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<th>Modelling project OPPORTUNITIES FOR ADOLESCENTS Romania</th>
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List of acronyms

ADV  Close to you / Alături de Voi (NGO)
ALIAT  The Alliance for Fight Against Alcoholism and Drug Abuse / Alianța pentru Lupta Impotriva Alcoolismului și Toxicomaniilor (NGO)
ARAS  Romanian Association Against AIDS / Asociația Română Anti SIDA (NGO)
CEE/CIS  Central and Eastern Europe / Commonwealth of Independent States
CPAP  UNICEF Country Programme Action Plan
CRC  United Nations Convention on the Rights of the Child
EEA  European Economic Area
ERIC  Ethical Research Involving Children
ESF  European Social Fund
EU  European Union
FTR  Romanian Youth Forum / Forumul Tinerilor din România (NGO)
GD  Government Decision
MoE  Ministry of Education
MoH  Ministry of Health
MoYS  Ministry of Youth and Sport
NEET  Not in Education, Employment or Training systems
NGO  Non-Governmental Organization
NIS  National Institute for Statistics
RCA  Resource Centre for Adolescents
RKLA  UNICEF’s CEE/CIS Regional Knowledge and Leadership Agenda
ToC  Theory of Change
ToR  Terms of Reference
UN  United Nations
UNEG  United Nations Evaluation Group
UNICEF  United Nations Children's Fund
USA  Unites States of America
USD  United States Dollar
1. EXECUTIVE SUMMARY

OBJECT OF EVALUATION

There are around 2 million adolescents (defined as children from 10 to 18 years old) living in Romania, out of which 47% are living in urban areas, while the gender distribution is slightly in favour of boys, with a percentage of 52%. Adolescents’ needs and problems are not clearly identified and therefore national policies, programmes and projects cannot provide an adequate response to these needs. Research\(^1\) conducted by UNICEF Romania shows that adolescents face major problems like poverty, social exclusion, and challenges related to education, health and employment. The same study revealed that there are several risky behaviours that adolescents are most vulnerable to and which affect their social, health and education performance. These behaviours include the use of alcohol, tobacco and illegal drugs, premature and unprotected sex.

The adolescents’ vulnerabilities in urban areas, especially adolescents aged 14 to 18 years old, are mainly due to the exposure to the above-mentioned risky behaviours, aggravated by the lack of youth friendly services and of interventions for adolescents using drugs and alcohol. The same research indicated that health, social protection and education systems have limited capacity to identify and provide adapted services to vulnerable adolescents and their families to help them avoid risks, access basic services and fully enjoy their rights.

The object of this evaluation is the modelling project OPPORTUNITIES FOR ADOLESCENTS, implemented in Romania between June 2014 – December 2017. The modelling project was designed and has been implemented by UNICEF Country Office in Romania, in partnership with a large number of stakeholders, both at central and local levels. The modelling project was designed to respond to the needs of adolescents in Romania, by testing its proposed intervention model at local level (5 cities in Romania-Bucharest, Bacău, Cluj Napoca, Constanţa, Iași) via 5 newly established Resource Centres for Adolescents, one in each of the 5 cities. More specifically, the proposed intervention model seeks to help adolescents and vulnerable adolescents to avoid risky behaviours (consumption of drugs and alcohol, unprotected sex). The purpose of the model is also to generate evidence for policy development at local and central levels, accompanied by resource leveraging. At the same time, the modelling project aims to create a more enabling environment for adolescent support at national level, by improving public policies and legal provisions relevant for adolescents in general and for vulnerable adolescents in particular.

At the cut-off date for this evaluation (30\(^{th}\) of June 2016), the modelling project had been operational for 2 years (2014-2016) with a remainder implementation period of 1.5 years, until the end of 2017. The modelling project budget provided by UNICEF is **USD 1,580,227** for the whole project period 2014-2017.

A large number of project partners and project stakeholders were involved in project implementation: Ministry of Youth and Sport, National Authority for Child Rights Protection and Adoption, National Antidrug Agency, Ministry of Health, Ministry of Education, NGOs, local public institutions in the 5 cities where the Resource Centres for Adolescents were set up: City Halls, Social Assistance Departments, Child Protection Departments, schools, School Inspectorates, Public Health Departments, Antidrug Centres. Project partners and stakeholders also contributed with in-kind resources: provision of staff for project activities, provision of premises for the Resource Centres for Adolescents, facilitating the project activities.

The modelling project supports the achievement of specific objectives of several national strategies concerning youth and adolescents and is also relevant to several EU goals for youth – create equal opportunities for education, employment, health, social inclusion a.s.o. – all of which are threatened when adolescents adopt risky behaviours as described earlier. The modelling project also supports the goals of UNICEF Country Programme Document and the UNICEF Regional Knowledge and Leadership Agenda by preventing social exclusion and health problems due to risky behaviours.

EVALUATION PURPOSE, OBJECTIVES AND SCOPE

This evaluation comes at a moment when the model has to develop and adjust its implementation strategy for the second phase of the model implementation and thus it will provide key elements for strategic future development in the second phase, as well as help identify lessons learned and good practices. There are two main objectives to be attained by this evaluation:

a. Measure the relevance, effectiveness, efficiency and elements of sustainability of the modelling project in reducing risky behaviours in adolescents in 5 urban areas;

b. Identify the lessons learned and good practices and make recommendations for possible improvements of the modelling project.

This evaluation covers the project period of implementation June 2014 – June 2016, includes all of the project activities implemented in this time period and includes in the evaluation process all of the stakeholders who have contributed to the results achieved so far.

EVALUATION METHODOLOGY

The chosen mix of evaluation methods and data collection methods ensure a participatory evaluation process, adequate triangulation and an appropriate combination of quantitative and qualitative analysis. Evaluation methods used were: Desk analysis, Concept mapping, Interviews, Focus groups, Survey and Case studies. In total, the evaluation process included 48 interviews at central and local level, 12 focus groups, a survey and 4 case studies at local level.

Several measures were taken to ensure data quality and all of the data planned to be collected was collected in good conditions. No significant limitation of access to data or methodological limitations were encountered. The entire evaluation process was however delayed by two changes in the team leader position and by a lengthy process of designing, improving and approving the data collection instruments. The delay has had no negative consequences on the data collection process per se, but the evaluation report will be available much later than foreseen. Nevertheless, all of its conclusions, recommendations and lessons learned retain their validity and can still be put to use, in spite of the delay.

ETHICAL ISSUES AND CONSIDERATIONS

This evaluation has abided by the UNEG Ethical Guidelines for Evaluation (2008). The evaluation team has prepared and implemented an evaluation approach that meets the ethical evaluation obligations and principles: Utility, Independence, Impartiality, Credibility, Honesty and Integrity, Accountability, Respect for dignity and diversity, Confidentiality, Avoidance of harm.

2 All of the data collection instruments used for this evaluation have passed an approval process by an ethics committee.
The research needed for this evaluation included children interviews and focus groups. Children involved in the research were between 10-18 years old. All of the elements foreseen in the ERIC Compendium\(^3\) have been observed: Respect, Informed consent, Privacy and confidentiality, Harms and benefits, Justice, Payment and compensation. To this end, a special procedure was applied that covered children selection, obtaining informed consent from children and their parents, informing children about their right to choose the level of involvement in the process and ensuring data confidentiality.

**EVALUATION FINDINGS**

**RELEVANCE**

The design of the evaluated modelling project was adequately informed by thorough analyses that indicated the problems and gaps standing in the way of realisation of child rights, in this case adolescents between 10-18 years of age. A series of 7 studies regarding the state of adolescents in Romania were completed as part of the modelling project activities. The studies provide a comprehensive picture of the state of adolescents, of the existing social and health services for adolescents, of relevant policies and legal acts, as well as indicate the most relevant approach for the modelling project. As such, the modelling project responds appropriately to the identified adolescent needs. Relevant institutional partners at central and local levels have been involved, in their capacity of duty bearers, in the needs assessment process, in line with the principle of participation.

The modelling project directly supports several national policy priorities in several sectors – Youth, Health, Child Rights, Antidrug. Its proposed intervention model at local level, as well as its activities at central level are actually translating these policy priorities into practice. In addition, the modelling project is very relevant for shaping national policies and legislation regarding adolescents, as it puts forward important improvement proposals.

The modelling project is also relevant for UNICEF’s Regional Knowledge and Leadership Agenda (RKLA 10). This document defines 8 results that UNICEF contributes to and the modelling project directly supports the following 3 results:
- A young child’s right to health and comprehensive well-being;
- A child’s right to social protection;
- An adolescent’s right to a second chance.

**EFFECTIVENESS**

The Resource Centres for Adolescents that were set up in 5 cities provide support services for adolescents between 10-18 years old. Four of the 5 Centres – located in the cities of Bacău, Cluj-Napoca, Constanța and Iași - were operational at the cut-off date for this evaluation (June 2016). The centre in Bucharest was

operational between Jan 2015 – March 2016. A combination of inter-institutional problems, organisational problems and political factors was responsible for the poor performance of the centre so UNICEF decided to discontinue its financial support. The centre in Constanța also ceased to operate in September 2016, after the cut-off date for the evaluation. Given the poor prospects of sustainability due to the non-involvement of the city hall during the whole period of 2 years of operations, UNICEF decided to discontinue its financial support to this centre.

By contrast, the other 3 Resource Centres for Adolescents function very well and provide the following support activities: information sessions and workshops in schools, foster homes and at the centre premises, on a wide variety of topics (ex. alcohol and drugs, sex education, bullying, inter-personal relations, self-awareness, dealing with violence and abuse, preventing human trafficking, health education etc.); parenting classes and individual counselling for parents of adolescents. There are clear benefits for adolescents and parents due to the centres’ activities:

- Adolescents (including vulnerable adolescents that are referred to the centre) have developed their socio-emotional abilities, are well-informed and have a better understanding regarding the consequences of risky behaviours and are more able to make healthy choices and avoid such behaviours;
- Parents have a better understanding of the challenges facing adolescents and their emotional and support needs are more able to provide such support.

Each of the 5 Resource Centres for Adolescents had reached thousands of adolescents by June 2016, during less than 2 years in operation, thus achieving or exceeding their targets. The exception is the centre in Bucharest, with less than 1,000 adolescents reached. Vulnerable adolescents have been reached via the referral mechanism between partner institutions at the local level and the centres and via the activities held in foster homes. Overall, the centres have been very effective at reaching adolescents in their respective cities.

The target group where the modelling project has been less successful is represented by the most vulnerable adolescents that the modelling project also intended to reach: adolescents living in the streets, adolescents of roma nationality, adolescents that are drug-addicts. In Bucharest, where the main efforts to reach these target groups were invested, the centre’s activity was discontinued before the intended results could be seen. In the other 4 cities, these groups were not a specific target of the centres’ activities, so the results obtained in attracting such adolescents were largely circumstantial and marginal.

Project activities at central level have led to several important results. Provisions specifically targeting vulnerable adolescents (ex. Roma adolescents and adolescents living in the streets) were incorporated in two national policy documents and Ministry of Youth was supported in drafting a new Youth Law with more clear provisions for youth participation in policy decisions. New intervention methodologies for vulnerable adolescents (adolescents using drugs and adolescents living on the streets) were prepared with project support and can be a powerful tool, on condition that they will be put to use.

The very nature of the activities carried out by the Resource Centre for Adolescents supports the actual enactment of child rights. Concretely, activities carried out by the centres support realisation of child rights in several ways:

- they put into effect the right of children to have access to information regarding their physical and mental well-being and to support that enables them to make informed decisions and thus prevent risky behaviours;
- vulnerable adolescents referred to the centre are usually already beneficiaries of the social assistance system and typically more at risk concerning risky behaviours. Attending the centre activity is a further
means to receive much-needed support other than social benefits – information and counselling to prevent risky behaviours and engaging in age-appropriate activities;

- parents attending the information and counselling sessions organised by the centres are helped to better understand the development needs of their children and the most appropriate means to support them.

Benefits from project activities have been fairly distributed to the rights holders: all of the adolescents, regardless of gender, age, ethnicity or social status have had equal access to the activities carried out by the Resource Centres for Adolescents.

EFFICIENCY

Resource Centres for Adolescents went, as expected, through several development phases. At first, efficiency was ensured mainly through a careful budget and expenditure control of each of the centres. Now that they have reached a stable operating mode, additional elements contribute to the efficient operations of the centres: there are clear objectives, a clear set of activities, clear planning, clear allocation of the resources. No redundant or wasteful activities and no duplication between the activities have been identified by this evaluation. The yearly cost per supported adolescent, as average of all the 5 centres, was 36 USD in year 1 of operations and 28 USD in year 2 of operation. The following table provides a comparative cost-analysis, with the caveat that services provided by these other public service providers have limited similarity to the services provided by the Resource Centres for Adolescents. Nevertheless, the comparison is useful in that it provides a broad picture of the costs incurred in providing services to youth in general.

### Comparative cost-analysis with other public service providers

<table>
<thead>
<tr>
<th></th>
<th>Resource Centres for Adolescents</th>
<th>Counselling and Support Centres for Parents and Children</th>
<th>Youth Centres</th>
<th>Youth and Family Centres (The Netherlands)</th>
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<tr>
<td>Approximate yearly budget</td>
<td>USD 40,000 - 48,000</td>
<td>Not available</td>
<td>USD 30,500</td>
<td>USD 88,000</td>
</tr>
<tr>
<td>Approximate yearly cost per beneficiary</td>
<td>USD 28-36</td>
<td>USD 600</td>
<td>USD 9 (nine)</td>
<td>Not available</td>
</tr>
</tbody>
</table>

*Source: Project financial reports, Government Decision 978/2015, Ministry of Youth and Sport, The Netherlands Youth Institute*

It is generally difficult to measure the financial added value of projects in the social sector (in other words, a cost-benefit assessment). Many of these projects bring various benefits to the people they serve that are often difficult to quantify in financial terms. For the purpose of this evaluation, it is however worthwhile to assess the benefits of preventing risky behaviours by comparing the cost of prevention with the later cost for treatment (ex. costs of treating drug addiction, costs of treating HIV-triggered diseases or other health problems that are due to alcohol abuse, drug use or unprotected sex). In spite of its methodological limitations, such a comparison can still be a very useful tool to understand the financial benefits of prevention activities. Further on, the cost of treating drug addiction is far smaller than the cost of subsequent health and social costs related to drug consumption, as the USA National Institute on Drug Abuse points out: *When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.* If calculating such financial benefits is extended to prevention activities by taking into account the ratio of costs between treatment and prevention, then total savings due to prevention can exceed its costs by a ratio that ranges between **400 to 1** and **900 to 1** (taking into account a 4-year long
prevention programme costing 120 USD per adolescent and depending on the range of costs for treating drug addictions).

SUSTAINABILITY

Socio-economic context has been, for the past 70 years, rather unfavourable for social assistance endeavours. Forty-two years of a communist regime, where attention to social assistance was relatively high but resources were inadequate, followed by 28 years of a difficult transition towards a market economy. Economically, although benefitting from constant economic growth, Romania still ranks among the lowest developed countries of the European Union. On the positive side, many of the sectoral strategies relevant for adolescents (Health, Child Rights, Antidrug, Youth) promote the role of prevention activities in their respective fields. Politically and institutionally, the current environment presents a mixed picture. Certain institutions in certain sectors (ex. health, education, child rights) benefit from a relative administrative stability, while those in other sectors (ex. youth) are more likely to be affected by frequent administrative changes.

Against this background, maintaining the modelling project achievements or scaling them up is not an easy task. On the positive side however, the 3 centres in Bacău, Cluj and Iași have benefitted from a different, much more favourable local context than the country average. Activities and results of the 3 centres so far have demonstrated the commitment and capacity of the local stakeholders to manage and support such services effectively. Additionally, a clear commitment of the local stakeholders to provide the centres with local resources after the project end is a strong factor in support of the centres’ sustainability.

The model represented by the Resource Centres for Adolescents is completely replicable in other towns. All of its operating elements are independent of the town characteristics and can be built anywhere else and it is a matter of local priorities, willingness and resources to initiate such a project. The role of UNICEF as a catalyst remains very important. If UNICEF maintains support for adolescents as a priority in its Country Programmes and initiates actions to promote the model at national, county or local levels, chances that the model continues and is replicated in other locations are high.

CONCLUSIONS AND LESSONS LEARNED

The model has been very successful in addressing an area that had largely been neglected – that of preventing risky behaviours amongst adolescents – and the benefits of its approach are visible. Overall, the modelling project results compared with its stated objectives and outcomes are satisfactory and provide good reasons to believe that the planned future results will be also achieved. Even if 2 of the 5 centres have ceased their activity, this fact is part of a modelling project approach and has helped the project managers learn valuable lessons that can be applied in future similar projects.

Clearly, not every town is prepared to implement such a model. On the whole, it seems that the experiences of implementing the intervention model tend to be polarised: either very successful in some of the locations or ending in the closure of the centres in others. In fact, that is the key objective of a modelling project: to test and shape its approach, to learn from experience until a satisfactory formula is achieved. In that sense, the modelling project has been so far very successful. It has tested its approach, learned the lessons that had to be learned, found the most effective approach and understood what and why does not work. It is now the time to prepare the scaling up process.
The modelling project activities at the central level have contributed to a better understanding of the particular needs of adolescents and of vulnerable adolescents, at the level of the key central institutions with responsibilities concerning this group (the duty bearers). Revised youth and children policies now include provisions for vulnerable adolescents which contribute to child rights realisation, while new provisions in the Youth Law for increased consultation with adolescents for policy decisions contribute to the aim of balanced power relations. Further on, through their participation in preparing new intervention methodologies for vulnerable adolescents, central institutions have strengthened cross-sectoral cooperation for the benefit of some of the most at-risk adolescents – adolescents using drugs and adolescents living on the streets. If applied, the newly developed intervention methodologies can have a significant contribution to the realisation of child rights. But to stimulate the application process, the role of UNICEF will, yet again, be pivotal and specific recommendations are formulated in this report for this purpose.

The key lessons learned from the project implementation so far are the following:

- Centres focusing on prevention of risky behaviours among adolescents are very relevant and are feasible. Simply put, it is needed and can be done;
- A modelling approach can be a very powerful tool to implement novel projects;
- A combination of project activities at policy level and at the operational level is an effective tool to manage a change process in any domain. However, it may also be more effective for a project to focus on a smaller number of activities, clearly related and clearly reinforcing each other, rather than attempting to address many areas, as they are difficult to coordinate and their longer-term sustainability is difficult to support;
- National studies regarding the status of a domain before launching a national project in that domain not only increases credibility of the project plan in front of the project stakeholders, but are key to formulating relevant project objectives and activities;
- The role of UNICEF is very important. As pointed out repeatedly throughout this report, having UNICEF as donor, facilitator and catalyst makes a very big difference to how the authorities and other stakeholders respond to a project idea.

RECOMMENDATIONS

RECOMMENDATIONS FOR SCALING UP AT NATIONAL LEVEL THE MODEL OF THE RESOURCE CENTRE FOR ADOLESCENTS

1. UNICEF together with the city administration or other key stakeholders from the cities of Bacău, Cluj and Iaşi should approach their respective county administrations to present the intervention model and its achievements and explore means to replicate it in other towns or rural areas of the county.
2. UNICEF should promote the intervention model at county level, in counties that have not been involved in the modelling project.
3. To support all of the potential initiatives at the local level throughout the country, as well as to substantiate its promotion activities, UNICEF should document the intervention model in a Guide published under the aegis of the UNICEF.
4. UNICEF should use this evaluation to further influence central institutions (National Authority for Child Rights and Adoption, Ministry of Health, National Antidrug Agency, Ministry of Education, Ministry of Youth and Sport) to find, in cooperation with UNICEF and inter-institutionally, adequate ways to make prevention of risky behaviours among adolescents and vulnerable adolescents even more prominent in national policies and, possibly, at the legal level as well.
RECOMMENDATIONS FOR THE EXISTING RESOURCE CENTRES FOR ADOLESCENTS

1. All of the centres have reached stability with regard to their operating mode. The current volume of activity should be maintained for another 1-2 years, before any attempts to significantly increase resources and activity are made. The current portfolio of centres’ activities should also be maintained, in broad lines.

2. The centres in Bacău, Cluj and Iași should actively seek in-kind contributions to add to the existing resource base, when the volume of activities will require additional resources or if the current level of resources decreases. The centres in Bacău, Cluj and Iași should also actively seek, when needed, additional funding sources, such as: public-private partnerships, national programmes, EU-funded operational programmes etc.

3. The centres in Bacău, Cluj and Iași should consider extending the present institutional partnership to other local relevant institutions (town or county level) either public institutions or NGOs, which would strengthen not only the operational network of the model, but also its resource base.

4. The Centre in Iași should consider the following scenario to ensure the sustainability of its activity: Centre premises can continue the same model - one facility at the current sub-urban location, one facility in the city area (either extending the support from the school inspectorate for another term, or secure a different facility from another public institution). Staffing needs can be secured via two channels: partly from the non-governmental organisation that operates the centre (own investment combined with possible financial support from the commune administration), partly by secondment of personnel from partner institutions. The existing structure of the activities should be maintained.

5. The centres in Bacău, Cluj and Iași, supported by the UNICEF office, should continue talks with the National Authority for Child Rights Protection and Adoption related to the licensing process and identify the most suitable option: either to develop a new standard that fits the activities of the centres, or to introduce new provisions within existing standards.

6. The website www.adolescenteen.ro should become the key on-line counselling platform for adolescents who have not yet attended the centres’ activities, or who prefer to remain at a distance, and for adolescents from other locations throughout the country.

7. The Resource Centres for Adolescents should attempt to get in touch with similar centres abroad, for experience exchange. Especially when confronted with difficulties, it is very useful for the centres to be able to share concerns and learn how other similar establishments cope with such situations.

RECOMMENDATIONS AT NATIONAL LEVEL

1. To support implementation of the newly developed intervention methodologies for vulnerable adolescents, UNICEF should act at two levels: the central level and the local level. At the central level, UNICEF should continue its facilitator role and support further inter-institutional work needed. At the local level UNICEF should promote the use of the newly developed intervention methodologies for vulnerable adolescents.

GENDER AND HUMAN RIGHTS, INCLUDING CHILD RIGHTS

Evaluation design and implementation have mainstreamed gender equality, child rights and equity through:

- Balanced involvement in data collection of both adolescent girls and adolescent boys;
- Observance of child rights in data collection;
- Balanced involvement of all of the modelling project stakeholders in the evaluation process;
- In involving the modelling project stakeholders in the evaluation process, proportionality was ensured between the level of participation of the stakeholders in the modelling project and in the evaluation.
Balanced collection of data from two age groups: adolescents of 10-13 and 14-18 years old respectively.

Gender equality was observed, in that both adolescent girls and adolescent boys were involved in the data collection process, in a balanced manner. The modelling project under evaluation was designed with a specific focus on adolescents and aiming to bring benefits to adolescents, boys and girls alike. The modelling project design was based on a series of dedicated studies at national level and at local level which assessed the state of adolescents in Romania and revealed the need for the intervention. As such, the modelling project has a direct connection to the realisation of child rights.
2. OBJECT OF EVALUATION

The object of this evaluation is the modelling project **OPPORTUNITIES FOR ADOLESCENTS**, implemented in Romania between June 2014 – December 2017. The modelling project was designed and has been implemented by UNICEF Country Office in Romania, in partnership with a large number of stakeholders, both at central and local levels.

2.1 SCALE AND COMPLEXITY OF THE OBJECT OF THE EVALUATION

GEOGRAPHIC LOCATION OF THE MODELLING PROJECT

The modelling project OPPORTUNITIES FOR ADOLESCENTS is implemented in Romania. Resource Centres for Adolescents have been modelled at local level, in 5 cities: Bucharest, Bacău, Cluj-Napoca, Constanța, Iași – which were selected based on their large population and therefore high number of adolescents living there, as well as on the assessed chances for local responsiveness to the modelling project, based on previous cooperation experience. Several of the modelling project activities have been carried out at central level, with national impact: studies concerning adolescent situation and needs; improving public policies and legal provisions relevant for adolescents; developing new intervention methodologies for vulnerable adolescents⁴; developing an on-line platform for adolescents.

*Figure 1 - Five cities in Romania where the modelling project has been implemented: Bucharest, Bacău, Cluj-Napoca, Constanța, Iași*

⁴ Adolescents using drugs and adolescents living on the streets.
TIMELINE OF THE INTERVENTION

At the cut-off date for this evaluation, the modelling project OPPORTUNITIES FOR ADOLESCENTS had been operational for 2 years, with a remainder of 1.5 years.

<table>
<thead>
<tr>
<th>Mid 2014</th>
<th>PROJECT FORESEEN DURATION</th>
<th>End 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 June 2016</td>
<td>Cut-off date for this evaluation</td>
<td></td>
</tr>
</tbody>
</table>

MODELLING PROJECT RESOURCES

The modelling project budget provided by UNICEF is USD 1,580,227 for the whole project period 2014-2017. Resource contributions from project partners and other stakeholders were as follows:

Table 1 – Resource contributions from modelling project partners and other stakeholders

<table>
<thead>
<tr>
<th>PARTNER OR STAKEHOLDER</th>
<th>RESOURCE CONTRIBUTION TO THE MODELLING PROJECT (financial or human resources)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Youth and Sport; National Authority for Child Rights Protection and Adoption; National Antidrug Agency; Ministry of Health; Ministry of Education.</td>
<td>Provision of staff for consultation and coordination for project activities carried out at national level.</td>
</tr>
<tr>
<td>NGO Alături de Voi (Close to You) - ADV</td>
<td>ADV provided the premises for the Resource Centres for Adolescents in the cities of Iași and Constanța.</td>
</tr>
<tr>
<td>Local public institutions in the 5 cities where the Resource Centres for Adolescents were set up: City Halls, Social Assistance Departments; Child Protection Departments; Schools; School Inspectorates; Public Health Departments; Antidrug Centres.</td>
<td>Provision of premises for 3 of the Resource Centres for Adolescents; Staffing partly 3 resource centres by part-time secondment of own personnel, with the corresponding salary covered from the budget of the modelling project; Facilitating access to schools for personnel of the Resource Centres for Adolescents; Preparing and delivering information sessions for adolescents together with the staff of the resource centres; Referring cases of vulnerable adolescents to the resource centres; facilitating access for the centres’ staff to adolescents in vulnerable situations (ex foster homes).</td>
</tr>
</tbody>
</table>
COMPONENTS IN THE INTERVENTION AND POPULATION EACH COMPONENT IS INTENDED TO SERVE

The modelling project (the intervention) that is the object of this evaluation is not structured by components per se. However, its planned activities can be grouped at central and local level and these 2 levels may constitute the modelling project components.

Table 2 – National level components of the modelling project

<table>
<thead>
<tr>
<th>NATIONAL LEVEL COMPONENT</th>
<th>POPULATION INTENDED TO SERVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies regarding adolescent services and needs in Romania</td>
<td>All of the adolescents in Romania are potential beneficiaries of the modelling project achievements: through the revised policies and legislation; through the new intervention methodologies when they are scaled up at national level; through the newly developed intervention model, once this is replicated in other places throughout the country.</td>
</tr>
<tr>
<td>Studies regarding existing policies and legal provisions relevant for adolescents</td>
<td></td>
</tr>
<tr>
<td>Revision of policies and legislation that are relevant for adolescents</td>
<td></td>
</tr>
<tr>
<td>Develop intervention methodologies for vulnerable adolescents</td>
<td></td>
</tr>
<tr>
<td>- Adolescents using drugs</td>
<td></td>
</tr>
<tr>
<td>- Adolescents living in the streets</td>
<td></td>
</tr>
<tr>
<td>On-line platform for adolescents</td>
<td></td>
</tr>
<tr>
<td>Strengthening the consultation process between policy makers and adolescents</td>
<td></td>
</tr>
<tr>
<td>Tested intervention model proposed for scale up</td>
<td></td>
</tr>
</tbody>
</table>

Table 3 – Local level components of the modelling project

<table>
<thead>
<tr>
<th>LOCAL LEVEL COMPONENT</th>
<th>POPULATION INTENDED TO SERVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modelling 5 Resource Centres for Adolescents</td>
<td>Potential beneficiaries are all of the adolescents in the respective 5 cities (approximate values)</td>
</tr>
<tr>
<td>Centre in Bucharest (4th district)</td>
<td>9,300 girls, 10,000 boys</td>
</tr>
<tr>
<td>Centre in Bacău</td>
<td>6,600 girls, 6,900 boys</td>
</tr>
<tr>
<td>Centre in Cluj-Napoca</td>
<td>15,000 girls, 14,000 boys</td>
</tr>
<tr>
<td>Centre in Constanţa</td>
<td>10,300 girls, 10,600 boys</td>
</tr>
<tr>
<td>Centre in Iaşi</td>
<td>13,300 girls, 12,700 boys</td>
</tr>
</tbody>
</table>

IMPLEMENTATION STATUS OF THE OBJECT

At the cut-off date for this evaluation, the modelling project OPPORTUNITIES FOR ADOLESCENTS had been operational for 2 years, with a remainder of 1.5 years, which means about half-way through its implementation timeline.

Mid 2014  PROJECT FORESEEN DURATION  End 2017

30 June 2016  Cut-off date for this evaluation
Table 4 - Status of the key project activities

<table>
<thead>
<tr>
<th>KEY MODELLING PROJECT ACTIVITIES</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies regarding adolescent services and needs in Romania</td>
<td>Completed</td>
</tr>
<tr>
<td>Studies regarding existing policies and legal provisions relevant for adolescents</td>
<td>Completed</td>
</tr>
<tr>
<td>Revision of policies and legislation that are relevant for adolescents</td>
<td>Completed</td>
</tr>
<tr>
<td>Develop intervention methodologies for vulnerable adolescents</td>
<td></td>
</tr>
<tr>
<td>- Adolescents using drugs</td>
<td>Completed</td>
</tr>
<tr>
<td>- Adolescents living in the streets</td>
<td>Undergoing testing</td>
</tr>
<tr>
<td>On-line platform for adolescents</td>
<td>Operational</td>
</tr>
<tr>
<td>Strengthening the consultation process between policy makers and adolescents</td>
<td>On-going</td>
</tr>
<tr>
<td>Modelling 5 Resource Centres for Adolescents</td>
<td>On-going</td>
</tr>
<tr>
<td>Centre in Bucharest</td>
<td>Operational between Jan 2015 – March 2016</td>
</tr>
<tr>
<td>Centre in Bacău</td>
<td>Operational since Oct 2015</td>
</tr>
<tr>
<td>Centre in Cluj-Napoca</td>
<td>Operational since Feb 2015</td>
</tr>
<tr>
<td>Centre in Constanța</td>
<td>Operational between Oct 2014 – Sept 2016</td>
</tr>
<tr>
<td>Centre in Iași</td>
<td>Operational since Aug 2014</td>
</tr>
<tr>
<td>Tested model proposed for scale up</td>
<td>Not started</td>
</tr>
</tbody>
</table>

2.2 LOGICAL MODEL AND THE EXPECTED RESULTS CHAIN OF THE OBJECT

MODELLING PROJECT PURPOSE AND APPROACH

The modelling project OPPORTUNITIES FOR ADOLESCENTS was designed to respond to the needs of adolescents in Romania, by testing its proposed intervention model at local level (5 cities in Romania-Bucharest, Bacău, Cluj Napoca, Constanța, Iași) via 5 newly established Resource Centres for Adolescents, one in each of the 5 cities. More specifically, the proposed intervention model seeks to enable adolescents and vulnerable adolescents to avoid risky behaviours (consumption of drugs and alcohol, unprotected sex). At the same time, the modelling project aims to create a more enabling environment for adolescent support at national level, by improving public policies and legal provisions relevant for adolescents, as well as national intervention methodologies for vulnerable adolescents, such that these respond adequately to the specific needs of adolescents in general and those of the vulnerable adolescents in particular.

The purpose of the model is to generate evidence for policy development for adolescents, accompanied by resource leveraging. The “Opportunities for Adolescents” model of intervention, dedicated to the adolescents aged 10-18, boys and girls from five cities and metropolitan areas aims to:

- Influence the mind-sets of adolescents and increase their knowledge and awareness regarding the risks of alcohol, tobacco and illegal drugs use, and
- Broadden the adolescents’ social capital, especially to increase their skills (including non-cognitive skills) and competencies.

Adolescents who are using drugs and adolescents living on the streets.
The modelling project was designed to adapt its approach as implementation evolves, in light of the practical lessons learned from experience: results of the national studies would shape the modelling project approach as they were completed; each of the 5 Resource Centres for Adolescents would constantly adapt its activities as a result of learning from experience and in line with the specific conditions in each of the cities where they have been operating. The purpose of this evolving model was to identify the best possible approach at local level and to demonstrate its benefits to national and local decision makers, so that the model is scaled up at national level and adequate resources are provided to replicate it elsewhere.

Figure 2 - Modelling project intervention logic and implementation sequence

**STUDYING**
- Existing services and unmet needs of adolescents
- Existing policy and legal provisions for adolescents
- Existing intervention procedures for vulnerable adolescents

**TESTING**
- Intervention model implemented through the Resource Centres for Adolescents
- Campaigns to reduce adolescent risky behaviours
- New intervention methodologies for vulnerable adolescents

**INFLUENCING**
- Duty bearers at central and local levels to:
  - revise policies (at national and local level) and legal provisions to meet adolescent needs
  - adopt and support the model of the Resource Centres for Adolescents
  - approve the new intervention methodologies for vulnerable adolescents

**SCALING UP**
- Replicating the Resource Centre for Adolescents at national level
- Implementing the new intervention methodologies at national level
### Table 5 - Theory of Change for the modelling project OPPORTUNITIES FOR ADOLESCENTS

<table>
<thead>
<tr>
<th>Initial problem</th>
<th>Planned Activities</th>
<th>Expected Outputs</th>
<th>Expected Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents and their families, especially vulnerable ones, lacked adequate information about risky behaviours and adequate support.</td>
<td>Develop and implement prevention activities targeting adolescents and vulnerable adolescents via the 5 Resource Centres for Adolescents. Provide parenting classes, counselling and information about adolescent development. Develop an on-line platform dedicated to adolescents.</td>
<td>Adolescents are more informed about their rights, development and increase their capacity to make healthy choices. Vulnerable adolescents are referred to the centres. Parents are more informed about adolescent needs and have increased capacity for better parenting.</td>
<td>Adolescents (including vulnerable adolescents) practice healthier behaviours and avoid or diminish risky behaviours. Parents provide a more supportive family environment for adolescents.</td>
<td></td>
</tr>
<tr>
<td>Adolescents &amp; families</td>
<td>Establish partnerships at local level to develop a new intervention model for adolescent services operated by the Resource Centres for Adolescents in 5 cities. Provision of financial resources and training to enable operation of the 5 Centres. Continuous assessment of the local specific of adolescent needs and adapting the services of the model accordingly. Support the development of a network of adolescent advocates to lobby at local level for their needs.</td>
<td>Five Resource Centres for Adolescents, accessible and adapted to adolescent needs, provide risk-prevention and referral services to adolescents, vulnerable adolescents and parents of adolescents. Municipalities and other public social service providers are sensitised to adolescent needs and increase their capacity to provide integrated prevention services to adolescents, including vulnerable ones.</td>
<td>Five functional local networks of resource centres, health and social services, and schools work together to support adolescents and vulnerable adolescents. Local strategies include an adequate response to the needs of adolescents and vulnerable adolescents. Municipalities support adolescents’ centres with financial and human resources.</td>
<td>Adolescent needs are met by their families and community services, leading to fewer adolescents in vulnerable situations.</td>
</tr>
<tr>
<td>City/Community</td>
<td>Conduct studies about: - adolescent needs and current system of services - current legislation and policy provisions for adolescents - current intervention methodologies for vulnerable adolescents (using drugs or living on the streets) Support to central authorities to revise policies and legislation relevant for adolescents. Develop new intervention methodologies for vulnerable adolescents. Present evidence related to the benefits of the intervention model to central authorities.</td>
<td>Studies that support the design of the modelling project. Revised national policies (Youth Strategy and Child Rights Strategy). Youth law amendments. New intervention methodologies for vulnerable adolescents are used by cross-sectoral public social service providers. Central authorities are more aware of the needs of adolescents and vulnerable adolescents and support prevention activities at national level.</td>
<td>Better quality, more age-appropriate, cross-sectoral, preventive and referral services are available to adolescents and vulnerable adolescents at the national level.</td>
<td></td>
</tr>
<tr>
<td>National / Central</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The modelling project OPPORTUNITIES FOR ADOLESCENTS has adopted a comprehensive approach, targeting both adolescents directly as well as institutions, policies and legal provisions that have a bearing on adolescents. As such, the modelling project has a mix of intended recipients for its activities.

Table 6 - Modelling project intended recipients, location and planned benefits

<table>
<thead>
<tr>
<th>INTENDED RECIPIENTS</th>
<th>LOCATION</th>
<th>DETAILS</th>
<th>PLANNED BENEFITS FROM THE MODELLING PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTITUTIONS</td>
<td>National level</td>
<td>Ministry of Youth and Sport</td>
<td>Intervention model tested at local level and available for scaling up at national level; Revised policy and legislation relevant for adolescents.</td>
</tr>
<tr>
<td></td>
<td>National level</td>
<td>National Authority for Child Rights Protection and Adoption, National Antidrug Agency, Ministry of Health, Ministry of Education</td>
<td>Revised policy relevant for adolescents; Revised intervention methodology for adolescents using drugs; Revised intervention methodology for adolescents living in the streets.</td>
</tr>
<tr>
<td></td>
<td>Local level</td>
<td>Social Assistance Departments, Child Protection Departments, Schools, School Inspectorates, Public Health Departments, Anti-drug Centres</td>
<td>Increased awareness of adolescent problems and needs; Improved co-operation between local institutions for supporting adolescents; Increased capacity to operate a prevention system for adolescent risky behaviours.</td>
</tr>
<tr>
<td></td>
<td>Five cities in Romania: Bucharest, Bacău, Iași, Cluj-Napoca, Constanța</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADOLESCENTS AND VULNERABLE ADOLESCENTS (Rights holders)</td>
<td>National level</td>
<td>Potential beneficiaries are: All of the adolescents between 10-18 years old, at national level All of the vulnerable adolescents using drugs or living in the streets, at national level</td>
<td>Prevention and support services provided by the modelled Resource Centre for Adolescents once this is scaled up at national level; New methodologies to assist adolescents using drugs and adolescents living in the streets</td>
</tr>
<tr>
<td></td>
<td>Local level</td>
<td>Potential beneficiaries are all adolescents between 10-18 years old, living in the 5 cities</td>
<td>Prevention and support services provided by the modelled Resource Centres for Adolescents in each of the 5 cities</td>
</tr>
<tr>
<td></td>
<td>Five cities in Romania: Bucharest, Bacău, Cluj-Napoca, Constanța, Iași.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARENTS OF ADOLESCENTS (Rights holders)</td>
<td>National level</td>
<td>Potential beneficiaries are parents of adolescents, at national level</td>
<td>Parenting counselling provided by the modelled Resource Centre for Adolescents, once this is scaled up at national level</td>
</tr>
</tbody>
</table>
INTENDED RECIPIENTS | LOCATION | DETAILS | PLANNED BENEFITS FROM THE MODELLING PROJECT
--- | --- | --- | ---
Local level | Five cities in Romania: Bucharest, Bacău, Cluj-Napoca, Constanța, Iași. | Potential beneficiaries are all parents of adolescents living in the 5 cities | Parenting counselling provided by the modelled Resource Centres for Adolescents in each of the 5 cities

Each of the 5 Resource Centre for Adolescents is targeting the whole population of adolescents in their respective cities, including vulnerable adolescents (except Bucharest, where the target group was adolescents living in the 4th district of the city).

Table 7 - Population of adolescents by location where the Resources Centres for Adolescents have been set up

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>POPULATION OF ADOLESCENTS, BY GENDER (approximate values)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Bucharest (4th district)</td>
<td>9,300 girls, 10,000 boys</td>
</tr>
<tr>
<td>City of Bacău</td>
<td>6,600 girls, 6,900 boys</td>
</tr>
<tr>
<td>City of Cluj-Napoca</td>
<td>15,000 girls, 14,000 boys</td>
</tr>
<tr>
<td>City of Constanța</td>
<td>10,300 girls, 10,600 boys</td>
</tr>
<tr>
<td>City of Iași</td>
<td>13,300 girls, 12,700 boys</td>
</tr>
</tbody>
</table>

2.3 CONTEXT OF KEY SOCIAL, POLITICAL, ECONOMIC, DEMOGRAPHIC AND INSTITUTIONAL FACTORS

COUNTRY SOCIO-ECONOMIC OUTLOOK

Located in South-East Europe, Romania is a country with a population of 19.7 million\(^6\) (53.8% living in urban areas, 46.2% living in rural areas). The country’s governing form is the Republic. Economically, Romania ranks 32\(^{nd}\) out of 38 European countries\(^7\). In the past years Romania has showed a consistent and strong economic growth with rates above the European Union (EU) average between 2.8% (in 2014) and 3.5% growth rate (in 2013 and 2015)\(^8\). Unemployment rate was 6.8% in 2014\(^9\), low compared to EU average (over 10%), but youth unemployment (15-24 years old) is high (24% in 2014)\(^10\) and registers values above the EU average (22.2% in 2014). Reducing poverty and social exclusion remains a major challenge for Romania. Although decreasing, the rate of people at risk of poverty or social exclusion remains high at 40.4% in 2013\(^11\), far above the EU average. With a rate of 48.5%, children are at greater risk of poverty or

\(^{7}\) Source: Eurostat, 2016 data (Turkey included).
\(^{8}\) [http://ec.europa.eu/economy_finance/eu/countries/romania_en.htm](http://ec.europa.eu/economy_finance/eu/countries/romania_en.htm)
\(^{9}\) Idem.
\(^{11}\) [http://ec.europa.eu/eurostat/statistics-explained/index.php/People_at_risk_of_poverty_or_social_exclusion](http://ec.europa.eu/eurostat/statistics-explained/index.php/People_at_risk_of_poverty_or_social_exclusion)
social exclusion than the rest of the population. Romania accounts for one of the highest rates in the EU and for the largest gap between children and the total population. There are also more vulnerable groups of children, such as Roma children who deserve particular attention. According to the European Commission 2012 report on employment and social developments\textsuperscript{12}, half of the adolescents in Romania are at risk of social exclusion\textsuperscript{13}, which is associated with an individual’s difficulty to concurrently belong to the welfare system that promotes social integration, the democratic and legal system, which refers to integration as a citizen, the labour market, which ensures economic integration, and the family and community system, which is related to interpersonal integration.

**STATUS AND NEEDS OF ADOLESCENTS**

Starting from the reality that adolescence does not have an official definition, neither in the international treaties nor in the Romanian legislation, we will overlap the UN definition for adolescents (people aged between 10-19 years old\textsuperscript{14}) with the legal age when the child is coming of age in Romania, gaining full legal capacity, which is 18 years old\textsuperscript{15}; this way, adolescence will be defined in an operational way, by mentioning the age levels, as the period between 10 – 18 years old. In a sociological sense, adolescence appears as a period of transition to the young age, transition from the child stage to the youth stage, characterized by autonomy and independence. There are around 2 million adolescents (defined as children from 10 to 18 years old) living in Romania, out of which 47% are living in urban areas, while the gender distribution is slightly in favour of boys, with a percentage of 52%. Following the international trend, adolescents in Romania were historically targeted by HIV/AIDS programmes and policies and more recently through youth employment measures\textsuperscript{16}. Adolescents’ needs and problems are not clearly identified in Romania and therefore policies, programmes and projects cannot provide an adequate response to these needs.

Research\textsuperscript{17} conducted by UNICEF Romania shows that adolescents face major problems like poverty, social exclusion, and challenges related to education, health and employment. It also revealed that there are several risky behaviours that adolescents are most vulnerable to and which affect their social, health and education performance. These behaviours include: the use of alcohol, tobacco, illegal drugs and unprotected sex. Adolescents’ vulnerabilities in urban areas, especially adolescents aged 14 to 18 years old, are mainly due to the exposure to such risky behaviours, aggravated by the lack of youth friendly services and of interventions for adolescents using drugs and alcohol. Further general information about the status and needs of adolescents are provided in Annex 10 Status and needs of adolescents.

The same research indicated that health, social protection and education systems have limited capacity to identify and provide adapted services to vulnerable adolescents and their families to help them avoid risks, access basic services and fully enjoy their rights. Community-based services are not youth-friendly

\textsuperscript{12} Employment and Social Developments in Europe, 2012 http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=7315

\textsuperscript{13} European Commission, Directorate-General for Employment, Social Affairs and Inclusion: Employment and Social Developments in Europe, 2012


\textsuperscript{15} According to Art. 38 Romanian Civil Code

\textsuperscript{16} Youth Guarantee Programme – Under the Youth Guarantee, EU Member States should ensure that, within four months of leaving school or losing a job, young people under 25 can either find a good-quality job suited to their education, skills and experience; or acquire the education, skills and experience required to find a job in the future through an apprenticeship, traineeship or continued education.

and specialized services for vulnerable adolescents are scarce. Overreliance on the education system to provide life skills and information, limited parenting skills, social norms associated with reproductive health and substance abuse are among the other determinants of the current status of adolescents. The following specific gaps and development needs were identified in the existing system of services addressing adolescents:

- Very few of the existing services were focused on adolescent needs: Adolescents are either categorized as children and included in the wider age group of 0-18 years old, or as youth and included in the wider age group of 14-35 years old.
- Although the number and range of services provided was high, prevention was not well represented amongst them: More specifically, prevention activities were not implemented in a coherent, coordinated and systematic manner. Information sessions were centred on adolescents without a focus on other key players in adolescents’ lives: parents, teachers, other actors in the community. Research also pointed out the fact that prevention should also target younger ages (early adolescence 10-14 years) and should be delivered on a regular basis. Prevention activities should extend their information-delivery channels beyond face-to-face sessions, considering the fact that adolescents use extensively on-line sources to collect information about topics of their interest.
- Intervention services for adolescents using drugs and alcohol were inadequate: Where such specialized services existed, adolescents were reluctant to access them, due to excessive bureaucracy, long list of documents required and associated costs, lack of confidentiality etc.

_The need to develop specific services, to adapt interventions to the specificity of this group of age, especially for adolescents with less opportunities, appears therefore to be extremely important. More specifically, the need for information and advisory services for adolescents related to health, reproduction and family planning, prevention and assistance for reducing risk behaviours (smoking, consumption of alcohol and drugs, unprotected sex, prostitution etc.), were found within the conducted studies. In this respect, parenting courses have also been identified as needed._

**NATIONAL POLICIES AND LEGISLATION RELEVANT FOR ADOLESCENTS**

The Government of Romania and UNICEF demonstrated commitment to review and adjust policies promoting adolescents’ development. The category of deprived adolescents was included among the priority objectives set in the National Strategy for the Protection and Promotion of Children’s Rights 2014-2020 and the National Strategy for Youth 2015-2020. The National Strategy for the Protection and Promotion of Children’s Rights 2014-2020 targets a decrease in the number of adolescents using substances, adolescents who live in institutions and the number of pregnancies in adolescents girl, while the National Strategy for Youth tackles the situation of and policies for the young people defined as “citizens aged 14 to 35 years”. The overall objective of the Youth Strategy is to support active youth participation in the country’s economic, social, educational, cultural and political life, while providing equal opportunities for access to education, employment and decent living conditions, with a special focus on the adolescents and young people who, for various reasons, may have fewer opportunities.

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19 Approved through the Government Decision no. 24/2015. The Strategy sets down a series of specific objectives and lines of action targeting adolescents and youth with increased social vulnerability, as well as others aimed to promote social inclusion and combat youth poverty.
However, much remains to be done. Major weaknesses exist in implementing appropriate measures when legislation is infringed, resulting in somewhat ineffective laws and leaving room for risky behaviours (e.g. selling alcohol and tobacco to the underage, access to drugs, smoking in public places etc.) and in limited access to rights and welfare/protection services (e.g. home education for people with disabilities, accessibility for people with disabilities, welfare services at local level, proximity services for street children, drug addicts and victims of human trafficking/sexual exploitation). Weaknesses are also seen in the coordination between different sectors or authorities in implementing legal provisions (ex. the Child Protection Law mentions health education as compulsory to be delivered, but in practice health education remains an optional subject in schools).

Romanian legislation does not set down specific provisions for adolescents and relevant issues are regulated under laws that concern children and youth. One small exception is found in Law no. 272/2004 on protection and promotion of child rights (amended and republished in Official Monitor no. 159/05.03.2014) which contains special provisions according to which authorities have to take into consideration adolescents’ opinions in different situations, such as when applying special protection measures, respect for religious beliefs and schooling choice. Thus, upon reaching the age of 10, 14 or 16 years, increases the diversity of situations in which adolescents are consulted. Youth Law No. 350/2006 sets forth the legal framework “required to ensure adequate conditions for the social and professional integration of young people according to their needs and aspirations”. This regulatory act defines youth as “citizens aged 14 to 35”. Therefore, adolescents as an age-group falls within these two categories (children and youth) and under the laws that cover them. Further examples of policies and legislation relevant for adolescents are listed in Annex 11 Policy and legal framework relevant for adolescents.

Modelling project relevance to national strategies concerning youth and adolescents

Prevention of risky behaviours, which is a key objective of the evaluated modelling project, is identified as a priority in 4 national strategies (National Strategy for Youth 2015-2020, National Health Strategy 2014-2020, National Antidrug Strategy 2013-2020 and National Strategy for Child Rights Protection 2014-2020) with three of them identifying school campaigns on health-related issues as a priority. Developing parenting competencies is also identified as a priority by all of these 4 national strategies. Other strategic priorities identified to which the evaluated modelling project contributes directly include: new methodologies to assist adolescents using drugs (Strategy for Child Rights Protection, National Antidrug Strategy); new methodologies to assist adolescents living in the streets (Strategy for Child Rights Protection, National Youth Strategy); development of adolescent non-cognitive skills – ability to deal with socio-emotional aspects (National Health Strategy).

EUROPEAN UNION POLICY AND LEGISLATION RELEVANT FOR ADOLESCENTS AND YOUTH

The rights of the child are part of human rights - rights that the EU and EU countries must respect, protect and fulfil. As laid down in the UN Convention on the Rights of the Child, a child is any human being below the age of 18. The European Union is guided by the principles set out in the UN Convention on the rights of the child, ratified by all EU countries. Article 3(3) of the Treaty on European Union establishes the objective for the EU to promote protection of the rights of the child. The Charter of Fundamental Rights of the EU guarantees the protection of the rights of the child by the EU institutions and by EU countries when they implement EU law. Article 24 on the rights of the child and Article 31 on the prohibition of child
labour specifically cover children's rights. Several relevant EU policy or legal documents addressing adolescents and young people issues are listed in Annex 12 EU policy relevant for adolescents.

**Modelling project relevance to EU strategies concerning youth and adolescents**

The modelling project hereby evaluated is related to several EU goals for youth – create equal opportunities for education, employment, health, social inclusion a.s.o. – all of which are threatened when adolescents adopt risky behaviours as described earlier. The modelling project that is the object of this evaluation helps prevent such behaviours and thus supports youth to make healthy choices and increase their chances to lead productive and fulfilling lives.

**UNICEF GOALS AND PRIORITIES CONCERNING ADOLESCENTS**

**CEE/CIS Regional Knowledge and Leadership Agenda (RKLA 10) on adolescents**

The current UNICEF Strategic Plan 2014-2017 was the first one to propose a more holistic and positive approach to adolescents and programming with and for adolescents, by mainstreaming adolescents and adolescent participation throughout UNICEF’s work and encouraging cross-sectoral work and integrated gender-responsive programming for adolescents. The Regional Knowledge and Leadership Agenda (RKLA), aligned with the corporate Strategic Plan 2014-2017 and reflecting UNICEF’s strategic engagement strategy in the CEE/CIS (Central and Eastern Europe and Commonwealth of Independent States) region, focuses on 8 Key Results Areas which share the following features: (a) they address key violations of child rights in terms of magnitude and/or severity, and (b) they express common goals across the region, tackled in a significant number of countries. UNICEF’s work in these areas explicitly seeks to contribute to promoting human rights, gender equality and closing the equity gaps and is rigorously and systematically documented and evaluated. The 8 Key Results Areas are:

- A child’s right to a supportive and caring family environment
- A young child’s right to health and comprehensive well-being
- A child’s right to access to justice
- A child's right to social protection
- A child's right to inclusive quality education and early learning
- A child’s right to protection from the risks of disasters
- A child’s right to be born free of HIV
- An adolescent’s right to a second chance


Working with and for adolescents is an emerging area of the UNICEF Country Programme 2013-2017 in Romania. Based on the in-depth determinant analysis of the situation of adolescents focusing on marginalized ones, the Country Programme Action Plan has a specific intermediate result relevant for adolescents: *By the end of 2017, national and local authorities progressively reduce social exclusion and*

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21 Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo (UNSCR 1244), the Kyrgyz Republic, the former Yugoslav Republic of Macedonia, Montenegro, Moldova, Romania, the Russian Federation, Serbia, Ukraine, Tajikistan, Turkey, Turkmenistan and Uzbekistan.

disparities for marginalized children\textsuperscript{23} in their access to education, early childhood development, public health and protection/prevention services by addressing key institutional and societal bottlenecks at decentralized levels. The result will be produced by developing at local level models of integrated basic services for adolescents aiming at diversifying and increasing the access of adolescent boys and girls, especially vulnerable ones, to basic (education, health, social protection) and specialized services, empower vulnerable adolescents to practice safer behaviours and benefit from interventions and services to reduce their risks and vulnerability to alcohol, tobacco, drugs, unprotected sex and HIV/AIDS. Evidence generated through research and by local models will be used for policy advice to inform and shape policies and strategies at national level, and evidence-based advocacy will be used to support the rights of all adolescents, especially the vulnerable ones.

\textit{Modelling project relevance to UNICEF goals and priorities concerning adolescents}

The evaluated modelling project supports adolescents and vulnerable adolescents to understand the consequences of risky behaviours and to make healthy choices, leading to their well-being and thus avoiding the vicious cycle of vulnerability being both a contributing cause and a result of consumption of alcohol or drugs. Thus, it supports the goals of UNICEF Country Programme Document and the UNICEF Regional Knowledge and Leadership Agenda quoted results by preventing social exclusion and health problems due to risky behaviours. Details of the modelling project approach that support this assertion are provided in the section Object of the Evaluation.

\textbf{RELATION BETWEEN THE CONTEXT AND THE IMPLEMENTATION OF THE INTERVENTION}

Problems that can result from adolescent risky behaviours need no proving. Damaging consequences of systematic risky behaviours are well known and therefore there is no need to demonstrate them by waiting until they materialise and aggravate. The best way to act is to prevent risky behaviours or diminish their occurrence before they lead to negative consequences.

At the time when the modelling project hereby evaluated was designed, existing policies and services for adolescents in Romania were inadequate for the specific needs of this age-group, as pointed out earlier. Few of the existing services had a focus on adolescents, while national policies did not acknowledge adolescents, or vulnerable adolescents, as specific groups with specific needs.

Campaigns to prevent risky behaviours were unsystematic, had design deficiencies and were thus not a strong influencing element for adolescents, while conversely, social norms governing adolescent groups were a strong factor supporting risky behaviours. Studies completed as part of the evaluated modelling project and quoted earlier described the problem as well as indicated the need to develop services that are adolescent-friendly and are focused on prevention of risky behaviours (consumption of alcohol and drugs, smoking, unprotected sex). The studies recommended interventions that include a mix of information, counselling, age-appropriate activities, parental education and a revision of policies (both at central and local level) to include specific elements for adolescents in general and for vulnerable adolescents in particular.

Against this background, UNICEF Country Office took the lead in designing the modelling project OPPORTUNITIES FOR ADOLESCENTS that would develop and test a new approach to prevention of adolescent risky behaviours in 5 Romanian cities, implemented through 5 Resource Centres for

\textsuperscript{23} Children living in marginalized communities, economically deprived areas, from ethnic minorities, especially Roma, from families living in or at-risk of poverty or dysfunction.
Adolescents. To support such a model and ensure its sustainability, the modelling project also undertook to analyse the existing legal framework and national policies relevant for adolescents and to propose revisions so that these documents provide a more adequate response to the needs of adolescents in general and those of vulnerable adolescents in particular.

2.4 KEY STAKEHOLDERS INVOLVED IN THE OBJECT IMPLEMENTATION AND THEIR ROLES

The modelling project OPPORTUNITIES FOR ADOLESCENTS is based on a two-tier implementation structure, at central and local level. Several institutional stakeholders at both levels have been involved in project design and implementation, either as official project partners, based on signed partnership protocols (involving provision of resources, knowledge, facilitation or execution of project activities) or as project stakeholders (involving provision of knowledge and opinion through consultation and coordination mechanisms). This was an adequate approach to ensure that the principle of participation is observed.

The key stakeholders of the modelling project are its beneficiaries (the rights holders) – adolescents and parents of adolescents, at local level, in the 5 cities where the model has been implemented. Another example of how the principle of participation was enacted is the constant feedback received from the beneficiaries (the rights holders) that helped shape the modelling project approach in each of the 5 cities, according to the local needs. Once the modelling project is scaled up at national level, potential beneficiaries will be adolescents and parents of adolescents from any place in the country where the intervention model is replicated.

Table 8 – Partners and stakeholders, their role and resource contribution to the object implementation

<table>
<thead>
<tr>
<th>Implementing Agency</th>
<th>UNICEF Country Office Romania, with a specific role in:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Overall project coordination</td>
</tr>
<tr>
<td></td>
<td>• Project monitoring</td>
</tr>
<tr>
<td></td>
<td>The modelling project budget provided by UNICEF is USD 1,580,227 for the whole project period 2014 - 2017.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Development partners</th>
<th>Ministry of Youth and Sport, National Antidrug Agency, with a role and contribution in:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• providing information and opinion for the studies completed as part of the activities of the modelling project;</td>
</tr>
<tr>
<td></td>
<td>• designing the modelling intervention at city level;</td>
</tr>
<tr>
<td></td>
<td>• analysis of accumulated evidence for adjustments to the legislation on adolescents and youth;</td>
</tr>
<tr>
<td></td>
<td>• consultation and coordination for developing new intervention methodologies for vulnerable adolescents.</td>
</tr>
</tbody>
</table>

Two partner NGOs for developing and testing the intervention model activities at city level, mainly through a team of social workers and psychologists: Alianta pentru Lupta Impotriva Alcoolismului si Toxicomanilor (Alliance for Fighting Against Alcoholism and Drug Abuse - ALIAT) and Alături de Voi (Close to You) – ADV. Specifically, the role of the 2 NGOs was: setting up, coordinating, staffing partly (ALIAT for the centres in Bucharest, Bacău and Cluj Napoca) or completely (ADV for the centres in Iași and Constanța) and monitoring the activities and results of the 5 Resource Centres for Adolescents. As a resource contribution, ADV provided the premises for the Resource Centres for Adolescents in the cities of Iași and Constanța.
Three partner NGOs at central level for:
- developing new intervention methodologies for adolescents;
- developing adolescent advocacy skills;
- analysis of existing legislation and policies concerning youth and adolescents and formulating proposals for revisions;
- referring vulnerable adolescents to the services of the Resource Centre for Adolescents in Bucharest.

The 3 NGOs are: Asociatia Romana AntiSIDA (Romanian Association Against AIDS) – ARAS, PARADA, Forumul Tinerilor din România (Romanian Youth Forum) – FTR.

Mayoralties and Social Assistance Departments /Social Assistance and Child Protection in 3 of the 5 cities where Resource Centres for Adolescents were set up (Bucharest, Bacău and Cluj Napoca), with a specific role in:
- provision of technical and methodological support to professionals operating at the level of the adolescents model;
- participating in project planning and monitoring meetings, contributing to documentation of progress;
- participating in evaluations and feedback, as well as proposing key adjustments to the modelling project;
- referring cases of vulnerable adolescents to the resource centres; facilitating access for the centres staff to adolescents in vulnerable situations (ex foster homes); facilitating cooperation with other relevant institutions (ex. school inspectorate) and NGOs in order to reach adolescents in need of integrated services;
- day-to-day management of the activities of the Resource Centres for Adolescents.

Their resource contribution was:
- provision of premises for the Resource Centres for Adolescents;
- staffing partly the Resource Centres (by part-time secondment of own personnel, with the corresponding salary covered from the budget of the modelling project).

**Other key stakeholders**

National Authority for Child Rights Protection and Adoption; Ministry of Health; Ministry of Education, with a role and contribution in:
- providing information and opinion for the studies completed as part of the activities of the modelling project;
- consultation and coordination for developing new intervention methodologies for vulnerable adolescents.

Local public institutions in the 5 cities where the Resource Centres for Adolescents were set up: schools; school inspectorates; child protection departments; public health departments; antidrug centres, with a role and contribution in:
- facilitating access to schools for personnel of the Resource Centres for Adolescents;
- preparing and delivering information sessions for adolescents together with the staff of the resource centres;
- referring cases of vulnerable adolescents to the resource centres; facilitating access for the centres staff to adolescents in vulnerable situations (ex foster homes).

**Primary duty bearers**

Ministry of Youth and Sport; National Authority for Child Rights Protection and Adoption; National Antidrug Agency; Ministry of Health; Ministry of Education.
Local public institutions in the 5 cities where the Resource Centres for Adolescents were set up: Social Assistance Departments; Child Protection Departments; Schools; School Inspectorates.

Rights holders
- Adolescent girls and boys
- Parents of adolescents

Several services were acquired from service providers for: completing the national studies that have shaped the approach of the modelling project; training specialists working with adolescents at local level (staff of the Resources Centres for Adolescents and from local public service providers); developing the on-line platform dedicated to adolescents www.adolescenteen.ro.

Project management is divided between the central and the local level:
- at central level, the UNICEF Country Office retains overall project management, coordination and monitoring;
- at local level, each of the 5 Resource Centres for Adolescents is headed by a local coordinator. The local coordinators are, in turn, coordinated by two NGOs (project partners) that were responsible for setting up the Centres and ensuring their proper operation;
- additionally, certain project activities (such as preparing new intervention methodologies for adolescents using drugs and adolescents living on the streets) had their own coordination mechanisms in the form of Steering Committees based on membership from stakeholder institutions at central level.

The project monitoring system is based on:
- regular reports from the 2 partner NGOs regarding the activities and the achievements of the 5 Resource Centres for Adolescents. A set of indicators has been put in place to assess progress in reaching adolescents;
- regular monitoring meetings attended by the project management staff at UNICEF Country Office, representatives of the 5 Resource Centres for Adolescents, representatives of project partners at local level;
- regular site visits performed by UNICEF project staff at the 5 Resource Centres for Adolescents;
- regular reports from other NGO partners that have been working on specific tasks each: develop new methodologies to assist vulnerable adolescents; strengthen the consultation process between policy makers and adolescents;
- activity reports from the service providers.

Coordination and synergy between all of the project activities has been constantly ensured by the UNICEF Country Office.
Figure 3 - Stakeholders and a summary of their key roles in the modelling project

**CENTRAL LEVEL**

**UNICEF COUNTRY OFFICE**
- Implementing Agency
- Overall project coordination
- Project monitoring

**SERVICE PROVIDERS**
- Studies regarding adolescents
- Training specialists at local level
- On-line platform development

**THREE PARTNER NGOs**
- Develop new intervention methodologies for adolescents
- Develop adolescent advocacy skills

**TWO PARTNER NGOs**
- Setting up, coordination, staffing partly and monitoring the 5 Resource Centres for Adolescents

**NATIONAL STAKEHOLDERS / PARTNERS**
- Ministry of Youth and Sport; National Authority for Child Rights Protection and Adoption; National Antidrug Agency;
- Ministry of Health; Ministry of Education

Consultation and coordination for:
- Revision of national policies and legislation
- Developing new intervention methodologies for vulnerable adolescents

**LOCAL LEVEL**

**Five RESOURCES CENTRES FOR ADOLESCENTS in 5 cities**

**LOCAL STAKEHOLDERS / PARTNERS**
- Social Assistance Departments; Child Protection Departments; Schools; School Inspectorates;
- Public Health Departments; Antidrug Centres

Provision of premises for the Resource Centres for Adolescents
- Staffing partly the Resource Centres (by secondment of own personnel, paid from the budget of the modelling project)
- Participating in project planning and monitoring meetings
- Facilitating access to schools for personnel of the Resource Centres for Adolescents
- Contribution to preparation and delivery of information sessions for adolescents
- Day-to-day management of the activities of the Resource Centres for Adolescents

**ADOLESCENTS AND PARENTS**
- Beneficiaries of the services provided by the Resource Centres for Adolescents
3. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

3.1 EVALUATION PURPOSE

Implementation of the modelling project in five cities started in June 2014, after an analysis of situation of adolescents in Romania. The evaluation comes at a moment when the model has to develop/adjust its implementation strategy for the second phase of the model implementation and thus, it will provide key elements for strategic future development in the second phase. The model of intervention is in the second year of implementation and the moment of evaluation has been chosen because so far, the data and evidence generated would allow to evaluate its effectiveness, efficiency and relevance, as well as elements of sustainability (e.g. replicability at national level).

The purpose of the formative evaluation is therefore to analyse the status of implementation, determine if the modelling project needs any adjustments and collect evidence related to the modelling project’s effectiveness and efficiency in reducing adolescent risky behaviours. The evaluation will also provide information on model’s relevance and will help identify lessons learned and good practices.

The primary audience for the evaluation are UNICEF, national and local authorities, and implementing partners. The evaluation findings will be used by UNICEF to inform the second phase of modelling project implementation in 5 cities. UNICEF will use the evidence to:
- advocate the need to prevent risky behaviours at adolescents, as well as the need for integrated friendly services for adolescents, especially for the most vulnerable ones.
- advocate for and provide technical assistance to the Ministry of Youth and Sports, Ministry of Education, Ministry of Labour, Family, Social Protection and Elderly, National Authority for Child Rights Protection and Adoption and Ministry of Health for developing and amending policies related to development of friendly integrated services for adolescents, prevention of risky behaviours and development of non-cognitive skills in adolescents.

All partners will benefit from the conclusions and recommendations to further their own research, interventions and advocacy work. Local authorities will use the evaluation results to further develop and sustain integrated friendly services for adolescents. Evidence generated will also be used by public authorities to mobilize resources from the national and local budgets, as well as for leveraging funds from the EU Structural Funds 2014-2020 to ensure the sustainability at local level and replicability of the model at national level. A summary of the evaluation will be shared with the adolescents.

UNICEF and its partners will be responsible for dissemination of the evaluation findings and ensuring an equitable participation of all interested stakeholders in the process. The formative evaluation is expected to contribute to national and regional knowledge on adolescents “Second Decade, Second Chance”. UNICEF Romania working closely with UNICEF Regional Office for the Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) and Government of Romania are expected to use the evaluation as a knowledge management tool, as well as a priority topic of interest within future horizontal cooperation initiatives in our region and beyond.

3.2 EVALUATION OBJECTIVES

According to the Terms of Reference, there are two main objectives to be attained by this evaluation:
c. Measure the relevance, effectiveness, efficiency and elements of sustainability of the modelling project in reducing risky behaviours in adolescents in 5 urban areas;

d. Identify the lessons learned and good practices and make recommendations for modelling project adjustment, as well as recommendations on how to promote legislation and policy development related to adolescents (information related to legislation, institutional building, and monitoring and evaluation mechanisms) with a particular focus on the definition of adolescents’ friendly services.

The evaluation includes an assessment of the extent to which the evaluated modelling project was based on a child rights approach and whether age and gender issues are considered in providing support services to adolescents.

More specifically, this evaluation aims to:
- provide an external opinion regarding the relevance of the proposed intervention model:
  o for the needs of adolescents - whether the Resource Centres for Adolescents are an appropriate means to reduce adolescent risky behaviours;
  o to national policies and programmes and cross-sectoral strategies\textsuperscript{24};
  o to UNICEF national and regional objectives and priorities concerning adolescents;
- assess the actual effectiveness of the modelled Resource Centre for Adolescents in reaching adolescents and in preventing risky behaviours in the 5 cities where the centres have been operational;
- assess the results of the modelling project activities at national level concerning legislation and policy development and concerning development of new interventional methodologies for vulnerable adolescents;
- analyse the efficiency of the centres’ operations at local level;
- assess whether all processes of the intervention model are based on a child rights approach and whether age and gender issues are considered in providing the services;
- assess the prospects for the sustainability of the Resources Centres for Adolescents and for scaling up the model at national level;
- formulate lessons learned and identify unexpected outcomes that can be used for: future operations of the existing Centres as well as for newly-opened Centres; future projects developed and implemented by UNICEF or its partners;
- formulate recommendations for possible adjustments to the model, for its sustainability and for scaling it up at national level.

Information thus provided by the evaluation will serve the needs of the evaluation users as described earlier and thus help achieve the evaluation purpose.

3.3 EVALUATION SCOPE

This evaluation covers the project period of implementation June 2014 – June 2016 and includes all of the project activities implemented in this time period: activities implemented at local level in the five cities where the modelling project is implemented (Bucharest-4\textsuperscript{th} sector, Bacău, Cluj-Napoca, Iaşi, Constanţa) and activities implemented at national level – studies concerning adolescents, policy development, new intervention methodologies for vulnerable adolescents, on-line platform for adolescents.

\textsuperscript{24} National Strategies on Health and Health Services, on Youth, on the Protection and Promotion of Child Rights, on Social Inclusion and Poverty Reduction, on Antidrug etc.
This evaluation process includes all of the stakeholders who contributed to current results: adolescents and their families, local stakeholders – professionals working in the modelling project (social workers, psychologists), local authorities, professionals in county or town departments for social assistance and child protection, partner NGOs, local authorities, as well as national partners and stakeholder institutions – Ministry of Youth and Sports, Ministry of Education, Ministry of Labour, Family and Social Protection, Ministry of Health, National Authority for Child Rights Protection and Adoption, National Antidrug Agency.

This scope has been foreseen in the ToR and has remained unchanged.

**EVALUATION QUESTIONS**

The evaluation questions have been stated in the ToR and have remained unchanged. One of the evaluation questions requires a specific assessment of the extent to which the evaluated modelling project was based on a child rights approach and whether age and gender issues are considered in providing support services to adolescents.

**RELEVANCE**

1. To what extent does the modelling project respond to the needs of adolescents, including the most vulnerable adolescents?
2. Were the context (political/social/economic/cultural) and latest research taken into account in the design / implementation of the modelling project?
3. To what extent is the modelling project relevant to national policies and programmes and cross-sectoral strategies\(^{25}\)?
4. To what extent is the modelling project relevant in relation with CEE/CIS Regional Knowledge and Leadership Agenda (RKLA) 10?

**EFFECTIVENESS**

5. Has the modelling project achieved satisfactory results in relation to stated objective?
6. What is the degree of achievement of the modelling project’s expected results in accordance with the targets set for the performance indicators?
7. Are the services provided effectively in order to reach adolescents, including most vulnerable adolescents? Are all processes based on a child rights approach? Are any age and gender issues considered in providing the services?
8. What are the main constraints on supply and on demand? Which parts of project are most and least effective? What factors explain success?

**EFFICIENCY**

9. Does the modelling project use resources in the most economical/efficient manner to achieve expected results? What is the value added (in terms of financial value) of the modelling project? Are any other economical alternatives feasible? How cost-effective is the project for reaching most vulnerable adolescents?
10. How does project costs compare to other similar programmes or standards\(^{26}\)?
11. How do costs for reaching adolescents, including most vulnerable ones, compare with public services costs?

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\(^{25}\) National Strategies on Health and Health Services, on Youth, on the Protection and Promotion of Child Rights, on Social Inclusion and Poverty Reduction, on Antidrug etc.

\(^{26}\) Such as the ones defined by the Government Decision no. 23/6 January 2010, Standard cost in social services.
SUSTAINABILITY
12. To what extent is the current context more or less favourable to continue such approaches in the near future?
13. Are the interventions modelled likely to continue when external support is withdrawn?
14. Is the modelling project replicable? At local or national level?

LESSONS LEARNED AND UNPLANNED OUTCOMES
15. What are the lessons learned at each level of intervention that should be taken into account for implementation and further replication of the modelling project?
16. Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?
4. EVALUATION METHODOLOGY

4.1 EVALUATION CRITERIA

Considering OECD-DAC criteria\(^2\), the evaluation will specifically address the following categories of questions which are expected to provide accurate insights related to the objective of the evaluation, scope and focus. Four main evaluation criteria (RELEVANCE, EFFECTIVENESS, EFFICIENCY AND SUSTAINABILITY) have been chosen by the evaluation commissioners for this evaluation project. As this is a formative evaluation, the evaluators consider that the selection of evaluation criteria as stated in the Terms of Reference is appropriate. Evaluation questions related to gender, age, and child rights have been included in the Effectiveness criterion.

Table 9 – Definition of the evaluation criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELEVANCE</td>
<td>The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.</td>
</tr>
<tr>
<td>EFFECTIVENESS</td>
<td>A measure of the extent to which an aid activity attains its objectives.</td>
</tr>
<tr>
<td>EFFICIENCY</td>
<td>Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.</td>
</tr>
<tr>
<td>IMPACT</td>
<td>The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination should be concerned with both intended and unintended results and must also include the positive and negative impact of external factors, such as changes in terms of trade and financial conditions.</td>
</tr>
<tr>
<td>SUSTAINABILITY</td>
<td>Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable.</td>
</tr>
</tbody>
</table>

Source: OECD-DAC Criteria for Evaluating Development Assistance

Table 10 - Evaluation criteria used, description and justification

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELEVANCE</td>
<td>A series of studies regarding adolescents in Romania have helped shape the design of the modelling project OPPORTUNITIES FOR ADOLESCENTS. Its relevance is thus underpinned by these studies. However, evaluating the relevance of the modelling project retains its usefulness, as it seeks to assess the link between the project design and the needs revealed by the studies, and thus the quality of the design process. It also assesses whether the context elements of the time were adequately considered by the modelling project designers, an important aspect for the future effectiveness and sustainability of the modelling project.</td>
</tr>
<tr>
<td>EFFECTIVENESS</td>
<td>The key element of the modelling project’s success is the possibility to demonstrate the effectiveness of its modelled approach to support adolescents – prevention of risky behaviours and support to vulnerable adolescents. Its achievements can be used to advocate the need for policy revisions and for scaling up the new model at national level.</td>
</tr>
</tbody>
</table>

Analysis performed for this evaluation criterion will be the key element in supporting the advocacy process.

**EFFICIENCY**

Project design in general aims primarily to formulate the most effective approach to achieve the desired objectives. While the efficiency of the project operations is also a preoccupation at the design stage, it usually takes 2nd place after effectiveness. It is therefore very relevant, once the project has been operating for a significant period of time, that evaluation studies the efficiency of the project operations to identify areas that could be made more efficient while maintaining the overall project effectiveness. For the particular case of this modelling project, it is relevant to assess the operating efficiency of the Resource Centres for Adolescents, as this type of organisation is intended to be scaled up at national level. Before scaling up, it is necessary to identify the most efficient manner of operating such centres.

**SUSTAINABILITY**

Once a project has passed its mid-term implementation stage, it is the right moment to step up the efforts to ensure the sustainability of its results. Effectiveness of supporting adolescents via the operations of Resource Centres for Adolescents has been tested. It is essential for the success of this concept that the centres are taken over by local organisations (public authorities or a partnership between authorities, NGOs or private companies) once the UNICEF financial support ends. Evaluation has a role to play in this process, as it surveys the possibilities and assess the chances of various options for such a takeover to happen.

**IMPACT**

This evaluation was designed as formative. At the cut-off date (30th of June 2016) implementation had slightly passed its midterm. Although certain effects of the modelling project activities can already be identified at the cut-off date, a full-scale impact analysis was not foreseen at this stage of the project cycle. When it will be carried out, the impact analysis will look into:

- Number of adolescents who have reduced or avoided risky behaviours
- Number of vulnerable adolescents who benefit from the national-wide implemented new intervention methodologies
- Effects of the revised national policies and legislation
- The extent to which local strategies in the 5 cities include provisions for adolescents
- The extent to which the Resource Centres for Adolescents have been taken over by local authorities and scaled up at country level

By comparison, the modelling project effects at the cut-off date will be analysed along the following dimensions:

- Number of adolescents that have been reached by the activities of the Resource Centres for Adolescents
- A qualitative assessment of the effects on adolescents and on parents of the centre activities (based on interviews and focus groups)
- Whether the new intervention methodologies for vulnerable adolescents have been enacted
- Whether the revised national policies and legislation have been adopted
- Current prospects for local authorities in the 5 cities to take over the activities of the Resource Centres for Adolescents once the UNICEF funding ends

### 4.2 EVALUATION DESIGN AND METHODS

Before choosing evaluation methods, identifying data sources and choosing analysis methods, this evaluation has formulated an *evaluation logic*. The guiding principle in so doing was the question *What is the most appropriate way to formulate an answer to each evaluation question, based on the key features of this particular modelling project and on the key evaluation principles in general?*
The first element in formulating the evaluation logic was a thorough understanding of the nature and the objectives of the modelling project OPPORTUNITIES FOR ADOLESCENTS. Next, evaluators formulated a set of key modelling project features that determined the formulation of an overall evaluation logic. As a last step, evaluators formulated the evaluation design for each of the evaluation questions (attached as Annex 2 Evaluation Matrix).

QUALITATIVE AND QUANTITATIVE DATA COLLECTION METHODS AND TOOLS

The choice of evaluation methods and data collection methods was guided by the following principles:

- participatory approach: all of the modelling project stakeholders - project partners, institutional stakeholders, project beneficiaries (rights holders) will be involved in the evaluation process;
- appropriate methods for capturing the desired information stemming from the evaluation logic;
- appropriate methods for the foreseen sources of data (persons, institutions, documents);
- triangulation (data triangulation, methods triangulation, evaluators triangulation);
- mixed quantitative and qualitative analysis.

The Evaluation Matrix that sets out the specific evaluation methodology for each of the evaluation questions is attached as Annex 2. The following tables describes how each of the evaluation methods was put into practice and why it was chosen, as well as how triangulation and a mix of quantitative-qualitative analysis were ensured.

<table>
<thead>
<tr>
<th>EVALUATION METHODS USED</th>
<th>DESCRIPTION AND JUSTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desk analysis</td>
<td>Given the large number of relevant documents (national studies concerning adolescents, country policies and legislation relevant for adolescents, UNICEF country and regional policies, international literature, modelling project design documents, modelling project monitoring reports), a desk review was considered essential to understand the modelling project context, design and implementation. At the same time, desk analysis was used for quantitative analysis, to determine and analyse the values reached by the modelling project indicators, as well as to assess the efficiency and cost-effectiveness of the operations of the Resource Centres for Adolescents. All of the relevant documents were studied and there were no limitations in applying this evaluation method.</td>
</tr>
<tr>
<td>Concept mapping</td>
<td>In addition to the modelling project Theory of change, the evaluation team has sought to create their own detailed understanding of the modelling project mechanics by mapping the key elements of the modelling project. This was helpful to understand the key cause-effect relationships inside the modelling project as well as the factors that have been influencing the project implementation and results.</td>
</tr>
<tr>
<td>Interviews</td>
<td>Interviews were considered essential to explore all the qualitative aspects of the modelling project, particularly how the Resource Centres for Adolescents operate and the effects of the modelling project activities at national level. Cause-effect relationships were much better understood due to information and opinions collected during interviews. Interviews were used not just to collect information, but to also collect opinions about possible changes to increase the modelling project’s effectiveness and chances for sustainability. The interviews were carried out at national level and in all of the 5 cities where Resource Centres for Adolescents were set up, with: project partners, current or former staff of the centres, adolescents that attend the centres’ activities.</td>
</tr>
<tr>
<td>Focus groups</td>
<td>To get a good understanding of how the Resource Centres for Adolescents operate and of their effectiveness in helping adolescents to avoid risky behaviours, focus groups were considered an essential method. Four types of focus groups were organised at city level,</td>
</tr>
</tbody>
</table>
in each city where the centres were operational at the time of the evaluation – one focus group with local institutional partners and stakeholders, two focus groups with adolescents (10-13 years old and 14-18 years old) and one focus group with parents of adolescents. Parents attending the focus groups had one or two qualities: they were either parents of adolescents who were beneficiaries of the centres’ activities, or were themselves beneficiaries of parenting classes, or both. Focus groups helped the evaluation team understand in detail how the Resource Centres for Adolescents operate, the qualitative aspects of their activity as well as what is the effect of this activity amongst adolescents.

**Survey**

To add another dimension to the evaluation analysis, a short questionnaire was prepared for 3 target groups: local project partners, adolescents and parents that were beneficiaries of the Resource Centres for Adolescents. The questionnaire was not planned to cover a representative sample. As such, its results were treated by the evaluation team as qualitative information, aiming to complement the information collected via interviews and focus groups.

**Case studies**

For in-depth understanding of the activity of the Resource Centres for Adolescents and how it supports adolescents to avoid risky behaviours, 4 case studies were prepared, related to the 3 centres that were operational at the time of the evaluation (Bacău, Iași, Cluj Napoca): two case studies covering the experience of two adolescents with the activity of the centres, one case study covering an in-depth analysis of the operating model of one of the centres, one case study covering an in-depth analysis of the cooperation of one of the centres with a local school.

<table>
<thead>
<tr>
<th><strong>Table 12 – Triangulation and quantitative-qualitative methods used</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Triangulation used</strong></td>
</tr>
<tr>
<td>All of the possible data sources were used for evaluation purposes: UNICEF country office; project stakeholders and project partners at central level and local level (public authorities and other institutions); partner NGOs; personnel of the Resource Centres for Adolescents; beneficiary adolescents; beneficiary parents. This level of data triangulation ensured that the opinions of every project stakeholder were carefully collected and examined and that the data collected is reliable. Balanced groups of adolescent girls and boys ensured a fair gender representation in the evaluation process. Parents of adolescents that took part in the evaluation process also combined mothers and fathers. Representatives of institutional stakeholders at central and local level were predominantly women, given the fact that most of the positions in the respective institutions are occupied by women.</td>
</tr>
<tr>
<td><strong>Methods triangulation</strong></td>
</tr>
<tr>
<td><strong>Evaluators triangulation</strong></td>
</tr>
</tbody>
</table>
### QUANTITATIVE – QUALITATIVE MIX USED

Qualitative analysis was based on documents review, interviews, focus groups, questionnaires, case studies. Quantitative analysis was based on: values reached for the modelling project indicators; dynamic and values for the indicators concerning adolescents reached by the Resource Centres for Adolescents; efficiency and cost-effectiveness of the Resource Centres for Adolescents.

### DATA ANALYSIS METHODS AND TOOLS

Two main domains of analysis were established during the evaluation process: one concerning the activity of the Resource Centres for Adolescents at the local level, the other concerning the modelling project activities at the central level. For each of the 5 cities, data was analysed independently and the results were summarised per city. The summaries were afterwards compared to note the differences and then to formulate overall findings, conclusions, lessons learned and recommendations, as well as specific recommendations per city, where relevant. Data concerning the modelling project activities and results at the central level was first analysed independently to formulate key findings, conclusions and recommendations. Finally, the two sets of data (at local and central level) were analysed together, to identify the connections between them and to formulate overall lessons learned, overall evaluation opinions concerning sustainability and recommendations for the scaling up process.

Triangulation was further applied to the data analysis process and the formulation of evaluation judgements, to avoid bias and ensure the quality of the judgements. For this purpose, the various topics of the evaluation were analysed independently by two evaluators.

Quantitative analysis was used to determine and analyse the values reached by the modelling project indicators, as well as to assess the efficiency and cost-effectiveness of the operations of the Resource Centres for Adolescents. The latter was assessed based on inter-centre comparisons, as well as based on comparative analysis with other national and international service providers.

### 4.3 DATA SOURCES

Data sources were selected based on:
- the evaluation logic (where can the needed information be found);
- need to ensure a complete coverage of all of the modelling project stakeholders, both at central and local levels. In so doing, the evaluators have made sure that all of the perspectives on the modelling project have been captured: of duty-bearers, of rights-holders, of the project managers at different levels, of employees at the Resource Centres for Adolescents, of other stakeholders at national or central level.

The mix of data sources and collection methods for each of the evaluation criteria is included in Annex 2 Evaluation Matrix. All of the modelling project stakeholders were involved in the evaluation process both as information providers as well as opinion providers. This approach has ensured that the evaluation team captures the diversity of perspectives amongst stakeholders and that information obtained is accurate, being cross-checked between different sources.

Impact evaluation was not within the scope of this evaluation, so no sampling of beneficiaries was used. Qualitative information concerning the benefits of the intervention model was nevertheless collected
from beneficiary adolescents and parents through interviews and focus groups, as well as by means of a questionnaire which aimed to capture the prevailing views among the target group.

Triangulation of data sources was constantly used to ensure a reliable set of data and to obtain a diversity of perspectives. Information concerning the modelling project implementation and benefits at the local level was collected from different sources, using several methods, as previously described.

All of the modelling project activities support the realisation of child rights, so all of the information collected and analysed was relevant for child rights realisation. Additionally, during interviews and focus groups, evaluators collected information concerning the gender equality aspects – specifically, whether adolescent girls and boys had equal chances to access services provided by the Resource Centres for Adolescents.

The following table provides a quantitative overview of the data collection methods used, with a breakdown per each of the 5 cities where Resource Centres for Adolescents were established. Further details are included in Annex 3 List of persons interviewed and sites visited and Annex 4 List of focus groups.

Table 13 – Quantitative overview of the data collection methods used

<table>
<thead>
<tr>
<th>METHOD</th>
<th>PLANNED</th>
<th>CARRIED OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews</td>
<td>Total: 46 interviews</td>
<td>Total: 48 interviews</td>
</tr>
<tr>
<td></td>
<td>National level: 9 interviews</td>
<td>National level: 10 interviews</td>
</tr>
<tr>
<td></td>
<td>Bacău: 8 interviews</td>
<td>Bacău: 9 interviews</td>
</tr>
<tr>
<td></td>
<td>Cluj Napoca: 9 interviews</td>
<td>Cluj Napoca: 10 interviews</td>
</tr>
<tr>
<td></td>
<td>Iași: 9 interviews</td>
<td>Iași: 10 interviews</td>
</tr>
<tr>
<td></td>
<td>Bucharest: 6 interviews</td>
<td>Bucharest: 5 interviews</td>
</tr>
<tr>
<td></td>
<td>Constanța: 5 interviews</td>
<td>Constanța: 4 interviews</td>
</tr>
<tr>
<td>Focus groups</td>
<td>Total: 14 focus groups</td>
<td>Total: 12 focus groups</td>
</tr>
<tr>
<td></td>
<td>Bacău: 4 focus groups</td>
<td>Bacău: 4 focus groups</td>
</tr>
<tr>
<td></td>
<td>Cluj Napoca: 4 focus groups</td>
<td>Cluj Napoca: 4 focus groups</td>
</tr>
<tr>
<td></td>
<td>Iași: 4 focus groups</td>
<td>Iași: 4 focus groups</td>
</tr>
<tr>
<td></td>
<td>Bucharest: 1 focus group</td>
<td>Bucharest: no focus group</td>
</tr>
<tr>
<td></td>
<td>Constanța: 1 focus group</td>
<td>Constanța: no focus group</td>
</tr>
<tr>
<td>Survey</td>
<td>Not planned</td>
<td>90 questionnaires were filled in by project partners, staff of the centres, adolescents, parents in the cities of Bacău, Iași, Cluj Napoca</td>
</tr>
<tr>
<td>Case studies</td>
<td>3 case studies covering the Resource Centres for Adolescents in Bacău, Iași, Cluj Napoca</td>
<td>4 case studies covering the Resource Centres for Adolescents in Bacău, Iași, Cluj Napoca</td>
</tr>
</tbody>
</table>

In Bucharest and Constanța, the Resource Centres for Adolescents were no longer in operation at the time of the evaluation, so access to former staff of the Centres was less easy than in the other 3 cities. For this reason, in each of the 2 cities, the number if interviews that could be arranged was by one less than planned (5 instead of 6 in Bucharest, 4 instead of 5 in Constanța). As the respective interviewees were the only available persons in the 2 cities, the planned focus groups were considered no longer relevant, as it would have meant inviting the same persons in the focus groups that had already been interviewed. Data collected by way of interviews was considered adequate for the evaluation purposes, particularly for understanding how the 2 centres had been operating and why they had ceased to operate.
4.4 STAKEHOLDERS’ PARTICIPATION IN THE EVALUATION

As mentioned earlier, involving all of the modelling project stakeholders in the evaluation process was considered essential by the evaluation team. For this reason, a mix of evaluation methods considered the most appropriate for each type of stakeholder was included in the evaluation methodology. This mix was chosen to ensure that all of the necessary information would be obtained and that the whole diversity of views, from all levels, would be captured.

Table 14 – Stakeholder participation in the evaluation

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Participation in the evaluation</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementing Agency</strong></td>
<td></td>
<td>The implementing agency holds essential information about the modelling project design and implementation, so interviews were considered the most appropriate method to understand the project justification, its theory of change, its implementation and whether and how adjustments had been made to its concept or implementation mechanism.</td>
</tr>
<tr>
<td>UNICEF Country Office Romania</td>
<td>Provision of documents Interviews</td>
<td></td>
</tr>
<tr>
<td><strong>Modelling project partners</strong></td>
<td>Interviews</td>
<td>Project partners play a key role in implementing the modelling project, so interviews were considered the most appropriate method to collect detailed information and views about the role played by each partner and their views about the modelling project.</td>
</tr>
<tr>
<td>Ministry of Youth and Sport, National Antidrug Agency</td>
<td>Interviews</td>
<td>Focus groups at city level were used as a means to bring together the local stakeholders and collect their views during a group discussion.</td>
</tr>
<tr>
<td>Partner NGOs: ALIAT, ADV, ARAS, PARADA, FTR.</td>
<td>Interviews</td>
<td>The questionnaire was used to collect answers on a number of key aspects concerning the modelling project’s relevance and effectiveness.</td>
</tr>
<tr>
<td>Mayoralities and Social Assistance Departments /General Directorates for Social Assistance and Child Protection in 3 of the 5 cities where Resource Centres for Adolescents were set up (Bucharest, Bacău and Cluj Napoca).</td>
<td>Interviews Questionnaire Focus groups</td>
<td></td>
</tr>
<tr>
<td><strong>Other key stakeholders</strong></td>
<td>Interviews Focus groups</td>
<td>National institutional stakeholders played an important role in the modelling project, so interviews were considered the most appropriate method to collect detailed information and views about the role played by each institution and their views about the modelling project.</td>
</tr>
<tr>
<td>National Authority for Child Rights Protection and Adoption; Ministry of Health; Ministry of Education.</td>
<td>Interviews Questionnaire Focus groups</td>
<td>At city level, interviews were chosen as a method in the case of the institutions with the most active role in the modelling project, while the other local stakeholders were included in a focus group. Again, focus groups at city level were used as a means to bring together</td>
</tr>
<tr>
<td>Local public institutions in the 5 cities where the Resource Centres for Adolescents were set up: schools; school inspectorates; child protection departments; public health departments; antidrug centres.</td>
<td>Interviews Questionnaire Focus groups</td>
<td></td>
</tr>
</tbody>
</table>
the local stakeholders and collect their views during a group discussion.

The questionnaire was used to collect answers on a number of key aspects concerning the modelling project’s relevance and effectiveness.

| Modelling project beneficiaries (Rights holders) | Adolescent girls and boys | Interviews | Focus Groups | Questionnaire | Adolescents are the beneficiaries of the modelling project, so collecting information from them by combining several methods was considered essential for a proper understanding of the activity of the Resources Centres for Adolescents and its results concerning prevention of risky behaviours.

For parents, interviews were considered less feasible due to their work schedule, instead focus groups, which also allow interaction between participants stimulating the discussion, was chosen as the most effective method. |
<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents of adolescents</td>
<td>Focus groups</td>
<td>Questionnaire</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4.5 ETHICAL ISSUES AND CONSIDERATIONS

This evaluation has abided by the UNEG Ethical Guidelines for Evaluation (2008). The evaluation team has prepared and implemented an evaluation approach that meets the ethical evaluation obligations and principles, as further described.

**Table 15 - Evaluation observance of UNEG ethical standards for evaluation**

| INTENTIONALITY OF EVALUATION |
|---|---|
| **UTILITY** | This evaluation has been designed and conducted with the central purpose to be of use to the evaluation commissioners and to all of the stakeholders of the evaluated modelling project. Evaluation activities have permanently sought to provide clear added value and avoid truisms in all of its findings, conclusions and recommendations. Evaluation was focused on the evaluation questions and trying, at the same time, to capture other information that was deemed important for the overall evaluation purpose. Data collection was applied with a view to not just collect, but to contribute to the modelling project thinking process, to facilitate information and opinion exchange between stakeholders, and to enhance cohesiveness amongst the stakeholders for the benefit of the intended target groups. |

| OBLIGATIONS OF EVALUATORS |
|---|---|
| **INDEPENDENCE** | Throughout the evaluation process, evaluators have maintained their independence in analysing and judging the information related to the evaluated modelling project and its results. No interference was encountered from any of the project stakeholders. |

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28 All of the data collection instruments used for this evaluation have passed an approval process by an ethics committee.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPARTIALITY</td>
<td>Every information and opinion collected was treated with due attention, regardless of its source. A balanced judgement was developed based on the equal treatment of both strengths and weaknesses of the evaluated modelling project, and special care was taken to prevent distortions in judgement due to any possible biased personal views of the evaluation team members. To achieve this, each of the evaluation topics was analysed independently by two evaluators and cross-checking was ensured by the team leader.</td>
</tr>
<tr>
<td>CREDIBILITY</td>
<td>The final evaluation report was subject to careful scrutiny by the team leader to ensure the quality of its content: clear, useful for the evaluation objectives and purpose, well substantiated.</td>
</tr>
<tr>
<td>CONFLICTS OF INTEREST</td>
<td>There was no conflict of interest in conducting this evaluation. Evaluators were independent from the modelling project activities and stakeholders did not interfere with the actual formulation of the evaluation judgements.</td>
</tr>
<tr>
<td>HONESTY AND INTEGRITY</td>
<td>The evaluation team has maintained an open and clear communication process with the evaluation commissioners and all of the project stakeholders. The evaluation methodology was applied with due care and all efforts were made to ensure high quality analysis and judgement. Evaluation results were accurately presented and any unclarity in the findings was discussed with the relevant parties before finalising the evaluation report.</td>
</tr>
<tr>
<td>ACCOUNTABILITY</td>
<td>Every important aspect regarding the report completion and delivery was discussed with the evaluation commissioners and solutions were identified for any such aspect. Changes regarding report delivery date and their reasons were accurately recorded in a contract addendum.</td>
</tr>
<tr>
<td>OBLIGATIONS TO PARTICIPANTS</td>
<td><strong>RESPECT FOR DIGNITY AND DIVERSITY</strong> The evaluation work was carried out by a local evaluation team. As such, the team was fully aware of local customs and of other traits that needed to be taken into account to ensure respect during data collection. Clear notices were sent in due time in advance, so that persons involved in data collection could properly plan their agenda and thus minimise disruption to their personal schedule.</td>
</tr>
<tr>
<td>CONFIDENTIALITY</td>
<td>Sources of each information collected were known only to the evaluation team and remained anonymous to anyone else. Participants to the data collection process were clearly informed of the confidentiality measures and materials provided to the evaluation commissioners were anonymised.</td>
</tr>
<tr>
<td>AVOIDANCE OF HARM</td>
<td>Evaluators took every measure to minimise the burden placed on participants by the data collection process: clear information about the data sought were sent in advance, meetings and events were planned according to participant availability and their duration was kept within generally acceptable time-limits.</td>
</tr>
<tr>
<td>EVALUATION PROCESS AND PRODUCT</td>
<td><strong>ACCURACY, COMPLETENESS AND RELIABILITY</strong> The evaluation methodology was designed with the clear aim to support production of a high-quality report. Throughout the evaluation process, proper attention was paid to accurately record the information collected, use sound analysis concepts and cover all of the evaluation criteria adequately.</td>
</tr>
</tbody>
</table>
The whole evaluation exercise was explained to all of the modelling project partners and stakeholders, interview guides were known in advance and any question addressed to the evaluation team was answered, provided that it would not cause any harm to third parties and that it would not infringe the confidentiality principle.

No evidence of wrong-doing or unethical conduct as part of the modelling project activities was identified during the evaluation process.

**ETHICS IN RESEARCH INVOLVING CHILDREN**

The research needed for this evaluation included children interviews and focus groups. Children involved in the research were between 10-18 years old. All of the elements foreseen in the ERIC Compendium have been observed, as described further. To this end, a special procedure was applied that covered children selection, obtaining informed consent from children and their parents, informing children about their right to choose the level of involvement in the process and ensuring data confidentiality. The consent forms used are attached as Annex 8.

**Table 16 - Evaluation observance of UNICEF standards of Ethical Research Involving Children**

| RESPECT | Children that have been involved in data collection for this evaluation have been treated with the same respect principles as those applied between adults. Like adults, interviewed children had the right to have opinions, to change their mind, to choose their level of involvement in discussions, to not answer, to give unsolicited information, to express dissatisfaction a.s.o. Their time was valued and their contribution appreciated as in the case of adults, clear explanation was provided regarding the purpose of the evaluation exercise and their contribution, and information that was solicited by the children was provided freely, on condition that it would not harm anyone else’s interests or infringe the confidentiality principle. Evaluators made every effort to understand the children personal situation, the context they live in, their motives for various behaviours or opinions a.s.o. |
| INFORMED CONSENT | Informed consent forms were used as a means to inform every child invited to participate in the research about the nature and purpose of the research, as well as about the kind of information sought by the evaluators. The forms clearly stated that the children could freely opt to participate or not, as well as that they could revert their decision and withdraw from any interview or focus group, before or during the event, if they so desired. Consent was also obtained from the children’s parents, with a similar level of information about the research being provided via the consent forms. Both forms used (for children and their parents) are attached as Annex 8. |
| PRIVACY AND CONFIDENTIALITY | Every child participating in the research associated with this evaluation has been provided with clear information regarding the protection of their privacy and the confidentiality of the information they provided – both before the actual interaction with the evaluators, at the beginning of the interaction and at the end of the interaction. Material collected was available only to the evaluators. Evaluation commissioners received anonymised material for their own files. |
| HARMs AND BENEFITS | The principles of non-maleficence and beneficence, as described by the ERIC Compendium, were strictly observed. Which groups to involve in the research and how this should be done was subject of discussions within the evaluation team and between evaluators and the evaluation commissioners, such as to make sure that |

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Selecting and inviting children to attend interviews or focus groups was done in cooperation with the local Resource Centres for Adolescents who had connections with every child that was a beneficiary of the centre’s activities. Interviews and focus groups were conducted in a manner that was considered and proved appropriate for the children’s age, avoiding possible negative feelings on the side of the children due to the methods of interaction with the evaluators.

As ERIC Compendium recommends, a balance was kept between the right to protection (restricting data collection from children to avoid any possibility of harm doing) and the right to participation (children’s right to have their voices heard). Moreover, it was clear to the evaluation team that the benefits owed to the children in the form of a useful evaluation report were very important, all the more a stimulus to prepare such a report with diligence.

### JUSTICE

In line with the ERIC Compendium recommendations, it was important for evaluators to maintain a balance between the benefits of collecting data from children and the burden placed on children by the collection process. Every interview and focus group involving children was planned and conducted so that it did not constitute or was perceived by the child as a burden. As mentioned earlier, every adult-due element of respect was equally applied to every child, including clear explanation provided by the evaluators that children had the right to choose the manner and duration of their involvement. Children participated not only as subjects of research, but as opinion holders as well. Not least, researchers carefully managed the power difference between adult-children: by making clear to the children what rights and options they had during the interviews or focus groups; and by showing through their behaviour that the only extra power the evaluators had was that of being of help and supportive whenever needed.

### PAYMENT AND COMPENSATION

No payment or compensation to the children were deemed necessary in the context of this data collection process. Expenses were not incurred by the children and no loss of income or other benefits occurred due to their attending of interviews or focus groups.

### 4.6 METHODOLOGICAL LIMITATIONS

All of the data planned to be collected was collected in good conditions and no significant limitation of access to data was encountered. In Bucharest and Constanța, the Resource Centres for Adolescents were no longer in operation at the time of the evaluation, so access to former staff of the Centres was less easy than in the other 3 cities. For this reason, in each of the 2 cities, the number of interviews that could be arranged was by one less than planned (5 instead of 6 in Bucharest, 4 instead of 5 in Constanța). As the respective interviewees were the only available persons in the 2 cities, the planned focus groups were considered no longer relevant, as it would have meant inviting the same persons in the focus groups that had already been interviewed. Data collected by way of interviews was considered adequate for the evaluation purposes, particularly for understanding how the 2 centres had been operating and why they had ceased to operate.

Field visits were carried out as planned, in all of the 5 cities. No methodological limitation was met, other than the planned limitation concerning the methodology for assessing the modelling project benefits for adolescents and parents. As noted earlier, impact assessment was not included as a criterion in this formative evaluation, so samples of beneficiaries were not established and surveyed. The modelling project benefits for adolescents and for parents were assessed using qualitative methods: interviews, focus groups and case studies.
Several measures were taken to ensure data quality:

- All of the data collection instruments (interview guides, focus group guides, questionnaire, template for the case studies) have been submitted to the UNICEF Country office and were subject to several rounds of improvement before becoming final. Once finalised, all of the data collection instruments were submitted to an ethics committee and passed an approval process;
- The guides for interviews, focus groups and the template for case studies were sent in advance to the interviewees, allowing adequate time for preparation;
- Meetings were allocated sufficient time and were organised in appropriate venues;
- Triangulation was constantly ensured, as described earlier;
- Quantitative data was cross-checked and analysis focused on those data where no doubts about accuracy existed.

Evaluator triangulation was applied to the formulation of evaluation judgements, to avoid bias and ensure the quality of the judgements. For this purpose, the various topics of the evaluation were analysed independently by two evaluators, while cross-checking was ensured by the team leader.

The entire evaluation process was delayed by two changes in the team leader position and by a lengthy process of designing, improving and approving the data collection instruments. The delay has had no negative consequences on the data collection process per se, but the evaluation report will be available much later than foreseen. Nevertheless, all of its conclusions, recommendations and lessons learned retain their validity and can still be put to use, in spite of the delay.
5. FINDINGS

RELEVANCE

1. To what extent does the modelling project respond to the needs of adolescents, including the most vulnerable adolescents?

To answer this evaluation question, the following judgement elements were used:
- Was there an adequate analysis of adolescent needs within the modelling project?
- Rationale for choosing certain needs as the modelling project focus.
- Was the modelling project design adequate to respond to the identified needs?

WAS THERE AN ADEQUATE ANALYSIS OF ADOLESCENT NEEDS?

A series of studies regarding the state of adolescents in Romania were completed as part of the modelling project activities. Each of the studies is a stand-alone document, while together they provide a comprehensive picture of the state of adolescents, of the existing social and health services for adolescents, of relevant policies and legal acts, as well as suggest the most relevant approach for the modelling project.

Table 17 - Key adolescent-related studies completed as part of the modelling project

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>State of Adolescents in Romania (2013)</td>
</tr>
<tr>
<td>2.</td>
<td>Adolescent Services Mapping Study (2013)</td>
</tr>
<tr>
<td>3.</td>
<td>Study regarding the social norms that influence adolescent risky behaviours in Romania (2014)</td>
</tr>
<tr>
<td>4.</td>
<td>Non-cognitive skill development for adolescents in Romania (2016)</td>
</tr>
<tr>
<td>5.</td>
<td>Study regarding the existing relevant sectoral strategies and the Youth Law (2015)</td>
</tr>
<tr>
<td>6.</td>
<td>Study regarding the existing interventions for adolescents using drugs (2016)</td>
</tr>
<tr>
<td>7.</td>
<td>Study regarding the existing interventions for adolescents living in the streets (2016)</td>
</tr>
</tbody>
</table>

Relevant institutional partners at central and local levels have been involved, in their capacity of duty bearers, in the needs assessment process, in line with the principle of participation. At central level, stakeholder institutions helped shape the research methodology, contributed with their knowledge and opinion on the topics researched, and were informed about the results of the studies. At the local level, the specific needs of adolescents in the cities where the Resource Centres for Adolescents were set up were the object of a constant study. Staff of the centres have been constantly engaged in researching and understanding local needs of adolescents, based on knowledge collected from local institutional partners and duty bearers (schools, social assistance departments, child protection departments, antidrug centres, NGOs etc.) and based on feedback from adolescents themselves and from their parents (as rights holders). Additionally, one of the modelling project-funded studies produced a complete picture of the existing support services available for adolescents in the 5 cities where the Resource Centres for Adolescents were set up. The survey of the local needs carried out by this evaluation through interviews, questionnaires and focus groups confirms the adolescent needs identified by the modelling project.

RATIONALE FOR CHOOSING CERTAIN NEEDS AS THE MODELLING PROJECT FOCUS

Initial research funded by the modelling project highlighted a large number of adolescent needs. As they were completed, each new study would bring more focus and clarity regarding the need for intervention.
Taken together, these studies and the local needs assessment managed to gradually highlight not just the key needs for support, but equally important, how such support services should operate. In consequence, the modelling project based its design on objectives and activities that directly respond to the needs highlighted by the project research.

WAS THE MODELLING PROJECT DESIGN ADEQUATE TO RESPOND TO THE IDENTIFIED NEEDS?

As this is a modelling project, its design was meant to evolve in time, based on lessons learned from the practical experience of implementing its activities. This is what actually happened, particularly at the local level, where the Resource Centres for Adolescents, especially during their first year in operation, have managed through trial-and-error and through local needs assessment to find the most effective approach for prevention activities. At central level too, constant inter-institutional cooperation contributed to shaping the modelling project activities regarding policy and legal development and regarding development of new intervention methodologies for vulnerable adolescents. All of the project stakeholders, both duty bearers and rights holders were constantly involved in modelling the project design, thus putting into practice the principle of participation.

Additionally, literature review completed as part of this evaluation highlighted priorities and approaches regarding adolescent services in other countries and confirms the relevance of the model represented by the Resource Centres for Adolescents. For example, a study by the World Health Organisation suggests that adolescent support needs should be regarded not just as strictly related to health problems, but that they include a wider set of needs specific to the age, namely normative development needs. The study also mentions that most adolescent health problems are related to behavioural and lifestyle issues, which the literature consistently confirms are more influenced by the social setting than by health providers or other professional service providers. The model of the Resource Centre for Adolescents is in line with this view, as well as with practice and priorities of other countries with respect to adolescent support services (ex. The Netherlands, where prevention has been given an increasing attention and where each municipality is required by law to establish a Centre for Youth and Family).

2. Were the context (political/social/economic/cultural) and latest research taken into account in the design / implementation of the modelling project?

To answer this evaluation question, the following judgement criteria were used:

- How were context elements and latest research taken into account
- How did context elements and latest research influence the modelling project design
- How did context elements and latest research influence the modelling project implementation
HOW WERE CONTEXT ELEMENTS AND LATEST RESEARCH TAKEN INTO ACCOUNT

Through the studies at national level that it funded, the modelling project not only took into account the context, but actually made it the object of its research. As such, latest research was actually produced by the modelling project itself. Its results were not only taken into account, but constituted the very reason for the modelling project intervention. Key context elements such as policies and legal framework relevant for adolescents, social and cultural norms, economic environment, institutional and service system for adolescents were all part of the research subject matter. With this approach, the modelling project has managed to comprehensively cover the numerous context elements that are relevant for the adolescents living in Romania in general and for the adolescents targeted by the project at local level, in the 5 selected cities.

HOW DID CONTEXT ELEMENTS AND LATEST RESEARCH INFLUENCE THE MODELLING PROJECT DESIGN

As an example, the key context elements that directly shaped the modelling project intervention at local level were the very limited level of services dedicated to adolescents and the inadequate level of prevention activities against risky behaviours. Another example refers to a social context element - the role of social norms in adopting risky behaviours and the role of non-cognitive skills in helping adolescents make healthy choices. One of the most important influences of context elements on the modelling project design was that of the political and institutional framework at the local level. In 3 of the 5 cities where Resource Centres for Adolescents were established, UNICEF benefitted from the involvement and commitment to the modelling project of the City Halls, including a clear assumption that the centres would continue to be supported by the City Halls at the end of the UNICEF funding period. The other 2 cities did not benefit from such a commitment, so even though the modelling project design remained the same as far as project activities were concerned, its sustainability strategy was different. For those 2 cities, it was planned that City Hall involvement would be sought during project implementation or that other means for securing sustainability would be identified until the modelling project funding ended. At central level too, legal context elements formed the basis for some of the modelling project planned interventions aiming to improve national policies and legislation.

Assumptions and risks that were included in the modelling project Theory of Change took into account several context elements: socio-economic, political, institutional. For example, the role of the Ministry of Youth and Sport was featured in the Theory of Change both as an assumption (that it would support the project in general and the scale-up of its results in particular) as well as a risk, due to frequent changes of its administrative status or of its top political incumbents. Not least, the economic context and the difficulty of local institutions to provide adequate funding for adolescent support services were taken into account early on and have influenced the modelling project thinking and approach regarding the sustainability of the newly established centres for adolescents.

HOW DID CONTEXT ELEMENTS AND LATEST RESEARCH INFLUENCE THE MODELLING PROJECT IMPLEMENTATION

At central level, a key context element was represented by the fragmented cross-sectoral institutional responsibilities regarding adolescents. This was duly taken into account and in consequence, involvement of the various institutional stakeholders in the modelling project activities, as members of steering committees set up for each major activity, was properly maintained throughout the project implementation period.

Local context elements began to emerge once the Resource Centres for Adolescents in the 5 cities were set up and continued to shape the modelling project approach. Local specifics of adolescent needs shaped
the modelling project activities, while local institutional and political framework shaped the types of partnerships signed and the inter-institutional pattern of cooperation. Project management has taken due account of such differences and has shaped its partnership set-up accordingly, in each of the cities where Resource Centres for Adolescents were established.

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

The modelling project directly supports several national policy priorities in several sectors – Youth, Health, Child Rights, Antidrug. Its proposed intervention model at local level, as well as its activities at central level are actually translating these policy priorities into practice. In addition to supporting the implementation of priorities reflected in policy documents, the modelling project is very relevant for shaping national policies and legislation regarding adolescents, as it puts forward important improvement proposals. The National Strategy for Protection and Promotion of Child Rights, the National Strategy for Youth Policy, the Youth Law are the documents that have directly benefitted from the modelling project proposals. Details regarding the modelling project achievements in this area are included in section Effectiveness of this report.

Table 18 - Relevance of the modelling project to priorities foreseen in national strategies

<table>
<thead>
<tr>
<th>ACTIVITY OF THE MODELLING PROJECT</th>
<th>RELEVANCE TO THE YOUTH STRATEGY</th>
<th>RELEVANCE TO THE CHILD RIGHTS STRATEGY</th>
<th>RELEVANCE TO THE NATIONAL ANTIDRUG STRATEGY</th>
<th>RELEVANCE TO THE NATIONAL HEALTH STRATEGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of risky behaviours</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>School campaigns on health-related issues</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>New methodologies to assist adolescent drug users</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New methodologies to assist adolescents living in the streets</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of parenting competencies</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Development of adolescent-dedicated facilities</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of adolescent non-cognitive skills (ability to deal with socio-emotional aspects)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development of inter-sectoral cooperation (youth, child protection, health, drugs etc.) and public- NGO cooperation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents’ participation in decision making</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30 National Strategies on Health and Health Services, on Youth, on the Protection and Promotion of Child Rights, on Social Inclusion and Poverty Reduction, Antidrug etc.
4. To what extent is the modelling project relevant in relation with CEE/CIS Regional Knowledge and Leadership Agenda (RKLA) 10?

In 2012 the UNICEF CEE/CIS\textsuperscript{31} Regional Management Team adopted a common strategy that built on substantive areas of focus of UNICEF Country Offices. The Regional Knowledge and Leadership Agenda (RKLA 10) sets out a clear regional agenda and a common vision for UNICEF’s work in the region. This document defines eight results that UNICEF contributes to:

- A child’s right to a supportive and caring family environment
- A child’s right to access to justice
- A child’s right to inclusive quality education and early learning
- A child’s right to be born free of HIV
- A young child’s right to health and comprehensive well-being
- A child’s right to social protection
- A child’s right to protection from the risks of disasters
- An adolescent’s right to a second chance

The modelling project directly support the following results:
- A young child’s right to health and comprehensive well-being;
- A child’s right to social protection;
- An adolescent’s right to a second chance.

**EFFECTIVENESS**

1. Has the modelling project achieved satisfactory results in relation to stated objective?

The modelling project addresses two key and inter-connected domains. The **intervention domain**, if the modelling process is successful, is expected to influence the **policy domain**, such that the model is adopted by the national or local legislation and scaled up. If this aim is achieved, the policy domain will further support the application of the model and thus support further achievements in the intervention domain.

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\textsuperscript{31} UNICEF Regional Office for CEECIS is increasingly being referred to as the Regional Office for Europe and Central Asia (ECA).
MODELLING PROJECT ACHIEVEMENTS IN THE INTERVENTION DOMAIN

THE RESOURCE CENTRES FOR ADOLESCENTS

Four of the 5 Centres – located in the cities of Bacău, Cluj-Napoca, Constanța and Iași - were operational at the cut-off date for this evaluation (June 2016). The centre located in the capital city (Bucharest) had ceased its operations in March 2016 and details of its situation are presented further on.

Table 19 - Overview of the Resource Centres for Adolescents

<table>
<thead>
<tr>
<th>Premises</th>
<th>Each Centre has its own premises, made available by local institutional partners (Bacău, Cluj) or by the partner NGO who is operating the centres (Iași, Constanța).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>A number of 3-4 staff (coordinator, social worker, psychologist) on full-time or part time basis.</td>
</tr>
<tr>
<td>Opening hours</td>
<td>During school period, group activities at the centre premises are organised for 1-2 days/week, and for more days/week during holiday time. Individual counselling for adolescents or parents can take place on any day, depending on the need. Activities in schools are constant during the school period and can take place in any day of the week.</td>
</tr>
<tr>
<td>Key activities</td>
<td>Information sessions and workshops in schools, on a wide variety of topics (ex. alcohol and drugs, sex education, bullying, inter-personal relations, self-awareness, dealing with violence and abuse, preventing human trafficking, health education etc.); Information sessions and workshops in foster homes, on similar topics; Community outreach to promote the centres’ activity amongst adolescents; Development activities at the centre premises (presentations on topics similar to those in schools, group and individual counselling, recreational activities, self-awareness activities, socio-emotional development activities, thematic workshops on topics of interest for adolescents (including risky behaviours); Parenting classes and individual counselling for parents of adolescents; While many of the adolescent needs are similar in broad terms, certain differences exist between age-groups (10-13, 14-18) and differences between needs of girls and of boys. These have been properly understood and taken into account by the staff of the centres when designing the specific activities.</td>
</tr>
<tr>
<td>Reaching adolescents</td>
<td>Adolescents attending activities at the centre premises are attracted via various channels: as a result of the centre’s activities in schools, through friends and acquaintances, or by referral of vulnerable adolescents from other service-providing institutions (ex. social assistance departments, child protection departments).</td>
</tr>
</tbody>
</table>
Table 20 - Specific aspects of each Resource Centre for Adolescents in each of the 5 cities

<table>
<thead>
<tr>
<th>City</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACĂU</td>
<td>Operational since Oct 2015 (activities started earlier, in March 2015, before the centre was actually operational). The local Department for Social Assistance, that operates under the authority of the city hall, has been actively involved since the beginning in the centre’s operations, in several ways: provision of premises for the centre’s activities; provision of 3 out of 4 staff, on a part-time basis; financial contribution by covering the salaries of the 3 part-time staff and of the centre’s utility costs; constant referral of vulnerable adolescents to the centre. Constant cooperation with the local Antidrug Centre and with the local police who contribute to the centre’s activities with information sessions prepared and delivered for adolescents.</td>
</tr>
<tr>
<td>CLUJ-NAPOCA</td>
<td>Operational since Feb 2015 (activities started earlier, in Nov 2014, before the centre was actually operational). The local Department for Social and Medical Assistance, that operates under the authority of the city hall, has been actively involved since the beginning in the centre’s operations, in several ways: provision of premises for the centre’s activities; provision of 1 part-time staff, including coverage of the respective part-time salary; constant referral of vulnerable adolescents to the centre. The other staff was hired from the labour market and volunteers also supported the centre’s activities. Constant activity of the centre in foster homes.</td>
</tr>
<tr>
<td>IAŞI</td>
<td>Operational since Oct 2014 (activities started earlier, in Aug 2014, before the centre was actually operational). The centre in Iaşi is operated by the same partner NGO that has operated the centre in Constanța. The centre in Iaşi operates in two locations – one in the city central area provided by a local partner institution (the school inspectorate), the other in a city suburb, provided by the partner NGO who has its main premises there. Staffing is ensured by the same partner NGO. Local partner institutions were actively involved in the modelling project, like in the other cities. However, similarly to Constanța, city hall has not been a project partner. In spite of this similarity, sustainability prospects were deemed by UNICEF better than in Constanța so funding was continued for the centre in Iaşi. Details about its sustainability</td>
</tr>
</tbody>
</table>
prospects and evaluator’s recommendations in this sense are included in the respective sections of this report.

| **CONSTANȚA** | Operational between Oct 2014 – Sept 2016 (activities started earlier, in Aug 2014, before the centre was actually operational). Although local public institutions (County social assistance and child protection department, School inspectorate) were involved in the centre’s operations, city administration (City Hall) was not. Local political instability and lack of interest from the city hall in the modelling project were the main causes of non-success in attracting this institution into the project’s activities. The centre has been operating similarly to the centres from other cities, with good results. Its premises and staff were provided by the partner NGO who has been operating the centre. However, given the poor prospects of sustainability due to the non-involvement of the city hall during the whole period of 2 years of operations, UNICEF has decided to discontinue its financial support for the centre in Constanța. In consequence, the centre ceased its operations in the autumn of 2016. Even though this development occurred after the cut-off date of this evaluation, it is still mentioned here due to its importance. |
| **BUCHAREST** | Operational between Jan 2015 – March 2016. Its activity was structured similarly to that of the other centres. However, a combination of inter-institutional, organisational and political factors contributed to its demise. Although all of the relevant institutional partners were involved from the outset, including the city hall, subsequent inter-institutional cooperation did not function well. Further factors – management and organisational issues at the centre level and political changes at the top of the local administration aggravated the problem, leading to poor performance of the centre. In consequence, UNICEF decided to discontinue financial support for this centre. |

**BENEFITS ACHIEVED IN RELATION TO STATED OBJECTIVES**

The evaluation team has collected qualitative evidence regarding the benefits for adolescents and parents due to the centres’ activities and concluded that there are clear benefits for adolescents and parents due to the centres’ activities:

- Adolescents that attend activities at the centre premises (including vulnerable adolescents that are referred to the centre) have developed their socio-emotional abilities, are well-informed and have a better understanding regarding the consequences of risky behaviours and are more able to make healthy choices and avoid such behaviours. Cases also exist of adolescents who have improved their school attendance or have even resumed studies as a result of centre activities;
- Adolescents that attend sessions at schools or in foster homes receive very important information regarding risky behaviours as well as regarding other topics necessary for their development, have the possibility to ask questions and are thus better equipped to withstand social norms that encourage risky behaviours at this age-group. This target group includes a significant proportion of adolescents coming from rural areas who attend schools in urban areas (adolescents in rural areas are, on the average, considered more at risk by due to their less favourable economic conditions);
- Adolescents have a significant contribution to the choice of topics for the various activities,
information sessions and workshops, to their design and implementation mode, both at the premises of the Resource Centres for Adolescents and in schools;

- Parents have a better understanding of the challenges facing adolescents and their emotional and support needs are more able to provide such support;
- Activity of the 4 Centres has managed to catalyse and strengthen co-operation between the local stakeholder institutions mentioned earlier. Each of these institutions has developed its own capacity to act as part of a network that seeks to support adolescents with an integrated approach.

### SCHOOLS – A REMARKABLE SUCCESS OF THE CENTRES’ ACTIVITY

Information and counselling sessions delivered by the Resource Centres for Adolescents in schools are highly appreciated by all of the local stakeholders and represent a very effective means to reach a large number of adolescents. Cooperation between schools and the Resource Centres for Adolescents is very good and is maintained at a constant level. Information sessions held in schools are diverse in content, interactive and well-adjusted to adolescent needs, boys and girls.

The target group where the modelling project has been less successful is represented by the most vulnerable adolescents that the modelling project also intended to reach: adolescents living in the streets, adolescents of roma nationality, adolescents that are drug-addicts. In Bucharest, where the main efforts to reach these target groups were invested, the centre’s activity was discontinued before the intended results could be seen. In the other 4 cities, these groups were not a specific target of the centres’ activities, so the results obtained in attracting such adolescents were largely circumstantial and marginal.

### MODELLING PROJECT ACHIEVEMENTS IN THE POLICY DOMAIN

**Specific provisions for adolescents in public policies and legislation that are relevant for adolescents**

Key policies relevant for adolescents were analysed and proposals for their improvement were made through modelling project-funded activities. These policies were the 2015-2020 National Youth Strategy and Action Plans and the 2014-2020 National Strategy on the Protection and Promotion of Child Rights. As a result, provisions specifically targeting vulnerable adolescents (ex. Roma adolescents and adolescents living in the streets) were incorporated in both documents. For the National Youth Strategy, UNICEF and the Ministry of Youth identified 4 main priorities to be addressed, that were included in the strategy: non-formal education and culture; health; entrepreneurship and volunteering; labour and entrepreneurship, while social inclusion is a transversal theme for the strategy. UNICEF Country Office in partnership with the Ministry of Youth and NGOs analysed legislation related to youth and adolescents and the mechanisms to ensure adolescents and youth participation in policy decisions. Based on the analysis and the subsequent feedback, UNICEF supported the Ministry of Youth in drafting a new Youth Law with more clear provisions for youth participation in policy decisions.

**New intervention methodologies for vulnerable adolescents**

(adolescents who are using drugs and adolescents living on the streets)

Various service providers from different sectors (social assistance, health, police etc) can intervene in cases of vulnerable adolescents who are using drugs or live on the streets. Inter-institutional, cross-sectoral cooperation raises many challenges, that is why such institutions typically intervene without knowledge of how other institutions may have already intervened for the same case or without clear methods for an integrated intervention between several institutions. Not least, many of the specialists who actually intervene have limited knowledge about the legal provisions governing such cases of adolescents.
To respond to this situation, the modelling project undertook to prepare clear intervention methodologies that would constitute both an algorithm for how legal provisions should be applied as well as aiming to improve inter-institutional cooperation for such interventions. Two such methodologies were prepared: for adolescents who are using drugs and for adolescents living on the streets.

The initial studies that assessed the existing situation with respect to the interventions for vulnerable adolescents identified several constraints regarding the practical application of the new methodologies: legal, procedural, related to the existing level of competencies of staff providing services etc. Addressing such constraints remains a further challenge for future projects. Nevertheless, even within the existing framework, the newly developed methodologies can be a powerful tool for the benefit of some of the most vulnerable groups of adolescents, on condition that they are put to use by the sectoral institutions to whom the methodologies are addressed. To stimulate this, the new methodologies need to be enacted through inter-ministerial decisions and the key national institutions for each of the sectors (health, child protection, education, antidrug) need to disseminate the methodologies in the territory.

**The network of adolescent advocates**

One of the modelling project activities was to support setting up and developing the competencies of a network of adolescent advocates. The aim of the network was to become a means for adolescents to have their voices heard by local policy-makers, who would thus become more aware of the needs of adolescents. Adolescents who joined the network were trained and then organised round tables in 4 of the 5 cities, attended by adolescents and by representatives of the local administration. The subject of the talks were adolescent needs and wishes in various areas, such as culture, sports, education, recreation, helping to raise awareness among local decision makers. Adolescents members of the network also prepared presentations and attended the conference of the International Society for the Prevention of Child Abuse and Neglect in Bucharest, in 2015.

2. **What is the degree of achievement of the modelling project’s expected results in accordance with the targets set for the performance indicators?**

Most of the targets set for the performance indicators are, in the evaluator’s opinion, reasonable and realistic. The only notable exception refers to the target of 40,000 adolescents informed about the services of the centres. This figure seems, judging by common sense, rather ambitious. It implies an average of 8,000 adolescents per centre, which is fairly demanding for a newly established enterprise which is undergoing a modelling approach, even if it is expected to be achieved over a 2-3 year period.

A second interesting target is that referring to the number of Resource Centres for Adolescents to be established. Five such centres is an ambitious target, taking into account the high volume of work required to set up such an establishment and its partnership framework, and then to support, monitor and model it. But this target proved wisely chosen, leaving enough room for various implementation results at the level of each centre, without compromising the whole. Due to this approach, having 2 centres that ceased to operate out of 5 provided very useful lessons without compromising the project as a whole.

With respect to the achievements related to the Resource Centres for Adolescents, numbers reached so far are important to the extent that they can give a broad indication of the level of efficiency and effectiveness of the centres, not necessarily to actually measure the degree of achieving the original targets. For a modelling project, finding the right approach through trial-and-error is far more important than the numbers. Numbers are important too, but more in the case that they record very low values,
indicating that something is wrong with the chosen approach. But as long as the numbers achieved are reasonable, and the qualitative research backs up and explains the quantitative results, efficiency and effectiveness are proven. This is the case of the 5 centres. Recorded values of the performance indicators, at the cut-off date, are very good and provide a good indication that the centres that are operational have managed to find the right approach. The values recorded for the other performance indicators, referring to increased capacity of local authorities and to improving policy and legal framework, are also very good. On the whole, judging by the achievements related to its performance indicators, the modelling project is on track, providing good reasons to believe that it will move forward as expected. Annex 13 Overview of project performance indicators achieved provides an overview concerning the achievements for each of the project performance indicators.

3. Are the services provided effectively in order to reach adolescents, including most vulnerable adolescents? Are all processes based on a child rights approach? Are any age and gender issues considered in providing the services?

Each of the 5 Resource Centres for Adolescents had reached thousands of adolescents by June 2016, during less than 2 years in operation. The exception is the centre in Bucharest, with less than 1,000 adolescents reached. Most of the adolescents are reached via the activities held in schools. Activities in schools ensure what could be labelled as “wide coverage”, while activities in foster homes and at the centres’ premises ensure a focused, tailored approach. Vulnerable adolescents have been reached via the referral mechanism between partner institutions at the local level and the centres and via the activities held in foster homes. Adolescents have also been effectively attracted to the activities at the centre premises, via various channels. Overall, the centres have been very effective at reaching adolescents in their respective cities. Effectiveness lies not only in numbers, but also in the way that the adolescents have been reached, that is whether they appreciate the type of centre activities, the approach used and whether they perceive personal benefits from the centres’ services. In that sense, plenty of evidence described earlier supports the assertion that the centres have been successful, so both the quantity as well as the quality side of effectiveness were adequately achieved through the centres’ activity.

Graph 1 - Nb of adolescents supported, by centre and by semester (2014-2016)

Source: Evaluator’s analysis based on project monitoring reports
The performance of the centre in Bucharest, whose funding has been discontinued in March 2016, reflects the organisational difficulties encountered throughout its operating period and described earlier. The centre in Constanța, although more successful in terms of number of adolescents reached than the centre in Bucharest, did not achieve convincing prospects of sustainability. As a result, its financing was also discontinued (after the cut-off date of this evaluation) and funds were further focused to support the 3 centres in Cluj-Napoca, Bacău and Iași. The higher numbers of adolescents reached by the centre in Iași in 3 of the 4 semesters reflect a higher level of activity in schools than that of the centres in Bacău and Cluj in the same semesters.

Graph 2 - Total nb of adolescents supported by each centre, between 2014-2016

The on-line platform dedicated to adolescents (www.adolescenteen.ro) has had more than 200,000 visitors. Each of the centres sends articles on a regular basis as a contribution to the site’s content. Other information is also present on the site, such as information about each centre’s activities and schedule, as well as a forum for discussions and advice to adolescents asking questions about personal issues of interest. However, qualitative research by way of interviews and focus groups revealed a lower level of awareness and interest of the adolescents for the platform than the number of visitors would imply. Adolescents tend to use a lot more the social media platforms. For this reason, although the Facebook page of each of the centres includes far less information than the website, it is more widely known and accessed than the web-site. One possible explanation for the difference between the results of the quantitative research and the qualitative research may be the fact that the adolescents who are already beneficiaries of the centres’ activities are less likely to seek information on the website. By contrast, non-beneficiary adolescents from anywhere else in the country do visit it.

In addition to a scrutiny of the visible outcomes (numbers achieved) that can indicate the degree of effectiveness at reaching adolescents, evaluators also assessed the presence of underlying conditions for this kind of effectiveness. Checking them is important to understand the mechanism behind the process of reaching adolescents and to formulates lessons learned and possible recommendations. These conditions were formulated by the evaluation team, based on personal experience in the field of organisational effectiveness.
Table 21 - Underlying conditions for effectiveness in reaching adolescents and their assessment

<table>
<thead>
<tr>
<th>Clear objectives</th>
<th>The objectives of each centre are clearly defined and well understood by its staff and by all of the local partners.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate strategy, activities and workplan that support the objectives</td>
<td>Every objective has clear activities in its support and every activity has a clear contribution to the centres’ objectives. Experience accumulated by trial-and-error has shaped the centres’ action strategy and plan of work. At the time of the evaluation, each of the centres that were operational had reached a clear, stable and effective modus operandi.</td>
</tr>
<tr>
<td>Clear staff responsibilities</td>
<td>Each centre has a relatively small team within which responsibilities are clearly allocated.</td>
</tr>
<tr>
<td>Adequate number of staff</td>
<td>Resources are always inadequate compared to the needs or wants. The amount of work needed to ensure a complete coverage of the target group in each of the cities exceeds the capacity of the present teams. However, as one of the recommendations of this evaluation is to grow slowly rather than fast, it is our belief that the present number of staff is adequate for the immediate future.</td>
</tr>
<tr>
<td>Adequate staff competencies</td>
<td>The current teams are composed of persons with a specialisation in this type of services (social workers and psychologists). In addition, specialised training received as part of the project activities contributed to further skill development in line with the specifics of the centres’ activities.</td>
</tr>
<tr>
<td>Adequate financial resources</td>
<td>Financial resources have been adequate for the current level of operation, according to the information collected via interviews and according to the evaluator’s judgement.</td>
</tr>
<tr>
<td>Effective cooperation with the local partners</td>
<td>Cooperation with the local institutional partners (duty bearers) has been very good in 4 of the 5 cities. In Bucharest, inter-institutional cooperation did not evolve as expected, leading eventually to an end of the centre’s activity. In 2 other cities, Constanța and Iași, attempts to involve the local administration (city halls) were unsuccessful, causing serious sustainability concerns that eventually led to the UNICEF decision to discontinue financial support for the centre in Constanța. The centre in Iași was further funded due to more favourable local circumstances that provided reasons to believe that alternative sustainability scenarios would eventually be identified.</td>
</tr>
</tbody>
</table>

CHILD RIGHTS, AGE AND GENDER ISSUES

The key judgement criterion to answer the question whether all processes of the Resource Centres for Adolescents are based on a child rights approach was the following:

*To what extent do the activities of the Resource Centres for Adolescents observe child rights and support their realisation?*

Further on, the following judgement criteria were considered relevant to assess the extent to which the modelling project implementation *observed* child rights, age and gender issues:

- Whether all of the beneficiary adolescents have had equal access to support. In other words, if benefits have been fairly distributed to the rights holders (principle of Inclusion);
- Whether age differences were taken into account when designing the activities;
- Whether girls had equal access to support and if support was tailored to their specific needs.

The very nature of the activities carried out by the Resource Centre for Adolescents supports the actual enactment of child rights.
Rights formulated in the United Nations Convention on the Rights of the Child supported through the activities of the Resource Centres for Adolescents

The child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health;
Render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and ensure the development of institutions, facilities and services for the care of children;
Develop preventive health care;
Protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and prevent the use of children in the illicit production and trafficking of such substances.

Concretely, activities carried out by the centres support realisation of child rights in several ways:

- information sessions in schools and foster homes put into effect the right of a child to have access to information regarding their physical and mental well-being, including the right of a child to be protected from the use of drugs; the way they are carried out respects children’s right to privacy (no intrusion into specific cases is made), sessions are held in a friendly manner, children can ask questions and state their opinions;
- activities at the centre premises are friendly and age-appropriate, aiming to offer information, counselling and to engage children in recreational activities. Children are invited to express their opinions and suggestions regarding the activities in which they take part. Information and counselling seek to enable them to make informed decisions regarding their actions in life which concern their well-being and thus prevent the risky behaviours;
- vulnerable adolescents referred to the centre are usually already beneficiaries of the social assistance system and typically more at risk concerning risky behaviours. Attending the centre activity is a further means to receive much-needed support other than social benefits – information and counselling to prevent risky behaviours and engaging in age-appropriate activities;
- parents attending the information and counselling sessions organised by the centres are helped to better understand the development needs of their children and the most appropriate means to support them.

Age is a differentiating factor when it comes to the content of the information or counselling sessions, personal development activities or other recreational activities. According to observations made by the centre staff, smaller age children (10-13 years old) prefer playing to be a larger aspect of the activities, whereas children between 14-18 years old are more interested in personal development, emotions, relationships, affirming their identity a.s.o. Topics related to the risky behaviours are beneficial for both age groups, with tailored methods of explaining them. Gender differences are most visible with respect to the physiological differences and the different needs of boys and girls regarding information and counselling. All of these aspects have been properly identified, understood and considered by the staff of the centres when preparing their activities and materials.

Benefits have been fairly distributed to the rights holders: all of the adolescents, regardless of gender, age, ethnicity or social status have had equal access to the activities carried out by the Resource Centres for Adolescents. This aspect has been confirmed by the adolescents themselves, by their parents, by schools and by the evaluators’ own inference from all of the inquiries concerning the centres’ activities.
4. What are the main constraints on supply and on demand? Which parts of the project are most and least effective? What factors explain success?

This evaluation has identified a limited number of constraints on the supply of services to adolescents which have been affecting the Resource Centres for Adolescents. Some of these constraints had serious negative effects leading to an end of the activity of 2 of the centres, while the other are rather inherent in such new ventures and did not have a significant impact on the centres:

- **Unsatisfactory cooperation between the local partners and the centre**
  The centre in the city of Bucharest was affected to a large extent by this constraint, which was not overcome in spite of the efforts of the partners and the centre.

- **Unsatisfactory involvement of the city administration**
  The centres in the cities of Constanța and Iași were affected by this constraint. In Constanța, the centre was no longer funded and ceased its activity due to serious concerns at UNICEF regarding its sustainability chances. The centre in Iași was further funded based on a reasonable belief by UNICEF that other local elements would adequately contribute to the sustainability of the centre.

- **Limited resources**
  All of the centres relied on a limited amount of financial and human resources. This did not impede the effectiveness of the centres, only limited the volume of their activities. Effectiveness was achieved due to the gradual improvement of the approach and refining of the activities, which was not affected by the limited resources.

- **Difficulties in licensing the centres’ activity**
  Obtaining a license is a legal requirement for service providers in the social assistance field. This has not been easy for the centres, as the type of services they provide does not fit exactly any of the existing legal standards. Temporary solutions were found by obtaining a license based on the closest existing standards.

- **Need to obtain parents’ consent**
  The current legislation stipulates the need to obtain parental consent for services provided to underage persons (with a few exceptions related to certain health matters). In practice, this constraint did not significantly hinder the centres’ activity. Centres’ activity in schools does not require parental consent and for the activities at the centre premises, consent was usually obtained when needed. Information collected during this evaluation did not indicate any notable problems in this respect.

Very few constraints on the demand from adolescents or parents for the centres’ services were identified by the evaluators. Such constraints are mostly related to inherent factors such as: limited time available to attend activities at the centre premises due to school or work commitments, various case-by-case circumstances etc.

WHICH PARTS OF THE PROJECT ARE THE MOST AND THE LEAST EFFECTIVE? WHAT FACTORS EXPLAIN SUCCESS?

The modelling process enabled a gradual development of the centres’ strategy and activities, using lessons learned from practical experience, up to the point where the centres are, overall and individually, very effective. Their operating mode is a whole made up of several elements that act together and no element is less effective than the others. The modelling project aspects that were less effective though are related to the inter-institutional cooperation at city level, in 2 of the 5 cities where the intervention model was implemented, as detailed in previous sections.

Key factors that have contributed to a successful operation of the centres:
Extremely relevant services for the needs of the adolescents, as perceived by the specialists in the field and as perceived by the adolescents themselves. The fact that adolescents, as rights holders, were given the constant opportunity to provide feedback that helped shape the services provided, contributed to the successful design of these services and represented a proper application of the principle of participation;

A trial-and-error modelling approach and persistent learning from experience allowed the centres to eventually shape the most effective strategy and set of activities;

Very good inter-institutional cooperation between the local stakeholders, in 4 of the 5 cities. Particularly, the high level of interest from schools to benefit from information sessions for adolescents has created a fertile ground for the centres’ activities. The principle of participation has been properly enacted with this level of involvement from the local duty bearers;

Material, operational or human resources support received by 3 of the centres from local city halls via their departments for social assistance (even if 1 of these 3 centres eventually ceased to operate);

Successful referral mechanism for vulnerable adolescents to the centres’ activities.

**EFFICIENCY**

1. Does the modelling project use resources in the most economical/efficient manner to achieve expected results? What is the value added (in terms of financial value) of the modelling project? Are any other economical alternatives feasible? How cost-effective is the project for reaching most vulnerable adolescents?

The intervention that has been modelled in 5 cities via the Resource Centres for Adolescents has gone, as expected, through several development phases. In the first phase, efficiency should not be the main concern for a modelling project. Instead, finding the right approach is the central objective during this phase. Once the model reaches a stable operating mode, efficiency can be tackled. This was true for the 5 centres as well. At first, efficiency was ensured mainly through a careful budget and expenditure control of each of the centres, executed by two levels of monitoring: UNICEF project manager and the centres’ coordinators. There are clear budget lines, clear cost breakdown by activity and all of the reported expenditure is well within the range of reasonable values. If anything, many of the expenditures are at the low end of this range. Now that they have reached a stable operating mode, additional elements contribute to the efficient operations of the centres: there are clear objectives, a clear set of activities, clear planning, clear allocation of the resources. No redundant or wasteful activities and no duplication between the activities have been identified by this evaluation.

While efficiency is concerned with maximising output with minimum use of resources, effectiveness is the measure of how successful a certain activity is in producing its intended result. Cost-effectiveness is a combination of the two – an assessment of how efficient an operation is in producing its intended result. Ideally, a cost-effectiveness analysis for this project would assess the cost per adolescent for reaching the intended result – that is, preventing risky behaviours. However, this evaluation does not include an impact assessment. Although it does include a qualitative analysis of the benefits of the centres’ activity, it does not include a quantitative assessment of the number of adolescents who have actually avoided or lessened risky behaviours as a result of the centres’ activity. In consequence, the cost-effectiveness assessment presented here will focus on the centres’ effectiveness to reach adolescents (that is, to deliver support to adolescents) in schools and at the centre premises.
Graph 3 – Approximate yearly cost per supported adolescent, for each centre (USD)

Source: Evaluator’s analysis based on project monitoring reports

The higher cost per adolescent for the centre in Bucharest in year 1 is due to the lower number of adolescents supported by this centre, by comparison with the other centres, while its costs were similar to those of the other centres (for the nb. of adolescents supported by each of the centres, please refer to Graph 1). Similarly, the lower cost per adolescent for the centre in Iași is due to the higher number of adolescents supported by this centre, by comparison with the other centres.

As could reasonably be expected, year 2 of operations brought increased efficiency due to accumulated experience, translating into an overall decrease of the costs per supported adolescent. Increased efficiency means that while costs stayed largely the same, the overall number of adolescents supported with the same costs was higher in year 2 than in year 1.

Graph 4 - Yearly cost per supported adolescent, as average of all the 5 centres (USD)

Source: Evaluator’s analysis based on project monitoring reports

It is generally difficult to measure the financial added value of projects in the social sector (in other words, a cost-benefit assessment). Many of these projects bring various benefits to the people they serve that are often difficult to quantify in financial terms. Taking as an example the modelling project under evaluation, the financial benefits of preventing risky behaviours amongst adolescents are multi-faceted: avoiding the higher cost of treating the resulting health problems, avoiding the cost of numerous other social and psychological problems that can be related to alcohol abuse, drug use, unprotected or
premature sex, increased productivity in adult life etc. To a certain extent, it may even be unethical to assess some of these financial benefits. For example, the benefits related to the economic productivity of a person that has been prevented from becoming a drug user. After all, prevention efforts are triggered by the care for the well-being of fellow humans, not by economic cost-benefit considerations.

For the purpose of this evaluation, it is however worthwhile to assess the benefits of preventing risky behaviours by comparing the cost of prevention with the later cost for treatment (ex. costs of treating drug addiction, costs of treating HIV-triggered diseases or other health problems that are due to alcohol abuse, drug use or unprotected sex). For this purpose, the modelling project costs of prevention (calculated as cost per beneficiary adolescent) are compared with costs of treating drug addictions. While it is clear that the costs for treating drug addictions depend on many factors and can vary widely, even broad indications of such costs can be useful for comparative purposes. There are, however, significant limitations to what is being presented here. The costs of prevention are, in fact, impossible to calculate exactly. There are several other factors that may contribute to prevention, beyond the activity of the centres themselves, whose costs are impossible to calculate per adolescent: other possible prevention campaigns, family support, media information, various socio-economic factors etc. In addition, more precise and relevant calculations of the cost of prevention can only be made if the actual results of prevention activities can be quantified – that is, how many of the adolescents benefitting from the centres’ prevention activities have actually avoided risky behaviours, and to what extent prevention activities have contributed to this result.

In spite of such methodological limitations, such comparisons can still be a very useful tool to understand the financial benefits of prevention activities.

**Table 22 - Indicative costs of prevention versus treatment**

<table>
<thead>
<tr>
<th>Indicative cost of preventing risky behaviours among adolescents (calculated as the average cost per supported adolescent, beneficiary of the Resource Centres for Adolescents – please refer to Graph 3 and Graph 4)</th>
<th>Indicative costs for treating drug addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 28 – 36 USD per adolescent, per year</td>
<td>The average cost for 1 full year of methadone maintenance treatment is approximately USD 4,700 per patient.</td>
</tr>
<tr>
<td></td>
<td>Weekly costs of non-residential treatment range from minimum median values of 90-100 USD to a median value of 283 USD (intensive outpatient). The median value for one adolescent outpatient treatment is USD 181 per week. <strong>Source Journal of Substance Abuse Treatment, USA, Dec 2008</strong></td>
</tr>
</tbody>
</table>

Further on, the cost of treating drug addiction is far smaller than the cost of subsequent health and social costs related to drug consumption, as the USA National Institute on Drug Abuse points out:

Drug addiction treatment has been shown to reduce associated health and social costs by far more than the cost of the treatment itself. According to several conservative estimates, every dollar invested in addiction treatment programs yields a return of between USD 4 and USD 7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1. Major savings to the individual and to society also stem from fewer interpersonal conflicts; greater workplace productivity; and fewer drug-related accidents, including overdoses and deaths. **Source: Webpage of the National Institute on Drug Abuse, the USA**
If calculating such financial benefits is extended to prevention activities by taking into account the ratio of costs between treatment and prevention as shown above, then total savings due to prevention can exceed its costs by a ratio that ranges between **400 to 1** and **900 to 1** (taking into account a 4-year long prevention programme costing 120 USD per adolescent and depending on the range of costs for treating drug addictions).

**FEASIBILITY OF OTHER ECONOMICAL ALTERNATIVES**

Prevention activities can, in theory, be organised in many ways. Any means for transmitting information or offering counselling can contribute to prevention: national or local campaigns, community actions, family support, books and magazines, on-line articles, NGO services that include counselling etc. However, according to the needs assessment carried out within the evaluated modelling project (through studies and through practical experience), such prevention activities had not been systematically or appropriately carried out in Romania: campaigns were focused on inducing fear, community actions are missing, parents often use inappropriate means for supporting adolescents, information available via media channels is often inadequate, counselling services dedicated to adolescents were scarce or missing. In this environment, the intervention model represented by the Resource Centres for Adolescents is, in itself, an economical alternative to other means that had proven inadequate to the task.

2. **How does project costs compare to other similar programmes or standards?**
3. **How do costs for reaching adolescents, including most vulnerable ones, compare with public services costs?**

According to information collected by this evaluation, there are no programmes in Romania that deliver the same services as the Resource Centres for Adolescents. Of the existing public services for children or youth in Romania, the Counselling and Support Centres for Parents and Children and the Youth Centres seem to be the only structures that may be relevant for comparative purposes. Their services are the following:

**COUNSELLING AND SUPPORT CENTRES FOR PARENTS AND CHILDREN:** support for parents or future parents to cope with psycho-social difficulties that affect families, to develop their parenting competencies, to prevent separation of the child from the family and support for children when problems in their development arise. The target group is made of parents and children of any age up to 18 years old.

**YOUTH CENTRES:** Educational, vocational and health counselling, educational and vocational activities for youth (youth is defined as the age-group 14-35 years old).

In spite of the differences between the Resource Centres for Adolescents and these other 2 types of service providers, comparing costs may still be relevant as a rough indication of where the centres for adolescents are placed by comparison with other service providers. To extend the comparative analysis beyond the services provided in Romania, this evaluation has chosen the Youth and Family Centres in the Netherlands.

Youth Centres are establishments that operate in every county of Romania. The proposed budget³² (2017 values) of one such Youth Centre is approx. USD 30,500/year. Youth and Family Centres in the Netherlands

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³² Source: Ministry of Youth and Sport - 2017 Budget Proposal for Youth Activities.
are establishments that operate in every municipality in the country. The average yearly budget of one such centre is approx. USD 88,000. With their yearly budget ranging between USD 40,000 - 48,000 USD per centre, the Resource Centres for Adolescents fall somewhere in the middle, but taking into account the higher labour costs in the Netherlands, they are in fact closer (in relative terms) to the Dutch Youth and Family Centres yearly budget.

The Government-set cost standard for the Counselling and Support Centres for Parents and Children in Romania is approx. USD 600 per year, per beneficiary child. According to the planned 2017 budget, the cost per beneficiary of Youth Centres in Romania is approx. USD 9 (nine) per year. Such wide differences are a good indication of the differences in activities and focus of different service providers and the limitations of such comparative analysis. With its average yearly cost per adolescent ranging between USD 28-36, the model operated by the Resource Centres for Adolescents is situated well below the quoted Government standard and slightly higher than the cost per beneficiary of the Youth Centres.

Table 23 - Comparative analysis of different intervention costs

<table>
<thead>
<tr>
<th></th>
<th>Resource Centres for Adolescents</th>
<th>Counselling and Support Centres for Parents and Children</th>
<th>Youth Centres</th>
<th>Youth and Family Centres (The Netherlands)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Approximate yearly budget</strong></td>
<td>USD 40,000 - 48,000</td>
<td>Not available</td>
<td>USD 30,500</td>
<td>USD 88,000</td>
</tr>
<tr>
<td><strong>Approximate yearly cost per beneficiary</strong></td>
<td>USD 28-36</td>
<td>USD 600</td>
<td>USD 9 (nine)</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Source: Project financial reports, Government Decision 978/2015, Ministry of Youth and Sport, The Netherlands Youth Institute

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33 Source: Brochure of the Netherlands Youth Institute.
34 Source: Government Decision 978/2015.
SUSTAINABILITY

1. To what extent is the current context more or less favourable to continue such approaches in the near future?

Socio-economic context has been, for the past 70 years, rather unfavourable for social assistance endeavours. Forty-two years of a communist regime, where attention to social assistance was relatively high but resources were inadequate, followed by 28 years of a difficult transition towards a market economy. Economically, although benefitting from constant economic growth, Romania still ranks among the lowest developed countries in the European Union. The dynamic of several socio-economic indicators over the past ten years presents a mixed picture, with more indicators on a declining trend than indicators on an upward trend.

Table 24 - Dynamic of Romanian key socio-economic indicators between 2007 – 2017

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macro-economic environment: gained 40 places</td>
<td>Business complexity: lost 43 places</td>
</tr>
<tr>
<td>Infrastructure: gained 20 places</td>
<td>Market efficiency: lost 18 places</td>
</tr>
<tr>
<td>Institutions: gained 7 places</td>
<td>Innovation: lost 20 places</td>
</tr>
<tr>
<td></td>
<td>Health and primary education: lost 40 places</td>
</tr>
<tr>
<td></td>
<td>Higher education: lost 16 places</td>
</tr>
</tbody>
</table>

Source: Presentation by the National Bank of Romania, nov 2017, based on the World Economic Forum index of country competitiveness

On the positive side, many of the sectoral strategies relevant for adolescents (Health, Child Rights, Antidrug, Youth) promote the role of prevention activities in their respective fields. These policies, as indicated earlier in the Relevance section, promote several other important elements (such as the integrated service approach promoted by the National Health Strategy) that support and justify the tested model’s approach. Two of these national sectoral policies (Youth and Child Rights) have benefitted from revisions referring specifically to adolescents, as a direct consequence of the modelling project studies and acknowledgment at central level of adolescent needs.

Politically and institutionally, the current environment presents a mixed picture. Certain institutions in certain sectors (ex. health, education, child rights) benefit from a relative administrative stability, while those in other sectors (ex. youth) are more likely to be affected by frequent administrative changes. Changes of political incumbents usually carry a significant risk of adverse effects on the projects or initiatives promoted under the previous tenure.

Against this background, maintaining the modelling project achievements or scaling them up is not an easy task. On the positive side however, the 3 centres in Bacău, Cluj and Iași have benefitted from a different, much more favourable local context than the country average. A clear commitment of the local stakeholders to operate the centres and to maintain them with local resources after the modelling project end has been essential for the modelling project success and its sustainability.

2. Are the interventions modelled likely to continue when external support is withdrawn?

Although the centre in Constanța was operational at the cut-off date for this evaluation, it ceased to operate during the evaluation process. This analysis will therefore refer to the 3 remaining centres in Bacău, Cluj and Iași.
Overall, the local context in the 3 cities was favourable for the activities of the model and for their sustainability, as mentioned earlier. Moreover, plans exist for ensuring that the model will continue to operate after the end of the UNICEF-funded modelling project. Centres in Bacău and Cluj are planned to be taken over by the local city halls, via their departments for social assistance, while for Iași several options are explored by the centre, that could also operate in combination: support from the City Hall of Iași, support from the commune administration where the centre operates one of its two locations, subcontracting the centre services by the county child protection department, a takeover by the NGO that has been the coordinator of the 2 centres in Constanța and Iași respectively.

Evaluators have formulated a set of basic requirements for the centres to continue their operation when the UNICEF financing ends. Many of these requirements were adequately fulfilled at the time of the evaluation, giving a strong argument in support of these centres’ sustainability. Even if the centre in Iași does not manage to materialise soon its self-identified sustainability options, this evaluation believes that its chances for sustainability are reasonably high, if the recommendation formulated in this report specifically for the centre in Iași is implemented.

Table 25 - Evaluator-formulated requirements for the sustainability of the Resource Centres for Adolescents

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support at policy and legal framework levels - local authorities have a legal obligation to prepare and implement policies or set up centres for adolescents</td>
<td>Not yet fulfilled. It is unlikely that a legal obligation of this kind will materialise in the near future.</td>
</tr>
<tr>
<td>Local authorities perceive the modelling project as a long-term enterprise</td>
<td>Fulfilled for centres in Bacău and Cluj. City authorities in Iași (city hall) has not yet been attracted as a project partner.</td>
</tr>
<tr>
<td>The intervention model is perceived as successful by the local authorities and by the local institutional stakeholders</td>
<td>Fulfilled for all of the 3 cities, except the city administration of Iași.</td>
</tr>
<tr>
<td>Need for prevention and support activities for adolescents is clear and perceived as acute by the local authorities and by the local stakeholders</td>
<td>Fulfilled for all of the 3 cities, except the city administration of Iași.</td>
</tr>
<tr>
<td>Current system of services at local level is perceived by the local authorities and the local stakeholders as insufficient for prevention activities</td>
<td>Fulfilled for all of the 3 cities, except the city administration of Iași.</td>
</tr>
<tr>
<td>Support at political level - local authorities have expressed intention to take over the model</td>
<td>Fulfilled for Bacău and Cluj.</td>
</tr>
<tr>
<td>This intention was translated into a formal document</td>
<td>Fulfilled for the city of Cluj, expected to be fulfilled in the immediate future for Bacău.</td>
</tr>
<tr>
<td>Local authorities have identified sources of funds to support the operations of the centres when UNICEF financing ends</td>
<td>The 2 city halls of Bacău and Cluj intend to cover the costs of the centres from their own budgets.</td>
</tr>
</tbody>
</table>

Sources of information: interviews and focus groups at city level

3. Is the modelling project replicable? At local or national level?

The model represented by the Resource Centres for Adolescents is completely replicable in other towns. All of its operating elements are independent of the town characteristics and can be built anywhere else. It is, of course, a matter of local priorities and willingness to initiate such a project, as well as a capacity matter to identify resources to operate such a centre.

Replicability, in our view, refers not just to replicating the Centre per se. Prevention activities by way of workshops and information sessions in schools and foster homes can be carried out, by several local institutions, independently of the actual existence of a centre. Such activities are replicable in any town or rural area throughout Romania. Especially now that the model has been tested, its operating
methodology is clear and transferable, the role that can be played by each of the local actors in its operations is clear, it is easier to set up a partnership framework. Admittedly, the physical existence of centre premises can be helpful, if only for the feeling that a central coordination point exists. Securing a centre premises should be a relatively easy task for any town, as the size of such a space needs not be great. Staffing can be secured by secondment, for as little as 1 day per week or even less, of existing personnel from relevant local public institutions (school inspectorates, social assistance and child protection departments, health departments etc.)

Several factors may influence the replicability process and its success and these are further analysed.

**Legal framework:** whether the legal framework stimulate provision of prevention and counselling services to adolescents and parents

Such legal provisions are not in force. If they existed, they would constitute a strong lever for action at local level. It could act as a stimulus of inter-institutional cooperation at the local level, as risky behaviours are cross-sectoral issues, of high relevance to health, education, antidrug, or child protection policies.

**Support at policy level:** local development strategies, cross-sectoral strategies

Even if legal provisions are indeed a strong stimulating factor for prevention activities, it is not a sine-qua-non factor. National and local strategies tackling adolescent-related issues can also be an effective inducement for action. At national level, as indicated in earlier sections, prevention of risky behaviours is included in several sectoral strategies: health, child rights protection, youth, antidrug. If complemented by similar provisions in local strategies, prevention activities would have even higher chances to be expanded.

**Availability of minimum standards applicable to the Resources Centres for Adolescents:** whether such standards can be developed and enforced

The need for a minimum standard is twofold: a. the minimum provisions of a standard support the quality of the model activities; b. licensing the centres’ services, which is a legal requirement for operating and funding social services. Currently, there is no standard in force that can be used by the Centres for Adolescents. To license their services, the centres make considerable efforts to adjust their structure and logical framework to the existing standard for Counselling and Support Centres for parents and children (this is the closest standard applicable in terms of activities and target group addressed). Actions to develop a new standard fully applicable to the intervention model has not been on the agenda of the National Authority for Child Rights Protection and Adoption. The evaluator’s opinion is that developing such a standard must be considered in the immediate future.

**Support at political level:** Mayor, Local Council, County Council

Consequences of the existence or non-existence of support at political level were clearly demonstrated by the modelling project. Although it is impossible to assess the chances for such support to be provided for similar future centres in various towns or cities, at least based on the experience from the modelling project, it seems that there are equal chances for receiving or not receiving political support.

**Availability of local stakeholders to get involved in the new project:** potential partnerships with relevant stakeholders at local level – both public and private (business and non-profit)

Experience accumulated through the modelling project indicates that the local stakeholders are, for the most part, keen to support the activities of such a centre. Especially now that the operating model and its benefits are clear, chances are high that local stakeholder institutions, both public and private, would support similar centres in other towns. It is, however, more likely that the NGO sector may initiate various
interventions to support adolescents. For the past years, public institutions (responsible for planning and implementing projects and programmes in the social, educational or health sectors) have demonstrated inertia with respect to the development of relevant policies, projects or programmes.

**Available resources at the local level:** trained professionals, adequate funding, locations for setting up centres for adolescents in other towns

Resources are always limited and allocating them is therefore always a matter of which needs are perceived as the most important. If adolescent needs and the prevention objective are perceived as very important by other city administrations or at least by other local stakeholders, there are high chances that the needed resources, at least at a minimum level, would be deployed. Trained professionals exist in many towns, locations for centre premises can be rather easily identified, and running costs for similar centres need not be high. Other available sources of funding (at national, regional or county level) may be considered by potential promoters of the model.

**Capacity to adapt the model to the local context and the local needs**

Replicability should not be necessarily understood as a copy of the model activities into a different local context. The key elements that would stay the same are the focus on prevention, the target group of adolescents and vulnerable adolescents and the integrated approach by involving the local stakeholders. Several other locally specific elements need to be considered in setting up a similar intervention model, such as the specific behavioural trends of pupils in different schools, local social customs, local specifics of the vulnerable groups etc. Experience collected during the implementation of the modelling project has demonstrated the capacity of the local stakeholders to identify the local context and needs and to adapt the model accordingly. By extension, it is likely that other towns would be able to do the same.

On the whole, even if it is not certain whether and how these factors can be fulfilled and thus support the replicability of the Resource Centre for Adolescents in other locations, evaluators believe that the chances for successful replication are at least equal with the chances for unsuccessful attempts.

To actually replicate the modelling project in other locations (towns or rural areas) several scenarios are possible, either independently or combined:

1. **Town-level actions**

Other towns receive information about the model and its results and decide to set up a similar model. This is rather theoretical, however. In practical terms, chances that other towns act like this simply based on information regarding the model, with no catalysing factor, are rather low. They could be dramatically increased if UNICEF acted as catalyst and facilitator that brings to the same table local stakeholders and decision makers in various towns. Or if legal provisions made it an obligation that towns develop prevention activities or set up centres for adolescents and parents of adolescents.

2. **County-level actions (including rural areas)**

The model is presented to county authorities who can decide to include support for adolescents in one of the relevant county strategies and replicate the model in other towns or communes of the county. As the 3 operating centres are located in the capital city of their respective counties, which is also the seat of county authorities, this should increase the chances for a receptive audience at county level. As for other counties, legal provisions or involvement of UNICEF would be a strong motivator to take action. At least 2 choices are available for local decision makers: either to set up a Centre for Adolescents similar to those that have been modelled, or to integrate the model and its prevention
activities into the current work of the relevant local institutions: health departments, social assistance and child protection departments, school inspectorates, antidrug centres etc. Materials and methodologies already developed can be provided as a starting point. If setting up a Centre for Adolescents is the choice, several sources of funding may be considered:

- Local budget (budget allocations for this purpose are more probable when it is understood that funding prevention decreases many other costs of the problems created by risky behaviours, as pointed out in the Efficiency section of this report);
- Public-private partnerships between the local administration and local NGOs or private companies;
- National programmes;
- EU-funded operational programmes.

Rural areas are the most deprived of social services, so the opportunity to extend the activities of the model in rural areas should be carefully considered by the county authorities. The successful example of the Resource Centre for Adolescents in Iasi that extended its activities in the nearby Miroslava commune could be used in justification of the interventions at commune level.

3. National-level actions

The model is presented by UNICEF to national authorities and, based on evidence generated by the modelling project, new and more prominent adolescent-relevant provisions (even as concrete as the provision to set up centres for adolescents and parents in towns) are included in national strategies or legislation. The key stakeholders and duty bearers at national level are: National Authority for Child Rights Protection and Adoption, National Antidrug Agency, Ministry of Health, Ministry of Education, Ministry of Youth and Sport. The current context for so doing is favourable, as the national strategies in these sectors already include provisions for which a model represented by a centre for adolescents would be a good implementing vehicle.

Arguably, a combination between all of the 3 scenarios would work best. At national level, sectoral strategies or legislation would emphasise prevention of risky behaviours, turning it into a strong enough lever to catalyse action at county and local levels. Each county or town may decide how to transpose such objectives into practice, according to the local needs and resources.

Regardless of the level of action, the role of UNICEF as a catalyst remains very important. If UNICEF maintains support for adolescents as a priority in its Country Programmes and initiates actions to promote the model at national, county or local levels, chances that the model continues and is replicated in other locations are high. Additionally, UNICEF continued support for developing an enabling environment at national level for adolescent support (via further revisions of sectoral strategies or legislation) would be extremely valuable. In this respect, it is important to state that action at local level should not wait until the perfect policy or legal framework is in place, as obviously this will never be the case. Even within the existing framework, prevention activities can and should be supported and developed, as demonstrated by the intervention model hereby evaluated.
6. CONCLUSIONS AND LESSONS LEARNED

6.1 CONCLUSIONS

The modelling project OPPORTUNITIES FOR ADOLESCENTS has managed to bring the adolescents agenda to the attention of numerous institutional stakeholders, both at the central as well as the local level. An age group that had no special treatment before, either in public policies or in local action plans, has gradually begun to emerge as a distinct group with distinct needs. This process is, however, at a very incipient stage and needs further support, as recommended by this evaluation.

Overall, the modelling project results compared with the stated objectives and outcomes are satisfactory and provide good reasons to believe that the planned future results will be also achieved. Even if 2 of the 5 centres have ceased their activity, this fact is part of a modelling project approach and has helped the project managers learn valuable lessons that can be applied in future similar projects.

RESOURCE CENTRES FOR ADOLESCENTS

The intervention model at the local level has been tested, lessons have been learned and the model has been adapted in light of the experience of its implementation. The model has been very successful in addressing an area that had largely been neglected – that of preventing risky behaviours amongst adolescents – and the benefits of its approach are visible. The model contributes directly to the realisation of child rights and its benefits have been fairly distributed to the rights holders: all of the adolescents, regardless of gender, age, ethnicity or social status have had equal access to the activities carried out by the Resource Centres for Adolescents and were invited to contribute to the choice and design of these activities. The intervention model also achieved significant success in the area concerning more balanced power relations. At the local level where the model has been implemented (specifically, in the 3 cities where the Resource Centres for Adolescents are operational) adolescents became more powerful in their relations with public institutions. Their needs and right to support have been better understood and are taken up through local initiatives.

The modelling project has been less successful in reaching the most vulnerable adolescents that the project also intended to reach: adolescents living in the streets, adolescents of roma nationality, adolescents that are drug-addicts. This fact is largely a natural consequence of the way the modelling project has been shaping its approach in light of experience: prevention of risky behaviours is very relevant for all adolescents, so the project adapted its approach to this reality that it gradually acknowledged. Nevertheless, even if this target group was not its primary focus, the modelling project did manage to reach whatever pupils of roma nationality or drug-users were amongst the pupils in the schools it targeted or amongst the pupils that attended the activities at the premises of the Resource Centres for Adolescents.

Clearly, not every location (city or town) is prepared to implement such a model, for two main possible reasons identified so far: unsatisfactory cooperation between the local stakeholders or inadequate commitment of the local administration. The opposite situation also exists, where the local response is very good and the implementation of the intervention model represented by the Resource Centre for Adolescents is very successful. Falling somewhere in the middle is the situation where the local response is partly good (the local stakeholders are committed, but the local administration is not) and where other factors can be used to compensate for the missing commitment (ex. the determination of the implementing organisation or of the other stakeholders). On the whole, it seems that the experiences of implementing the intervention model tend to be polarised: either very successful in some of the locations
or ending in the closure of the centres in others. In fact, that is the key objective of a modelling project: to test and shape its approach, to learn from experience until a satisfactory formula is achieved. In that sense, the modelling project has been so far very successful. It has tested its approach, learned the lessons that had to be learned, found the most effective approach and understood what and why does not work. It is now the time to prepare the scaling up process.

**SUPPORT ACTIVITIES AT CENTRAL LEVEL**

The modelling project activities at the central level have contributed to a better understanding of the particular needs of adolescents and of vulnerable adolescents, at the level of the key central institutions with responsibilities concerning this group (the duty bearers). The studies concerning adolescents carried out by the modelling project have involved the duty bearers and have raised their awareness, have amply described the current status and needs of the adolescents and have shaped the modelling project approach. Revised youth and children policies now include provisions for vulnerable adolescents which contribute to child rights realisation, while new provisions in the Youth Law for increased consultation with adolescents for policy decisions contribute to the aim of balanced power relations.

Further on, through their participation in preparing new intervention methodologies for vulnerable adolescents, central institutions have strengthened cross-sectoral cooperation for the benefit of some of the most at-risk adolescents – adolescents using drugs and adolescents living on the streets. If applied, the newly developed intervention methodologies can have a significant contribution to the realisation of child rights. But to stimulate the application process, the role of UNICEF will, yet again, be pivotal and specific recommendations are formulated in this report for this purpose.

**6.2 LESSONS LEARNED AND UNPLANNED OUTCOMES**

1. **What are the lessons learned at each level of intervention that should be taken into account for implementation and further replication of the modelling project?**

**OVERALL LESSONS**

**A modelling approach can be a very powerful tool to implement novel projects.** Through a modelling approach that allows and stimulates changes of project design in light of the experience accumulated during implementation, interventions with a high degree of novelty can find the best action formula. This is preferable in such circumstances (new types of projects) to a traditional approach that focuses on implementing a project as close as possible to the original design and on reaching the targets initially set.

**A combination of project activities at policy level and at the operational level** is an effective tool to manage a change process in any domain. However, it may also be more effective to focus on a smaller number of activities, clearly related and clearly reinforcing each other, rather than attempting to address many areas. Too many areas of intervention are difficult to coordinate and their longer-term sustainability is difficult to support.

**National studies regarding the status of a domain** before launching a national project in that domain not only increases credibility of the project plan in front of the project stakeholders, but are key to formulating relevant project objectives and activities.
The role of UNICEF as institutional partner is of utmost importance for catalysing action and for facilitating teamwork between key institutional duty-bearers. Its presence gives weight to any project, stimulates commitment and increases motivation to act, both independently or as a team.

LOCAL LEVEL

Centres focusing on prevention of risky behaviours among adolescents are very relevant and are feasible. Simply put, it is needed and can be done – that is the most important lesson learned from piloting the intervention model represented by the Resource Centres for Adolescents. Centres that focus on preventing risky behaviours have proven their usefulness and have perfected their operating mode that can now be put to use in other locations throughout the country.

Involvement of the local stakeholders is a crucial element for the effective operation of a centre for adolescents. Good inter-institutional cooperation is prerequisite for identifying specific local needs, for referral of vulnerable adolescents to the centre and for designing effective prevention activities. It is also a step towards the integrated approach of the services for adolescents. A key lesson learned refers to what and how each of the local partners should do to support the centre’s activities. Involvement of the adolescents themselves in shaping the activities of a centre can be a powerful tool for designing effective interventions.

Support from the local administration is extremely important. If the local administration supports the centre, it raises its legitimacy, inter-institutional cooperation is facilitated, and resources needed to operate the centre can be more easily identified.

A combination of prevention activities works best. Combining information sessions with counselling, workshops, recreational activities; involving the smaller age-group (10-13 years old); combining sessions in schools with in-house sessions (in foster homes, at centre premises); involving parents in parenting classes – this mix of approaches and activities was tested and is a key methodological lesson for potential future centres.

Resources can also be secured through in kind contribution. When financial resources are scarce, and they usually are, centres for adolescents can benefit from in kind contributions, such as: involving personnel from other local institutions (ex. schools or school inspectorate, antidrug centre, child protection department, health department) in the centre’s activities, even for small amounts of time per month; securing premises for the centre’s activities from a local institutional partner.

The role of UNICEF is very important. As pointed out repeatedly throughout this report, having UNICEF as donor, facilitator and catalyst makes a very big difference to how the local authorities and stakeholders respond to a project idea.

2. Are there any unplanned outcomes worth considering for filling in capacity gaps and/or addressing remaining bottlenecks?

In a strict sense, many of the modelling project actual outcomes had not been planned exactly as they emerged. This is a modelling project, so its plan is, by definition, open to a considerable number of changes in light of the implementation experience. To address remaining capacity gaps or activity bottlenecks, several recommendations were formulated by this evaluation.
7. RECOMMENDATIONS

The following recommendations were formulated by the evaluation team based on the findings and conclusions presented in this report. During the interviews and focus groups conducted, evaluators collected opinions from the project stakeholders on how the modelling project implementation could be improved, how could its effects be enhanced and on the lessons that can be learned for future similar initiatives. Suggestions thus collected, along with the evaluator’s own analysis and views, led to the formulation of the recommendations and lessons learned hereby presented. It is foreseen, as part of the evaluation process, to further present to the stakeholders the final version of the evaluation report (findings, conclusions, recommendations, lessons learned). This event will create the opportunity for the stakeholders to express their views on the recommendations and lessons learned as formulated in the report.

The order in which recommendations are presented represents their priority, according to the evaluators’ opinion. Once the evaluation report will be presented to the stakeholders, this order may change, based on the feedback collected.

7.1 RESOURCE CENTRES FOR ADOLESCENTS

RECOMMENDATIONS FOR THE SCALING UP PROCESS AT NATIONAL LEVEL

1. UNICEF together with the city administration or other key stakeholders from the cities of Bacău, Cluj and Iași should approach their respective county administrations to present the intervention model and its achievements and explore means to replicate it in other towns or rural areas of the county. Various options for replication and for securing a resource base that are further presented in this section and in section Sustainability should be considered.

2. UNICEF should promote the intervention model at county level, in other counties that have not been involved in the modelling project. National strategies in different fields – Health, Child Rights, Antidrug, Education – can be used to make the case for an integrated prevention approach at the local level and thus for an intervention model like the Resource Centre for Adolescents. Whenever possible, UNICEF should facilitate inter-institutional discussions between duty bearers and other stakeholders at the local level (county or town level) in those cases where there is interest from the local administration to adopt the model.

3. To support all of the potential initiatives at the local level throughout the country, as well as to substantiate its promotion activities, UNICEF should document the intervention model in a Guide published under the aegis of the UNICEF. This Guide should include a description of the model as it has been shaped through the modelling project: objectives, strategy, activities, local stakeholders and their roles, staffing, securing resources, funding options etc. The Guide may also include options for implementing and funding the model – either by setting up an actual centre for adolescents or by integrating the prevention activities of the model into the current activities of the local relevant institutions - health departments, social assistance departments, school inspectorates, antidrug centres etc.
4. UNICEF should use this evaluation to further influence the central stakeholders (National Authority for Child Rights and Adoption, Ministry of Health, National Antidrug Agency, Ministry of Education, Ministry of Youth and Sport) to find, in cooperation with UNICEF and inter-institutionally, adequate ways to make prevention of risky behaviours among adolescents and vulnerable adolescents a more prominent issue in national policies and, possibly, at the legal level as well. The focus should be on prevention, as this is a clear enough and relevant aim that can stimulate cross-sectoral cooperation. UNICEF should maintain its role of catalyst and facilitator of inter-institutional cooperation at the national and local levels at least in the medium term (3-5 years).

RECOMMENDATIONS FOR THE EXISTING RESOURCE CENTRES FOR ADOLESCENTS

5. All of the centres have reached stability with regard to their operating mode. The current volume of activity should be maintained for another 1-2 years, before any attempts to significantly increase resources and activity are made. Any such public system needs a period of stable operations, to ensure that its activities become deeply integrated in the community, are well known and appreciated by as many as possible of its stakeholders. Not least, the staff operating the system needs a period of settling down before further increase in activity volume, which inevitably brings about disruption and new challenges. Small changes to the current system can and should be made now where the need is high (including additional resources) but the operating mode and volume should, for now, be largely maintained.

6. The current portfolio of centres’ activities should also be maintained, in broad lines. Whether and how the various suggestions collected during the evaluation process and further presented should be implemented is a matter of consideration and decision for each of the 3 centres, as long as they do not alter significantly the current operating mode. This evaluation has no particular recommendation to make in that sense.

SUGGESTIONS FOR CENTRES’ ACTIVITIES
(as formulated by adolescents, centre staff, local partners)

- New topics for the workshops at the centre premises: civic education, legal and financial education, road traffic, leadership, prevention of other risks (ex. human trafficking) etc.
- New or more activities at the centre premises: ex. sports, musical, developing practical skills, IT-related, learning foreign languages, creative writing, cooking lessons etc.
- New or more outdoor activities: ex games, trips, camping, visits to museums or other age-appropriate places, volunteering, community work etc.

7. The centres in Bacău, Cluj and Iaşi should actively seek in kind contributions to add to the existing resource base, when the volume of activities will require additional resources or if the current level of resources decreases. Although most in kind contributions have financial resources behind them, it is often easier to secure than financial contributions. Centres for adolescents can seek in kind contributions in several ways: involving personnel from other local institutions (ex. schools or school inspectorate, antidrug centre, child protection department, health department, other NGOs) in the centre’s activities; securing additional premises for the centre’s activities, when this will be needed; securing in kind contributions from the private sector (through public-private partnerships) for the various centre activities (ex. outdoor activities, recreational activities, various learning and development activities etc.).
8. The 3 centres in Bacău, Cluj and Iași should also actively seek, when needed, additional funding sources, such as: public-private partnerships, national programmes, EU-funded operational programmes etc.

9. The 3 centres in Bacău, Cluj and Iași should consider extending the present institutional partnership to other local relevant institutions (town or county level) either public institutions or NGOs, which would strengthen not only the operational network of the model, but also its resource base. The objective of the model should be regularly reminded to all of the partners to ensure alignment and a cohesive approach. For example, the centre in Bacău should consider extending its partnership to include the local Public health department and the County social assistance and child protection department.

10. The Centre in Iași should consider the following scenario to ensure that the centres services continue to operate after the end of the UNICEF funding period: Centre premises can continue the same model - one facility at the current sub-urban location, one facility in the city area (either extending the support from the school inspectorate for another term, or secure a different facility from another public institution). Staffing needs can be secured via two channels: partly from the ADV NGO (own investment combined with possible financial support from the commune administration of Miroslava, which enjoys a good financial position35), partly by secondment of personnel from partner institutions (child protection, community assistance, school inspectorate, antidrug centre, local social workers in Miroslava - a certain number of hours per week or per month). The existing structure of the activities should be maintained.

11. The 3 centres in Bacău, Cluj and Iași, supported by the UNICEF office, should continue talks with the National Authority for Child Rights Protection and Adoption related to the licensing process and identify the most suitable option: either to develop a new standard that fits the activities of the centres, or to introduce new provisions within existing standards.

12. The website www.adolescenateen.ro should become the key on-line counselling platform for adolescents who have not yet attended the centres’ activities, or who prefer to remain at a distance, and for adolescents from other locations throughout the country. To this end, the staff of the centres should focus their website activity on answering requests for on-line counselling. If needed, the centres should consider using volunteer psychologists to increase their capacity for such an activity. The key matter that must be considered, however, is the legality of providing such on-line counselling services in the absence of parents’ consent. Updating the article base is also important, but should need small resources. Once a library of articles exists, extending it or updating the articles requires inputs only 1-2 times per year. The library would be in the background, it would be larger than what is placed on the website at a certain moment and can feed the website 1-2 times per year. Articles can stay on the site for relatively long periods of time (6-12 months) before they are updated or withdrawn (that is, put back into the background library to be reposted later on, either with or without revision).

13. The Resource Centres for Adolescents should attempt to get in touch with similar centres abroad, for experience exchange. Especially when confronted with difficulties, it is very useful for the centres to be able to share concerns and learn how other similar establishments cope with such situations.

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35 The combined 2017 budget lines for education and social assistance of the commune of Miroslava amount to RON 13,438,972 (approx USD 3,359,743).
7.2 SUPPORT ACTIVITIES AT THE CENTRAL LEVEL

14. To support implementation of the newly developed intervention methodologies for vulnerable adolescents, UNICEF should act at two levels: the central level and the local level. At the central level, UNICEF should continue its facilitator role and support the inter-institutional work needed to: issue inter-ministerial orders that enact the methodologies; identify means to overcome or modify the existing legal or institutional constraints that limit the application of the new methodologies (including the constraint represented by the need for parents’ consent for various services for adolescents). For this latter purpose, two options are available: either to attempt a rethinking of the whole system of services for adolescents who are using drugs so that the current constraints are avoided or lessened; or to aim for small but important changes regarding some of the existing constraints, by formulating proposals for legal or system revisions and lobbying for their adoption. At the very least, UNICEF should stimulate the central institutions that have been involved in preparing the new methodologies to distribute them to their territorial institutions.

15. The role of the local level service institutions will be crucial for putting the new methodologies to use. Similarly to the modelled Resource Centres for Adolescents, two inter-connected levels are at play in this case as well: the policy level and the operational level. Both can reinforce each other – operations in the field bring knowledge that can be used to shape policies, while policies create the right environment for the operational level. However, the operational level should never wait until the perfect policies are created: legal frameworks will always be imperfect, organisational issues can always turn into constraints, resources will always be inadequate, competencies will always be a few steps behind the needs a.s.o. It is up to the public institutions that put into practice such methodologies as the ones newly developed, to find ways to do their best in an imperfect world. In this case, it is the local public institutions who should decide to apply the methodologies in the best way possible, in spite of any existing constraints, or to find ways to overcome such constraints, according to the local context. UNICEF should therefore promote at local level the use of the newly developed intervention methodologies for vulnerable adolescents. One possibility is to facilitate cross-sectoral cooperation between the institutions to whom the methodologies is addressed, in 1 or 2 out of the 5 cities where the Resource Centres for Adolescents have been modelled. This would constitute a piloting of the new methodologies, and the results of the pilot exercise could be used to further promote at local level the integrated, cross-sectoral approach proposed through the methodologies.
8. GENDER AND HUMAN RIGHTS, INCLUDING CHILD RIGHTS

8.1 EVALUATION DESIGN AND STYLE

Evaluation design and implementation have mainstreamed gender equality, child rights and equity through:

- Balanced involvement in data collection of both adolescent girls and adolescent boys;
- Observance of child rights in data collection, as indicated earlier in Chapter 4 Evaluation Methodology, section 4.6 Ethical issues and considerations;
- Balanced involvement of all of the modelling project stakeholders in the evaluation process, as described earlier in Chapter 4 Evaluation Methodology, section 4.4 Data sources. The evaluation process involved all of the project stakeholders, both as information providers as well as opinion providers;
- In involving the modelling project stakeholders in the evaluation process, proportionality was ensured between the level of participation of the stakeholders in the modelling project and in the evaluation. For example, the 5 Resource Centres for Adolescents were the most prominent element of the modelling project, so data collection from the stakeholders in the 5 cities where the centres had been established was organised as an in-depth site visit, including interviews, focus groups, case studies and a survey;
- Balanced collection of data from two age groups: adolescents of 10-13 and 14-18 years old respectively.

8.2 EVALUATION APPROACH AND DATA COLLECTION AND ANALYSIS METHODS

As earlier indicated in Chapter 4 Evaluation Methodology, section 4.6 Ethical issues and considerations, this evaluation has abided by the UNEG Ethical Guidelines for Evaluation (2008) and by the ERIC Compendium\(^{36}\) and in so doing, the evaluation methodology was human rights and child rights responsive. Gender equality was observed, in that both adolescent girls and adolescent boys were involved in the data collection process, in a balanced manner.

The modelling project under evaluation was designed with a specific focus on adolescents and aiming to bring benefits to adolescents, boys and girls alike. The modelling project design was based on a series of dedicated studies at national level and at local level (in the 5 cities were the modelling project tested its intervention model) which assessed the state of adolescents in Romania and revealed the need for the intervention. As such, the modelling project has a direct connection to the realisation of child rights, as earlier pointed out in Chapter 5 Findings, section Effectiveness.

A detailed situation of the involvement in the modelling project of the different stakeholders, including the rights holders and the duty bearers is included in Chapter 2 Object of Evaluation, section 2.4 Key stakeholders involved in the object implementation and their roles.

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