, to the extent possible, the impact of the ISA Training Programme;
- Identify lessons learned and UNICEF contribution to these systems or impact changes; and
- Provide recommendations to guide UNICEF involvement.

Methodology

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\(^1\) According to population estimations from the end of 2015
\(^2\) Terms of reference Evaluation of the training programme for continuous professional development of social protection staff in the former Yugoslav Republic of Macedonia
\(^3\) 2009, Evaluation of training on child protective services conducted by ISA
\(^4\) conducted in 2011 and supported by UNICEF.
\(^5\) 2011, Training needs analysis
\(^6\) Final 2016 ISA Program and Budget
In the absence of outcome-based M&E mechanisms and a logical framework with objectives, expected results, indicators could not be developed. The evaluation team developed a framework of sub-questions to all evaluation questions. It provides a basis for identification of bottlenecks at individual and system level change. Evaluation was, therefore, parametric i.e. performed not along indicators but along parameters i.e. changes at three levels: system level (an enabling environment); organisational level (in services); and individual level (within professional staff).

The methodology includes two groups of methods – tools for data collection and analysis of the information:

Data collection methods: Desk review and Primary data collection nationally and locally\(^7\) (In depth Interviews (IDIs); Focus group discussions; Observation of social services for children; Online research of national coverage.)

Data analysis: Quality and quantity analysis; Comparative analysis; Stakeholder analysis; Cost-effectiveness analysis; Case Study.

The secondary data sources are not up to date, have limited focus and are sometimes not comprehensive; there is lack of coherent statistical data and ISA aggregated data. Quality assurance is achieved by triangulating the information collected via different instruments and sources.

The evaluation followed the UNEG Norms and Standards as well as the UNEG Ethical Guidelines for Evaluation.\(^8\) Key features of the ethical code that were applied include: Respecting gender and human rights principles throughout the Evaluation process; Maximizing the degree of participation of stakeholders; Disaggregating data by gender, geography, and social groups, where feasible; Ensuring that outputs use human-rights and gender-sensitive language; Confidentiality was maintained; The quality of interviews and focus groups was ensured; Ensuring objectivity and independence of evaluation.

Findings

Relevance

Overall, the ISA Training Programme is partly in line with the main strategic directions for the reform of the social protection system in the FYR of Macedonia. The ISA Training Programme is partly aligned with the CRC principles, gender mainstreaming and HRBA. The programme is insufficiently oriented to all children’s rights as it fails to address most vulnerable groups.

UNICEF, quite relevantly, supports the development and implementation of the ISA Training Programme as a part of its capacity building engagement. The development of the ISA Training Programme was not based on a comprehensive analysis of the strengths and weaknesses of the social protection system. Analysis of the situation and gaps was performed\(^9\) but only after the conceptualisation of the Training Programme, thus failing to inform the programme development. The low level of synchronisation of the Programme with the national reform agenda’s in child protection has shaped the Programme’s content and process in a way that takes little account of the specific features of the services and the individual needs of the professionals.

\(^7\) Skopije, Bitola, Tetovo, Kriva Palanka
\(^8\) http://www.uneval.org/normsandstandards/index.jsp; http://www.unevaluation.org/ethicalguidelines
\(^9\) Situation and Gap Analysis: Revision and development of comprehensive social work standards for centres of social work, P. Evans, 2\(^{nd}\) Oct 2011
Effectiveness

The ISA Training Programme has been effective in ensuring core training needed for obtaining license but less effective in providing continuous professional development due to lack of customisation. The ISA Training Programme has been not effective in improving the service capacity for some of the most vulnerable groups: children with disabilities and children in residential facilities.

Core training is applied as a means to achieve different purposes: licensing and professional development. An average of 40% of all training is provided through external training. The ISA Training Programme covers 58.5% of the social protection staff.

Some changes, positive and negative, have been observed on all levels:

<table>
<thead>
<tr>
<th>Changes on system level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Stronger role of ISA in terms of licensing and standardisation. Introducing minimal standards prevents the system from major malfunctioning;</td>
</tr>
<tr>
<td>• The system of continuous professional development has diverted from its aim of expanding professional competences to administratively supporting licensing and standardization.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes on service level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Introduction of new administrative requirements have facilitated ISA monitoring role;</td>
</tr>
<tr>
<td>• The programme has not promoted a care management approach</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes on Individual level (professionals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Training on standards has positively affected trainees’ understanding of the procedural process of working with clients.</td>
</tr>
<tr>
<td>• Training was too short, general, theoretical and having little relevance to practice. Social protection staffs still largely lack competences to work with children with disabilities and working with families.</td>
</tr>
</tbody>
</table>

Efficiency

UNICEF has been highly efficient in providing support for the minimal package of requirements. However, to the extent to which licensing and the introduction of the minimal standards in the social protection sector do not directly lead to better quality of services, UNICEF financial support has not been highly efficient in improving service quality for children.

UNICEF support has been mostly efficient in terms of the process of licensing as UNICEF budget is mostly utilised for core training. The intervention of UNICEF through its core role Technical Assistance is timely, however, employing technical assistance as just one component of UNICEF core role\(^{11}\) has not been either sufficient or efficient enough to influence the improvement in the continuous professional development, hence to improve service quality for children.

The programme management has been informed by relatively clear intervention logics but there was inconsistency in terms of depth of analysis, justification and prioritization of each capacity building component’s interventions and their alignment with the overall strategic goal.

Impact

The quality of service provision for children has not changed for the last 5 years. In some cases the prospects of improving quality are diminishing. Foster care has not been targeted at all.

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\(^{10}\) Based on ISA annual reports to UNICEF.

\(^{11}\) Policy advice and assistance
Children without parental care: ISA training for residential facilities’ staff does not ensure conceptual links between the different modules taught and the overall strategic vision of deinstitutionalization, which may be potentially compromising the process of deinstitutionalization.

The number of children in contact with law is slightly on the decrease. However, placement in residential institutions for children in contact with the law is slightly back on the increase after 2014.

The majority of children with disabilities live with their biological families (84.44%)\(^{12}\). However, services are accessible for only 10%\(^{13}\). The capacity (availability, accessibility and quality of care) of these services has not been impacted by the programme interventions.

**Sustainability**

Generally, as presently designed, the ISA Training Programme demonstrates higher sustainability in ensuring licensing, lesser sustainability in ensuring standardisation, and weak sustainability in ensuring continuous professional development process.”

The balance in achieving the objectives of the three processes (licensing, standardising and continuous professional development) is fragile. However, provision of core training for the purpose of licensing will not be affected by potential withdrawal of UNICEF funding.

Possible transformation of UNICEF engagement could be towards diversifying its mix of core roles to include facilitating national dialogue towards child-friendly social norms, expanding policy advice and technical assistance, modelling/piloting and enabling knowledge exchange.

**Lessons learned**

- The capacity development activities can only be successful if involving a number of interventions in addition to classical training as an inseparable part of a broader capacity development process of the social protection system on all levels.
- Separating the objectives of the licensing and the continuous professional development would foster meaningful outcomes that complement each other rather than replacing each other.
- The continuous professional education should build on university professional competence and be oriented specifically towards the needs of the professionals and the desired changes in system as a whole.
- A case management approach and work with parents should be central to the Training Programme. With no promotion of care management it is difficult to improve the service quality.
- To achieve better service quality, the Training Programme should pay specific attention to the different processes and target groups of the social protection systems rather than applying same-content modules to tackle specifics.
- Addressing the diverse needs of the children and families requires addressing changes in the work of all professionals around the child at the same time. Linking the reforms in the different systems is a challenging task but the only meaningful path to improving the care for children at risk.

**General conclusions**

- The ISA Training Programme is insufficiently relevant to improving service quality for children with reduced orientation to child protection.
- The programme has effectively contributed to preventing the system from major malfunctioning and has consequently diminished malpractice of the social protection system.

\(^{12}\) Lirikus data base for 2015.
\(^{13}\) Ibid.
The ISA Training Programme has been effective in ensuring core training for licensing but less effective in providing continuous professional development due lack of customisation.

The programme has had effects on the service level towards building skills in service administration but has been ineffective to promote a care management approach.

**Strategic recommendations**

**High priority**

- The ISA Training Programme for continuous professional development must be made a function of the national reform agenda, specifically in terms of case management promotion, deinstitutionalisation and inclusion of children with disabilities. (MoLSP/UNICEF)
- The ISA Training Programme must be redesigned in a way that reflects all rights of all vulnerable groups of children with special attention to the most vulnerable: children with disabilities, children in contact with the law and children living without parental care, including foster placements. (ISA/UNICEF)
- Disconnection needs to be made of the direct link between licensing and training for continuous professional development. Design new capacity building interventions on system level and service level in addition to classical training. (MoLSP/UNICEF)
- Training needs to be made available to all child protection staff extending to those who works directly with children but are not subject to licensing. (ISA)
- The ISA Training Programme needs to strategically link to other capacity building efforts targeting social protection. (MoSLP/ISA)
- Redesigning the training content (along with conceptualising the programme as process as well as content) to promote a care management approach. (ISA/UNICEF)

**Medium priority**

- Ensuring higher synchronization between university academic curriculum and the ISA Training Programme. (ISA and academia)
- The training programme needs to be redesigned to allow flexibility to respond to emerging needs and should be based on a dynamic system of assessing training needs in line of the needs of the system. (MoSLP/ISA)
- A robust outcome-based M&E system needs to be installed in place for ISA to be able to perform its roles specifically related to continuous professional development and ensuring better service quality. (MoLSP/UNICEF)
- Transformation of UNICEF engagement should be made towards diversifying its mix of core roles. (UNICEF)
- The ISA Training Programme needs to continue to foster the existing relations with external training providers. (ISA)
- The evaluation of the quality of social services in the country has to be made relevant to the national reform agendas and grounded in strategic planning. (MoSLP)
- The reform in the care of children with disabilities and their families should be reflected adequately both in terms of the ISA Training Programme for continuous professional development and other capacity building interventions. (MoSLP/ISA)
- The continuous professional development component of the ISA Training Programme needs to enhance its sustainability. (MoSLP/ISA)
1. Evaluation Purpose, Objectives and Scope Evaluation Methodology

1.1. Programme background and key information

The former Yugoslav Republic of Macedonia covers an area of 25,713 km², belonging to the group of relatively small countries in Europe. According to population estimations from the end of 2015, the country has 2,071,278 inhabitants. The population density is 81 inhabitants per km².

There is a trend towards an aging population in recent years. In 2015, 16.7% of population were under the age of 14, while 12.87% were above the age of 65. Life expectancy at birth is 74.0 years - 71.9 years for men and 76.1 years for women. Life expectancy is five years below the EU average. The number of infant deaths per 1,000 live births in 2015 was 8.6.

Macedonia has ratified most of the international conventions on children’s rights and protection of children. They are integrated into domestic legislation through the:

- Social Protection Law
- Child Protection Law
- Prevention and Protection against Discrimination Law
- Justice for Children Law
- Local Self-Government Law

The design and implementation of social support and care services for children is in the domain of competence of the Ministry of Labour and Social Policy (MoLSP). The Ministry is responsible for the reform of the system of social protection and is the principal agent and initiator of strategic reform activities. The MLSP implements social protection services through 30 centres for social work (CSW), foster care institutions and other organizations whose work is monitored by the Institute for Social Activities (ISA).

The ISA is responsible for monitoring the provision of social work services, setting standards and providing training for professionals in the social work sector. It also has the responsibility to collect data and carry-out analysis of the social work sector to advise the Ministry of Labour and Social Policy on policy development and planning.

Social support and care services are administered at local level by 30 CSWs, which function as devolved units of the MoLSP in 30 municipalities. Most CSWs have territorial responsibility over more than one municipality. The key functions of the CSW are:

- Provision of social work services, and
- Administration of social benefits (financial assistance/allowances).

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14 http://mtsp.gov.mk/WBStorage/Files/zakon_so_zastita_osnoven.pdf
16 http://www.pravdiko.mk/zakon-za-pravda-na-detsata/
18 2011, CSW Standards situation gap analysis
The total number of recipients of different social benefits, including social allowances, administered by the CSWs per year is approximately 150,000 cases. In addition, there are approximately 100,000 services that are being delivered to various types of categories on an annual basis.\(^\text{19}\)

UNICEF is present in the former Yugoslav Republic of Macedonia since 1993. In cooperation with state institutions, civil society, citizens and leading domestic and international experts UNICEF works towards improving the lives of all children. Its Country Programme Document 2010 – 2015 (CPD) aimed to support the system strengthening, capacity-building and good governance in the areas of maternal and child health, early childhood learning, education and child protection. According to the CPD, UNICEF Country Office (CO) was to address three main development challenges faced by the children: child poverty, disparities and social exclusion. It will help to address the key bottleneck of limited capacity of the system at both local and national levels. UNICEF supported the introduction of a comprehensive Training Programme for continuous professional development of social protection professionals, as part of a wider effort to reform the country’s social and child protection systems. It results in the development and adoption of ISA in-service training curriculum, training for ISA and CSW staff based on the new curriculum, and support the licensing process and training of professionals from social services.

In addition to work done on the Training Programme, UNICEF supported the MoLSP, ISA and CSWs in the introduction of standards for work, licencing of social work and the establishment of an electronic database of social services. UNICEF contribution is realised at different levels – provided policy advice and technical assistance to key legislation reforms, capacity development for improving quality of service and used exchange of experience with other countries to move forward the reform agenda. Along with UNICEF the key stakeholders of the ISA training Programme development and implementation are MoLSP and ISA.

MoLSP is responsible for the development of policies, strategic planning and inspection of institutions and entities providing social protection services and therefore oversees the work of institutions of social protection (including ISA and the CSWs).

ISA is responsible for the assessment of social problems and the identification and study of possible solutions, the supervision and support of professional social work, and the training material and activities in the sphere of social services, setting standards and procedures.\(^\text{21}\)

The Assessment of the Child Protection System in 2007, commissioned by UNICEF, showed that the reform focused only on the expansion of the mandate of CSWs and the introduction of new responsibilities for CSW staff. Therefore in the period between 2005 and 2009, UNICEF actively supported ISA to perform one of its key functions: to build the knowledge and strengthen human capacities to improve the quality of services delivered to children. It helped to organize and deliver training of CSW staff, staff working in public institutions for children, staff from MoLSP and ISA. The trainings varied from training on street children, domestic violence, children with disabilities to children in conflict with the law, children without parental care etc.

In 2009, UNICEF commissioned an external training impact evaluation to review the planning and implementation of the ISA training programme and to make recommendations for improvements.

\(^{19}\) 2011, CSW Standards situation gap analysis


\(^{21}\) Terms of reference Evaluation of the training programme for continuous professional development of social protection staff in the former Yugoslav Republic of Macedonia
The general finding of the evaluation was that the trainings were relevant, necessary and informative for most participants. Despite some positive effects highlighted above, most participants believed that their services for children are the same as five years ago.22

In order to initiate the development and implementation of a comprehensive Training Programme for social protection staff, in 2011 UNICEF conducted a comprehensive Training Needs Analysis targeting ISA, CSW and staff working in residential institutions. The assessment led to the identification of a number of shortcomings and bottlenecks in the six main areas subject of inquiry: planning, delivery, documentation, relevance, efficiency, effectiveness and longer-term impact.23

As a result, in the period 2010-2012 with UNICEF support ISA developed a training program for continuous professional development of social protection staff working in CSW and other institutions. The main goal of the programme is to improve the performance and the quality of social services and contribute in the process of licensing of the social protection professionals.24

In the next period 2012 – 2016 ISA, with UNICEF contribution, implemented the project “Strengthening the child protection system” whose main activities were organisation and provision of training for social protection staff throughout the country.25

The training program consists of six core modules and eight specialised modules, with corresponding training materials. Currently, all the licensed professionals in social work (social workers, lawyers, psychologists, pedagogues, special educators, etc.) in the country have passed the ISA Training Programme.26

During the period of the evaluation 2011 – 2016 the ISA Training Programme has continuously been developed integrating new modules (currently there are 20 of them) and involving new stakeholders (Deutsche Gesellschaft für Internationale Zusammenarbeit, UN Women). It is an on-going programme which trains more 500 professionals per year.

1.2. Programme Theory of Change

The theory of change is a framework for strategic planning, dialogue and monitoring.27 It explains why UNICEF is focusing on certain areas and approaches and how UNICEF will achieve results set out in results framework (causal pathways).28

It should be mentioned that there is no Theory of change developed for the activities related to the ISA Training Programme with short and long-term outcomes and impact indicators, as well as the assumptions, risks and mitigation measures. The implementation of this programme is perceived as a part of a “global story” without the country specifics. There is a lack of clear hypotheses, localised indicators and adequate narrative of Theory of Change.

As explained in the evaluation ToR, the overall objective of UNICEF’s engagement in the design and delivery of the Training Programme was to increase the quality of social protection services by

22 2009, Evaluation of training on child protective services conducted by ISA
23 2011, Training needs analysis
24 Final 2016 ISA Program and Budget
26 According to the ToR the number of the trained professionals is 845, while according to the last data from ISA this figure is 889.
building the capacities of social protection staff to deliver on them. The general theory of change underpinning UNICEF’s engagement in the design and delivery of the Training Programme was that ensuring children in need have access to quality social protection services will facilitate access to a minimum standard of living, nutrition, education and adequate care. All children and their carers in need must be able to access an adequate mix of cash assistance and social support services, regardless of sex, age, disability, and other circumstances.

In this sense the main assumption on the objective was that the proposed intervention would encourage social protection staff to participate more actively in the new concept of continuous professional development, adjusted to the ever-changing social environment. Managers in CSW will promote learning and development among their staff. A legal and policy framework will be developed to support the delivery of continuous professional development. The main risk related to the objective of this work related to the high turnover of staff (both in management and service delivery positions) and inability to ensure continuum in support.

Figure 2 Graphic representation of the regional Theory of Change for social protection

29 A graphic representation of the regional Theory of Change for social protection UNICEF CEE/CIS Regional Knowledge and Leadership Area 8: A child’s right to social protection; Regional Strategy 2016-2020; February 2016
1.3. Evaluation Purpose and Methodology

1.3.1. Evaluation Rational

The development and implementation of the ISA Training Programme for continuous professional development of social protection professionals has been supported by the UNICEF CO for the last five years. This evaluation is commissioned by UNICEF CO to generate knowledge to inform the planning and implementation of the new country programme 2016-2020. The evaluation will outline the extent to which the Training Programme addressed major bottlenecks in improving access to social protection for vulnerable children, and reduced equity gaps.

UNICEF will ensure dissemination of evaluation findings and recommendations to the following partners:

- MoLSP, as a main partner and the responsible ministry for social protection to inform future planning, budgeting, guidance and support, inspection, monitoring and evaluation of the reform
- ISA, the responsible institution for data collection, setting standards, monitoring and supervision of CSW work, in-service training. ISA will use the evaluation results to learn about approaches – what works, what does not work and how can ISA support to CSW staff be further improved to ensure best support for young children and inclusion of the most marginalized groups.

The evaluation will assess ISA’s Training Programme and its contribution to raising the capacities of social protection professionals in CSWs and care institutions for children (good/bad practices, innovations and models as well as strategies that work and can be scaled up or replicated) in terms of the following evaluation criteria (as defined by OECD/DAC):

- Relevance – the extent to which the ISA Training Programme is relevant to the child rights and equity agenda, consistent with beneficiaries’ requirements, country needs, global priorities and partner’ and donor’s policies
- Effectiveness – the extent to which the ISA Training Programme objectives were achieved, or are expected to be achieved, taking into account their relative importance
- Efficiency – the extent to which resources/ inputs (funds, expertise, time, etc.) are economically converted into results.
- Sustainability - The likelihood of continuity of the ISA Training Programme and its effects;
- Impact - The positive and negative, primary and secondary long-term effects produced by the ISA Training Programme, directly or indirectly, intended or unintended.

1.3.2. Objectives and Scope

The evaluation is focused on the UNICEF supported training programme implemented by ISA in the period between 2011 and 2016. The geographical coverage includes both national and local levels.

The main objective of the evaluation of the ISA Training Programme is to provide evidence of the impact and the results achieved by ISA and the Training Programme, identify bottlenecks and barriers in implementation and provide recommendations for future activities.

Therefore, the objectives of the evaluation are to:

- Assess the relevance, efficiency, effectiveness, sustainability and, to the extent possible, the impact of the ISA Training Programme;
• Identify and document lessons learned and the contribution of UNICEF to these systems or impact changes; and
• Provide recommendations to guide UNICEF involvement in supporting and/or upgrading the ISA Training Programme for social protection staff.

The programme has a strong component focusing on capacity building and improving the quality of services. As requested by ToR, the evaluation will pay particular attention to the capacity building component of the programme. In theory, classical training is one of many possible tools towards capacity building, therefore the evaluation will explore what capacity building activities were employed other than classical training as well as the extent to which it these contributed to improving the quality of services for the children in need. As this is not an evaluation of the Training Programme quality alone or service quality alone, the evaluation will be primarily looking at whether and how the Training Programme has improved the quality of services for children at risk by improving their capacity. Moreover, the evaluation will look at what was UNICEF contribution to this process.

1.3.3. Evaluation matrix

In order to achieve the goals of this assignment, the evaluation team developed a framework that includes sub-questions to further clarify the scope of the evaluation questions as per the ToR. The sub questions should be viewed as interrelated into a system rather than in isolation. They are oriented to measure the relation between the ISA Training Programme performance and the quality of the services, rather than ISA Training Programme quality alone or service quality alone.

The framework provides a basis for the identification of bottlenecks and barriers at individual and system level change.

The ToR specifically asks the evaluation team to develop indicators measuring the extent to which the intervention has achieved its objectives and expected results (Effectiveness). In theory, indicators and their baseline measures are the bases for making an evaluative judgement of the extent to which the results were achieved. These should be developed prior to the intervention (ISA Training Programme). Therefore, during the desk review phase the evaluation team made a specific attempt to identify documents (strategies, plans, logical frameworks, etc.) demonstrating the specific objectives and expected results of the ISA Training Programme. Such were not identified. Therefore, in the absence of programme specific objectives and expected results towards these objectives, it is not possible to develop indicators measuring the extent to which those were achieved.

Additionally, there has been no outcome-based monitoring and evaluation mechanism developed for the ISA training Programme to assess achieved changes. Therefore, no outcome-based monitoring and evaluation data can be used for the purpose of measuring the programme’s achievements. Neither has such mechanism been developed on the side of UNICEF.

For this reason, during the inception phase it was agreed with UNICEF that an evaluation framework will contain sub questions only. Evaluation can, therefore, be not along indicators but parametric i.e. along parameters.

Evaluation judgements on how effective the results were achieved will be only made on the basis of evidence of possible changes produced by the ISA Training Programme at three levels as suggested by the evaluation team below:
• System level (an enabling environment): the broad social system within which people and organizations function. It includes all the rules, laws, policies, power relations and social norms that govern civic engagement. It is the enabling environment that sets the overall scope for capacity development of the social protection system. System level changes presumably create a better environment for the competences encouraged by the ISA Training programme to be applied and nurtured.

• Organisational level (in services): The organizational level refers to the internal structure, policies and procedures that determine services’ effectiveness. It is here that the benefits of the enabling environment are put into action and a collection of individuals come together. The better resourced and aligned these elements are, the greater the potential for growing capacity.

• Individual level (within professional staff): At the individual level are the skills, experience and knowledge that allow each person to perform. Some of these are acquired formally, through education and training, while others come informally, through doing and observing. Access to resources and experiences that can develop individual capacity are largely shaped by the organizational and environmental factors described above, which in turn are influenced by the degree of capacity development in each individual.

The evaluation matrix with data collection methods for each evaluation question is provided in Annex 7.1.

1.3.4. Methodology

The methodology of the evaluation includes two groups of methods – tools for data collection and analysis of the information. The cross-section of information sources are explored as well as a mix of quantitative and qualitative methods to ensure triangulation of information.

1.3.4.1. Data collection methods

Desk review

The desk research is based on the available sources of secondary information in regard to the ISA training programme. The following sources of information are used:


• The electronic data system LIRIKUS for all services provided to children – e.g. children in Day Care Centres, children in foster care etc.

• Other reliable sources of information are available from UNICEF and ISA:
  o 2009 ISA Training Impact Evaluation Report
  o 2011 ISA Training Need Assessment
  o Situation analysis_Macedonia 2014
  o Situation gap analysis, P. Evans, Oct 2011

Documents in Macedonian:
  o Annual reports of ISA “Strengthening the system of social protection” for 2013 - 2016

30 http://www.stat.gov.mk/Publikacii/2.4.15.17.pdf
Primary data collection

- **In depth Interviews (IDIs)**

Using the method of in-depth interviews, the assessment gains the perceptions, opinion and practices of the ISA training programme stakeholders, workers and specialists involved. The Consultancy team of Junction Bulgaria have conducted 19 IDIs with experts in MoLSP, directors of CSWs, managers of care institutions for children, managers and experts in ISA, Academia representatives, programme officers from GIZ and World Bank. Each target is related to different information area. The main goals of the interviews with MoLSP/ISA experts are clarification of the background and the context for planning and implementation of the programme, as well as the mechanism of coordination and monitoring. In the interviews with the CSW/care institution directors the following topics were emphasized: the process of participant’s selection, the knowledge sharing, the changes in the practice of social services delivery, etc.

- **Focus group discussions**

Focus Group Discussion is a qualitative research method for data collection which utilizes the small groups’ dynamics to generate in depth information on a specific issue. The Consultancy team has conducted 7 FGDs with parents of children beneficiaries of social services (3 group sessions), CSW staff (3 group sessions) and ISA experts (1 group session). The locations represent the geographical/ethnic diversity of the population, i.e. Skopje as a capital, Tetovo as a region with Albanian population, Bitola as an important city in the southern part of the country and Kriva Palanka, representing the north-eastern part. The discussion with parents of children beneficiaries of social services gives information regarding their needs as parents, the relevance between the needs and the services and the changes in the practice of social services delivery in the last 5 years. The groups with social workers and ISA experts inform the evaluation about: the process of program delivery, relevance between training topic and professional needs, the skills and knowledge obtained by ISA training Programme, applicability of the skills, etc.

- **Online research**

The data collection from the participants in the training events is realized by online survey. The aim is to achieve full coverage of all the services of 30 CSWs in Republic of Macedonia and the representation of the different groups of trainees. The method permits to reach a larger audience of trainees and to obtain information regarding the most useful training modules, the trainees’ assessment of different training components etc. The total number of responses is 388, of them completed interviews are 369.
• **Observation of social services for children**

Direct unstructured observation during the on-site country visits of 4 CSWs and 3 care institutions for children provides direct information regarding the quality of services in terms of interactions among the actors (staff and beneficiaries) and the extent to which the acquired main skills and knowledge of the staff are implemented.

Considering the key roles of UNICEF and ISA in the process of the development and the implementation of the training programme the evaluation team involved their representatives in the series of meetings and discussions regarding the process of evaluation – identification of the relevant respondents, fine tuning the research instruments, provision of documents/data, debrief and interim feedback.

1.3.4.2. **Data processing and analysis**

• **Quality and quantity analysis** – description of the facts in the context of the relations among them, argumentation and evidence. This analysis is based on data from interviews, focus groups, desk review and online survey and explains the evaluation findings.

• **Comparative analysis** – it outlines the similarities and differences between the services: by type and location.

• **Stakeholder analysis** – identification of the most important stakeholders, their influence, power and how to involve them in the improvement of the practice.

• **Cost-effectiveness analysis** – it allows for defining the extent to which the capacity building is a reasonable investment of time, financial, human and technical resources.

• **Case Study** – by isolating and studying individual cases of social care services and using the suggested research tools (mainly the desk review, IDI and observation) the evaluation team makes a cross case analysis to outline the change in practices of service delivery as a result of the increased competence.

1.3.4.3. **Methodological Limitations**

The methodological limitations are considered in two aspects: the limitations of the secondary data sources and the limitations of the primary data collection methods/instruments.

The data sources of information used at the desk review stage are limited due to the specifics of secondary data: they are not up to date, have limited focus and scope which rarely coincides with the evaluation areas/questions and the necessary information is sometimes not clear and comprehensive enough. Additionally, the lack of coherent statistical data limits the possibilities for an in-depth analysis in some evaluation areas. Also, the existing system of monitoring of the ISA Training Programme does not provide clear and aggregated data on the number of the participants in the training, the number of the training hours by modules, summarised information by CSWs and institutions etc.

The primary data collection methods and instruments contributed to obtaining the maximum necessary and reliable information. Bearing in mind the limitations of the different instruments for data collection (example: possible distortion of the answers in the online survey, as the links are received in the corresponding CSWs, not individually), the experts chose to use a number of different qualitative and quantitative tools, which complement each other in reducing the limitations. Thus,
the quality assurance in the reporting phase is achieved by triangulating the information collected via different instruments and sources.

1.4. Ethical Considerations

The evaluation followed the UNEG Norms and Standards as well as the UNEG Ethical Guidelines for Evaluation. Key features of the ethical code that were applied include:

- Respecting gender and human rights principles throughout the Evaluation process, including: the protection of confidentiality; the protection of rights; the protection of dignity and welfare of people; and ensuring informed consent. Before the start of the IDIs and FGDs written consent was provided to the participants to inform them about the Study Purpose, Material Benefits, Types of Questions, Contact, Confidentiality and Skipping Questions or Ending Participation (see Annex 7.6.) Feedback was provided to participants wherever possible, and data validation took place at all levels with participant consent, including with UNICEF.

- Maximizing the degree of participation of stakeholders in the evaluation itself wherever feasible and a commitment to using participatory approaches in field studies in particular. During the data collection phase appropriate actions were taken so that the quantitative survey would reach the necessary number and scope of respondents. A letter of invitation was created which clearly explains the goal of the exercise and motivated people to participate, underlining the value of their contribution. Respondents had sufficient time to fill out the questionnaire and were appropriately reminded to do so.

- Disaggregating data by gender, geography, and social groups, where feasible.

- Ensuring that outputs use human-rights and gender-sensitive language.

- The evaluators made sure that the evaluation process was ethical and interviewees could openly express their opinions. Confidentiality was maintained. The content of the interviewees and focus group discussions was used only to inform the analysis, i.e. no direct reference was made to particular statements (unless permission was granted for quotation) and no personal information of the respondents/participants was disclosed. Children were not interviewed during the evaluation process.

- The quality of interviews and focus groups was assured by using an appropriate invitation, (such as the one in the quantitative survey), the moderators were experienced in group facilitation and prepared so that they could not only understands the content but were also able to moderate a group process/discussion; following guidelines, being also flexible enough to react to the different direction the discussion or interview could take and to cope with the emotions of the participants.

- All the necessary measures were undertaken to ensure objectivity and independence of evaluation (e.g., conducting interviews on stakeholders’ premises). UNICEF staff did not participate in the semi-structured interviews and focus groups.

At the data collection stage evaluation team strictly follows the professional research standards and ethical aspects of the Code on Market and Social Research of the European Society for Opinion and Marketing Research’s /ESOMAR/, according to which the respondents have the right to remain

anonymous. We believe that the data collection process must be meaningful, not harmful to the respondent and potentially beneficial for him/her through the results and/or material gifts.

2. Findings

2.1. Relevance

2.1.1. Policies, priorities, reform agendas in the social protection system and continuous professional development

Overall, the ISA Training Programme is partly in line with the main strategic directions for the reform of the social protection system in the former Yugoslav Republic of Macedonia.


The country’s main strategic direction on a system level is to reduce poverty and social exclusion by improving work and social conditions for all citizens, achieving a higher standard and better quality of life. One of the key processes is to reform and strengthen the capacity of the social protection system. The main goals of this reform are connected to the development of an integrated and sustainable system of social protection that will provide effective and high quality services tailored to the client’s needs. DI and the development of non-institutional services are a key priority and integral part of the reform.

Some of the core components of the social protection reform are:

- **Development of the social protection sector:**
  - Diversification of the social services, which includes strengthening the capacity of the non-governmental service providers and social contracting
  - Improvement of the quality of social services and decrease of a dependence on institutional care by development of non-institutional services

- **DI process:**
  - Increase of non-institutional services
  - Transformation of residential institutions

The improvement of the professional work and competence of the social protection specialists, which includes replacement of the existing "case work" approach by "case management", continuous professional development and implementing a system of licensing and standardization, is the prerequisite for achieving the goals of the reform.

As stated in the CPD in the period 2010-2015, UNICEF CO will address three main development challenges faced by the children: child poverty, disparities and social exclusion. *It will help to address*

[^32]: http://mtsp.gov.mk/WBStorage/Files/Programa.doc
[^34]: http://www.mtsp.gov.mk/WBStorage/Files/siromastija_eng.doc
The key bottleneck of limited capacity at both local and national levels in developing and implementing evidence-based policies, programmes and budgets for children, and will promote multi-ethnic cohesion through the education system. One of the CPD components is about a reform of social protection in relation to strengthening the child protection system through development of a national strategy for child protection; providing standards for basic social services in line with international standards; and promoting models for alternatives to imprisonment, prevention of juvenile delinquency, and alternatives to residential care.

ISA Training Programme (14 different types of modules of which 6 core and 8 specialised with the financial support of UNICEF CO) is developed to fulfil the requirements of the Law on social protection, in regard to:

- The licensing of the social work specialists working in the public and private social protection institutions in the FYR of Macedonia
- Provision of continuous professional trainings as a part of the process of licensing, and
- Examination of the implementation of professional knowledge in this process.

UNICEF provides technical assistance for the development of a data collection system on child protection and building the capacity of CSW staff in applying the normative framework, case management, and preventive and protective service delivery. This includes introduction of work standards, in-service training programme, licencing of social work and establishment of a data base. UNICEF supports the development and implementation of the ISA Training Programme as a part of its capacity building engagement.

The overall goal of the ISA Training Programme expressed in the annual Programmes for 2014, 2015 and 2016 is: Planned continuous professional development for professional workers in the social protection system. The main goal of the ISA Training programme as formulated in 2016 is the capacity building of the social protection system to improve the quality of services delivered to the beneficiaries and the community. The key stakeholders and partners (MoLSP, ISA, UNICEF CO) understand the goal of the Training programme as “structure and order the training process in the country”, “increase the quality of the professional support for the social protection specialists”, “unify the standards for the work with clients and the skills of the social protection professionals to implement them”.

It looks like originally the ISA Training programme was designed to address both the system’s key requirements and its development needs: on one hand, to meet the requirements of the law for licensing the workers in the system of social protection and, on the other hand, to provide continuous professional development, to ensure the capacity building and, as a result, to improve the quality of the social services.

With regards to the other two processes which took place in Republic of Macedonia during the period of evaluation, licensing and standardisation, the chronology of the development of ISA Training Programme shows that the Training Programme is much more connected with the first one (Table 1).

36 In 2012 Module 15 “Adoption” is added
37 http://www.mtsp.gov.mk/content/pdf/zakoni/ZSZ%20konsolidiran%20januari%202015.pdf, art. 130
38 Final 2016 ISA Program and Budget
Table 2 Timetable of ISA Training Programme development

<table>
<thead>
<tr>
<th>Period</th>
<th>Components of the reform the country’s social and child protection systems</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Licensing</td>
<td>Law of Social Protection regulates the process of licensing of social protection staff.</td>
</tr>
<tr>
<td>February 2011</td>
<td>Training Programme</td>
<td>Training needs assessment targeting ISA, CSW and child care institutions’ staff was conducted.</td>
</tr>
<tr>
<td>8th February 2011</td>
<td>Training Programme</td>
<td>Training “Development of the Training programme for social protection staff in the CSW and residential institution” was carried out.</td>
</tr>
<tr>
<td>September – October 2011</td>
<td>Training Programme</td>
<td>International consortium presents the Training modules and ISA approves them.</td>
</tr>
<tr>
<td>November 2011</td>
<td>Training Programme</td>
<td>Train the trainers for ISA staff was realised.</td>
</tr>
<tr>
<td>2nd October 2011</td>
<td>Standards of work</td>
<td>The Standards situation gap analysis was conducted.</td>
</tr>
<tr>
<td>April 2012</td>
<td>Licensing</td>
<td>The first group of social protection professionals were licensed</td>
</tr>
</tbody>
</table>

Prior to the Programme development, the training needs assessment was conducted in order to analyse the needs of the social protection staff (i.e. the specialists working in ISA, CSW and child care institutions). The Curriculum was also developed to contribute to the issuing and renewal of licenses for professionals working in the field of social protection. The Training programme was designed to “provide pathways which are general enough to provide a common ground for practice - irrespective of the beneficiary group concerned - but which are also tailored to some of the specific needs of participants - both managers and practitioners”.  

At that same time the Situation Gap Analysis took place and identified some of the main challenges of the social protection system in the former Yugoslav Republic of Macedonia. They are related to the functioning, resources and the capacity of the CSWs as a backbone of the system: “The shortcomings of human resources in the social sector, both in terms of number of professional staff employed in the various services at national and local levels and their education and skills are largely recognized as a key impediment for ensuring effective protection and care of children”.

“The CSWs are often labelled as using outdated methods of work, with insufficient number of qualified employees to cover the needs of the population and doing limited outreach work.”

The ISA Training Programme was presented before the completion of the Gap analysis, which did not allow for the conclusions and recommendations of the analysis to be reflected into the programme design and concept.

In addition, the occupational profiles (Graph 1) of the staff determine the necessity for provision of “general pathways” for practitioners in the social protection sector. The graph shows that only 24% of the CSW staff is social workers while the rest have various other professional backgrounds.

39 2011, Training needs analysis
40 2011 CSW Standards situation gap analysis
41 Terms of reference Evaluation of the training programme for continuous professional development of social protection staff in the former Yugoslav Republic of Macedonia
The above mentioned factors related to the CSW challenges logically result in prioritization of the licensing as leading aspect at the expense of continuous professional development. The implementation of the training modules and the number of participants in the period 2012 – 2015 confirms the orientation towards the basic knowledge and skills which are required to obtain the license (Graph 2). Generally, licensing as such is a procedure of setting minimum requirements for working in the social protection system.

*The purpose of licensing is to provide a minimum quality on the territory of Macedonia. After the completion of licensing there should be considerable emphasis on the training of the professionals, serious training. Of course if you have only 2–3 trainings in 5 years you can’t believe the quality will grow much.*

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**Graph 1**

<table>
<thead>
<tr>
<th>Occupation of the professional workers in CSW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawyers</td>
</tr>
<tr>
<td>Sociologists</td>
</tr>
<tr>
<td>Speech-language pathologists</td>
</tr>
<tr>
<td>Special education teachers</td>
</tr>
<tr>
<td>Psychologists</td>
</tr>
<tr>
<td>Pedagogs</td>
</tr>
<tr>
<td>Social workers</td>
</tr>
<tr>
<td>Directors</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>8,4%</td>
</tr>
<tr>
<td>4,6%</td>
</tr>
<tr>
<td>0,4%</td>
</tr>
<tr>
<td>3,4%</td>
</tr>
<tr>
<td>7,3%</td>
</tr>
<tr>
<td>5,5%</td>
</tr>
<tr>
<td>24,4%</td>
</tr>
<tr>
<td>3,5%</td>
</tr>
</tbody>
</table>

Source: Social Welfare for Children, Juveniles and Adults

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**Graph 2**

<table>
<thead>
<tr>
<th>Total number of trainees by modules for the period 2012 - 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1. Promote equality and value diversity of people</td>
</tr>
<tr>
<td>M2. Communicating with people</td>
</tr>
<tr>
<td>M3. Understanding the needs and working with at-risk</td>
</tr>
<tr>
<td>M4. Engaging with families</td>
</tr>
<tr>
<td>M5. Engaging with communities</td>
</tr>
<tr>
<td>M6. Reflecting on the practice of using one-to-one</td>
</tr>
<tr>
<td>M7. Planning and implementing therapeutic activities</td>
</tr>
<tr>
<td>M8. Social group work</td>
</tr>
<tr>
<td>M9. Care management</td>
</tr>
<tr>
<td>M10. Assessing the needs of beneficiaries</td>
</tr>
<tr>
<td>M11. Managing one-to-one review and continuous</td>
</tr>
<tr>
<td>M12. Social protection management skills</td>
</tr>
<tr>
<td>M13. Planning, managing and monitoring continuous</td>
</tr>
<tr>
<td>M14. Delivering learning and development</td>
</tr>
<tr>
<td>M15. Adoption</td>
</tr>
<tr>
<td>416</td>
</tr>
<tr>
<td>447</td>
</tr>
<tr>
<td>488</td>
</tr>
<tr>
<td>555</td>
</tr>
<tr>
<td>404</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>61</td>
</tr>
<tr>
<td>61</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>186</td>
</tr>
</tbody>
</table>

Source: Annual ISA Reports Strengthening of the System for Child Protection

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42 IDI, NGO representative
The table below presents the estimated level of relevance of the programme in terms of the main strategic directions and social policy reform agendas of this country:

Table 3 Level of relevance of the ISA Training Programme

<table>
<thead>
<tr>
<th>Strategic directions</th>
<th>Level of relevance of ISA Training Programme</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diversification of the social services, which includes strengthening the capacity of the non-governmental service providers and social contracting</td>
<td>Moderate</td>
<td>The ISA Training Programme is directly connected to the process of licensing, i.e. it is provided to those social protection workers who have to pass the process of licensing. In fact, for the period of 5 years the training was provided to all of the workers in the CSW, in the state institutions and in one private institution. Thus, the trainings as part of capacity building are not available to the non-governmental service providers.</td>
</tr>
<tr>
<td>Improvement of the quality of social services and decrease of the dependence on institutional care by development of non-institutional services</td>
<td>Low</td>
<td>The programme does not contribute to the development of non-institutional services due to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The ISA Training Programme is oriented towards the implementation of unified but very basic quality of social work i.e. on that level service quality cannot be potentially impacted.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Specialized training on important particular areas of expertise is missing:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- there are no training modules on work with children with disabilities;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- there are no training modules on foster care (Training on children with disabilities and foster care(^{43}) has been lately provided external to the ISA Training Programme but is not a sustainable part of the Programme and its coverage or effects have not been assessed here).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• According to the online survey 41% of the trainees do not work directly with children and their families i.e. the Programme does not sufficiently and directly contribute to the improvement of work quality.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The ISA Training Programme does not promote a case management approach - one of the core components of the social work practices “case management” was developed as a training module, but it is not implemented in practice.</td>
</tr>
<tr>
<td>Transformation of residential institutions</td>
<td>Low</td>
<td>The special modules for transformation of the residential institutions (change of the attitudes of the care workers, provision of skills and knowledge how to increase the social competence of the children, how to work with the parents of the children, placed in residential settings etc.) are missing.</td>
</tr>
</tbody>
</table>

2.1.2. Relevance to academic education

As a whole, the ISA Training Programme corresponds to the academic curriculum of the social work education but only on a very basic level and not for all social protection staff.

The ISA Training Programme was originally\(^{44}\) conceptualised to address the need of both university graduates in social work (by upgrading the theoretical academic knowledge with more practice-
oriented training) and also to other professional groups of people working in the area of social protection – lawyers, psychologists, pedagogues, defectologists, speech therapists, etc. The provision of the same modules without customisation to different groups of such different previous experience and backgrounds diminishes the programme’s potential to address the training needs of all. (Table 3).

Table 4 ISA Training Programme functions by professional groups

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Function of the Programme</th>
<th>Implementation of the function</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals who are non-social work graduates</td>
<td>To teach basics of social work</td>
<td>The ISA Training Programme provides core initial training</td>
<td>75%</td>
</tr>
<tr>
<td>Social workers university graduates</td>
<td>To upgrade academic knowledge with practical skills</td>
<td>The ISA Training Programme repeats part of the basic training on social work.</td>
<td>25%</td>
</tr>
</tbody>
</table>

Analysis of the academic training curriculum to inform the ISA Training Programme development has not been identified. Such analysis would have shaped the ISA Training Programme in a way that builds on academic knowledge with practice-based knowledge. Consequently, the ISA Training Programme reproduces only very basic knowledge related to the social work, “this is not training as such, rather a way to facilitate getting the license”45.

It can be assumed that the synchronization of academic training and ISA training is presently achieved at a low level as academics report that the quality of social work teaching in the ISA Training Programme is not sufficient, social work concepts taught are old-fashioned and many of them are contradictory to those in academic learning. In terms of the latter, contradictory paradigms, conceptual approaches and philosophical aspects underpinning social work is far from building on the professional competences, especially of social work university graduates.

2.1.3. CRC principles, gender mainstreaming and HRBA

The ISA Training Programme is partly aligned with the CRC principles, gender mainstreaming and HRBA.

- Guiding principles of CRC/HRBA

Due to the program orientation to the wider range of specialists working in the social protection system, some of the core modules’ goals and content are directly connected to the UNCRC guiding principles: non-discrimination; best interests of the child, right to life; survival and development; respect for the views of the child. The table below presents the reference of the training content to guiding CRC/HRBA principles reflected in half of the training modules:

Table 5

<table>
<thead>
<tr>
<th>Module</th>
<th>Topic</th>
<th>Type of Module</th>
<th>Training design</th>
<th>Reference to HRBA/CRC/gender mainstreaming principles</th>
</tr>
</thead>
</table>

44 Knowledge into practice: Developing an in-service learning and development curriculum for social protection professionals in the Republic of Macedonia; TRAINING NEEDS ANALYSIS; February 2011
45 IDI, academia representative
Client involvement is an important principle defining quality of service. This concept does not come across the training agenda much, for instance it has not been operationalised in a specific training module or part of other modules. Expectedly, client involvement in planning the delivery of the service has been one least affected in practice by the training interventions (See 4.2. Effectiveness). Moreover, clients’ views were not reflected in the training needs assessment informing the Training Programme how to strategically address the development gaps of service provision.

Gender mainstreaming

A human rights-based approach to development and gender mainstreaming are complementary and mutually reinforcing. Originally, the ISA Training programme does not reflect this principle in terms of content. Eventually, a specific module was elaborated in order to address the demand on a system level (in 2011 there are more men than women registered in the Resource Centre for Social Protection – 61,4% men: 38,6% women)\(^\text{46}\). This is a positive attempt to adapt the training programme to emerging needs in the social protection reality.

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\(^{46}\) Gender Equality Module_first-draft_MKD
Participation

HRBA, as an overarching principle in programme planning, must be manifested by ensuring participation of any target group – social protection staff (being duty bearers) and service users (being right-holders). The ISA Training programme is insufficiently based on professionals’ participation and not at all based on client’s participation. The Training programme is oriented to professionals as passive participants and has made little effort to empower them by building a good understanding of the purpose of their attendance in the Training Programme. This has distorted professionals’ understanding of the strategic goal of the training e.g. making them believe it is predominantly about licensing.

Now we have to participate in training in order to extend the license.47
Up to 2015, we had announced the trainings and had invited the participants.48
ISA calls us and we go to the training.49

Graph 3

On a positive note, ISA has recently started collecting participants’ feedback after each training. However, evidence of whether or not it affects the content of the modules or the more strategic planning of the Training Programme was not identified50.

The following Table 5 illustrates how the ISA Training Programme positions along the continuum between HRBA orientation and non-HRBA orientation:

Table 6 Alignment of the ISA Training Programme to HRBA principles based on UNICEF standards51 for HRBA alignment

<table>
<thead>
<tr>
<th>HRBA project</th>
<th>The ISA Training Programme</th>
<th>NON-HRBA PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project target group is identified as active actors and agents of change (right-holders &amp; duty</td>
<td>• Training needs assessment is not performed dynamically. Professionals are passive recipients of training, and are not involved in decision-making on</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Project target group is often perceived as passive, receiving “aid” (beneficiaries)</td>
</tr>
</tbody>
</table>

47 FGD, professionals
48 IDI, ISA
49 IDI, social protection specialist
50 For instance, originally structured, the first modules were published in booklets and there have been no changes in their content afterwards. This leads to the assumption that the training modules remained relatively rigid and are not customised.
### Participation is crucial to provide a voice in the process

- Pseudo-participation\(^{52}\) of professionals - Professionals are not involved on operational level (feedback was not collected or when collected, not reflected in design)
- The Training needs analysis did not reflect service users’ voice.

### Participants gain awareness of rights and how to demand their fulfilment as well as how to fulfill the obligation and duty towards right-holders

- A mechanism of influencing, refuse or file complaints about the training programme is not in place.
- The ISA training involves some sensitizing of professionals on rights of the clients. Training module on gender equality was eventually incorporated.

### Focus is on violated, unfulfilled rights

- The programme is not sufficiently oriented to all children’s rights as it fails to address most vulnerable groups: children with disabilities, children in contact with law, deinstitutionalisation and children without parental care.
- The CRC principles have been reflected in the training content but not the principles of the Convention for the Rights of People with Disabilities.
- The Training needs analysis informing the ISA Training programme is not based around unfulfilled children’s rights but on articulation of training needs of staff. Hence it does not inform the Training Programme on how to address the development gaps of the system to enable fulfilment of rights.

### Process is as important as results

- The ISA Training Programme is training content-oriented. Training process design is missing.
- Results are often seen as more important than process

#### 2.1.4. Relevance to service quality for children

Generally, the Programme is partly relevant to achieving quality of child service. To a large extent this is due to ISA Training Programme being oriented to support licensing, which, though important, has no direct link to reducing major bottlenecks in improving access to social protection for vulnerable children, and reduced equity gaps.

Additionally, the development of the ISA Training Programme is not based on a comprehensive analysis of the strengths and weaknesses of the social protection system nor did it comply with the recommendations provided in the analysis of the situation and gaps in the implementation of social work standards for CSWs\(^{53}\).

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\(^{52}\) Along the participation continuum. Forms of pseudo-participation are: informing the participants after the decision is made (fait accompli), manipulating – presenting a decision in favourable light), consulting the participants immediately before a decision is made, etc.

\(^{53}\) Situation and Gap Analysis: Revision and development of comprehensive social work standards for centres of social work, P. Evans, 2\(^{nd}\) Oct 2011
The low level of synchronisation of the Programme with the national reform agenda in child protection has shaped the Programme’s content and process in a way that takes little account of the specific features of the services and the individual needs of the professionals.

There are trainings, though there is no place to apply them. The trainings are not specific; short; not connected with each other; not connected with the practice. Today the children and the problems are different.\(^54\)

The high level of mismatch between training provided and training needs is a factor that potentially may have impact on the effectiveness of the interventions and consequently to insufficiently impacted service quality.

### 2.1.5. Conclusions on relevance

- Overall, the ISA Training Programme is partly in line with the main strategic directions for the reform of the social protection system in the former Yugoslav Republic of Macedonia: it is moderately relevant to the national strategy towards diversification of social services, and less relevant to improving service quality for children due to little orientation to decreasing of the dependence on institutional care (by development of non-institutional services), deinstitutionalisation process and addressing the needs of the most vulnerable groups of children.

- The synchronization of academic training and ISA training is presently achieved at a low level - the ISA Training Programme corresponds to the academic curriculum of the social work education but only on a very basic level and not for all social protection staff.

- The ISA Training Programme is partly aligned with the CRC principles, gender mainstreaming and HRBA – CRC/HRBA principles are reflected in the as much as half of the training content. At the same time, the programme is not sufficiently oriented to all children’s rights as it fails to address most vulnerable groups: children with disabilities, children in contact with law, deinstitutionalisation and children without parental care.

- The Programme is partly relevant to achieving quality of child service. To a large extent this is due to ISA Training Programme being oriented to support licensing and standardisation, which, though important, has no direct link to reducing major bottlenecks in improving access to social protection for vulnerable children, and reduced equity gaps.

### 2.2. Effectiveness

The main goal of the ISA Training programme is the **capacity building of the social protection system to improve the quality of services** delivered to the beneficiaries and the community\(^55\). This is in line with the overall objective of UNICEF’s engagement in the design and delivery of the Training Programme, which is to **increase the quality of social protection services by building the capacities of social protection staff to deliver on them**\(^56\).

Short-term objectives, expected outcomes (results), baseline and targets for the ISA Training Programme had not been identified in any strategic document. With improvement of quality being a long-term goal of all strategic interventions and with no documented short-term planning logic, the conventional methods of measuring effectiveness cannot be applied here.

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\(^{54}\) FGD, professionals

\(^{55}\) Final 2016 ISA Program and Budget

\(^{56}\) Regional ToC, Terms of reference Evaluation of the training programme for continuous professional development of social protection staff in the former Yugoslav Republic of Macedonia
For the purpose of measuring performance towards quality improvement, the evaluation team sees as necessary that the concept of *quality* is unpacked and defined for further use in this report.

As *service quality* has not been operationalised in a specific and measurable way in the ISA Training programme documents, we have objectified the term based on The European Common Quality Framework for Social Service of General Interest as follows\(^57\):

A quality social service is a service where the service delivery process is designed in a way that:

- **Based on the needs of persons served**: the needs of the persons served and ensuring their rights as of the Convention of Children’s right and the Convention for the Rights of People with Disabilities (including their right to participate in planning the service delivery)

- **Ensure competence of staff** in terms of skilled professionals, good working conditions, available training and development of staff, appropriate staff levels and staff ratio, and volunteers; staff ensures respect for human dignity, ethical code for professionals and ensuring safety and security

- **Service design is comprehensive and person-centred** i.e. services are tailor-made, close to the client’s home and affordable; are comprehensive i.e. Holistic approach, Promotion of quality of life, Seamless provision of services, access to multi-disciplinary supports and services

- **Is benefit and result-oriented** i.e. seek to achieve benefits for the user, record outcomes and review results

Based on this understanding of *service quality*, effectiveness is measured here across the following dimensions:

- Delivery and deliverables of the ISA Training Programme within the evaluated period
- Areas of improved capacities: Changes on the different levels of the social protection system resulting from the ISA Training Programme

### 2.2.1. Implementation of the ISA Training Programme

The ISA Training Programme for continuous professional development of social protection professionals is part of a wider effort to reform the country’s social and child protection systems. These include the following components:

- **Training Programme** – developed in 2011 and gradually expanding to include presently 20 modules (6 core modules and 14 specialised), of which 15 were developed with UNICEF support\(^58\).

- **Standards for work** - UNICEF supported the MoLSP, ISA and CSWs in the introduction of administrative standards for social protection services. All services provided by CSWs in the country are expected to follow the same standards of applying administrative procedures such as what documents need to be processed while working with a client, what procedures to be followed, etc.

- **Licensing of workers** in the social protection system: ISA obligation for licensing stems from the legislation\(^59\) and affects all social protection staff with University degree and includes not only social workers but also other professionals such as pedagogues, lawyers, special educators, rehabilitators, etc. Licensing does not distinguish between different professions - e.g. university graduate in social work and university graduates in medicine undergo the same licensing process (100 hours of training and exam) every 5 years. The data provided by

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\(^58\) Only UNICEF-supported modules are reviewed in the online survey in this evaluation.

\(^59\) Social Protection Act, article 130
ISA is that within April 2012 – Oct 2016 there have been 889 licenced social protection staff. Self-reporting\(^6\) reveals that 90.93% of social protection staff has been licensed and 9.07% have not.

- Establishment of an **electronic database** of social services (Lirikus)

The scope of this evaluation of effectiveness is the ISA Training Programme specifically. However, training is generally just one component of strengthening a system’s capacity. Moreover, in the absence of specific expected outcomes and targets, measuring effectiveness in terms of whether or not the Programme is achieving better capacity of the system cannot do without broadly looking at the other components (i.e. licensing and standardisation) and how they contribute or hinder capacity building processes. Additionally, the evaluation ToR specifically asks that the evaluation pays special attention to the capacity building component of the programme.\(^6\)

Therefore, the analysis of the effectiveness of the ISA Training Programme will be of primary focus but it will be done in the context of its relation to licensing and standardisation.

- There has been external training provided outside the evaluated scope of the ISA Training Programme. An average of 40 %\(^6\) of all training considered for licensing is provided through modules external to the M1-M20 scope of the ISA Training programme (graph 4).

Graph 4

<table>
<thead>
<tr>
<th>Participants in other training vs. ISA Training Programme (M1-M20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainees passed other trainings</td>
</tr>
<tr>
<td>2012</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>113</td>
</tr>
</tbody>
</table>

These have been 36 different training modules delivered by other training providers, e.g. Save the Children, HERA, GIZ, Red Cross, PRIDE\(^6\), etc. (a full list of training topics is provided as Annex 7.2). The training hours from that additional training are also considered for licensing.

- The duration of the modules is considered mainly around the possibility to ensure the number of hours needed for licensing. Each core module is delivered within 1 day, each specialised module is delivered within 2.5 days. In some cases the duration of the specialised modules has been split into two i.e. one day for each part at different periods of time. The duration of the modules is relatively effective in ensuring the licensing process. However, in terms of achieving continuous professional development the duration has been largely insufficient and not fully appropriate (See Relevance). It is our assumption that the two different objectives of the programme require

\(^{60}\) Online-survey as part of this evaluation

\(^{61}\) Terms of reference Evaluation of the training programme for continuous professional development of social protection staff in the former Yugoslav Republic of Macedonia, p.7

\(^{62}\) Based on ISA annual reports to UNICEF.

\(^{63}\) PRIDE training is originally meant for potential foster/adoptive parents. There has been no document identified as to indicate the relevance and justification of including PRIDE in the Continuous Professional Programme.
customisation of all training interventions both in terms of duration and design; professional background and job position of each participant, their needs and the features of the service they work in (beneficiaries/risk group, geographical location, local needs specifics, etc.).

- Training is not available to all staff working with clients: as lower-education professionals are not obliged to license, training is not available to them. At the same time they comprise almost half of the staff working in social protection (see graph 5).

Graph 5

Indeed, not all lower-education staff is directly working with clients. However, there are services (e.g. residential services, large-scale institutions, Day care centres) where quality of care is predominantly dependent on those directly in every day contact with children. These are nurses, educators, carers who, hence, have no access to ISA Training Programme. In some care services the lower-education staffs comprise the bigger share of those in direct contact with children e.g. child institutions (Graph 6).

Graph 6

- Of the ISA Training Programme it has been predominantly core modules that have been delivered in the last 5 years (2012-2016). (Table 664). The same core modules have been delivered both for the purpose of licensing (basic training to get a licence) and continuous professional training (for the purpose of improving competence and service quality). Very few specialised modules have been delivered until 2016 in comparison to core modules. This is also confirmed by the respondents in the online survey. 

64 Only UNICEF-supported modules are included here. There is additional training provided outside this selection of modules.
### Table 7 Number of trainees by the modules of ISA Training Programme

<table>
<thead>
<tr>
<th>Modules</th>
<th>Number of trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1. Promote equality and value diversity of people</td>
<td>416</td>
</tr>
<tr>
<td>M2. Communicating with people</td>
<td>737</td>
</tr>
<tr>
<td>M3. Understanding the needs and working with at-risk children</td>
<td>447</td>
</tr>
<tr>
<td>M4. Engaging with families</td>
<td>488</td>
</tr>
<tr>
<td>M5. Engaging with communities</td>
<td>555</td>
</tr>
<tr>
<td>M6. Reflecting on the practice of using one-to-one review and personal development planning</td>
<td>404</td>
</tr>
<tr>
<td>M7. Planning and implementing therapeutic activities</td>
<td>0</td>
</tr>
<tr>
<td>M8. Social group work</td>
<td>0</td>
</tr>
<tr>
<td>M9. Care management</td>
<td>0</td>
</tr>
<tr>
<td>M10. Assessing the needs of beneficiaries</td>
<td>0</td>
</tr>
<tr>
<td>M11. Managing one-to-one review and continuous professional development</td>
<td>61</td>
</tr>
<tr>
<td>M12. Social protection management skills</td>
<td>61</td>
</tr>
<tr>
<td>M13. Planning, managing and monitoring continuous professional development</td>
<td>0</td>
</tr>
<tr>
<td>M14. Delivering learning and development</td>
<td>0</td>
</tr>
<tr>
<td>M15. Adoption</td>
<td>186</td>
</tr>
</tbody>
</table>

- The evaluation team finds inconsistency between the duration of training (2.5 days each module) as originally planned and designed by the Training Needs Assessment team and the data about the actual training provided according to ISA records as well as interview respondents reports (varying between 15 hours in 2012 to mostly 8 hours after 2012). As a result of this we were unable to determine the ratio between total number of trained workers against total workers needing training for the whole period of 5 years (or even more than one year), as data is either not available per worker or training hours per worker; rather we have reports on the number of people attending each module. As most people attend more than 1 training, this is not indicative of how much training was provided to how many people and what portion of the required training time for licence it comprises. Summaries of annual ISA reports were analysed to provide estimation of how much training was delivered against the training time required for renewal of licence. Graph 7 provides an estimate of actual number of training hours against training hours needed per year for continuous professional development for licence renewal. The figure only presents data on staff that has already been initially licenced and are in their next licensing cycle (renewal) i.e. are subject to professional development training. The estimate on actual training hours was done based on 8 hours/module. The obvious trend is that the actual training provided is decreasing whilst the training that has to be provided each year, in order to match the number of hours required for licence renewal, is increasing each year.

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65 Full description of originally designed modules was provided by UNICEF
66 Based on ISA reports on training modules provided
The trend was validated by a sample of 3 randomly selected CSWs where the share of actual training hours (including external training) against needed for licensing in 2017 (100 total) was estimated\(^\text{67}\) (Graph 8). The figure supports the trend that the training needed for 2017 licensing (including external training) is about halfway through in 2016. For social protection staff that means in less than a year they will have to get almost half of their needed hours (some staff members have attended as few as 8 hours).

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\(^{67}\) Based on ISA training records for all CSWs
For ISA - this is putting a strain on ISA’s capacity to provide the necessary training by April 2017\textsuperscript{68}.

For the services - this will put strain on the services as well, as most staff will need to get a lot of training hours for a very short time thus potentially leading to services being understaffed for a certain period of time.

It is important to note also, that the training delivered for continuous professional development has not been so much through specialised modules but largely through core modules and external training i.e. the same modules (core) were delivered for the purpose of licensing and continuous professional development. In other words, both types of workers (licensed and newly applying for licence) have attended the same basic training modules regardless of the purpose i.e. the core modules mean to provide only basic training whilst specialised modules are meant to build on basic competence and continuous professional development thus ensuring better service provision.

In the context of this data it seems that one instrument (core training) is applied as a means to achieve different purposes: licensing and professional development. This can be easily explained by the fact that ISA has the legal requirement to oversee licensing process and professional development of staff among others. However, although licensing and professional development both are components of capacity development of the system, these serve fundamentally different objectives and hence require different implementation approaches.

\textbf{2.2.2. Areas of improved capacities}

UNDP identifies three points\textsuperscript{69} where capacity is grown and nurtured:

- \textit{in an enabling environment}: The enabling environment is the broad social system within which people and organizations function. It includes all the rules, laws, policies, power relations and social norms that govern civic engagement. It is the enabling environment that sets the overall scope for capacity development.

- \textit{in organizations}: The organizational level refers to the internal structure, policies and procedures that determine an organization’s effectiveness. It is here that the benefits of the enabling environment are put into action and a collection of individuals come together. The better resourced and aligned these elements are, the greater the potential for growing capacity.

- \textit{within individuals}: At the individual level are the skills, experience and knowledge that allow each person to perform. Some of these are acquired formally, through education and training, while others come informally, through doing and observing. Access to resources and experiences that can develop individual capacity are largely shaped by the organizational and environmental factors described above, which in turn are influenced by the degree of capacity development in each individual.

These three levels influence each other in a fluid way – the strength of each depends on, and determines, the strength of the others.

This section of the analysis looks at changes identified at these three levels influenced by the ISA Training within the evaluated period based on data from both social protection staff and service users (parents of children users).

\textsuperscript{68} April 2012 is when most staff has received their first license. Hence, it has to be renewed by April 2017.

\textsuperscript{69} \url{http://www.undp.org/capacity}; CAPACITY DEVELOPMENT: A UNDP PRIMER
Changes on system level:

- Introducing legal requirements for licensing has affected the system in terms of better possibilities for monitoring the dynamics of the number and qualifications of the social protection staff. This supports ISA role and obligation to better monitor and manage the licensing process.
- ISA is legally expected to perform at least three functions at the same time related to: licensing of social protection staff, continuous professional development toward better service quality and ensuring standards for service provision. This legal expectation has led to ISA binding the three processes to one programme i.e. applying the same programme (the ISA Training Programme) to support all three processes at the same time.
- Binding licensing and continuous professional development has resulted to subjecting the process of continuous professional development to licensing. This has had several implications on the system:
  - Eligibility criteria for access to training and continuous professional development interventions are administrative (whether or not one should license) rather than service provision involvement (whether or not one works with clients and has specific training needs related to that work)
  - Subjecting professional development to licensing has led to applying core modules mainly, which has positively ensured minimal standard of professional practice (especially for staff without social work background). However, it has restrained building and development of professional competence and, as a result, has not led to improving service quality – one (basic) training for two very different purposes.
  - Social protection staff perceives the ISA training Programme as an instrument for licensing rather than an instrument for professional development. It seems that the design of the training programme is to prepare a professional for licensing not so much for becoming a more able professional.
  - The ISA Training Programme covers as far as 59% of the social protection staff working directly with children. Much of the child services and institutions staff (Day Care Centres and residential facilities) involved in every day work with children remains outside the continuous development activities coverage because they do not have high education. At the same time they are the people on whose attitudes and competences reforming services mostly depends on.
  - Both social protection staff and parents of children users indicate that the service quality has not changed in the last 5 years
- The process of standardization is a significant factor that may have affected the system in ways that need to be additionally and comprehensively analysed. However, it was identified that teaching the standards in the training has been effective in the following way:
  - Introducing minimal package of requirements (minimal standards) prevents the system from major malfunctioning e.g. avoiding bad practices such as child abuse, discrimination, etc., as well as following the same administrative procedures enabling most of all ISA monitoring role. Most respondents report that such malpractice has been diminished.
  - Paving the path to unifying service provision in such a way that potentially may hamper the emergence of a variety of services designed according to various local needs across the country. Social protection professionals indicate that the introduction of standards has introduced changes in their work documentation but no changes in the services they provide. Moreover, they feel they are not expected to develop their services according to the needs of their clients. Evidence generated by research supports this trend by indicating that for example in terms of the Day Care Centres for
children with disabilities “There is a mismatch between the goal and design of the DCC service, on the one hand, and the expectations and needs of the parents and children, on the other hand. The DCC design is not flexible (all DCCs are the same everywhere) to reflect the diversity of local needs.”

- The standardization process and the process of continuous professional development have been linked in a way that introduction of standards has shaped the ISA Training Programme significantly towards building skills in service administration (e.g. administrative requirements, knowledge of legal procedures, procedures of filing client documentation and feeding data into Lirikus). This orientation has left little space for ensuring high quality professional development activities. Most respondents indicate that much of the training they get is oriented towards administration and theoretical knowledge about general social work principles rather than building professional competences towards better quality of their direct work with clients.

- Post-training support is largely available and accessible for social protection staff in the form of ISA availability from distance (by phone or email) and on-site - to provide guidance and support on procedures. Much of this on-site support has integrated training elements which positively affects the access of the service professionals to more customized methodological guidance. Clinical supervision is a great professional need but is currently not provided as post-training support enabling transition of new skills into practice. Orienting the on-site support to more practical dimensions of working with clients and less on administration will positively increase the benefit of such interventions.

Changes on organizational/team/service level:

The following analysis of changes in service provision is based both on the perceptions of changes of trainees and is validated by evaluators' own observations on services and feedback from parents of children users.

- The top 2 areas where the social protection staff perceive as most influenced by the training are related to internal organisation of the their work (Graph 9). These include:

Graph 9

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70 “Assessment of alternative forms of care and family support services for children with disabilities: report/[authors Natalija Mihajlova, Dessislava Ilieva, Stojan Mihajlov, Keti Jovanova Jandrijevska]; Skopje: UNICEF, 2016; p.42
71 It has to be noted here that respondents' reports on perceived changes may be based also on their experience in training that has been external or additional to the ISA Training Programme.
(1) Introduced prerequisite for professional development planning - social service managers are now legally expected to develop professional development plans of their staff – this requirement results from the legal changes asking managers to do so, etc. For the moment this requirement is met by manager notifying ISA in writing which staff member will attend which ISA training module and when. Although it is a simple planning and not so much based on actual analysis of the development needs of each worker, this is a good step to establishing good managerial practices; and

(2) Introduction of new administrative requirements (possibly related to ISA ensuring minimal standards process) e.g. expectation to feed clients data into Lirikus database, new client assessment instruments replacing previous ones, requirement that an individual plan is available in the client’s file.

- Improvement of monitoring: On a positive note, some of these novelties are seen as useful for monitoring activities e.g. feeding clients data into Lirikus database allows every worker in any CSW to monitor the progress of the work of each client everywhere in the country, middle-level managers can monitor division of cases among workers, etc.

- New assessment instruments: Some novelties, however, are seen as unhelpful e.g. child development assessment instruments replacing the previous ones are reported as too unified, too general and thus not helpful for proper assessment and individual planning by professionals working with children with disabilities.

- Emerging concept for individual planning – an administrative requirement was introduced that clients documentation must also contain an individual plan form. However, there has been no training on how to develop an individual plan and individual plans are not developed according to the good practice i.e. individual plans of children (in Day Care centres, CSWs, residential institutions, etc.) are not integrated into a care management approach and as such they do not make a lot of sense to professionals – individual plans for children are the same for all children, in most cases individual plans do not have terms, specific short-term child development objectives, child and parents are not involved, plans are not developed by the team but is a mechanical collection of each team member’s separate plan, etc. Such development is understandable with view to the fact that introducing instruments for individual plans, assessment, etc. without putting them in the context of the care management approach, both as a fundamentally different philosophy and as practice, their application into practice would be irrelevant (see next bulleted paragraph).

This is why on the overall, social protections staff and managers recognise that some changes were indeed introduced but they are attributable to administrative improvements rather than to change of the quality of services.

- Depending on their quality and duration, some training modules have bigger potential to directly push the social services for children in the country towards more integrated and client-oriented design because have very direct practical implications on the fundamentals of social work provision. Among them are: Care management, Working with Families and Needs assessment. Needs assessment and involvement of families are all part of the client-centred and client empowerment approach to care planning and management. As such they must be taught in conjunction with each other in order to ensure that they contribute to influencing service design and provision. Additionally, to be most beneficial these should be delivered to the whole team of a service at the

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72 For children with disabilities
same time to ensure building of a shared team understanding, consistency of understanding of the approach and the changes in the service team practice that should follow. This is much about doing training but also consultancy work at the same time.

These three modules were delivered to the following share of trainees:

- **Working with families (core M4) – 48.68% of trainees.** Working with families is a crucial skill in providing quality social services to children. This topic, quite relevantly, has been one of the most intensely taught. It has enjoyed much approval by trainees (graph 11) but was indicated by focus group staff as having no impact on their practical work. At the same time it was indicated by interview and focus group respondents as most needed for their work. A possible explanation could be that although staff had passed the training, the level of practical implications on their skills in working with families was not sufficiently high to make any impact on their practical skills.

- **Care management (optional M9) – 2.63% of trainees.** Care management is a topic that fundamentally shapes a service to the concept of client-centred approach to social work. This approach requires not only individual competences but above all integrating a fundamentally different approach into the service design, which is a change on organisational and system level. This topic has not been delivered in classical training but has instead been integrated as a training element in ISA meetings with staff on site. It makes a lot of sense to work with the whole service team on integrating care management approach. ISA’s approach in this is quite appropriate. At the same time, the intensity, the duration and the quality of this training needs to be readjusted to not only fit the training gap among the staff but also the development needs of the social protection system as such. This would include the very organisation of the service provision hence needs to include service management and support as well. In the context of this there is no surprise that M9 was indicated as most useful for 0% of the trainees and least useful for 45.45% of them. This means that Care management, being a training module most related to producing service quality changes on system level, is at the same time least viewed as useful of the practical work of the staff hence having least effect towards service quality improvement.

- **Needs assessment (optional M10) – 7.24% of trainees.** Clients’ (children’s) needs assessment is a significant service element and is part of the concept of Care management. The observed practices are of doing needs assessment with little involvement of the family and child. On a positive note, new assessment techniques for children at risk are starting to be introduced (e.g. Eco mapping).

• Of all trained social protection specialists 58.5% indicate to work directly with children at risk and families. A small proportion of them attended specialised modules and those who did do not see practical implications for their work. In the context of these findings changes of service quality or design is unlikely to happen.

**Changes on Individual level (trainees):**

The following analysis is looking at changes in terms of individual attitudes, knowledge and skills to deliver services.

• The core modules are reported to be both most useful and least useful as opposed to specialised modules (Graph 10). This is expected as the vast majority of trainees attended core modules only.
Training on standards has positively affected trainees’ understanding of the procedural process of working with clients. Most respondents indicate that they feel they have more clarity of the steps that should be followed.

Care management has not been provided as classical training and the concept of care management is not yet largely available on the level of individual attitudes and knowledge. Despite that, care management aspects have been taken on board by some of the social protection staff mainly in terms of the team approach to working with clients. This is quite a positive start as team work stands in the essence of the care management approach. Many respondents indicate that having to work as a team makes them feel less alone in their work with a client.

Introducing some new requirements to paper work fostered by standardization (e.g. 6-month terms for completing clients’ documents) builds a perception of more organized and structured work process.

Working with parents has been recognized as generally good training but at the same time working with parents appears to be among the top most needed area of competence. Although parents do not report any changes in the practice of working with themselves or their children, the recognition of this training need is indicative of a changing attitude toward the significance to work with a child’s family.

Most social protection staff reports to experience changes in their needs assessment competences (e.g. Eco mapping). This is supported by the online survey data which indicates that Understanding the needs of the clients is among most useful modules with least dissatisfaction level among all core modules.

Bounding the Programme for Continuous Professional development down to the licensing process has had varying implications for development of competences of individual professionals:

- For non-social work staff: Core modules contribute to improving and unifying the core social work competences of non-social work staff, e.g. other university graduates such as doctors, special pedagogues, psychologists, etc. Reports that malpractices such as child abuse and discrimination of clients have diminished may indicate that some progress to changing attitudes has occurred for the last 5 years. This is in line with the main purpose of any
licensing process i.e. to ensure professionals are apt at applying minimal standards in their work with clients.

- For social workers: attending core modules helps them get familiar with new administrative or legal requirements for their work but does not expand or build on their university knowledge about how to work with clients. They, too, attend mainly core modules rather than specialised training modules that potentially may foster their professional development. Attending training is reported to not contributing to developing practical skills.

- On a positive note, attending training is viewed as necessary and wanted. Trainees indicate that the biggest benefit is exchanging good practices among colleagues from other services and locations. This aspect of training is seen as most useful for developing practical skills.

This training is not at all bad, it just doesn’t relate to our reality (who is going to practically help me with my case?) and too short. But even if we don’t learn anything new, it still makes sense attending training because we meet many other colleagues.

On the other hand, training is perceived as too short, general and theoretical. It is not based on continuous assessment of specific training needs of participants and is therefore hardly flexible to respond to the specifics of either each person’s level of knowledge or the specifics of each person’s job/service. This easily explains why training is viewed as having little relevance to practice.

The following Table 6 is a brief overview of observed changes and development areas that need attention on the three levels which are part of any capacity building process:

Table 8 Overview of observed changes in terms of capacity building of the social protection system

<table>
<thead>
<tr>
<th>Level of changes</th>
<th>Achievements</th>
<th>Development areas</th>
</tr>
</thead>
</table>
| **Changes on system level** | • Stronger role of ISA in terms of licensing and standardisation  
• Introducing minimal package of requirements (minimal standards) prevents the system from major malfunctioning  
• The standardization process has improved service administration (e.g. administrative requirements, knowledge of legal procedures, procedures of filing client documentation and feeding data into Lirikus). | • Subjecting the process of continuous professional development to licensing - potentially hindering building and development of professional competence hence improving service quality – one (basic) training for two very different purposes  
• Paving the path to unifying service provision in such a way that potentially may hamper the emergence of a variety of services designed according to various local needs across the country  
• The system of continuous professional development has diverted from its aim (to expand professional competences in working with clients) to administratively supporting licensing and standardization leaving little space for ensuring high quality professional development activities.  
• service quality remains largely unchanged in the last 5 years, some services were affected negatively |
<p>| <strong>Changes on organizational/team/service level</strong> | Introduction of new administrative requirements have facilitated monitoring role of ISA | The ISA Training Programme covers as far as 58.3% of the social protection staff thus leaving much of the child care staff with no |</p>
<table>
<thead>
<tr>
<th>Vice level</th>
<th>Access to training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>New assessment techniques for children at risk are starting to be introduced (e.g. Eco mapping)</td>
<td>Care management approach is not implemented in practical service provision. Hence, individual planning, working with families and evaluation do not function properly as they are not taught in the context of the care management model.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Changes on Individual level (trainees)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Training on standards has positively affected trainees' understanding of the procedural process of working with clients. Introducing some new requirements to paper work builds a perception of more organized and structured work process</td>
<td>The concept of care management is not yet largely available on the level of individual attitudes and knowledge as well as among managers (i.e. on service level)</td>
</tr>
<tr>
<td>Separate care management aspects have been taken on board by some of the social protections staff mainly in terms of the team approach to working with clients</td>
<td>Training is too short, general, theoretical and having little relevance to practice. It is not based on continuous assessment of specific training needs of participants and is therefore hardly flexible to respond to the specifics of either each person's level of knowledge or the specifics of each person's job/service.</td>
</tr>
<tr>
<td>Although parents do not report any changes in the practice of working with themselves or their children, the recognition of this training need is indicative of a changing attitude toward the significance to work with a child's family</td>
<td>For social workers: attending core modules helps them get familiar with new administrative or legal requirements for their work but does not expand or build on their university knowledge about how to work with clients.</td>
</tr>
<tr>
<td>Most social protection staff reports to experience changes in their needs assessment competences</td>
<td>Social protection professionals still largely lack development of their competences to work with children with disabilities and working with families.</td>
</tr>
</tbody>
</table>

To some extent the effectiveness of the ISA Training Programme was undermined due to the following factors:

- Targeting different processes (licensing, standardization and continuous professional development), which have different purposes, by the same intervention (the same training programme and the same training modules).
- Orienting the Training programme (including the training needs analysis) to training needs on individual level of social protection staff rather than to the development needs of the social protection system.
- Insufficient level of operationalising goals – no documented evidence of strategic planning intervention was identified to indicate the planning logic, including setting and breaking down strategic goals into short-term objectives for each component as well as the Programme as a whole.

This has reflected in a varying degree on the separate components of the Programme illustrated by the Table 8 below.
Table 9 Assessment of the levels of effectiveness of the ISA training programme in terms of the different components of capacity building

<table>
<thead>
<tr>
<th>Capacity building component</th>
<th>Level of effectiveness</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSING</td>
<td>HIGH</td>
<td>The design (including the duration) of the programme is primarily oriented towards ensuring the necessary numbers of training hours will lead to licensing rather than the development needs of the social protection system and its staff.</td>
</tr>
<tr>
<td>Level of operationalisation of objectives/tar</td>
<td>MODERATE</td>
<td>The Training programme ensures that standards are taught and follow-up support is available to support their implementation in services. Core modules support implementation of standards. Implementation is still in progress. However, standardising is mainly about providing administrative procedural prescription and does not affect the methodological essence of social work i.e. are not formulated in terms of statements of quality or performance of the delivery of social welfare services</td>
</tr>
<tr>
<td>gets: HIGH</td>
<td>MODERATE</td>
<td>Availability of administrative indicators for procedural implementation; standards are not result-based i.e. not yet oriented to measure change in clients’ lives (provider-oriented rather than client-oriented)</td>
</tr>
<tr>
<td>STANDARISATION</td>
<td>LOW</td>
<td>Specialised modules are hardly delivered; continuous professional development is addressed by the same (core) modules. The programme’s flexibility to adjust to individual training needs is relatively low.</td>
</tr>
<tr>
<td>CONTINUOUS PROFESSIONAL DEVELOPMENT</td>
<td>LOW</td>
<td>No documented evidence of specific objectives set</td>
</tr>
</tbody>
</table>

2.2.1. Conclusions on effectiveness

- The processes of licensing and standardisation have subjected the process of continuous professional development i.e. professional development being largely governed by the licensing process and hence being oriented to the licensing requirements. The ISA Training Programme covers as far as 58.5% of the social protection staff thus leaving much of the child care staff with no access to training.
- The ISA Training Programme has been effective in ensuring core training needed for obtaining license but less effective in providing continuous professional development due to lack of customisation.
- The programme has been effective in introducing minimal package of requirements (minimal standards) to prevent the system from major malfunctioning and has consequently diminished malpractice of the social protection system. At the same time it has paved the way unifying service provision in such a way that potentially may hamper the emergence of a variety of services designed according to various local needs across the country.
- The programme has had effects on the service level towards building skills in service administration but has been ineffective to promote a care management approach.
- The ISA Training Programme has been not effective in improving the service capacity for some of the most vulnerable groups – children with disabilities and children in residential facilities.
The programme has been most effective in terms of building ISA capacity to perform their monitoring role. However, due to the lack of measurable operationalizing of the goals and objectives of their work, the ISA capacity to measure and monitor the overall process of service development and quality improvement has not developed sufficiently.

2.3. Efficiency

In the absence of a framework of short-term objectives, expected results and measurable success indicators, the conventional methods of assessing efficiency cannot be applied here. For the purpose of this evaluation the efficiency of the ISA Training Programme will be measured to assess the extent to which UNICEF’s resources invested in the development and delivery of the Training Programme have been used in the most efficient manner. The purpose is to determine whether the resources/inputs (funds, expertise, time, etc.) are converted into results. To the extent that the ISA Training programme incorporates training additional to UNICEF-supported modules, this analysis will take into account the overall effects of the programme.

For the purpose of this evaluation, the efficiency is measured across the following dimensions:

- Allocation of resources across the ISA Training Programme
- UNICEF strategies to support the ISA Training Programme across its core roles
- The ISA Training programme Management and ME&R
- Coordination with other programmes/trainings

2.3.1. Allocation of resources across the ISA Training Programme

UNICEF contribution is realised within the project “Strengthening the child protection system”. According to the annual agreements between the two partners (UNICEF and ISA) the financial support includes office materials, printing, transport, logistics and consultancy services for the implementation of the ISA Training Programme. The budgets per year are presented in the table below as well as the total budget for the evaluation period 2013 – 2016. The significant increase in 2016 is due to the additional external consultancy.

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget (MKD)</td>
<td>1 130 540</td>
<td>1 105 740</td>
<td>1 318 440</td>
<td>2 379 190</td>
<td>5 933 910</td>
</tr>
</tbody>
</table>

Graph 11 indicates the total contribution of UNICEF per year along with the actual hours of trainings provided, which are calculated as the number of the trainees per year multiplied by 8 hours (equal to 1 day training). The actual hours of trainings provided decrease from 2013 to 2015; moreover, in the middle of 2016 there is a significant shortage of training provided to meet the requirements for licensing renewal (see Effectiveness). At the same time, the financial support is stable, even slightly increasing.
Training reports indicate discrepancy between the actual training participants and the participants budgeted for: according to the budget the total number of participants (basic and optional modules) has been evenly allocated throughout the budgeted period (1691 for 2013 and 1300 for 2014 and 2015). The actual number of participants reported has been significantly lower than those planned in the budget (Graph 12).

The ratio between the number of people trained and the calculated number of hours, as well as the financial contribution outline the following trends during the period of the ISA Training programme implementation:

- The financial support is slightly increasing
- The number of trainings hours is slightly decreasing
- The number of licensed social work professionals is growing (581 are licensed in 2012 without basic training and 308 licensed after that)

The increase of the financial support provided by UNICEF is not directly related to the number of trainees. During the evaluation period mainly core modules were conducted, which is an indication that UNICEF budget is mostly utilised for core training of social protection. As core training has been mostly oriented to meet the requirements of the licensing process, it appears that UNICEF support has been most efficient in terms of the process of licensing.
UNICEF has been highly efficient in providing support for the minimal package of requirements. However, to the extent to which licensing and the introduction of the minimal standards in the social protection sector do not directly lead to better quality of services, UNICEF financial support has not been very efficient for improving service quality for children.

- The significant part of UNICEF contribution is allocated on ISA capacity development, however, the level of efficiency of that support is difficult to measure due to the following:
  - On one hand, some of the planned activities have been implemented and have produced visible results: e.g. Training of Trainers directly targeted raising the capacity of ISA staff. Their competences of organising and conducting training have been built, although on a basic level.
  - On the other hand, there are capacity development activities which are in their initial phase. Such as the training on monitoring, evaluation and supervision, including skills for analysis and presentation of the collected data, planned for 2014 as well as the training of ISA staff on monitoring and evaluation of quality of service. Two other activities have not been implemented: the upgrade of Lirikus system in planned 2014 with a module for registration of training linked to the licensing process and the update and integration of Lirikus with another information management system, foreseen for 2016.

As all of these elements for building ISA capacity had been planned for implementation in conjunction, it is hard to assume that implementing only part of the intervention has produced the expected outcome for ISA.

2.3.2. UNICEF strategies to support the ISA Training Programme across its core roles

UNICEF provides financial support for development and implementation of the ISA Training Programme in combination with technical assistance thus investing resources in the realisation of the ISA responsibilities “for monitoring the quality of social work institutions’ services, setting standards and providing training for professionals in the social work sector”73. The assumption is that the support for ISA in the realisation of its role will improve the capacity development of the social protection staff.

ISA is a state institution funded by the budget of the MoLSP. Its total number of employees is 14 and they have all the responsibilities to cover the functions of the institution, i.e. they are monitoring, supervising, setting standards and training the staff of 30 CSWs with more than 1100 employees74. Obviously, the capacity of ISA is limited and insufficient to ensure high-quality capacity development for the functioning of the social protection system. UNICEF’s contribution to the state-funded capacity development makes available “on the job training, external consultants, printing and publishing of the materials”75.

- UNICEF employs a different mix of core roles over the years, in order to support the continuous professional development of the social protection staff. In Table 10 provides an analysis of the core roles applied in the period 2005-2016. It indicates that UNICEF’s support is primarily oriented towards the development of ISA’s capacity for addressing key bottlenecks. The country context in 2011 is connected with the introduction of minimal standards, licensing and

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73 Terms of reference Evaluation of the training programme for continuous professional development of social protection staff in the former Yugoslav Republic of Macedonia
74 Social Welfare for children, juveniles and adults_2015
75 FGD ISA
standardisation and UNICEF chose to realise its support with one of its core roles i.e. technical assistance.

Table 11 Analysis of the UNICEF core roles applied in the period 2005-2016

<table>
<thead>
<tr>
<th>Period</th>
<th>UNICEF Contribution</th>
<th>Core Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005 - 2009</td>
<td>UNICEF actively supported ISA to perform one of its key functions: to build the knowledge and strengthen human capacities to improve the quality of services delivered to children</td>
<td>Policy advice and technical assistance</td>
</tr>
<tr>
<td>2009</td>
<td>UNICEF contracted a national institute to conduct an external training impact evaluation</td>
<td>Policy advice and technical assistance, Monitoring and evaluation</td>
</tr>
<tr>
<td>2011</td>
<td>UNICEF conducted a comprehensive Training Needs Analysis targeting ISA, CSW and staff working in residential institutions.</td>
<td>Policy advice and technical assistance, Monitoring and evaluation</td>
</tr>
<tr>
<td>2012</td>
<td>UNICEF invites an International Consortium of consultants from Westwater International Partnerships and University of Strathclyde, Glasgow to develop a Programme for continuous professional education. Training of trainers is realised</td>
<td>Technical assistance, Enabling knowledge exchange</td>
</tr>
<tr>
<td>2011 - 2016</td>
<td>UNICEF supports ISA and the Government in the development and roll-out of the Training Programme.</td>
<td>Technical assistance</td>
</tr>
</tbody>
</table>

The intervention of UNICEF through its core role Technical Assistance is timely to build on the previous efforts of the organization and support the changes in national legislation and policy in the social protection sector. At the same time the technical assistance as just one component of UNICEF core roles has not been either sufficient or efficient enough to influence the improvement in the continuous professional development, hence to increase the quality of the services. Some of the main reasons for this are:

- The change of the social system is a complex task which hardly can be achieved by influencing it through one core role, let alone through one of its components.

- The planning of UNICEF support is based on the Training Needs Analysis targeting ISA, CSW and residential institutions staff on the level of individuals mainly. However, the contribution to the system development is a matter of overall system needs analysis and therefore any training needs of staff has to be grounded and linked to the development needs of the system as a whole. Supporting professionals training that is not entirely oriented to the gaps in the system cannot be efficient enough. This is because training, though important, is just one very small element of advancing better service system for children.

- The data shows that during the period of evaluation the priorities in the area of support have changed as follows: increased support for activities related to ISA capacity development at the expense of direct support for trainings (Graph 13)

76 Terms of Reference Evaluation of the Training Programme for Continuous Professional Development of Social Protection Staff in the former Yugoslav Republic of Macedonia
UNICEF modifies its role from technical assistance to capacity development of organizations in order to strengthen the technical capacities at national and local levels for the improved development which can result in a new mix of core roles. (See Sustainability)

### 2.3.3. ISA Training programme Management and ME&R

The overall management of the ISA Training Programme lies within ISA. Management has mainly been around operational planning since the general practice has been that planning of the training interventions is on annual basis only. A mechanism to ensure that each annual programme converge on the programme’s strategic goal has not been identified. This leads to the assumption that planning is quite rigid, not sufficiently strategy-oriented and with very short time perspective. This has had implications on efficiently achieving the goal of building capacity towards better service quality for children.

The programme management has been informed by relatively clear intervention logics but they were inconsistent in terms of depth of analysis, justification and prioritization of each capacity building component’s interventions and their alignment with the overall strategic goal. Operationally, many interventions identified did not have well elaborated logical frameworks with robust baseline data, success indicators and were not linked explicitly to results indicators.

For instance, logistics-wise the participants/trainers ration has been optimal (7:1 to 9:1), however, objectives-wise there is a lack of sequence and continuity between the modules (some should be taught in conjunction but are not, sometimes modules are split into two at different times and with different groups) as well as of the participants selection process (e.g. the groups are not permanent, selection criteria are missing, etc.)

Generally, the programme management and planning is not sufficiently informed by an efficient and adequate system for monitoring, evaluation and reporting. On-going monitoring effectively serves the management of the licensing process but not so much any of the other capacity building components e.g. it did not include consistent indicators related to quality of social work (e.g. to inform training strategies or services management), overall quality of service provision, impact assessment, level of achieving learning objectives, etc.

Outcome-based framework of short-term objectives, expected outcomes (results), baseline and targets for the ISA Training Programme had not been identified in any strategic document. With improvement of quality being indicated as a long-term goal of all strategic interventions and with no
accompanying documented short-term planning and intervention logic, the management of the ISA training Programme is not governed by result-based management approaches. The data collection mechanism in place covers the number of participants who have and who are due to attend which training module. This sort of data base is quite limited and does not serve any of the possible outcomes expected towards better service quality or even shorter term objectives such as improved staff competences as no such relevant data is collected.

In the context of these findings it can be assumed that the ME&R system therefore allows to be used for reporting purposes mainly (e.g. UNICEF) and not so much for evaluation purposes (hence management use).

2.3.4. Coordination with other programmes/training

Currently, the ISA Training programme has 20 modules – the first 15 supported by UNICEF, the rest 5 were developed by ISA and supported by other donors. Additionally, there is other training provided to the social protection staff by other organisations and their share reaches 40% of the total training provided. They are also a part of the training package eligible for continuous professional development. Some of the major donors/programmes which support the development of the specialised modules are: IPA programme, by which MoLSP provides financing; GIZ; Save the Children; SOS Children villages.

This has been a successful approach of ISA Training Programme to enlarge its training capacity as well as to seek better coordination with the other programmes/donors. At the same time ISA remains the basic training resource for licensing and standardisation. The specialised trainings are provided by different organisations, although they are still not organised and structured within ISA Training Programme. Potentially this hold risks for insufficiently harmonisation with training agendas of other organisations. Moreover, it jeopardises ISA training capacity since all external training entirely depends on the resources and political agendas of other organisations.

In terms of achieving the overall goals of a better social protection system in this country, the evaluation team did not find documented evidence that the ISA training Programme has established coordinated management and strategic links with the rest of the national capacity building agendas e.g. Social Ministry.

2.3.5. Conclusions on efficiency

- UNICEF intervention has been provided timely to continue the efforts and support the changes in national legislation and policy in the social protection sector. At the same time the technical assistance as just one component of UNICEF core roles has not been either sufficient or efficient enough to influence the improvement in the continuous professional development system.
- UNICEF has been highly efficient in providing support for the minimal package of requirements. However, to the extent to which licensing and the introduction of the minimal standards in the social protection sector do not directly lead to better quality of services, UNICEF financial support has not been very efficient for improving service quality for children.
- UNICEF contribution related to the ISA capacity development has been efficient in terms of building ISA training skills on a basic level, but not so much in terms of improving ISA ME&R capacity, which is still in very initial stage of development.
- The programme management and planning is not sufficiently informed by an efficient and adequate system for monitoring, evaluation and reporting. On-going monitoring effectively serves
the management of the licensing process but not so much the monitoring and evaluation on strategic goal level i.e. overall improvement of quality of service provision.

- ISA training programme successfully enlarges its training capacity integrating other programmes in cooperation with partners like GIZ; Save the Children; SOS Children villages. However the matching and coordination between them is an imminent task in the near future.

2.4. Impact

This section looks at levels of impact that the ISA Training Programme has had on the lives of children and families to the extent that this analysis is possible. It looks at impact through two dimensions:

1. Areas of impacted changes in the lives of children and their families
2. Areas of impacted practices and quality of child protection

2.4.1. Areas of impacted changes in the lives of children and their families

UNICEF global approach to child protection\(^{77}\) is to specifically target children who are uniquely vulnerable to abuse such as children living without parental care, children in contact with the law and particularly children with disabilities.

**Children living without parental care**

The strategic orientation of the country is clearly towards deinstitutionalising services for children without parental care. However, operationalising this process has not been sufficiently clear – e.g. will residential institutions be closed down or not, if yes, how will they be transformed, what alternative services they will provide, what objectives will they have, how will they look like, how these services will be costed and staffed, what new staff competences will be needed, etc. Breaking down the strategic goals into short-term planning has not been sufficient. This has resulted to a persistent share of children at risk in formal care\(^{78}\) in the period 2012 – 2015. In particular, the number of infants (0-3) placed in infant residential care has remained the same over the years.

![Graph 14](source: Social Welfare for Children, Juveniles and Adults)

In the context of insufficient clarity on transforming existing services to reflect the strategic goal of the country’s vision, the social protection staff (especially those in residential institutions for

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\(^{77}\) UNICEF uses the term ‘child protection’ to refer to preventing and responding to violence, exploitation and abuse against children – including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/cutting and child marriage.

\(^{78}\) Formal care: all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures; [https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf](https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf) Specifically, the formal care includes foster care, placement in foster families, social welfare institutions or small group homes, organised living with support and placement in centres for victims of domestic violence.
children) have received little training and guidance towards transformation. ISA training intervention has not impacted the transformation specifically of residential facilities. In some cases the training received has caused misunderstanding and confusion as to how a transformed residential institution should look like. For instance, one of the observed child residential institution has received training, but the quality of care has remained very poor – training on individual planning and assessment was provided but the concept of individual care is absent hence plans look the same for all children (no objectives, no terms, etc.); training on deinstitutionalisation and family-like living was provided but in an otherwise under reformed institution this training has resulted into rebranding the living premises into “flats” but understaffed, much of the staff not having access to training at all and having little guidance compromises the implementation of the concept of family-like living. None of the staff has received training on working with the family, therefore such practices do not exist and cannot be expected to exist. Moreover, the CSW expects that the institutions’ staff instructs the parents to the CSW for a permission note with allocated visiting time if they want to see their children. Hence, the concept of working with the family is undermined.

In terms of residential facilities, ISA training being provided in a way that does not ensure conceptual links between the different modules taught and the overall strategic vision of deinstitutionalization may even be potentially compromising the process of deinstitutionalization in the country.

In the reality of largely lacking family-support services, the number of children at risk remains high. Indeed, there was a double decrease of the number of children in informal care in 2013 compared to 2012, to again rise by 19% in 2013 and drop by 5% in 2015. Such a fluctuation does not seem to be a result from any methodological changes, i.e. it can be assumed that the strategic policy of the country to reduce the number of children in formal care in favour of the support to the biological families is still in its early stage.

Children in contact with the law

Services for children in contact with the law are provided by CSWs. Formal care is provided by residential facilities for children with social-educational issues and institutions.

As the juvenile justice system in the country has not been an object for this evaluation, it is difficult to measure possible impacts of the ISA Training programme on this particular group of children at risk. However, it can be assumed that the programme may have had little impact on the service capacity for this particular group of children as none such specific topics have been reflected on the training agenda.

National indicators data indicates that there has not been much dynamics in this sector of social protection over the evaluated period.

The number of children in contact with law is slightly on the decrease. The measures applied are predominantly family-based vs. placement in formal care and that rate remains relatively unchanged.

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79 Because of not having high education, carers, nurses, educators, etc. are not subject to licensing hence do not receive the ISA Training Programme as it is oriented to those needing license.
80 Ibid. Informal care: any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. Specifically, the informal care includes adoption, right to daily accommodation in day care centres, rights of social financial assistance, other assistance and other services of social welfare.
over the years. However, placement in residential institutions for children in contact with the law is slightly back on the increase after 2014 (Graph 15).

**Children with disabilities**

The number of children with disabilities is app. slightly on the decrease\(^81\) (Graph 16). The share of the registered children with disabilities is 0.7% of the total population 0-26\(^82\). However, the actual number of children with disabilities is assumed bigger since available data is based on the existing registration mechanism in the country - “the number of newly registered children remains low because of issues around the disability assessment procedures demotivating their parents”\(^83\) from entering the system of social protection.

The majority of children with disabilities live in their biological families (84.44%)\(^84\). However, their access to services for their children is extremely limited—as much as 10%\(^85\) of them had access to Day Care Centres in 2015, which is the main service for children with disabilities in the country (Graph 17). *This share has not changed over the years.*

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\(^82\) As of 2015, source: Assessment of alternative forms of care and family support services for children with disabilities: report/[authors Natalija Mihajlova, Dessislava ilieva, Stojan Mihajlov, Keti Jovanova Jandrijevska]; Skopje: UNICEF, 2016; p.19

\(^83\) Ibid., p.20

\(^84\) Lirikus data base for 2015.

\(^85\) Ibid.
On-the-field data (observation and interviews) of this evaluation indicate that:

- The developmental activities within the different services (especially for children with disabilities i.e. DCC) are not tailor-made so that they can flexibly respond to the actual needs of the children according to the child’s development stage, abilities, age, etc. – individual plans for all children are the same and not updated. Some plans had not been updated for 6 years.
- The care is largely not individualised - group work is the main work approach applied.
- Policy-makers and service staff as well as parents have a shared understanding that the service goal is to foster the development of the child. However, the system (policy-makers and service staff) and the parents have different views of what level of development is to be targeted. This difference sets different targets as well as different expectations of the ultimate outcome for the children that the service is oriented to. As a result, parents are generally unhappy with the level of competence of staff working with their children.
- Service staff structure continues to be organised in a way that orients the services to the medical model rather than the social model of service provision – the number of social workers in DCC is small (14 i.e. 9.64% of the total DCC staff\(^86\)). In some DCC there is no social worker at all. Besides this general picture it is necessary to note the insufficient number of speech therapists (logopaedists), psychologists and physiotherapists (none are available in some DCCs)\(^87\). This reality indicates the limited opportunities to work on children development. This has implications on the service orientation towards providing child development activities as a priority over basic skills development.

There are indications that “the ultimate goal of the DCC to foster development of the child towards independent living is presently not achieved”\(^88\). Therefore, it can be assumed that the service does not impact significantly the lives of the children and families.

### 2.4.2. Areas of impacted practices and quality of child protection

This section of the analysis is looking at possible impacted areas in terms of quality of child protection by applying the lens of MoRES determinant analysis framework of UNICEF.\(^89\)

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\(^{86}\) ISA data, source: Assessment of alternative forms of care and family support services for children with disabilities: report/[authors Natalija Mihajlova, Dessislava Ilieva, Stojan Mihajlov, Keti Jovanova Jandrijevska]; Skopje: UNICEF, 2016; p.6

\(^{87}\) Ibid. p. 27, Figure Error! Main Document Only.: Type of staff in the state DCCs (number)

\(^{88}\) Ibid, p6

\(^{89}\) UNICEF, Briefing Note Accelerating Results for the Most Disadvantaged Children: Monitoring Results for Equity System (MoRES)
### Table 12 Determinant analysis framework

<table>
<thead>
<tr>
<th>Determinant</th>
<th>Bottleneck</th>
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</table>
| **Enabling Environment** | • Professional norms are slowly transforming into embracing team work as a positive approach to working with clients. However, a shared understanding of the concept of care management is still not in place.  
• Child protection staff has not sufficiently developed a result-oriented approach in working with their clients  
• Professional attitudes to the significance of working with families are changing but sufficient competence of how to practise it is still widely lacking.  
• Improvement of legislation and policy regarding social services through introduction of minimal standards. However, standards still do not reflect quality of performance of social work, rather they are prescriptions of administrative procedures. As such they facilitate ISA's monitoring role but do not foster quality of social work performance.  
• The system lacks inter-sector links among the services so that they can become more flexible and need-oriented.  
• Social service policy-making seems to be still much centralised. |
| **Supply**           | • Individual approach to clients cannot be ensured without sufficient staff. Many services are understaffed and thus unable to provide individual work with clients.  
• Transforming services is hindered by training not provided to the whole service team at the same time, which makes investment in training of individual members less efficient and with small effect on the overall service quality.  
• Much of the staff directly working with children (especially in the services and residential facilities) has no access to training at all, while they are the people on whom application of better working approaches depends on.  
• Capacity building interventions are completely missing towards developing services and staff competences for mobile social work (i.e. services performed in the home environment of the child and family). |
| **Demand**           | • Professional competences for working with families, working with children at risk especially working with children with disabilities and mobile social work are widely lacking and are pressing development needs among the child protection staff. The capacity building activities are not based on those actual needs of the practitioners.  
• On-the-job training is highly needed - clinical supervision\(^{90}\), practical professional support in the workplace on specific difficult cases, individual and/or group self-reflective techniques aiming at professional development, reflective formats for reviewing casework, etc. |
| **Quality of services** | • The concept of service quality is not unpacked and shared among social professional staff  
• Services are not sufficiently oriented to the actual needs of the children – individual client assessment and individual planning is performed mainly administratively rather than in the context of care management approach.  
• Children and their families are largely not involved in the process of assessment and planning of service delivery.  
• Social protection staffs have basic competences (either from academic education or ISA core training) but not sufficient specialized competences for working within the specific services.  
• Staff/client ratio is insufficient to ensure individualization of services.  
• Because service delivery is not happening in the model of care management, the services to not so outcome-oriented. |

There is no systematic monitoring of the service quality in place against the indicators based on the quality of life of the clients and the level of social inclusion of children at risk. Therefore, there is no available data to demonstrate the impact of the ISA Training Programme to the service quality.

The assessment of the quality of services is not among the main objectives of this evaluation. Nevertheless, there are some data related to it and they clearly show lack of improvement of child protection practices. In the Table 12 below a general overview of the quality of the child protection services is presented. The perspectives on quality changes of the existing services across the different

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\(^{90}\) Clinical supervision is a formal and disciplined working alliance that is generally, but not necessarily, between a more experienced (but always independent) and a less experienced worker, in which the supervisee's clinical work is reviewed and reflected upon, with the aims of: improving the supervisee's work with clients; ensuring client welfare; supporting the supervisee in relation to their work, and supporting the supervisee's professional development.
stakeholders are predominantly supporting the idea that there has been no significant change in the way and quality of working with clients:

- Majority of CSW staff indicates that there have been no changes in the quality of the services they provide over the last 5 years. In addition to that there are no changes in the caseload in the evaluation period (Graph 18). A decreased caseload might have been an indication that service quality may have improved.

Graph 18

- The interviewed workers in the residential institutions are indicating some changes in the service quality (i.e. introduction of small residential settings within the institution, which does not improve significantly the quality of the work with children). The DI process is still in the initial stage.

- All the parents interviewed (biological and foster) indicate that over the last 5 years there has been no perceived changes in the quality of working with their children; progress of children is not attributed by parents to changes in the service quality but to the natural development of the child.

- ISA indicate that service quality has not been monitored or evaluated until now. Presently service quality indicators and mechanisms are under development by ISA.
### Table 13 Analysis of the quality of child protection services

<table>
<thead>
<tr>
<th>Aspects</th>
<th>Domains</th>
<th>Findings by the evaluation team</th>
<th>Justification and evidence</th>
</tr>
</thead>
</table>
| Needs of Persons served | Decision-making in needs assessment and planning is performed by the professional staff and does not involve clients (children and parents). Participation of clients is only limited to informing clients of existence of plan. The services have not a user-friendly complaint management mechanism. | - Parents predominantly indicate that they were never involved in a process of identifying of their needs, planning of service delivery or evaluation. All parents indicate they do not have a copy of the individual plan.  
- Professional staff predominantly indicates that planning is performed by them with little involvement of clients. Online survey confirms that only 11.7% of staff indicates change in involving of clients in decision-making and evaluation.  
- Where clients disagree with any aspect of the care planning, there is no working format to reflect their opinion. No parents indicate that they know of or have made use of a mechanism reflecting complaints or disagreement with service provision.  |
| Requirements for staff | Target-group specific social work competences have not changed.  
Staff ratio (number of person served / number of staff) is not relevant and adequate to ensure individual work with clients.  
Service staff is not trained as a team but as individuals which prevents influencing service team competences in a way that is service-specific and client-specific. | - All professionals indicate that their specific professional skills for working with clients have not improved for the last 5 years. Specifically working with children with disabilities and children in foster care.  
- All interviewed parents of children with disabilities indicate that there has been no progress in their children attributable to the staff competences.  
- All parents of children with disabilities and all foster parents indicate that there has been no change in the way professional staff works with them (in terms of quality, different approach, etc.)  
- In the evaluation period the caseload of the social protection staff is varying between 50 and 60 cases. It corresponds to the data from the gap analysis done in 2011.  |
| Requirements for the service | Services are not tailor-made.  
Services have not changed in terms of availability and accessibility. | - All CSWs and DCC apply the same model of work without being geographically and client population specific – same structure, same methodology.  
- As much as 10%\(^91\) of children with disabilities had access to Day Care Centres in 2015, which is the main service for children with disabilities in the country (Graph 17). This share has not changed over the years.  
- There is no sufficient availability of a variety of community-based services outside the CSWs. According to national statistics reports\(^92\) the available “services of social welfare” are: foster care, adoption, placement in social welfare institution, in small group home, organized living with support, placement in centres for victims of domestic violence, accommodation in Daycare centres. This array of service types has remained unchanged since 2011.  |

\(^{91}\) Ibid.  
\(^{92}\) Social Welfare for Children, Juveniles and Adults, 2011-2015  
\(^{93}\) E.g. Стандарди и процедури за постапуване на центрите за социална работа.
<table>
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<tr>
<th>Benefits and outcomes</th>
<th>Benefits and service results</th>
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</table>
| Service provision is not sufficiently oriented to socially inclusive results i.e. achieving changes in quality of life by focusing on the benefits for the persons served. Service planning is not time-framed. | - Observation of service planning documents, desk research and interviews with staff on their planning practices reveal that:  
- Expected outcomes (changes in the life of the clients) are not identified and recorded in the planning documents.  
- The duration of service provision is not tied to outcome achievement criteria but administrative criteria (death, reaching of certain age, etc.). Hence exit from the service is only based on administrative criteria (e.g. age) rather than achievement of expected outcomes (based on observations on the residential institutions, Daycares centres and foster care)  
- Service planning is not based on measurable and time-bound indicators for changes in the lives of the clients.  
- No format (procedure or document) was identified during service observation indicating that interim evaluation of results is performed with or without clients. Evaluation of achievements is not structured as a separate and valuable stage of the whole cycle of service provision. | this concept is not in the context of care management but in the context of administrative division of roles.  
- The administrative practice is that different key workers are assigned to a child and a foster parent. This prevents smooth application of a care management approach. (one case=one key worker)  
- Observation of services indicates that all individual plans are not individualised: have the same timelines and terms of realisation (sometimes timeframe entirely missing), same goals and objectives, same activities. Goals and objectives are not based on specific and individualised needs assessment based on assessment of clients’ needs, strengths and capacities. Goals are not broken down to interim and short-term objectives.  
- Team planning does not occur in a team context i.e. team plans are only a mechanical collection of the plans of the separate professionals rather than a collective team effort to plan the care for each specific client.  
- Parents sometimes report using external services (private or NGO-run) at the same time as CSW-run. However, these services are not part of one service package, there is no communication, coordination and collaboration among those different services not are they managed by one care manager. |
2.4.3. Conclusions on impact

- The quality of service provision for children has not changed for the last 5 years. In some cases the prospects of improving quality are diminishing, e.g. the poor quality of care in residential institutions is being reaffirmed by the available training thus settling an ill-informed vision of deinstitutionalisation and mimicking reforms. This may spiral down to other institutions and prevent them from real transformation according to the national reform agenda.
- The capacity (quality and coverage) of the services for children with disabilities has not changed over the evaluated period.
- The ISA Training Programme has had no impact on the addressing the development needs of the social protection system as such and little positive impact on the environment that enables such development e.g. diversifying service designs according to local needs, fostering cross-sectoral services, etc.

2.5. Sustainability

In social policy, UNICEF’s work on capacity development is likely to continue as it is an important prerequisite for modernizing the social protection system by advancing social contracting. As ISA is legally responsible for furthering the capacity of social services, ownership of future UNICEF investment into policy advice is very likely to be accepted.

Although this evaluation ToR did not specifically encompass licensing and standardisation, these have been referred to here (and throughout the whole report) since they appear to be very much interweaved in the evaluated programme and seem to be set towards the same strategic goal i.e. capacity development of the social protection system.

The balance in achieving the objectives of the three processes (licensing, standardising and continuous professional development) is very fragile. The analysis of the impact of the ISA Training Programme indicates that the limited capacity of the ISA Training Programme to achieve the objectives of all three has left little room for high-quality continuous professional development (see table 10 in Impact) mostly. A contributing factor is the low level of operationalisation of specific objectives and targets based on continuous needs assessment i.e. a logical framework of short-term objectives, targets and measurement of achievements is completely missing.

In this reality, the likelihood of ISA to provide continuous professional development is very low.

However, provision of core training for the purpose of licensing is realistic to continue and will not be affected by potential withdrawal of UNICEF funding i.e. ISA will continue to perform this role even without UNICEF investment. The approach of ISA to approve licensing based on a mix of attendance at core modules and external training is likely to ensure that ISA’s licensing role will sustain in the future. In the absence of UNICEF support, this mix is likely to change towards expanding the share of external training.

Standardisation is a relatively new process and it seems it still needs a lot of refinement and further development. Service standards need to be based on indicators for service quality related to changes in the lives of the clients in order to support a more practice-based training within the ISA Training Programme.

Generally, the ISA Training Programme is sustainable in its present design ensuring licensing best, standardisation to some extent and not so much the continuous professional development process.
The table above gives an illustration of sustainability assessment for each component of the Programme. It clearly indicates that one area that will require further support is continuous professional development of social protection staff. Ensuring that this component will strategically lead to improved service quality requires sharing a clear vision on a conceptual level i.e. to inform stakeholders how the change will transform into practice i.e. what child care service should look like; what values, models and conceptual paradigms they should be based on; what human resources they should be equipped with to be able to provide quality for clients and respectively down to what core competences should be developed across the staff not only of the social protection system but of staff of educational and healthcare systems in order to ensure the cross-sectorial nature of integrated services for children.
In this context possible transformation of UNICEF engagement could be towards diversifying its mix of core roles:

- **Facilitating national dialogue towards child-friendly social norms** - facilitating a shared vision of the child services in the country among all stakeholders at all levels – parents and children, national policy-makers (ministries governing all systems around the child – social, educational and healthcare); ISA; middle management (CSWs); CSW service management and staff, residential institutions management and staff and alternative services.
- **Expanding Policy advice and technical assistance** towards intensifying policy advice component of this core role: informing and advising policies run by ISA, MoSP, Ministry of Education and Ministry of Health on what specific reforms need to be fostered to enable the environment for the development of more client-oriented services based on actual needs.
- **Modelling/piloting** – ISA needs to be supported in developing a good understanding of how to effectively link the country’s vision of service models, values and principles underpinning them to its training activities. This may be facilitated by demonstrating conceptual frameworks such as care management, client-centred assessment and planning, client involvement, etc. in living services. In practical terms this means either using existing services modelled by UNICEF in the country or developing a new service that reflects all good practices both in terms of care management with all its proper components and how services should be staffed to reflect the vision of the service eventually breaking down professional development goal into objectives and operational training programmes.
- **Enabling knowledge exchange** – furthering this core role into generating independent data, research and analysis on the situation of children in the existing services as well as how to address the development needs of the systems around the child.

2.5.1. Conclusions on sustainability

- **Overall, the ISA Training Programme is relatively sustainable to continue without UNICEF investment.** The core training component is most sustainable to continue as it supports ISA responsibility for licensing required by law.
- **Continuous professional development component of the ISA Training Programme is likely to transform into a mix of some specialized training within the programme in conjunction with external training.** This reduces its sustainability as external training depends on the resources and political agendas of the external training providers.

3. General conclusions

- **The ISA Training Programme is insufficiently relevant to improving service quality for children due to high orientation to licensing and little orientation to decreasing of the dependence on institutional care (by development of non-institutional services), deinstitutionalisation process and addressing the needs of the most vulnerable groups of children: children with disabilities, children in contact with law, deinstitutionalisation and children without parental care.** This has reduced the Programme’s orientation to child protection.

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94 The Core Roles were: The voice for children and adolescents; Child rights monitoring and evaluation; Policy advice and technical assistance; Leveraging resources from public and private sources; Facilitating national dialogue towards child-friendly social norms; Enabling knowledge exchange; Modelling/piloting; and ensuring proper internal controls and risk management.
The programme has effectively contributed to preventing the system from major malfunctioning and has consequently diminished malpractice of the social protection system.

The ISA Training Programme has been effective in ensuring core training needed for obtaining license but less effective in providing continuous professional development due lack of customisation.

The process of continuous professional development has largely been governed by the licensing process hence it covers as far as 58.5% of the social protection staff leaving much of the child care staff with no access to training.

The programme has had effects on the service level towards building skills in service administration but has been ineffective to promote a care management approach. At the same time it has paved the way unifying service provision in such a way that potentially may hamper the emergence of a variety of services designed according to various local needs across the country.

4. Lessons Learned

- Even the best Training Programme alone cannot lead to the system changes related to improvement of the service quality unless it is an inseparable part of a broader capacity development process of the social protection system on all levels (system, organisational and service level and individual professionals). The capacity development activities can only be successful if involving a number of interventions in addition to classical training. Such interventions should be clearly linked to the specific aspects of the reform as indicated in the strategic policy documents, e.g. deinstitutionalisation, expanding community-based services for children with disabilities, etc. Staff training is only one part of any reform agenda. Staff training cannot stand alone as a capacity development means to achieving better service quality.

- Separating the objectives of the licensing and the continuous professional development would foster meaningful outcomes that complement each other rather than replacing each other. E.g. non subjecting professional development to licensing would allow fostering case management approach by involving in the training of professionals working with children from other systems such as police, educational specialists and medical professionals (paediatric nurses and GPs). This would foster a real learning process towards case management and multidisciplinary approach to planning and implementing care for children at risk.

- The continuous professional education should build on university professional competence and to be oriented specifically towards the needs of the professionals and the desired changes in system as a whole.

- A case management approach and work with parents should be the essential and most central component of the Training Programme, without which it is difficult to improve the service quality. Promoting case management approach translates into a Training programme involving a whole package of sensitising training to change attitudes and perceptions, introducing knowledge to the whole service team simultaneously on the how it works in terms of the every step of the case management process – from gate-keeping and assessment to client exit from the service. This is essential because case management brings new values and philosophy of working with people in need and as such needs to be promoted in order to bring about the reforms in systems that the country wants.

- In case the development and implementation of the Training Programme is oriented to improving the quality of services it should pay specific attention to the different processes and target groups of the social protection systems rather than applying same-content modules to tackle
specifics. This means that if, for instance, the Training Programme targets deinstitutionalisation it should involve an array of topics specifically tackling the main principles of deinstitutionalisation, attitudes of care givers and parents, rights of the child to not live in an institution but in their family, vision and models of transforming residential institutions, involving and empowering parents, etc. Similarly, promoting work with children with disabilities needs to specifically train on main principles of inclusion, forming skills towards independent living vs. purely spending time in DCC, working specifically with specific disabilities (autism, cerebral palsy, learning difficulties, etc), working with parents of CWD, etc. Other reform-relevant areas such as foster care should also be treated specifically.

- As the needs of the children and families at risk are diverse, addressing the capacity of just one system proves ineffective. The ISA Training Programme may most effectively contribute the reforms that the country wants by addressing changes in the work of all professionals around the child at the same time e.g. social protection, education professionals, paediatric workers and juvenile justice workers. Linking the reforms in the different systems is a challenging task but the only meaningful path to improving the care for children at risk. For the moment, the systems look like they function in isolation – a child with disability either goes to a DCC or to school i.e. there is no synchronisation between the efforts of the social protection facility and the school to ensure inclusion for that child. Linking the systems reforms will translate into linking the ISA Training Programme with training/capacity building programmes run by other ministries. Consequently this will allow for involving professionals from all systems around the child in training.

5. **Recommendations**
## Table 15 Conclusions and recommendations

<table>
<thead>
<tr>
<th>Area</th>
<th>Conclusions</th>
<th>Recommendations</th>
<th>Level of priority</th>
</tr>
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<tbody>
<tr>
<td>Relevance</td>
<td>Overall, the ISA Training Programme is partly in line with the main strategic directions for the reform of the social protection system in the former Yugoslav Republic of Macedonia: it is moderately relevant to the national strategy towards diversification of social services, and less relevant to improving service quality for children due to little orientation to decreasing of the dependence on institutional care (by development of non-institutional services), deinstitutionalisation process and addressing the needs of the most vulnerable groups of children. The synchronization of academic training and ISA training is presently achieved at a low level - the ISA Training Programme corresponds to the academic curriculum of the social work education but only on a very basic level and not for all social protection staff.</td>
<td>The development of the programme for training and continuous professional development must be made a function of the national reform agenda, specifically in terms of case management promotion, deinstitutionalisation and inclusion of children with disabilities. Ensuring higher synchronization between university academic curriculum and the ISA Training Programme. Involving academia to review the level of consistency of the ISA training curricula and the academic training to be oriented to the modern concepts of social work (e.g. case management) in a way that they complement each other rather than contradicting. Developing specific training modules for social work and non-social work graduates, for instance non-social graduates (e.g. doctors, educators, etc.) should be</td>
<td>High</td>
</tr>
<tr>
<td>On strategic level</td>
<td></td>
<td>MoLSP/UNICEF</td>
<td>ISA and academia</td>
</tr>
<tr>
<td>The ISA Training Programme is partly aligned with the CRC principles, gender mainstreaming and HRBA – CRC/HRBA principles are reflected in the as much as half of the training content. At the same time, the programme is not sufficiently oriented to all children’s rights as it fails to address most vulnerable groups: children with disabilities, children in contact with law, deinstitutionalisation and children without parental care.</td>
<td>The ISA Training Programme must be redesigned in a way that reflects all rights of all vulnerable groups of children.</td>
<td>ISA with UNICEF assistance</td>
<td>The ISA Training Programme should involve training modules specifically developed for working with children with disabilities (with view to the specific disability requiring different approach) and their families; children in contact with the law and their families; children without parental care and their biological families.</td>
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### EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

**Final Report by Junction Bulgaria**

| The Programme is partly relevant to achieving quality of child service. To a large extent this is due to ISA Training Programme being oriented to support licensing, which, though important, has no direct link to reducing major bottlenecks in improving access to social protection for vulnerable children, and reduced equity gaps. | Disconnection needs to be made of the direct link between licensing and training for continuous professional development. Design and adopt new capacity building interventions on system level and service level in addition to classical training e.g. involving organisational development consultancy approach. This should be organised as a process and should target each level: national decision-makers (ISA, ministries running the systems around the child, NGOs), services managers (CSWs, residential institutions, Day Care Centres, etc.) and service staff. Any such interventions should ensure that the voice of service users is heard by adopting appropriate participation formats. | MoISP/ISA assisted by UNICEF Each of these components (trainings, licensing and standardisation) needs to have a separately elaborated logical framework of short-term objectives, robust baseline data and success indicators, and must be linked explicitly to results indicators based on result-oriented definition of “service quality”. The ME&R system needs to be strengthened and needs to be based on an adequate data collection mechanism. | ISA | High |

<p>| Effectiveness | The processes of licensing and standardisation have subjected the process of continuous professional development i.e. the latter being largely governed by the licensing | Training needs to be made available to all child protection staff extending to those who works directly with children but are not | ISA | A continuous training needs assessments need to be performed of each professional group working directly with children. The training curriculum needs to reflect those needs and achievement of learning | ISA | High |</p>
<table>
<thead>
<tr>
<th>Process and hence being oriented to the licensing requirements. The ISA Training Programme covers as far as 58.5% of the social protection staff thus leaving much of the child care staff with no access to training.</th>
<th>Subject to licensing.</th>
<th>Objectives is monitored and evaluated.</th>
<th></th>
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<tbody>
<tr>
<td>The ISA Training Programme has been effective in ensuring core training needed for obtaining license but less effective in providing continuous professional development due lack of customisation.</td>
<td>The ISA Training Programme needs to be strategically linked to other capacity building efforts targeting social protection.</td>
<td>MoSLP/ISA</td>
<td>The ISA Training programme needs to be more oriented to supporting service managers on developing and introducing internal systems for professional development of staff: managers should be made aware of the vision for quality service models in line with the national reform agenda, trained on installing internal systems of quality assessment including setting objectives, staff attestation, professional support (mentorship, clinical supervision, reflective and self-reflective formats for professional support, etc.) provided both internally and externally.</td>
</tr>
<tr>
<td>The programme has been effective in introducing minimal package of requirements (minimal standards) to prevent the system from major malfunctioning and has consequently diminished malpractice of the social protection system. At the same time it has paved the way unifying service provision in such a way that potentially may hamper the emergence of a variety of services designed according</td>
<td>The training programme needs to be redesigned to allow flexibility to respond to emerging needs and should be based on a dynamic system of assessing training needs in line of the needs of the system.</td>
<td>MoLSP/ISA</td>
<td>A continuous communities’ needs assessment needs to be set up at CSWs. A specific training module supporting this community level planning may be developed as part of the ISA Training Programme to allow for dynamic monitoring of emerging needs. Additionally, the training curriculum needs to be dynamically developed to reflect those needs.</td>
</tr>
<tr>
<td>ISA/CSW</td>
<td>High</td>
<td></td>
<td></td>
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<tr>
<td>ISA/CSWs</td>
<td>Medium</td>
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</table>
The programme has had effects on the service level towards building skills in service administration but has been ineffective to promote a care management approach.

| The programme has been most effective in terms of building ISA capacity to perform their monitoring role. However, due to the lack of measurable operationalizing of the goals and objectives of their work, the ISA capacity to measure and monitor the overall process of service development and quality improvement has not developed sufficiently. |
|---|---|---|---|
| Redesigning the training content (along with conceptualising the programme as process as well as content) to promote a care management approach. |
| ISA assisted by UNICEF |
| Redesigning in terms of: duration according to the professionals’ needs; continuity (system-shaping modules must be taught in conjunction e.g. care management, needs assessment and working with the family); participants selection mechanism; addressing all groups of children at risk, especially the most vulnerable e.g. children with disabilities, children in contact with the law and children without parental care. |
| ISA assisted by UNICEF |
| A robust outcome-based M&E system needs to be installed in place for ISA to be able to perform its roles specifically related to continuous professional development and ensuring better service quality. |
| UNICEF and MoLSP |
| ISA capacity to perform M&E needs to be developed: ISA needs to receive training, consultancy and supervision on developing and applying logical framework on strategic and operational objectives, outcomes and success indicators. |
| UNICEF |

| ISA assisted by UNICEF |
|---|---|---|---|
| High |
| Medium |
| Efficiency | UNICEF intervention has been provided timely to continue the efforts and support the changes in national legislation and policy in the social protection sector. At the same time the technical assistance as just one component of UNICEF core roles has not been either sufficient or efficient enough to influence the improvement in the continuous professional development system.

UNICEF has been highly efficient in providing support for the minimal package of requirements. However, to the extent to which licensing and the introduction of the minimal standards in the social protection sector do not directly lead to better quality of services, UNICEF financial support has not been very efficient for improving service quality for children. |
| Transformation of UNICEF engagement towards diversifying its mix of core roles. | UNICEF | Facilitating national dialogue towards child-friendly social norms - facilitating a shared vision of the child services in the country among all stakeholders at all levels – parents and children, national policy-makers (ministries governing all systems around the child – social, educational and healthcare); ISA; middle management (CSWs); SCW service management and staff, residential institutions management and staff and alternative services.

Expanding Policy advice and technical assistance towards intensifying policy advice component of this core role: informing and advising policies run by ISA, MoSP, Ministry of Education and Ministry of Health on what specific reforms need to be fostered to enable the environment for the development of more client-oriented services based on actual needs.

Modelling/piloting – ISA needs to be supported in developing a good understanding of how to effectively link the country’s vision of service models, values and principles underpinning them to its training activities. This may be facilitated by demonstrating conceptual frameworks such as care management, client-centred assessment and planning, client involvement, etc. in living services. In practical terms this means either using existing services modelled by UNICEF in | UNICEF | Medium |
the country or developing a new service that reflects all good practices both in terms of care management with all its proper components and how services should be staffed to reflect the vision of the service eventually breaking down professional development goal into objectives and operational training programmes.

**Enabling knowledge exchange** – furthering this core role into generating independent data, research and analysis on the situation of children in the existing services as well as how to address the development needs of the systems around the child.

UNICEF contribution related to the ISA capacity development has been efficient in terms of building ISA training skills on a basic level, but not so much in terms of improving ISA ME&R capacity, which is still in very initial stage of development.

Please refer to Recommendation related to ISA capacity

The programme management and planning is not sufficiently informed by an efficient and adequate system for monitoring, evaluation and reporting. On-going monitoring effectively serves the management of the licensing process but not so much the monitoring and evaluation on strategic goal level i.e. overall improvement of
<table>
<thead>
<tr>
<th>Impact</th>
<th>Description</th>
<th>Evaluation</th>
<th>Action</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of service provision.</td>
<td>ISA training programme successfully enlarges its training capacity integrating other programmes in cooperation with partners like GIZ; Save the Children; SOS Children villages. However the matching and coordination between them is an imminent task in the near future.</td>
<td>The ISA Training Programme needs to continue to foster the existing relations with external training providers. However, the continuous professional development component of the ISA Training Programme needs to have specifically formulated strategic and short-term objectives.</td>
<td>ISA needs to ensure better match between the gaps in service quality and external training by other providers in a way that ensures the attainment of the short-term and strategic objectives of the ISA Training Programme.</td>
<td>Medium</td>
</tr>
<tr>
<td>Impact</td>
<td>The quality of service provision for children has not changed for the last 5 years. In some cases the prospects of improving quality are diminishing e.g. the poor quality of care in residential institutions is being reaffirmed by the available training thus settling an ill-informed vision of deinstitutionalisation and mimicking reforms. This may spiral down to other institutions and prevent them from real transformation according to the national reform agenda.</td>
<td>The evaluation of the quality of social services in the country has to be made relevant to the national reform agendas and grounded in strategic planning.</td>
<td>The strategic goals of the reform agenda needs to be translated into short-term objectives related to a vision of high-quality service models, what conceptual paradigms they should be based on; what professional and managerial human resources they should be equipped with to be able to provide quality for clients and respectively down to what profiles of competences the ISA Training Programme should target.</td>
<td>Medium</td>
</tr>
<tr>
<td>The capacity (quality and coverage) of the services for children with disabilities has not changed over the evaluated period.</td>
<td>The reform in the care of children with disabilities and their families should be reflected adequately both in terms of the IS Training Programme for continuous professional development and other capacity building interventions in addition to classical training such as diversifying the service provision market, improving the availability and accessibility of existing services for CWD, etc.</td>
<td>Please refer to the operational recommendations provided in the report on “Assessment of alternative forms of care and family-support services for children with disabilities”, UNICEF 2015.</td>
<td>Medium</td>
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<tr>
<td>The ISA Training Programme has had no impact on the addressing the development needs of the social protection system as such and little positive impact on the environment that enables such development e.g. diversifying service designs according to local needs, fostering cross-sectoral services, etc.</td>
<td>The ISA Training Programme should have both strategic and operational link with other capacity building activities within the Ministry of Labour and Social Policy to avoid fragmentation of effort and consequently improve the overall impact on the social protection system.</td>
<td>The ISA Training Programme needs to be put in the context of the overall capacity building activities for better social protection run by the Ministry of Labour and Social Policy.</td>
<td>Medium</td>
<td></td>
</tr>
</tbody>
</table>
Overall, the ISA Training Programme is relatively sustainable to continue without UNICEF investment. The core training component is most sustainable to continue as it supports ISA responsibility for licensing required by law.

Continuous professional development component of the ISA Training Programme is likely to transform into a mix of some specialized training within the programme in conjunction with external training. This reduces its sustainability as external training depends on the resources and political agendas of the external training providers.

| Sustainability | The continuous professional development component of the ISA Training Programme needs to enhance its sustainability. | MoLSP and ISA | Separate licensing and continuing professional development Setting up a specific strategic goal and short-term objectives related to professional development Redesign the ISA Training Programme in a way that is outcome-oriented. | MoLSP and ISA | Medium |
6. Case Study

Introduction

This case study is based on the analysis of a Day care Centre as it provides an illustrative example in terms of the needs for development of alternative services as well as in terms of the achievements for working with children and parents. The case study attempts to reveal how the ISA Training programme has or may have been influenced the service and also to demonstrate potential solutions for maximizing the ISA Training Programme potential for impact.

The data has been collected by conducting an interview with the manager and staff members, making a desk review and an observation of the work in the centre.

This DCC team is mostly challenged by finding ways to individualise their work with children, to build the necessary skills for sensory intervention, labour therapy, speech therapy and rehabilitation. The assumption of this case study is that if these people are offered specialised training modules, on-the-job trainings, additional professional support, capacity-building activities (such as supervision and intervision) both on individual level and as service team, there would be a good base on which to build and develop their skills. In this way, they would get the chance to make their service far better and of high quality.

Background

- The service
The Day care Centre for children with cerebral palsy is located in the city of Skopje and it is the only one of its kind in the former Yugoslav Republic of Macedonia, opened in 2006.

- The children and parents
The services are used by children between 4 and 18 years old but often they are even older than that. The main eligibility criterion for using the service is to being diagnosed with cerebral palsy, but in fact, all of the children have multiple disabilities and complex needs. The total number of users is 44. They use daily and hourly services. An important fact is that one of the girls with complex needs is a student at a University. Some children are almost entirely immobilised (Quadri palsy). Also, the beneficiaries of the DC seem quite relaxed and calm; there are a lot of toys, didactic objects and instruments for developing social and educational skills.

- The team
A team of professionals (defectologists and rehabilitators) works with the children and their parents. They have participated in different projects and trainings connected with increasing their capacity and applying different models of working with the children (e.g. Montessori therapy). These trainings have helped them to think about the children in a different way, to know that they have a possibility to develop their skills and how to do that. Over the years, they have achieved a relatively good level of working with the parents, working well as a team and applying individual techniques. The story of Ja is an illustration of this.

Ja is a girl, who is 28-years-old, has a severe physical disorder and mild intellectual disability. She studies in a school for children with special needs. Her short-term memory is not developed. She wants to go to the centre every day and everyone has decided not to tell her when it is Friday, because she gets very upset that she would not go to the centre during the weekend. The main goal
of her individual plan is to maintain the social skills that she has already developed, in order to manage everyday activities at home in the family and prevent social exclusion. Due to the fact that she is 28-years-old, she has to leave the Day care Centre, although she and her parents are satisfied with the DC and she would like to continue visiting the centre. At the same time, there are no other services for people in her situation and she has to stay at home. The team of the DC is constantly working with her family in order to plan together how she could continue her life after leaving the centre. The parents have not participated in making an individual assessment, but the plan is discussed with them all the time.

The team in the centre still needs to develop additional skills regarding working with parents, specific techniques for involving the parents in the process of assessment, skills for setting specific goals, etc. Instead, the trainings they were provided (part of the ISA Training Programme) are highly theoretical and not connected with their actual work. For example, they have been trained in the topics of communication and teamwork, which has helped was generally seen as interesting, but has not impacted the quality of the services they provide.

**Alternatives**

The team refereed to an interesting training workshop attended by only one team member. She was trained on sexual development but that training was defined as insignificant for their practice in the centre. Furthermore, their experience with their clients’ sexual behaviour is very different from what was presented in the training and very irrelevant. For instance, the training taught them about condom use by the clients which is not applicable for most of them because they their clients are immobilised to a great extent. Rather, the team struggles to find solutions to issues they face in their everyday practice, for example, how to negotiate handling the specific steps of the sexual development of the children with their parents, especially when families have diverse range of upbringing values, traditional attitudes, coming from different ethnical backgrounds (e.g. Muslim) or social status.

**Proposed Solution/Recommendations**

The alternative would be for the staff in the service to receive specialised and customised training. In order to achieve that, an analysis of their specific needs should be made, and use it as a base of the trainings. Moreover, the support should be provided continuously with a customised duration and format. Other capacity-building interventions should also be employed, beside classical training such as external and independent clinical supervision (individual or/and group), reflective and self-reflective formats such as Ballint groups, Action Learning Sets and others of the kind, mentorship, etc.

Overall, the topic of support for the children with disabilities and their families should be reflected in the programme for continuous professional development. The more specific and connected to practice they are, the bigger the possibility for the training to influence the services. The two key topics connected to functioning of the social services, i.e. case management and working with parents, should be incorporated in this training programme, not just present in it theoretically.

Also, the trainings should be conducted at a team level facilitating the system level change translating on service level, rather than individual team members.

The proposed approaches have a very good chance to potentially maximise the effect on the quality of this service.
7. Annexes

7.1. Evaluation Matrix

Table 16 Evaluation Matrix

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Sub questions</th>
<th>Data Collection Methods</th>
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<tbody>
<tr>
<td>Relevance</td>
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</table>
| Has the ISA Training Programme been aligned to governments and partners’ priorities/policies/reform agendas? | • Which government’s policies and partners’ priorities has the ISA Training Programme been aligned to? How?  
• Which social policy reform agendas has the ISA Training Programme been aligned to? How? | • Desk review  
• Interviews MoLSP, ISA staff, UNICEF                                             |
| How adequately does the ISA Training programme build on the needs of academic training of social protection staff? | • Does the ISA Training programme curriculum complement the academic curriculum? How?  
• Does the ISA Training programme consider the potential differences in social work concepts, approaches and paradigm between the academic environment and national reform agendas in the country? | • Desk review  
• Interviews academia and ISA  
• Focus group with social protection staff                                           |
| Has the ISA Training Programme (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 | • Are CRC, gender mainstreaming and HRBA principles reflected in the design, training objectives, training content and training methods of the Training Programme? If yes, how?  
• Are gender differences reflected in the conceptual frameworks, objectives, methodology, expected outputs and anticipated impact of the ISA Training Programme?  
• Did the training team include members with explicit gender analysis experience? | • Desk review  
• Interviews ISA staff, UNICEF                                                     |
## Evaluation questions

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Sub questions</th>
<th>Data Collection Methods</th>
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</table>
| gender mainstreaming and HRBA?                                                       | • How was participation ensured as an overarching principle in the Programme:  
  - Extent to which participants have a vision of the changes in service quality expected to be achieved through respective training?  
  - Extent to which trainees have a clear understanding of expected responsibilities and tasks needing change as a result of the training  
  - Extent training results monitoring and participants’ feedback is integrated into a system of strategic planning cycle of the Training Programme. | • Interviews ISA staff  
• Focus group with social protection staff                                                                                                               |
| To what extent are the by-laws, policies and other documents that regulate continuous professional development for social protection staff relevant for the reform process? | • What strategic documents regulate the continuous professional development?  
• Is the ISA Training Programme in line with the existing national strategies for professional development of social protection staff including licensing system for social protection staff? | • Desk review  
• Interviews MoLSP, ISA staff, academia  
• Focus group with social protection staff                                                                                                             |
| How relevant and gender sensitive are the capacity building activities for professionals for CSW staff to deliver quality services to children in-line with the ISA Training Programme? | • Does the design of Training Programme take into account:  
  - the specific features of the services  
  - the individual needs of participants  
  - the needs of follow-up professional support  
  - process of selection of relevant participants for each specific module  
  - gender equality principles | • Desk review  
• Interviews MoLSP, ISA staff  
• Focus group with social protection staff                                                                                                             |
### Evaluation questions

**To what extent are the data collecting and monitoring activities for the delivery of the ISA Training Programme relevant for the country context?**

- Is there a performance measurement system in place?
- If so, does the performance measurement system consider monitoring changes in those aspects of service delivery that can be influenced by the ISA Training Programme?
- Does performance measurement inform the planning process of the ISA Training Programme?
- Does the data collection and monitoring system in the ISA Training Programme take into account any possible turmoil in the social protection system (political changes, economic situation, radical changes etc.)?

### Efficiency

**Have UNICEF’s resources invested in the development and delivery of the Training Programme been used in the most efficient manner?**

- What resources have been invested in the ISA Training Programme?
- How did ISA use the resources? What deliverables did the investment convert into?
  - Were these resources used efficiently?

**Would there have been a more cost-effective way to achieve the expected results?**

- What alternative ways of investing the resources had been considered? How was the selected approach chosen? Why?

**Has the Training Programme been successful in leveraging governments’ political will and financial resources to address the social protection sector reform?**

- What other resources were used for the ISA Training Programme other than UNICEF’s?
- Did the government provide continuous support for the ISA Training Programme throughout its period of delivery? How sufficient was that?
- What additional support does ISA need to ensure efficient delivery and management of the

### Data Collection Methods

- Desk review
- Interviews MoLSP, ISA staff
- Focus group with social protection staff
- Interview with ISA, UNICEF
- Interview ISA, MoLSP
- Interview ISA, MoLSP
### Evaluation questions

<table>
<thead>
<tr>
<th>Sub questions</th>
<th>Data Collection Methods</th>
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</thead>
<tbody>
<tr>
<td><strong>How well the implementation of activities has been managed? What management and monitoring tools have been used and what tools could have been used?</strong></td>
<td>• Interview ISA, MoLSP</td>
</tr>
<tr>
<td>• What management tools (including M&amp;E) were used for the ISA Training Programme? Were they efficient (did they help in identifying and solving bottlenecks)?</td>
<td>• Focus group and interviews with social protection staff</td>
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<tr>
<td>• How was organization of the trainings in relation to:</td>
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<tr>
<td>- Ensuring complementary and continuity of the training process and content (i.e. how training modules build on each other to avoid being delivered in isolation)</td>
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<tr>
<td>- Optimal number in order to involve the participants and to ensure “learning by doing” process</td>
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<tr>
<td>- Consistency of participants</td>
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<tr>
<td>- Duration of the modules</td>
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<tr>
<td>- Ratio between the number of participants and the number of trainers</td>
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<tr>
<td>• What is the system of monitoring professional development of the trainees after the training?</td>
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<tr>
<td>• What room of improvement of management and M&amp;E is there to increase the ISA Training Programme efficiency?</td>
<td></td>
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<tr>
<td><strong>Did ISA ensure coordination with other similar programme interventions to encourage synergies and avoid overlap?</strong></td>
<td>• Interview with ISA, NGOs, academia, social protection staff</td>
</tr>
<tr>
<td>• What other interventions by other actors are there aiming to increase the capacity of the social protection sector?</td>
<td></td>
</tr>
<tr>
<td>• Is the ISA Training Programme adequately coordinated with other available capacity building</td>
<td></td>
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</tbody>
</table>
## Evaluation questions

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Sub questions</th>
<th>Data Collection Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>interventions? If yes, how?</td>
<td></td>
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</tr>
</tbody>
</table>
| **What strategies/core roles of UNICEF have been most efficient in influencing improvements in the continuous professional development for social protection staff?** | • Which core roles of UNICEF have been employed to influence improvement of continuous professional development of social protection staff?  
• Was there a good mix of core roles?  
• Could UNICEF have employed other strategies to better influence the continuous professional development for social protection staff | • Interview UNICEF  
• Interview ISA, MoLSP |
| **Effectiveness**                                                                    |                                                                                                                                                                                                               |                         |
| Have the planned results been achieved (quantitative and qualitative)?                | • What were the specific expected outcomes for the social protection staff and system of the ISA Training Programme?  
• Desk review  
• Interview with ISA, UNICEF                                                                 |                         |
| **What specific changes did the ISA Training Programme contribute to on the different levels of the social protection system as a result of training received over the last 5 years?** | • Changes on Individual level (trainees):  
  • Has knowledge on each of the training topics improved?  
  • Have skills on each of the training topics improved?  
  • Did trainees feel that their new skills are accepted, understood and supported in their work environment (other team and management)?  
  • Have trainees’ attitudes related to each of the training topics changed?  
• Focus group with social protection staff  
• Interview with ISA, social protection staff  
• Online survey questionnaire                                                                 |                         |
<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Sub questions</th>
<th>Data Collection Methods</th>
</tr>
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<tbody>
<tr>
<td>• Have professionals developed a more result-oriented approach in working with their clients?</td>
<td>Changes on organizational/team/service level:</td>
<td></td>
</tr>
<tr>
<td>• Has management of service improved in relation with:</td>
<td>- Planning, e.g. how the service will improve the work with clients</td>
<td></td>
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<tr>
<td>• Has the service quality in relation with:</td>
<td>- Collection of feedback, e.g. communication mechanism between CSW and service operation management</td>
<td></td>
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<tr>
<td>• Has any resource restructuring occurred in line with possible organizational changes resulting from training:</td>
<td>- Systematic Quality Improvement, e.g. monitoring and evaluation of the service quality</td>
<td></td>
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<tr>
<td>•</td>
<td>- Process of individual needs assessment and care planning</td>
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<tr>
<td>•</td>
<td>- Work with family</td>
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<tr>
<td>•</td>
<td>- Involvement of the clients in decision-making &amp; evaluation</td>
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<tr>
<td>•</td>
<td>- Promotion of quality of life</td>
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<tr>
<td>•</td>
<td>- division of responsibilities restructured within the team of the service</td>
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<td>•</td>
<td>- new/changed responsibilities in job descriptions, new staff appointed, changes in resource allocation within team</td>
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<td>•</td>
<td>- changes in timing of team/individual work</td>
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</tbody>
</table>
Evaluation questions | Sub questions | Data Collection Methods
---|---|---
- changes in communication  
- changes in working methods as an individual and group work, working hours, time spent on certain activities  
- changes in salaries/bonus system  
- new/changed documentation
- Were those changes perceived as a) helpful to staff members, b) perceived as improving the quality of work with children?
- Has the work of other staff members (not trained or attending different training) with children been affected by the training of their colleagues?

**Changes on system level:**
- Is there post-training support in place for trainees as a mechanism to support the transition of the new skills into practice e.g. role models, mentors, experts on call, follow-up consultation, supervision (group/individual)?
- Are the ISA Training Programme and the system for licensing social workers in line with each other?
- Are there any changes that occurred in the academic training of social protection professionals in line with the Training programme?

To what extent did the design and delivery of the Training Programme contribute to strengthening monitoring and reporting capacities in the social protection system?
- What is the mechanism for monitoring and reporting of the social protection system?
- Does the ISA Training Programme link with that mechanism? (e.g. is it in line with it and/or does it target to improve it, etc.)
- Interview with ISA, social protection staff
### Evaluation questions

<table>
<thead>
<tr>
<th>Protection sector?</th>
<th>What effect did the ISA Training Programme have on the monitoring and reporting capacity of the social protection system?</th>
</tr>
</thead>
</table>
| How successful was the Training Programme in establishing and developing the national level mechanism for continuous professional development of social protection staff? | What is the national level mechanism for continuous professional development of social protection staff?  
• How did that change over the last 5 years? Were these positive or negative changes?  
• Did the ISA Training Programme contribute to any of these changes? |
| To what extent the Training Programme contributed to building the capacities of the CSW staff to provide services to children, and what are the options or possibilities for expanding and scaling? | What is the capacity of CSW staff to provide services to children?  
• How did the ISA Training Programme affect that potential?  
• Is there more potential for the ISA Training Programme to influence the capacity of CSW staff to provide services to children? |
| Has the Training Programme provided any additional (not directly planned) significant contribution or outcome in the social protection sector? | Was the intervention implemented according to plan? If not, why not? And what was done about it?  
• Were any unplanned effects (positive or negative) observed? |
| Has the Training Programme provided any additional (not directly planned) significant contribution or outcome in the social protection sector? | What proportion of trained professionals remained in the system of social protection? |

### Data Collection Methods

| Interview with ISA, NGOs, academia, social protection staff  
• Desk review  
• Interview with ISA |
## Evaluation questions

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Sub questions</th>
<th>Data Collection Methods</th>
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</table>
| differences?                                                                        | • Has the social protection staff’s understanding of how to reduce gender-based differences in their work improved as a result of the training?  
• Have these potential changes in understanding transform into change in service practices? (e.g. Identify alternative approaches/policy recommendations to ensure that social services provide equal opportunities and benefits equally to both girls and boys)  
• What are the most significant successes of the ISA Training Programme? What contributed to those successes?  
• Did the implementation of the ISA Training Programme face any challenges? How and to which extent were they overcome?  
• Was additional support identified or provided to overcome implementation challenges? What form did this support take, who provided it and to what effect?  
• What were the risks to achieving the intervention’s objectives? Were the risks managed appropriately? | • Interview with ISA, MoLSP, social protection staff, UNICEF  
• observations  
• Interview with ISA, MoLSP, social protection staff, UNICEF                                                                                                                                                                                                                                               |
| Has the Training Programme provided any additional (not directly planned) significant contribution or outcome in the social protection sector?  
To what extent was the design and delivery of the Training Programme successful in reducing gender-based differences?  
What factors affected the Training Programme’s successes and failures? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                           |
| Impact                                                                             | • Is the attendance in training bound to the individual professional development plan of each professional?                                                                                                                                                                                                                                                                                                                                                                                               | • Interview with ISA  
• Interview with                                                                                                                                                                                                                                                                                                                                                   |
<table>
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<tr>
<th>Evaluation questions</th>
<th>Sub questions</th>
<th>Data Collection Methods</th>
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</table>
| to children at risk?                                                                 | • How have professional practices in the services changed as a result of training?  
• Compared to 5 years ago how has the overall service quality changed (better, same, worse)? The extent to which possible changes are attributable to training?  
• Did the ISA Training Programme contribute to any observed progress in the development of children beneficiaries and the lives of their families?  
• As a result of the ISA Training Programme are there improvements of quality of care for children that are reported by trainees/parents?  
• Did the ISA Training Programme bring about any changes in the lives of the families and children at risk?| social protection staff  
• Focus group with social protection staff  
• Focus group with parents  
• Online survey questionnaire                                                                                                           |
| Did the ISA Training Programme contribute to any observed progress in the development of children beneficiaries and the lives of their families? |                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |
| Sustainability                                                                                                                                  |                                                                                      |                                                                                                   |
| What is the likelihood to achieve sustainability for the ISA Training Programme without UNICEF support? | • Is the continuing professional education backed with the necessary resources in terms of trainers, programs, training materials, financial resources, legislative framework etc.?  
• What resources are needed to continue the ISA Training Programme in the same or better quality in the future?  
• Are any areas of the intervention clearly unsustainable? | Interview with ISA, MoLSP, UNICEF                                                                                                                        |
| What would be the transformed engagement of UNICEF in part of exercising its Core Roles in the future? | • What is the extent to which ISA has sufficient capacity to continue to run the Training Programme without UNICEF support?  
• What areas of the ISA Training programme would still need support? Have sources been identified for that support or not? | Interview with ISA, MoLSP, UNICEF                                                                                                                        |
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<th>Evaluation questions</th>
<th>Sub questions</th>
<th>Data Collection Methods</th>
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</table>
| Did the design and delivery of ISA’s Training Programme promote ownership among relevant partners? | • Has ISA identified sources for support to ensure the future of the Training Programme?  
• What are the chances that support is leveraged?  
• Has Training Programme improved ISA capacity to effectively run the Training programme in the future? | • Interview with ISA, MoLSP, UNICEF |
### 7.2. Full list of training modules/topics

Table 17 All the trainings provided per modules per year 2012-2016 (numbers indicate participants in the module)

<table>
<thead>
<tr>
<th>Module Description</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1 Promote equality and value diversity of people</td>
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<tr>
<td>M2 Communicating with people</td>
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<tr>
<td>M3 Understanding the needs and working with at-risk children</td>
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<tr>
<td>M4 Engaging with families</td>
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<tr>
<td>M5 Engaging with communities</td>
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<tr>
<td>M6 Reflecting on the practice of using one-to-one review and personal development planning</td>
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<tr>
<td>M7 Planning and implementing therapeutic activities</td>
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<tr>
<td>M8 Social group work</td>
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<td></td>
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<tr>
<td>M9 Care management</td>
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Other training (also considered for licensing[^95]):

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<td>Working with persons addicted to drugs</td>
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<td>&quot;Improving socialization of children in the Daycare centers and foster families&quot;</td>
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<td>Training for volunteers of the Red Cross and patrol social workers for work with homeless persons and street people</td>
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<td>Training of foster families for raising the quality of care and consideration of the needs of careers</td>
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[^95]: Reliable and verifiable data on the duration of those additional training is not available.
### Training Program for Continuous Professional Development of Social Protection Staff

#### Final Report by Junction Bulgaria

<table>
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<tr>
<th>Training Activity</th>
<th>Participants</th>
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<td>Training of SOS mothers and SOS aunts</td>
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<td>Training program for people who provide support to users located in residential communities for organized life support – PORAKA</td>
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<td>Training on, anti-discriminatory practices for work with the Roma community, supported by the OSCE – ODIHR for participants from several institutions (CSW, Agency for employment and Fund for Health incurred)</td>
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<td>Training on „Social Work and marginalized communities“</td>
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<tr>
<td>Training for work with persons with disabilities</td>
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<tr>
<td>Training for work in counseling centers Module 3 / Module 4</td>
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<tr>
<td>Training for Juvenile Justice</td>
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<td>Custody of children - victims of trafficking (GIZ)</td>
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<td>Training for work in counseling centers</td>
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<td>Training for work in the child friendly rooms</td>
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<td>Training for work with street children</td>
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<td>Training in the Home for infants and toddlers Bitola - to assess the needs of children and stimulate the child development</td>
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<td>Training for practical implementation of professional (experts) documentation in the work with children in the Children's Home “11 October Skopje“</td>
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<td>Promotion of standards and procedures for CSW</td>
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<td>Working meeting with the directors of the CSW and Institutions for social protection “Joint capacity building“</td>
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<td>On job trainings for implementation of standards for marriage and family</td>
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<td>Trainings for monitoring of standards for justice for children</td>
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<td>Workshops for implementing the process of reorganization and transformation of the institution for fostering children with an educational and social problems and behavioral problems</td>
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<td>Workshop on monitoring of the implementation of the Manual for adoption</td>
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<td>Trainings on topic „Sexuality, sexual and reproductive health and rights of persons with disabilities“</td>
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<td>Training on &quot;Protection of the children rights“</td>
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| Trainees (passed ISA training) _reported | 177 843 906 881 n/a 2807 |
| Trainees passed other trainings | 5 406 247 338 104 |
Table 18 Template for monitoring of ISA Training Programme

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## Объяснение за содржините на обука-поврзани со одредени модули

Модул 1 и Модул 2 - Антидискриминация
Модул 3 и Модул 4 - ДУ-деца на улица
Модул 6 - МОН - мониторинг-преглед еден на еден
Модул 11 - Рег.работ.,раб.декември,Басме,стандарди-норми,орг.систематизация,Обука ПИМ, Обука КПР,
Модул 15 - Посвојување
Модул 18 - трговија со луѓе - Злоупотреба на деца-
Осн-основна обука - (Модул 1, Модул 2, Модул 3, Модул 4-Модул 5 и Модул 6)

**Други обуки:** МП-малолетничка правда , СН-семејно насилиство , Сов.брак, Алкохолизам,советувалиште,згриж.сем.,СС-сместени деца , Сензорна интеграција, Лирикус, СРЗ-Хера, Save, PRIDE-Прајд, кариера
7.4. Concepts defined

The following is a list of key concepts defined on which the evaluation team’s understanding was based and which have been used in this report to analyse the implementation of the ISA Training Programme.

SERVICE QUALITY\textsuperscript{96}:

A quality social service is a service where the service delivery process is designed in a way that:

- **Based on the needs of persons served:** the needs of the persons served and ensuring their rights as of the Convention of Children’s right and the Convention for the Rights of People with Disabilities (including their right to participate in planning the service delivery)
- **Ensure competence of staff** in terms of skilled professionals, good working conditions, available training and development of staff, appropriate staff levels and staff ratio, and volunteers; staff ensures respect for human dignity, ethical code for professionals and ensuring safety and security
- **Service design is comprehensive and person-centred** i.e. services are tailor-made, close to the client’s home and affordable; are comprehensive i.e. Holistic approach, Promotion of quality of life, Seamless provision of services, access to multi-disciplinary supports and services
- **Is benefit and result-oriented** i.e. seek to achieve benefits for the user, record outcomes and review results.

CASE MANAGEMENT\textsuperscript{97}:

Modern social work practice that uses the case management approach involves the beneficiary in identifying actions and strategies to improve their situation. An essential component of case management is the periodic and planned review of the intervention plan by the case manager with the beneficiary.

INTEGRATED SERVICE\textsuperscript{98}:

A type of collaboration, partnerships or networks between providers of health and social care services [and education] that work together to meet the multidimensional needs of an individual patient/client or a category of persons with similar needs/problems.

CAPACITY DEVELOPMENT\textsuperscript{99}:

Developing capacity encompasses interventions targeted three points where capacity is grown and nurtured:

- **in an enabling environment:** The enabling environment is the broad social system within which people and organizations function. It includes all the rules, laws, policies, power relations and social norms that govern civic engagement. It is the enabling environment that sets the overall scope for capacity development.
- **in organizations:** The organizational level refers to the internal structure, policies and procedures that determine an organization’s effectiveness. It is here that the benefits of the enabling environment are realized.

\textsuperscript{96} Defined through the European Common Quality Framework for Social Service of General Interest
\textsuperscript{97} Defined through: Situation and Gap Analysis: Revision and development of comprehensive social work standards for centres of social work, P. Evans, 2\textsuperscript{nd} Oct 2011
\textsuperscript{98} Defined through the definition of integrated care by Kodner & Spreeuwenberg, 2002; Nies & Berman, 2004
\textsuperscript{99} Defined through UN Guidelines: \url{http://www.undp.org/capacity}; CAPACITY DEVELOPMENT: A UNDP PRIMER
environment are put into action and a collection of individuals come together. The better resourced and aligned these elements are, the greater the potential for growing capacity.

(4) within individuals: At the individual level are the skills, experience and knowledge that allow each person to perform. Some of these are acquired formally, through education and training, while others come informally, through doing and observing. Access to resources and experiences that can develop individual capacity are largely shaped by the organizational and environmental factors described above, which in turn are influenced by the degree of capacity development in each individual.

FORMAL CARE

All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures; Specifically, the formal care includes foster care, placement in foster families, social welfare institutions or small group homes, organised living with support and placement in centres for victims of domestic violence.

INFORMAL CARE

Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body. Specifically, the informal care includes adoption, right to daily accommodation in day care centres, rights of social financial assistance, other assistance and other services of social welfare.

CLINICAL SUPERVISION

Clinical supervision is a formal and disciplined working alliance that is generally, but not necessarily, between a more experienced (but always independent) and a less experienced worker, in which the supervisee's clinical work is reviewed and reflected upon, with the aims of: improving the supervisee's work with clients; ensuring client welfare; supporting the supervisee in relation to their work, and supporting the supervisee's professional development.

ORGANISATIONAL DEVELOPMENT CONSULTANCY

Consultancy where working with a system/organisations representatives seeks to influence the members of an organization/system to expand their candidness with each other about their views of the organization and their experience in it, and to take greater responsibility for their own actions as organization members. The assumption behind OD is that when people pursue both of these objectives simultaneously, they are likely to discover new ways of working together that they experience as more effective for achieving their own and their shared (organizational) goals. And that when this does not happen, such activity helps them to understand why and to make meaningful choices about what to do in light of this understanding.”

101 Ibid.
### 7.5. List of respondents

**Table 19 List of Respondents**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution/Organization</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr. Aleksandar Lazoski</td>
<td></td>
<td></td>
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<tr>
<td>Mr. Vladimir Lazovski</td>
<td></td>
<td></td>
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<tr>
<td>Ms. Marija Mokrova</td>
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<tr>
<td>Ms. Elka Todorovska</td>
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<td></td>
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<tr>
<td>Ms. Sofija Spasovska</td>
<td></td>
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</tr>
<tr>
<td>Ms. Tatjana Ristova Dimova – Director</td>
<td>Institute for Social Activities</td>
<td>Oct.18, 2016</td>
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<tr>
<td>Ms. Sonja Kiprovska</td>
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<tr>
<td>Ms. Vesna Somajlovsksa</td>
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<tr>
<td>Ms. Nevena Petrovska</td>
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<tr>
<td>Ms. Snezana Pajovik Mishevsksa</td>
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<tr>
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<tr>
<td>Ms. Alenka Binicki Arsenovski</td>
<td></td>
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</tr>
<tr>
<td>Mr. Filip Babamov</td>
<td>NGO SOS Child Village</td>
<td>Oct.18, 2016</td>
</tr>
<tr>
<td>Ms. Jagoda Naskoska</td>
<td></td>
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</tr>
<tr>
<td>Ms. Arijeta Alije</td>
<td>CSW Tetovo</td>
<td>Oct.19, 2016</td>
</tr>
<tr>
<td>Mr. Bedzet Kamberi</td>
<td>DCC Tetovo</td>
<td>Oct.19, 2016</td>
</tr>
<tr>
<td>Mr. Ilias Alija</td>
<td>CSW Tetovo</td>
<td>Oct.19, 2016</td>
</tr>
<tr>
<td>Ms. Radica Perinska</td>
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<tr>
<td>Mr. Valdet Neziri</td>
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<td>Ms. Giurgica Noveska</td>
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<td>Ms. Vera Dimitrieska</td>
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<td></td>
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<tr>
<td>Ms. Hatidje Islami</td>
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<tr>
<td>Prof. Marija Donevska</td>
<td>Faculty of philosophy</td>
<td>Oct.19, 2016</td>
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<tr>
<td>Prof. Ivan Trajkov</td>
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<td>Oct.19, 2016</td>
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<tr>
<td>Mr. Ljupco Gacevski</td>
<td>CSW Skopje</td>
<td>Oct.20, 2016</td>
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<tr>
<td>Name</td>
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<tr>
<td>Ms. Lizabella P. Manevska</td>
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<tr>
<td>Ms. Tanja Mishovska Stojkovska</td>
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<tr>
<td>Ms. Ana Panceva</td>
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<td>Ms. Elizabeta P. Petkoska</td>
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<td>Ms. Snezana Kasuspeva</td>
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<tr>
<td>Mr. Dushan Tomshik</td>
<td>UNDP</td>
<td>Oct. 20, 2016</td>
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<tr>
<td>Mr. Vlatko Pecevski</td>
<td>DCC Cerebral Palsy</td>
<td>Oct. 20, 2016</td>
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<tr>
<td>Ms. Marija Trifunovska</td>
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<tr>
<td>Ms. Dobrinka Davidkovska</td>
<td>DCC Kriva Palanka</td>
<td>Oct. 20, 2016</td>
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<tr>
<td>Ms. Daniela Jakimovska</td>
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<tr>
<td>Ms. Violeta Gadzovska – Director</td>
<td>CSW Bitola</td>
<td>Nov. 03, 2016</td>
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<tr>
<td>Ms. Konstandina Ivanova</td>
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<tr>
<td>Ms. Marina Krstik</td>
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<td>Nov. 03, 2016</td>
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<tr>
<td>Ms. Pavlina Kolevska</td>
<td>CSW Bitola</td>
<td>Nov. 03, 2016</td>
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<tr>
<td>Ms. Suzana Lozanovska</td>
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<tr>
<td>Ms. Bilijana Velkovik</td>
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<td>Ms. Dudi Jaja</td>
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<td>Ms. Konstandina Ivanova</td>
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<tr>
<td>Ms. Snejana Dimovska</td>
<td></td>
<td></td>
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<tr>
<td>Ms. Liubinka Vasileska</td>
<td></td>
<td></td>
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<tr>
<td>Ms. Goce Strachkovski</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms. Natasa M. Lazarevska</td>
<td>Baby home</td>
<td>Nov. 03, 2016</td>
</tr>
<tr>
<td>Ms. Sonja Arsova - Director</td>
<td>CSW Skopje</td>
<td>Nov. 04, 2016</td>
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<tr>
<td>Prof. Jovan Peikovski</td>
<td>Licensing Committee</td>
<td>Nov. 04, 2016</td>
</tr>
<tr>
<td>Ms. Daniela Stoikovska</td>
<td></td>
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<tr>
<td>Ms. Ristenka Atanasovska</td>
<td>Children’s home 11th October</td>
<td>Nov. 04, 2016</td>
</tr>
<tr>
<td>Mr. Vlatko Aleksov</td>
<td>GIZ</td>
<td>Nov. 04, 2016</td>
</tr>
<tr>
<td>Mr. Vladimir Ortakovski</td>
<td>DC Shuto Orizari, NGO “Defence for children’s rights”</td>
<td>Nov. 04, 2016</td>
</tr>
<tr>
<td>Ms. Irena Velkoska</td>
<td></td>
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</tr>
</tbody>
</table>
7.6. Informed Consent

Introduction and Study Purpose

My name is [name]. I am working on behalf of the UNICEF Macedonia. I am part of a team who is conducting Evaluation of the training programme for continuous professional development of social protection staff.

Material Benefits

The evaluation of the ISA Training Programme will provide evidence of the impact and the results achieved by ISA and the Training Programme, identify bottlenecks and barriers in implementation and provide recommendations for future activities. There are no direct material benefits to individuals participating in the research.

Types of Questions

I will ask you questions about the training needs of social protection staff, the description of ISA Training Programme, its results and effects.

Skipping Questions or Ending Participation

You can decide not to participate in the interview, focus group discussion or you can tell me that you prefer not to answer a specific question, and I will skip the question. There is no need to answer any questions that make you feel uncomfortable. If you like, you can end the interview at any time and this will not affect your relationship with UNICEF.

Confidentiality

All of your answers will be kept private and confidential, and the only people who will have access to this information are the researchers for the study. When we write up the results of the study, we will not connect your name to anything that you said.

Contact

If you have any questions about the research, or if problems arise, you may contact UNICEF Macedonia.

Are you willing to participate in this study?  Yes / No

If no, explain why: __________________________________________________________

If yes, the interviewer should sign below and continue with the interview.

I confirm that I have given all the above information to the participant, and s/he has agreed to participate.

Researcher’s Signature: ____________________________

Date: ______________
### 7.7. Field mission schedule

**Table 20 Field mission schedule**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Organisation</th>
<th>Position</th>
<th>Name*</th>
<th>Contacts</th>
<th>Location</th>
<th>Dates</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Briefing</td>
<td>UNICEF</td>
<td>ISA Training Programme Coordinator/Monitoring specialist</td>
<td>Mr. Aleksandar Lazoski Mr. Vladimir Lazovski</td>
<td>Skopje</td>
<td>18.10.2016</td>
<td>9,30-11,00</td>
<td></td>
</tr>
<tr>
<td>IDI</td>
<td>MLSP</td>
<td>Expert/Manager engaged</td>
<td>Валдега Вукељ</td>
<td>Skopje</td>
<td>18.10.2016</td>
<td>11,15 – 12,30</td>
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<tr>
<td>IDI</td>
<td>Institute for Social Activity (ISA)</td>
<td>Manager</td>
<td></td>
<td>Skopje</td>
<td>18.10.2016</td>
<td>13,00 – 14,00</td>
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<td>FGD</td>
<td>Institute for Social Activity (ISA)</td>
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<td>18.10.2016</td>
<td>14,00 – 15,00</td>
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<td>Beneficiaries of Social protection services through Director of CSW</td>
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<td>Skopje</td>
<td>18.10.2016</td>
<td>15,00 - 16,00</td>
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<tr>
<td>IDI</td>
<td>World Bank</td>
<td>Programme officer</td>
<td>Mr. Bekim Imeri</td>
<td>Skopje</td>
<td>18.10.2016</td>
<td>16,00 – 17,00</td>
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<tr>
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<td>CSO - SOS CHILD VILLAGE</td>
<td>Manager/Expert</td>
<td>Mr. Kristijan Nuskov</td>
<td>Skopje</td>
<td>18.10.2016</td>
<td>16,00 - 18,00</td>
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<td>Mr. Naser Sadiki</td>
<td>Tetovo</td>
<td>19.10.2016</td>
<td>10,30 - 11,30</td>
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<td>Tetovo</td>
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<td>Tetovo</td>
<td>19.10.2016</td>
<td>12,30 - 14,00</td>
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<td>View</td>
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<td>Date</td>
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<td>Beneficiaries of Social protection services</td>
<td>Tetovo</td>
<td>19.10.2016</td>
<td>12,30 - 14,00</td>
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<tr>
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<td>Academia representatives</td>
<td>Professor in Social Science/Social Work</td>
<td>Skopje</td>
<td>19.10.2016</td>
<td>15,30 - 16,30</td>
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<td>19.10.2016</td>
<td>15,30 - 16,30</td>
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<td>IDI</td>
<td>UNICEF</td>
<td>Deputy Representative, Social Protection Specialist and Monitoring and Evaluation Specialist</td>
<td>Skopje</td>
<td>20.10.2016</td>
<td>9,00 - 10,30</td>
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<td>20.10.2016</td>
<td>9,30 - 11,30</td>
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<td>12,00 - 13,00</td>
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<td>12,00 - 13,00</td>
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<td>vo nejzino otsustvo kontaktirano e so Aleksandar Kocevski</td>
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<td>Beneficiaries of Social protection services</td>
<td>ISA will contact CSW</td>
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<td>12,00 - 14,00</td>
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<tr>
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<td>Care institutions for children</td>
<td>Manager - Dom za doencija Bitola</td>
<td>Ms. Natasa M. Lazarevska</td>
<td>Bitola</td>
<td>03.11.2015</td>
<td>14,30 - 15,30</td>
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<td>13,00 – 14,00</td>
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<td>Dir. R. Atanasovska</td>
<td>Skopje</td>
<td>04.11.2016</td>
<td>13,00 – 14,00</td>
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<tr>
<td>Observation</td>
<td>Care institution for children</td>
<td>11 Oktomvri - Dir. R. Atanasovska vo nejzino otsustvo kontaktirano so Vera Petrovska 076 445 142</td>
<td>Skopje</td>
<td>04.11.2016</td>
<td>14,00 - 15,00</td>
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<td>Debrief</td>
<td>Unicef</td>
<td>debriefing</td>
<td>Skopje</td>
<td>04.11.2016</td>
<td>15,15 - 16,00</td>
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</table>

* We will keep strict confidentiality though the names and the contacts are necessary for the organisation of the fieldwork.
7.8. Terms of Reference Evaluation of the Training Programme for Continuous Professional Development of Social Protection Staff in the former Yugoslav Republic of Macedonia

- BACKGROUND AND CONTEXT

The former Yugoslav Republic of Macedonia has made moderate gains over the past two decades in terms of both economic growth and political reform. However, the benefits of economic development have not been evenly distributed; both absolute and relative poverty rates remain high. In 2014, the overall at-risk-of-poverty rate was 22.1 per cent, while 29 per cent of children were living in poverty. Development gains have varied widely by region and ethnic group, and in some instances the process may be fostering inequality rather than mitigating it. The State Statistical Office reports a Gini coefficient of 35.2 per cent, implying high inequality in wealth distribution.

Economic development has not been able to end high unemployment. Overall unemployment in 2014 was 28 per cent with over half of the population aged 15 to 24 being jobless. There is gender imbalance in the labour market: in 2014 the employment rate was 39.5 per cent for women and 60.5 per cent for men. This mirrors an overall gender imbalance in the wider society. Despite the existence of equal opportunities legislation, policies and structures, women do not yet enjoy fully equal status with men.

The country has a long tradition in the provision of social protection services. In fact, when part of Yugoslavia, Centres for Social Work (CSWs) were opened throughout the country in the late 1950s and in the same years specialised education for social workers started in Skopje. Many of the services existing today started in those years laying the foundation of social work. Nevertheless, after the gaining of independence, and in response to rather dramatic economic changes, the inherited social protection sector had to transform and respond to the sudden rise of unemployment, the increase of poverty and new social risks. The immediate response was primarily focused to the cash benefit system, but since the beginning of 2000 a number of changes and new policies were implemented also to social services, such as the de-institutionalization process, investment in the capacities of institutions for social protection through cooperation with international organizations, and then later with the introduction of new concepts related to the need of continuous improvement of professional work, the involvement of municipalities and the recognition of non-public institutions in the provision of certain social services.

Currently, the poverty rate among households with three or more dependent children is at of 51.1 per cent, thus making them most vulnerable to poverty. However, the cash benefits component of the social protection system is not always effective at reaching the poorest. The fragmented nature of various cash transfer schemes sometimes restricts access and reduces the impact on vulnerable children. In terms of social services, CSWs have the key role in deciding and delivering on social protection issues. Frequent personnel and management changes, as well as the complexity and conditionality of many schemes contribute to a perception that the Centres themselves act as bottlenecks. Administering cash benefits swamps the Centres’ other responsibilities, to the serious

detrimen of social services. Social workers focus on administrative work at the expense of prevention work. The use of highly qualified personnel in the routine administration of cash benefits is a waste of knowledge and skills that could otherwise be put to use to provide social services. While professional standards and accountability mechanisms are being developed, mechanisms to monitor the quality of social services for children and families remain weak.

The current level of development of the normative context of the social protection sector is well summarised in a number of key documents, in particular the law on social protection and the National Social Protection Development Programme (NSPDP).

The law on social protection identifies the main social risks that should be addressed by social services, the type of interventions/activities, as well as the organization of social services: institutions, non-government agents, and some procedures for implementation. The law identifies as social risks the following: health risks (disease, injury and disability), old age, single parent family, orphans, unemployment, poverty and other forms of social exclusion. More specifically it identifies a number of groups that are likely to be recipients of social services: “persons with disability, children without parents and children without parental care, children with difficulties in the mental and physical development, street children, children with educational and social problems, children of single-parent families, persons exposed to social risks, persons who abuse drugs or other substances/alcohol, persons victims of domestic violence, persons victims of human trafficking, and older persons without family care”. Furthermore, the law distinguishes four main types of social work: social prevention, non-institutional protection, institutional protection and social benefits.

The National Social Protection Development Programme (2011-2021) calls for the development of social prevention as an organized, continuous and coordinated action at the local level, increase the quality of service delivery and create conditions to reduce the dependence on institutional care by developing alternative forms of care, introduce case management, introduce a system for continuous professional development, and development of system of licencing and standardization.

Although a notable progress was made in adopting strategic documents and changing the legislation, this progress is considered limited. The implementation is weak without sufficient budget allocations.

In terms of organizational structure, the Ministry of Labour and Social Policy (MoLSP) is responsible for the development of policies, strategic planning and inspection of institutions and entities providing social protection services and therefore oversees the work of institutions of social protection and in particular the CSWs, but also the Institute for Social Activities (ISA).

ISA is responsible for the assessment of social problems and the identification and study of possible solutions, the supervision and support of professional social work, and the training material and activities in the sphere of social services, setting standards and procedures. Under the ISA there is also a Licensing Commission that grants and maintains the list of accredited social workers who then gain the ability to work in social protection institutions. The ISA is responsible for monitoring the quality of social work institutions’ services, setting standards and providing training for professionals in the social work sector. It also has responsibility for collecting data and carrying out analysis of the social work sector to advise the Ministry of Labour and Social Policy on policy development and planning.

Finally, the 30 CSWs are the backbone of the social protection system and have two key roles: 1) provision of social services and 2) administration of the social benefits. The CSWs have a key role in
EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

the identification of and support to children at risk of being abandoned, support families in meeting the responsibility toward the child, promoting parental care and family reintegration. Among other issues, they decide on the transfer of a child to alternative care, on cash benefits, adoption and have a role as legal guardians. The CSWs are often labelled as using outdated methods of work, with insufficient number of qualified employees to cover the needs of the population and doing limited outreach work.

In various places the law on social protection also specifies that municipalities should work in the prevention of social problems and could support the creation of expanded services beyond what is regulated in the law. Furthermore, the involvement of NGOs, private persons and associations is encouraged in the provision of social services. Unfortunately, the delivery of services of these actors never fully materialized in practices due to lack of incentives and lack of regulations.

Although the total number of employees increased from 739 in 2006 to 1057 in 2013, 78 per cent out of 318 newly employed are administrative or other non-professional staff. In addition, the main occupation of professional staff is administration of the social assistance benefits, a heavy bureaucratic process of collecting and processing documents.

THE PROGRAMME

UNICEF supported the introduction of a comprehensive Training programme for continuous professional development (hereinafter: the Training programme) of social protection professionals, as part of a wider effort to reform the country’s social and child protection systems. In addition to work done on the Training program, UNICEF supported the MoLSP, ISA and CSWs in the introduction of standards for work, licencing of social work and the establishment of an electronic database of social services. UNICEF supported the reform at different levels – provided policy advice and technical assistance to key legislation reforms, capacity development for improving quality of service and used exchange of experience with other countries to move forward the reform agenda.

In 2007, UNICEF commissioned an Assessment of the Child Protection System. The assessment showed that the reform focused only on the expansion of the mandate of CSWs and the introduction of new responsibilities for CSW staff.

In the period between 2005 and 2009, UNICEF actively supported ISA to perform one of its key functions: to build the knowledge and strengthen human capacities to improve the quality of services delivered to children. It involved support to organize and deliver training of CSW staff, staff working in public institutions for children, staff from MoLSP and ISA. The trainings varied from training on
street children, domestic violence, children with disabilities to children in conflict with the law, children without parental care etc.

In 2009, UNICEF contracted a national institute to conduct an external training impact evaluation. The purpose of the evaluation was to review the planning and implementation of the ISA training programme and to make recommendations for improvements. It looked at the trainings delivered by ISA in a period of 5 years (2005-2009). The general finding of the evaluation was that the trainings were relevant, necessary and informative for most participants. Despite some positive effects highlighted above, most participants believed that their services for children is the same as five years ago. The evaluation also revealed that there is:

i) Lack of written procedures for managing training;

ii) Lack of good documentation of training activities (which does exist in ISA, but is not systematically archived for easy access of those who might need these materials);

iii) Lack of monitoring and follow up on individual development of the trainees (from records of participations in various training sessions, to evaluation of the application of knowledge in practice).

iv) Well-organized trainings and good dissemination of materials, but poor transfer of knowledge from one staff to another. The effectiveness is also reduced due to the frequent turn-over and transfer of staff. These transfers are particularly affecting the sustainability of training programmes.

In order to initiate the development and implementation of a comprehensive Training Programme for social protection staff, in 2011 UNICEF conducted a comprehensive Training Needs Analysis targeting ISA, CSW and staff working in residential institutions. The assessment led to the identification of a number of shortcoming and bottlenecks in the six main areas subject of inquiry: planning, delivery, documentation, relevance, efficiency, effectiveness and longer-term impact. For more details on the main issues identified, please see annex 2.

UNICEF contracted Westwater International Partnerships and the University of Strathclyde to build on the findings of the Training Needs Analysis and develop: (i) an in-service training curriculum targeting CSW and ISA staff including the public child care institutions, ii) training tools and training manual, iii) tools for monitoring learning achievement of trainees and iv) training for ISA staff on how to use the training tools including the learning achievements tools. As a result, a training program was devised to help staff have a clear and helpful path for their continuing professional development. The program was also developed to contribute to the issuing and renewal of licenses for professionals working in social protection. The training programme is consisted of six core modules and eight selective modules (see table below), with corresponding training material. The material in each core module takes one day to deliver. Then each participant attends a half day recall session, which is held three months after the training day. During the recall session, staff is expected to present the evidence they have collected to prove their competence in this module. In addition, professionals can undertake a further two specialist modules which are specific to their areas of work (See annex 3).

Currently, all 845 licenced professionals in social work (social workers, lawyers, psychologists, pedagogues, special educators, etc.) in the country have passed the ISA Training Programme.
EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

The general theory of change underpinning UNICEF’s engagement in the design and delivery of the Training Programme was that ensuring children in need have access to quality social protection services will facilitate access to a minimum standard of living, nutrition, education and adequate care. All children and their carers in need must access an adequate mix of cash assistance and social support services, regardless of sex, age, disability, and other circumstances. As such, the overall objective of UNICEF’s engagement in the design and delivery of the Training Programme was to increase the quality of social protection services by building the capacities of social protection staff to deliver on them.

The main assumption on the objective was that through the proposed intervention, social protection staff will be sufficiently willing to participate in the new concept of continuous professional development, adjusted to the ever-changing social environment. Managers in Centres for Social Work will promote learning and development among their staff. A legal and policy framework will be developed to support the delivery of continuous professional development. The main risk related to the objective of this work related to the high turnover of staff (both in management and service delivery positions) and inability to ensure continuum in support.

RATIONALE

The UNICEF country office will conduct an evaluation with the purpose of assessing the results of UNICEF’s support in the development and implementation of the ISA Training Programme for continuous professional development of social protection professionals. It will also measure the extent to which the Training Programme addressed major bottlenecks in improving access to social protection for vulnerable children, and reduced equity gaps.

The evaluation is undertaken after five years of UNICEF’s active involvement in supporting ISA and the Government in the development and roll-out of the Training Programme. Given the context, the evaluation is planned to have a summative purpose. The knowledge generated by the evaluation will be used by the Government and UNICEF to inform the planning and implementation of the new country programme 2016-2020.

UNICEF will ensure dissemination of evaluation findings and recommendations to the following partners:

- MoLSP, as a main partner and the responsible ministry for social protection to inform future planning, budgeting, guidance and support, inspection, monitoring and evaluation of the reform;
- ISA, the responsible institution for data collection, setting standards, monitoring and supervision of CSW work, in-service training. ISA will use the evaluation results to learn about approaches –what works, what doesn’t work and how can ISA support to CSW staff be further improved to ensure best support for young children and inclusion of the most marginalized groups.

Moreover, UNICEF will invite relevant representatives from the MoLSP and ISA to review the outputs of the evaluation within an appropriate reference group.

OBJECTIVE

106 A graphic representation of the regional Theory of Change for social protection is included as annex to this ToR.
EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

The main objective of the evaluation of the ISA Training Programme is to provide evidence of the impact and the results achieved by ISA and the Training Programme, identify bottlenecks and barriers in implementation and provide recommendations for future activities. Therefore, the objectives of the evaluation are to:

- Assess the relevance, efficiency, effectiveness, sustainability and to the extent possible impact of the ISA Training Programme;
- Identify and document lessons learned and the contribution of UNICEF to these systems or impact changes; and
- Provide recommendations to guide UNICEF involvement in supporting and/or upgrading the ISA Training Programme for social protection staff.

**SCOPE AND LIMITATIONS**

The evaluation will focus on the UNICEF supported training programme implemented by ISA in the period between 2011 and 2016. The geographical coverage will include both national and local levels.

The evaluation will be based on a desk review, interviews with key interviews and focus group discussions with all involved stakeholders. At national level, the evaluation team should meet with representatives of the MoLSP, ISA, the Committee for licencing social workers and other partners/donors (i.e. GIZ, the World Bank, etc.). At local level, the evaluation team should meet with representatives of CSW staff, care institutions for children, end-beneficiaries, CSOs and academia representatives. The programme has a strong component focusing on capacity building and improving the quality of services. Therefore, the evaluation should pay particular attention to this component.

One of the possible limitations is the high staff turn-over. Therefore, the assessment of the impact of capacity building activities might be affected. In addition, the questions related to impact on children may be limited to the impact at system level. The changes in life of children will not be a subject of this evaluation because baseline data on situation with life of children is not available therefore no comparison with current situation is possible. Moreover, no children will be interviewed as part of the work on this assignment.

The Human Rights Based Approach (HRBA), equity and gender equality and mainstreaming will also be subject of assessment.

**QUESTIONS**

The evaluation will assess ISA’s Training Programme and its contribution to raising the capacities of social protection professionals in CSWs and care institutions 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 and sustainability (as defined by OECD/DAC).107

Relevance

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107 [http://www.oecd.org/dac](http://www.oecd.org/dac/)
EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

1. Has the Training Programme been aligned to governments and partners’ priorities/policies/reform agendas?

2. Has the Training Programme (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 contributed towards gender mainstreaming and HRBA?

3. To what extent are the by-laws, policies and other documents that regulate continuous professional development for social protection staff relevant for the reform process?

4. How relevant and gender sensitive are the capacity building activities for professionals for CSW staff to deliver quality services to children in-line with the ISA Training Programme? and

5. To what extent are the data collecting and monitoring activities for the delivery of the Training Programme relevant for the country context?

Efficiency

1. Have UNICEF’s resources invested in the development and delivery of the Training Programme 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 Training Programme been successful in leveraging governments’ political will and financial resources to address the social protection sector reform?

4. How well the implementation of activities has been managed? What management and monitoring tools have been used and what tools could have been used?

5. Did ISA ensure coordination with other similar programme interventions to encourage synergies and avoid overlap?

6. What strategies/core roles of UNICEF (see annex 1) have been most efficient in influencing improvements in the continuous professional development for social protection staff?

Effectiveness

1. Have the planned results been achieved (quantitative and qualitative)?

2. To what extent the design and delivery of the Training Programme contributed to strengthening monitoring and reporting capacities in the social protection sector?

3. How successful was the Training Programme in establishing and developing the national level mechanism for continuous professional development of social protection staff?

4. To what extent the Training Programme contributed to building the capacities of the CSW staff to provide services to children, and what are the options or possibilities for expanding and scaling?

5. Has the Training Programme provided any additional (not directly planned) significant contribution or outcome in the social protection sector?

6. To what extent was the design and delivery of the Training Programme successful in reducing gender-based differences?

7. What factors affected the Training Programme’s successes and failures?
EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

**Impact**

1. How successful was the Training Programme in improving the practice and quality of services provided by CSW staff to children at risk?

**Sustainability**

1. What is the likelihood to achieve sustainability for the ISA Training Programme without UNICEF support?

2. What would be the transformed engagement of UNICEF in part of exercising its Core Roles (see annex 1) in the future?

3. Did the design and delivery of ISA’s Training Programme promote ownership among relevant partners?

Issues related to the Human Rights-Based Approach to Programming, 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 (http://www.uneval.org/documentdownload?doc_id=980&file_id=1294).

Evaluation questions will be further refined and additional ones will be incorporated by the Evaluation Team – if required - during the inception phase.

**METHODOLOGY**

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 prior to the in-country mission.

**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. The Inception report will also include proposed methodology and guidelines for development of case studies. The case studies should capture the change in practices of social protection staff as a result of UNICEF supported interventions.
A **Desk Review** will be undertaken of evidence available at country level in relation to the impact and results of ISA’s Training Programme. The desk review will rely on UNICEF documentation (assessments, evaluation and reports), but will also cover government documents, including ISA programme implementation reports, assessments, studies, policy documents, strategy papers, plans of action, evaluations and documentation of projects implemented by other partners. Administrative data or other available data sources will be verified and analysed to confirm system level results.

**In-country data collection:** primary data collection will include information from interviews with key informants and/or Focus Group Discussions (FGDs) with key stakeholders (MLSP, ISA, CSWs, care institutions for children, municipalities, NGOs, academics) and questionnaires for CSW staff that will aim to collect both quantitative and qualitative data.

**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. The draft final report will be reviewed by UNICEF Skopje. The Evaluation team will incorporate the comments and submit the Final report to UNICEF Skopje.


- **AVAILABILITY OF DATA/INFORMATION SOURCE**

  The data and information source listed below are coming from official state institutions or UNICEF produced report. Therefore they are considered reliable and of sufficient quality.

  The State Statistics Office issues annual reports on users of social services. The data provided in the reports is disaggregated by gender, ethnicity, age, municipality (as appropriate).

  The TRANSMONEE database contains child related data on national level. The database is updated annually by the State Statistic Office.

  The CSW operate an electronic data system LIRIKUS for all services provided to children. Using this system, the Institute for Social Activities can generate national and local level data.

  Other reliable sources of information are available from UNICEF:

  - 2010 ISA Training Impact Evaluation
  - 2011 ISA Training Need Assessment
  - 2011 A situation and gap analysis related to CSW standards and procedures
  - ISA Annual Reports
  - 2013 UNICEF Situation Analysis of girls and boys in the former Yugoslav Republic of Macedonia

- **WORK PLAN**

  13 June Review of ToR within Country Office
  
  20 June Review of ToR by Regional CP, M&E advisors and the UNIVERSALIA
  
  18 July Publish ToR – with deadline for application 19 August
EVALUATION MANAGEMENT

The Evaluation will be led by the UNICEF Country Office. The Evaluation Committee (composed of Deputy Representative, Social Protection Specialist and Monitoring and Evaluation Specialist) will provide a general oversight on the evaluation work. The Social Protection Specialist and the Monitoring and Evaluation Specialist will provide technical advice and supervision to the external evaluation team. 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
EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

government counterparts, donors and partners, and for coordinating the work at country level with other stakeholders.

The Regional Monitoring and Evaluation Advisor will provide support to ensure that the evaluation process is in line with the regional evaluation guidance.

The external Evaluation Team that will be hired to conduct the evaluation will be responsible for conducting the desk review for the assignment, organizing the technical preparation of the field visits, undertaking the country visits and producing the deliverables, i.e. inception report, evaluation methodology, sample, instruments and questionnaires, draft and final evaluation reports. While it is not expected that vulnerable children will be requested to participate in the evaluation, the Evaluation Team will ensure that the evaluation process is ethical, in line with UNEG Ethical Guidelines, UNEG Norms and Standards.

- PRODUCTS TO BE DELIVERED and STRUCTURE OF EVALUATION REPORT

The evaluation report to be produced must be compliant with the UNICEF Evaluation report standards:

The deliverables will include:

a) The Inception Report, and


Following is the proposed structure for the inception and evaluation report.

Structure of the Inception Report

- Response to the TOR Evaluation
- Framework
- Methodology
- 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
RESOURCES AND 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 evaluators will be provided with office space, vehicles for site visits and official meetings, logistical support for meeting and visa procedures. Laptops or computers will not be provided.

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 approximate methodological proposal, estimated costs, time line, and resume of the evaluators who will take part in evaluation process.
UNICEF plays a key role supporting changes in the system conducive of reduction of equity gaps and child rights violations. There is consensus that the following Core Roles are indispensable for a sustainable UNICEF engagement and its universal presence in support of results and the realization of the rights of children everywhere:

- **The ‘Voice’ for children and adolescents** -- advocating and communicating around key national policies, social issues, mind-sets and attitudes;

- **Monitoring and evaluation** – assisting independent assessments of the functioning of the Child Rights guarantee systems, the progressive realisation of child rights and the reduction in equity gaps in child well-being;

- **Policy advice and technical assistance** – through well-designed UNICEF positions (based on local, regional, international best practices) on key issues, supporting the development of the normative frameworks related to specific national legislation, policy or programme as well as private sector standards that can improve equity;

- **Leveraging resources from the public and private sectors** – accompanying and redirecting reforms, including those supported by the EU, IFIs, bilaterals and national/multi-national corporations;

- **Facilitating national dialogue towards child friendly social norms** – bringing together government, private sector and civil society, as well as convening divergent forces to enhance public debate, participation and action around equity and child rights;

- **Enabling knowledge exchange** – fostering horizontal cooperation and exchange of experience among countries and regions on ‘what works’ for enhancing child well-being and equity.

- **modeling/piloting** demonstrating how system could meaningfully evolve to reduce equity gaps and children’s rights violations
Annex 2: Main issues identified in the 2011 Training Needs Analysis targeting ISA, CSW and staff working in residential institutions

<table>
<thead>
<tr>
<th>Area of Inquiry</th>
<th>Main issues</th>
<th>Possible Solutions</th>
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<tbody>
<tr>
<td>Planning</td>
<td>Participants in trainings have little involvement in its planning.</td>
<td>Ensure that training participants have more involvement in planning. This should include professionals within the CSWs and residential institutions in offering suggestions.</td>
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<td></td>
<td>At the moment, training plans are drawn up by ISA on an annual basis. In addition, a wide range of NGOs offer training courses.</td>
<td>Move to a longer term training plan, which would allow a more systematic coverage of core areas of knowledge.</td>
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<tr>
<td>Delivery</td>
<td>There is a wealth of experience and knowledge in the CSWs and residential institutions.</td>
<td>There is a need to address the question of how to capture, distil and disseminate the wealth of skills, experience and expertise that already exists.</td>
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<td>There is no apparent system for transfer of knowledge gained during training events and post-training discussions with colleagues.</td>
<td>There is room for improvement in the area of transfer of knowledge.</td>
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<tr>
<td>Documentation</td>
<td>There are no mechanisms for recording the ongoing development of workers.</td>
<td>A system of one-to-one workplace review needs to be implemented.</td>
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<td></td>
<td>No system for the accreditation of training. No standards for training. No agreed curriculum.</td>
<td>Develop curriculum and a set of standards.</td>
</tr>
<tr>
<td>Relevance</td>
<td>Available training material is not directly relevant to the workers’ specific needs</td>
<td>Use more experiential training methods utilising case studies and vignettes.</td>
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<td></td>
<td>The pre-service professional training for social workers has an inadequate pre-service placement period.</td>
<td>Any in-service training should take account of this.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Often, different NGOs offer the same training, yet each training event may have a different message and not be entirely relevant for everyone who attends</td>
<td>A systematic method of approving/commissioning external training providers and linking this to the curriculum and standards will be required.</td>
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<td></td>
<td>There is no apparent process for the selection of participants for the trainings</td>
<td>Transparent individual development plans should be developed and linked to organizational needs.</td>
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<tr>
<td>Effectiveness</td>
<td>There is no mechanism for responding to feedback and suggestions from training events.</td>
<td>Remarks from participants should be systematically recorded and acted upon in a goal-oriented manner.</td>
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<td>There is no system in place to see how material learned during training has</td>
<td>An assessment structure which relies on the use of practice examples could help to</td>
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EVALUATION OF THE TRAINING PROGRAMME FOR CONTINUOUS PROFESSIONAL DEVELOPMENT OF SOCIAL PROTECTION STAFF

impact on practice. address this.

Annex 3: ISA Training Programme list of core and specialized modules

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Module</th>
<th>Module Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Core</td>
<td>Promote equality and value diversity of people</td>
</tr>
<tr>
<td>2</td>
<td>Core</td>
<td>Communicating with people</td>
</tr>
<tr>
<td>3</td>
<td>Core</td>
<td>Understanding the needs and working with at-risk children</td>
</tr>
<tr>
<td>4</td>
<td>Core</td>
<td>Engaging with families</td>
</tr>
<tr>
<td>5</td>
<td>Core</td>
<td>Engaging with communities</td>
</tr>
<tr>
<td>6</td>
<td>Core</td>
<td>Reflecting on the practice of using one-to-one review and personal development planning</td>
</tr>
<tr>
<td>7</td>
<td>Specialized (aimed at professional staff in care institutions)</td>
<td>Planning and implementing therapeutic activities</td>
</tr>
<tr>
<td>8</td>
<td>Specialized (aimed at professional staff in care institutions)</td>
<td>Social group work</td>
</tr>
<tr>
<td>9</td>
<td>Specialized (aimed at CSW staff)</td>
<td>Care management</td>
</tr>
<tr>
<td>10</td>
<td>Specialized (aimed at CSW staff)</td>
<td>Assessing the needs of beneficiaries</td>
</tr>
<tr>
<td>11</td>
<td>Specialized (aimed at managers)</td>
<td>Managing one-to-one review and professional development</td>
</tr>
<tr>
<td>12</td>
<td>Specialized (aimed at managers)</td>
<td>Social protection management skills</td>
</tr>
<tr>
<td>13</td>
<td>Specialized (aimed at ISA staff)</td>
<td>Planning, managing and monitoring continuous professional development</td>
</tr>
<tr>
<td>14</td>
<td>Specialized (aimed at ISA staff)</td>
<td>Delivering learning and development</td>
</tr>
</tbody>
</table>
Annex 4: Regional Theory of Change Diagram for Social Protection

Source: UNICEF CEE/CIS Regional Knowledge and Leadership Area 8: A child’s right to social protection; Regional Strategy 2016–2020; February 2016